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Fishkill Correctional Facility: 2012

Fishkill Correctional Facility is a medium security prison located in Beacon, NY, in Dutchess County, about 60 miles north of New York City. On the grounds of what is now Fishkill C.F. was originally a prison mental hospital built in the late 1800s that held women and men with mental health needs who were either serving a sentence after being convicted of a crime, confined long past their criminal sentence, or never convicted but deemed dangerous or having a mental illness.[1] Today, Fishkill holds incarcerated men committed to the New York State Department of Corrections and Community Supervision. In addition to its general confinement, Fishkill has a maximum security 200-bed S-Block of isolated confinement cells, a residential Intermediate Care Program (ICP) for people with serious mental health needs, and some unique programs, including a Unit for the Cognitively Impaired (UCI), a Regional Medical Unit (RMU), and Puppies Behind Bars and Rehabilitation through the Arts programs. The Visiting Committee of the Prison Visiting Project (PVP) of the Correctional Association of New York (CA) visited Fishkill on April 17 and 18, 2012. The purpose of our visit was to assess programs, physical facilities, and conditions for incarcerated persons and staff within the prison.

METHODOLOGY

In order to accurately assess the services and conditions of the prison, the CA obtained data prior to our visit, visited nearly every facility housing and program area, interviewed staff and incarcerated persons, and mailed 958 surveys to people incarcerated at Fishkill.[2] In total, the CA received 254 surveys regarding general prison conditions, 34 specifically about substance abuse treatment, 85 from people in isolated confinement in the S-block, 12 from people in isolated confinement in the Special Housing Unit (SHU), and smaller numbers of surveys from people in the Intermediate Care Program (ICP), Transitional ICP (TrICP), Unit for the Cognitively Impaired (UCI), and Work Release. The surveys ask about almost all aspects of prison life, and provide qualitative data of incarcerated people's various perceptions of life in prison, as well as quantitative data used to rank facilities from best to worst in different areas. We also conducted one-on-one interviews with numerous patients in the UCI and ICP during our visit. This report is based on findings from data supplied by the facility and DOCCS; the aforementioned survey responses from people in prison; conversations with the Superintendent, executive team, program staff and people in prison; and meetings with staff union representatives and members of the Inmate Liaison Committee (ILC) and Inmate Grievance Resolution Committee (IGRC). After providing a draft of this report to DOCCS and Fishkill officials, the CA had additional correspondence with Fishkill officials in August 2013 and a conference call

[1] *See* Fishkill Correctional Facility, *DOCS Today*, *available at*: http://www.correctionhistory.org/html/chronicl/docs2day/fishkill.html.
[2] The Visiting Committee mails surveys, via privileged legal mail, to incarcerated persons who volunteer to participate.

on September 30, 2013 with the Superintendent and members of the Executive Team to discuss our findings and recommendations. We appreciate the cooperation of the facility's administration during our visit and the extensive information staff provided us before, during, and after our visit and on the conference call. We also deeply thank all the people confined at Fishkill who spoke to us or participated in our survey.

SUMMARY OF FINDINGS AND KEY RECOMMENDATIONS

During our two-day visit to Fishkill and through information gathered from staff and people incarcerated there, the CA found several positive aspects at the prison. Compared to other CA-visited facilities, Fishkill offered a wide variety of programming. From the unique UCI, to the large numbers of programs in the ICP, to the Nyack College Program, to the wide variety of volunteer programs, Fishkill is a relatively heavily programmed facility. Also positive, survey respondents rated mental health care relatively highly, and the Visiting Committee observed DOCCS UCI staff that seemed knowledgeable and dedicated to their patients.

Despite these positive aspects, the Visiting Committee was disturbed to observe so many people at Fishkill who were so physically and/or cognitively impaired that there no longer seemed to be any justifiable reason to keep them in prison. We were also troubled to find a staff culture that considered people who attempted to harm themselves as "malingerers" rather than patients in crisis in need of treatment. We were also concerned to hear complaints about staff harassment, threats, retaliation, frequent issuance of tickets and SHU time, and sexual and other abuse, including on mental health units and particularly in the evening shift and in housing areas 21 and 21A. In a related manner, we were disturbed by the large percentage of young people in the S-block and the large percentage of people with mental health needs in the SHU. Also of deep concern were the emphatic complaints about multiple denials of parole over many years regardless of applicants' accomplishments or growth.

Our principle recommendations to relevant NY State, DOCCS, and prison officials include:

- Increase training and meaningful accountability for security and other staff working on mental health units on how to interact in a therapeutic and trauma-informed manner with people with mental health needs, including those in crisis and/or who attempt self-harm.
- Ensure all people with mental health needs are appropriately diagnosed and have access to individually tailored programs, treatment, and therapy.
- Increase programming opportunities for patients in the UCI to decrease idleness and provide additional opportunities for therapeutic engagement.
- Reduce delays in access to medical and dental care, including by filling vacancies in the facility medical unit and the Regional Medical Unit (RMU).
- Review the quality of medical care in the facility medical unit and the RMU to ensure effective communication, proper diagnosis, and prompt and adequate treatment.
- Enhance efforts to address the lack of available residential treatment programs in the community for people released from DOCCS who require extensive medical care.
- Develop accountability mechanisms to prevent staff harassment, threats, and sexual and other abuse, and ensure staff engages incarcerated persons in more positive interactions.

- Specifically review staff conduct during the 3pm to 11pm shifts and those stationed at housing areas 21 and 21A, and take appropriate action to address any identified abuse.
- Continue to reduce the frequent imposition of SHU sentences, including to people in the SHU and S-block, and stop placing young people and mentally ill persons in isolation.
- Explore mechanisms to continue to expand educational opportunities.
- Undertake methods to standardize the quality of vocational programs, and ensure programs are up-to-date and relevant to current employment opportunities.
- Continue to expand the ASAT program and treatment staff capacity, reduce removals, and incorporate more individualized assessments and treatment.
- Institute new methods for enrolling or connecting people to community employment, education, housing, medical, and other resources prior to release.
- Fill vacancies in the library and mailroom to allow appropriate provision of services.
- Enhance training, supervision, and accountability measures for staff working in the package and visiting rooms to ensure appropriate conduct and interactions.
- Reassess policies and practices of the Parole Board to ensure decisions are made based on applicants' readiness for reentry and rehabilitation and growth while incarcerated.

GENERAL PRISON POPULATION AND CORRECTIONAL STAFF DATA

According to data provided by the facility and as seen in **Table A – Basic Demographic Data at Fishkill and in DOCCS Prisons System-wide**, Fishkill has a capacity to hold 1,845 people and confined 1,650 people at the time of our visit. Of the total population, 1,383 were in general confinement and 176 were in the S-block. Compared to DOCCS prisons system-wide, Fishkill incarcerates a higher percentage of people convicted of a violent felony, and in a related manner a population serving longer prison sentences. The facility also incarcerates an older population and a higher percentage of black and Latino men.

Table A – Basic Demographic Data at Fishkill and in DOCCS Prisons System-Wide[3]

Fishkill's Prison Population	**System-Wide DOCCS Data (Jan. 2012)**
• 1,650 people incarcerated; capacity 1,845	• 55,979 people incarcerated; capacity 61,331
• 54% black; 27% Latino; 18% white	• 49.5% black; 24.5% Latino; 23.3% white
• 22% under 30; 26% 50+; 8% 60+	• 32.1% under 30; 15.9% 50+; 3.6% 60+
• Median age: 42.5	• Median age: 37
• Median minimum sentence: 102 months	• Median minimum sentence: 62 months
• 71% convicted of violent felony	• 63.2% convicted of violent felony
• 12% convicted of drug offense	• 13.9% convicted of drug offense
• Survey median time at Fishkill 13 months	
• Survey median time in DOCCS 11 years	• Median time in DOCCS 2.1 years

Overseeing this population, Fishkill employed 738 correction officers and had 11 vacancies at the time of our visit. Fishkill has a relatively high ratio of approximately one correction officer for every two and a quarter people incarcerated at the facility.

[3] DOCCS data comes from DOCCS January 2011, *Profile of Inmate Populations*, the latest publicly available data as of January 2013.

BROAD STAFF CONCERNS

In meeting with union representatives and other staff during our visit, the CA Visiting Committee was made aware of several overarching concerns. The most significant issue raised by staff had to do with staff morale and feelings of disrespect by state officials. Other comments from staff members indicated that some staff view their jobs as simply a form of employment and are trying to get through it in order to earn their benefits and retirement packages. Staff also complained about staff discipline processes, expressing frustration about the length of the disciplinary procedures. As a result, staff noted that some staff and administration do their jobs simply in a manner to avoid having a grievance filed against them or being sued. Overall, some staff members stated that morale in the facility was much lower than several years ago.

MENTAL HEALTH CARE

Fishkill is an Office of Mental Health (OMH) Level 1 facility, which means that the facility should have the capability of treating a "person diagnosed with a major mental illness and/or severe personality disorder[s] with active symptoms and/or history of psychiatric instability."[4] OMH Level 1 facilities provide access to residential mental health care and have full-time mental health staff available at the facility. All mental health services within the DOCCS system are provided by OMH staff rather than DOCCS staff. We appreciate the information provided to the CA by DOCCS staff related to patients on the mental health case load. Unfortunately, OMH administrators refused to allow the Visiting Committee to meet with OMH staff during our visit so we were not able to hear or incorporate their perspective. The CA was able to obtain information about mental health programs at Fishkill through a Freedom of Information Law (FOIL) request.

Fishkill OMH staff operates three program areas for individuals on the OMH caseload, a six-cell Residential Crisis Treatment Program (RCTP), a 24-bed Intermediate Care Program (ICP), and an 18-bed Transitional Intermediate Care Program (TrICP). OMH mental health staff also provides out-patient mental health services for individuals in disciplinary housing and general population. According to information provided by OMH in response to our FOIL request, the Fishkill OMH staff roster included two psychiatrists, two psychologists, one associate psychologist, five psychiatric nurses, two psychiatric nurse administrators, one additional nurse, seven social workers, one social work supervisor, one chief of forensic unit, and two secretaries. According to information provided by OMH, there were no OMH staff vacancies at Fishkill as of July 2012.

At the time of our visit, there were 464 individuals on the OMH caseload at Fishkill, which represents 28% of the prison population. Forty-eight percent of general population survey respondents had been recommended for, or received, mental health treatment at some point during their incarceration, which is significantly higher than the median of 37% at all CA-visited facilities. Indeed, 42% of general survey participants estimated that they had seen a mental health staff person many times in the past year, which is significantly more frequent than at almost all

[4] *When a Person with Mental Illness Goes to Prison: How to Help*, Urban Justice Center's Mental Health Project (MHP) and the National Alliance on Mental Illness-New York State (NAMI-NYS), 2010, Appendix A

other CA-visited facilities.[5] With only a total capacity of 42 residential mental health placements between the ICP and TrICP, there are some concerns that the vast majority of people at Fishkill with mental health needs are in general population and thus receive limited mental health support other than medication. On the positive side, 41% of general survey participants rated mental health services as good and another 41% as fair, ranking Fishkill as one of the best few CA-visited facilities.[6]

Residential Crisis Treatment Program (RCTP) and Self-Harm

The Residential Crisis Treatment Program at Fishkill is intended to house people experiencing a mental health crisis and requiring short-term crisis mental health evaluation and treatment. The Visiting Committee toured Fishkill's RCTP, which consists of six observation cells and six dormitory beds. At the time of our visit, there were five patients in the RCTP observation cells; two of the patients were from the S-Block at Fishkill, two were from other areas of Fishkill, and one was from another correctional facility. According to data obtained from OMH, there were 278 admissions into RCTP cells and 110 in RCTP dorms in 2011.[7] As seen in **Table B – Location of People Transferred to Fishkill RCTP**, nearly half of all admissions to the RCTP came from a SHU.

Administrative staff reported that patients are generally in the RCTP for a small unspecified number of days, while some remain in the RCTP up to a few weeks. According to data obtained from OMH through a FOIL request, in 2011 the median length of stay was three days in an RCTP observation cell at Fishkill and six days in the RCTP dorm. Administrative staff indicated that if people are going to be in the RCTP for more than a few days, then usually they would be sent to Central New York Psychiatric Center (CNYPC), although corrections officers indicated that patients sometimes remain in the RCTP longer than a few weeks, and that some people remain in the RCTP about a month at a time. Administrative staff claimed that if people remain for longer periods of time in the RCTP, it is usually because they are "being bad and not because they're mad." Indeed, COs, other staff members, and administrative staff all asserted their belief on various occasions during our visit that a large number of patients in the RCTP are "malingerers" who are faking their mental health crisis in order to avoid remaining in the SHU. These statements revealed an inappropriate and ill-conceived approach to working with people demonstrably in crisis. Indeed, some staff members noted that DOCCS general staff are not properly trained in how to work with people with mental health challenges. Moreover, although use of the "loaf," a mix of vegetables, grains, and meat blended together and served instead of a regular meal as a form of discipline, ceases while a person is in RCTP, the SHU time does not stop, and patients are returned directly back to the SHU upon leaving the RCTP. Staff estimated that they send approximately two to three people to CNYPC each month. When patients return to the facility from CNYPC, they first stop in the RCTP and then return to wherever they had been prior to going to CNYPC, including to the SHU. In other words, people could be returned to the same severe conditions that may have contributed to self-harm.

[5] Eighteen percent of all general survey respondents at all CA-visited facilities estimated that they had seen a mental health staff person many times in the past year.
[6] Twenty-five percent of all general population survey participants at all CA-visited prisons rated mental health services as good and 40% as "fair."
[7] The number of admissions includes people who were admitted on multiple occasions.

Table B – Locations of People Transferred To Fishkill RCTP

From	RCTP Cell	RCTP Dorm	Total RCTP	% of Total
SHU	177	8	185	47.68%
Infirmary	6	1	7	1.80%
Other	2	3	5	1.29%
TrICP	2	3	5	1.29%
GTP	0	1	1	0.26%
ICP	8	6	14	3.61%
RMHU	1	0	1	0.26%
CNYPC	0	3	3	0.77%
General Pop.	39	41	80	20.62%
Other facility	21	2	23	5.93%
Observation cell	5	40	45	11.60%
Dorm bed	17	2	19	4.90%
TOTAL	**278**	**110**	**388**	

Of significant concern, according to data obtained from OMH through a FOIL request, between 2011 and August 2013, there were 12 attempted suicides by OMH patients at Fishkill (six in 2011, two in 2012, and three in 2013), with one person committing suicide in 2013. Somewhat more positively, staff indicated that the facility periodically talks about suicide prevention at ILC meetings, asking incarcerated persons to be aware of signs of potential self-harm and encouraging people to report such signs. Staff indicated that whenever a major incident of self-harm occurs, counselors, chaplains, and other staff go and talk with other incarcerated persons about what had taken place. In addition, staff reported that additional training about suicide prevention was provided to people in the TrICP after general population residents who went into the unit asked for that additional training. Also, in October 2013, DOCCS conducted an annual mental health training, including a substantial portion on suicide prevention, for security and mental health staff who work in mental health units or the SHU at Fishkill.

Intermediate Care Program (ICP)

The Intermediate Care Program (ICP) is a residential treatment program for patients with a serious mental illness (SMI). Patients in the ICP are housed in a 24-bed unit separate from general population and attend special programs in a program area located on the housing unit. The goal of the ICP is to provide people with sufficient mental health treatment and support so that they may eventually return to general population; however, some patients may suffer from such persistent and debilitating symptoms that they may spend the duration of their sentence in the ICP. As of June 25, 2012, there were 21 patients in Fishkill's ICP and three open beds.

Patients in Fishkill's ICP participate in numerous programs on the unit. DOCCS co-facilitates multiple programs in the ICP, including Thinking for a Change and Integrated Dual Disorder Treatment (IDDT) (substance abuse program for individuals suffering from mental illness). DOCCS indicated that the curriculum for Thinking for a Change has been altered from the general population program to meet the needs of ICP patients. DOCCS also runs academic programs, structured recreation, and other classes such as socialization and current events. At the

same time, OMH runs various classes specifically related to mental health, including wellness, medication education, psych rehabilitation, trauma and recovery, humor, coping skills, working, communication skills, and art therapy. DOCCS staff informed us that the schedule of classes and programs in the ICP change every quarter. According to DOCCS, OMH develops an individualized program plan for each ICP patient.

According to data provided by OMH in response to our FOIL request, 38 people were discharged from Fishkill's ICP in 2011. Of those 38, 26.3% were sent to the TrICP, 13.2% were released into general population, 15.8% into the CORP program (Community Orientation and Reentry Program – intensive mental health discharge planning services for OMH level 1 and 2 patients returning to NYC[8]), and 15.8% were released from DOCCS custody. The CA conducted oral interviews with almost a third of the patients in the ICP during our visit, received written surveys from again almost a third of ICP patients, and conducted more extensive interviews with several ICP patients. Interviewed and surveyed individuals had been diagnosed with mental illnesses including schizophrenia, bipolar disorder, and personality disorder.

Interviewees and survey respondents expressed relatively positive reviews of ICP programs and therapy, as well as relations between patients and staff in the ICP, although some individuals expressed some concerns. With respect to programs, as in all ICPs across the state, each participant is scheduled for "20 hours per week of out-of-cell structured therapeutic activities," which can include academic or vocational programs off the unit or structured work programs.[9] Most people with whom we had contact reported participating in one or multiple classes, with estimated class sizes ranging from six to 20 participants and sessions running one or two hours, though some estimated up to four hours. Although multiple interviewees were not able to name the group classes in which they participated, when asked about a class by a teacher's name, they could identify as to whether they participated in the group session. Participants reported either relatively positive or neutral views of individual classes. For example, multiple individuals reported positively about the IDDT program, indicating that the program helped individuals learn about the interaction between their addiction and their mental health conditions. On the other hand, one relatively elderly individual complained that the volume of structured programs was too much for him at his age, and that he was not able to complete all of the chores he was assigned because of his age and being too tired. DOCCS indicated that staff orders materials appropriate for all ages and literacy levels.

Survey respondents also had fairly positive views of OMH-provided therapy in the ICP. Most survey respondents rated the overall mental health care as "good." Also, most respondents indicated that their communications with mental health staff remained confidential, which is quite positive when compared to other CA-visited ICPs where confidentiality is often a concern. At the same time, some interviewed and surveyed patients lamented the fact that they do not have the opportunity to spend more time in individual therapy sessions.[10] Also of concern, most survey respondents reported they had attempted self-harm while in Fishkill's ICP.

[8] NYS DOCCS Mental Health Bureau, Mental Health Descriptions, June 5, 2011, *available at*: http://www.op.nysed.gov/surveys/mhpsw/doccs-att6.pdf.
[9] Intermediate Care Program Manual, Joint Program of NYS DOCCS and OMH, April 10, 2009.
[10] Most reported that they generally had individual therapy once a month, with estimates about the length of time for a particular therapy session ranging from a few minutes to thirty minutes

With respect to relations with staff, overall most interviewed residents reported feeling safer in the ICP than in the general population. Residents also reported better relations with other residents than in general population, as well as better relations with, and less abuse by, security staff. Some people on the unit did raise concerns about verbal harassment by security and other staff, particularly during evening shifts, while others noted that staff could benefit from enhanced training on how to interact with people with mental health needs. However, overall, residents reported a relatively more positive atmosphere in the ICP than in general population. Also positively, staff emphasized that the facility primarily utilizes information reports rather than disciplinary tickets for misbehavior in the ICP. In 2012, 86 informational reports were generated, and 51 informational reports were generated in 2013 as of August. Staff also noted that the vast majority of informational reports were negative reports rather than positive reports, indicating positively that informational reports may be being used as a substitute for disciplinary tickets, while also raising some concerns that positive reinforcement is not being utilized as much as it could to help promote participants' growth. Although the facility was not able to provide data on the number of disciplinary tickets issued during the same time period, staff indicated that the issuance of tickets was miniscule in comparison.

Transitional Intermediate Care Program (TrICP)

Intended in part as a transitional step-down unit from the ICP, the Transitional Intermediate Care Program (TrICP) at Fishkill is an 18-bed transitory unit for patients with a mental illness. The purpose of the TrICP is to help these individuals be reintegrated into general population. Half of the population in the Fishkill TrICP is from the general population and half are actually TrICP patients. DOCCS staff informed us that an individual generally remains in the TrICP on average between 6 and 8 months, and that the facility tries to operate the TrICP as equivalent to an inpatient-outpatient model in the community.[11]

MEDICAL CARE

The Visiting Committee toured the medical area and met with the nurse administrator and a prison physician concerning medical services at the facility. We appreciate the information provided prior to our visit and during our tour. The medical area at Fishkill has nine exam rooms, a phlebotomist room, and an emergency room with an automated external defibrillator (AED). Fishkill also has a 20-bed infirmary for patients at Fishkill, as well as a Regional Medical Unit (RMU), consisting of a 30-bed skilled nursing care unit used by patients from Fishkill and other facilities and a specialty care unit for individuals needing such services within the southern region of DOCCS. The prison infirmary houses, on average, ten patients, and the RMU long-term care unit has generally operated at capacity for most of the last two years. Fishkill also operates its own pharmacy.

For emergency hospitalization, patients are usually taken to St. Luke's Hospital by EMS as it is the nearest hospital facility. Although the prison does not control where a patient is taken by EMS, Mt. Vernon Hospital is the preferred location for care. For patients needing hospitalization who are more stable and require more advanced services, patients can be sent to

[11] Unfortunately, the CA did not have the opportunity to spend much time in the TrICP, or speak to or receive surveys from many patients in the TrICP, and thus is not able to provide an assessment of the program.

Putnam, Mt. Vernon, or St. Francis Hospitals, whichever facility offers the most appropriate medical services.

Table C – Summary of Fishkill Survey Participants' Responses about Prison Health Care

Medical Service	Yes	Sometimes	No	Rank	Good	Fair	Poor	Rank*
Can you see RN when needed	55.6%	33.3%	11.1%	16				
Rate Nursing care					19.0%	37.9%	43.1%	14
Do you experience delays in seeing a clinic provider **	41.5%	38.1%	20.4%	24				
Rate Physician care					14.4%	39.2%	46.4%	15
Experience delays in specialty care	41.6%	22.4%	36.0%	19				
Good follow-up to specialists	42.7%		57.3%	12				
Problems getting medication	23.9%	10.2%	41.3%	13				
Rate Overall Healthcare					10.9%	52.7%	36.4%	13

* CA-visited facilities are ranked from 1-35, one being the best and 35 being the worst.
** The three categories for this variable are: Yes=Frequently; Sometimes=Once or Once in a While; and No=Never.

Overall, Fishkill survey participants had mixed, but somewhat favorable, view of prison healthcare, with a majority of health-related indicators ranking the prison in the top 40% of all CA-surveyed facilities. **Table C – Summary of Fishkill Survey Participants' Responses about Prison Health Care** contains a listing of the answers to the health-related questions in the survey and details Fishkill's ranking for these responses compared to responses from individuals at the 35 prisons the CA has visited.

Staffing

Fishkill has an extensive medical staff assigned to the prison medical unit, the Regional Medical Unit and the Unit for the Cognitively Impaired (UCI). For all of these programs combined, as of August 2013, the facility had a total budget fill level of 136.5 authorized positions, had a recommended staffing level of 117.5 positions, and 107.25 positions actually filled. An additional 14 support items were authorized in the BFL for the RMU, with 13 positions filled. For the general prison medical department, 3.5 physicians and one nurse practitioner are authorized, but at the time of our visit, the prison had employed only three full-time equivalent (FTE) physicians and one nurse practitioner, thereby operating without a one half-time physician slot. As of August 2013, the facility employed only three half time physicians and one full time nurse practitioner, for a total of 2.5 FTE providers, thereby operating with two vacant positions. The facility indicated that it did not have authorization to fill one of the physician positions.

The Regional Medical Unit (RMU) is authorized to have two physicians, including one Clinical Physician 3 item to oversee the RMU operations and one general physician; at the time of our visit and as of August 2013, the second doctor position was only filled with a half-time physician. At the time of our visit and as of August 2013, there was one three-quarter time

physician assigned and employed for the UCI, although a full-time doctor position is authorized for that unit.

The prison also has a large cadre of nurses. For the general prison operation, the facility is authorized to have 21 full-time permanent nurse 2 items and one temporary nurse item. At the time of our visit, one permanent nurse 2 item was vacant and had been unoccupied for two years, and the temporary item, due to expire as of June 2012, was not filled. In addition, the prison had an FTE per diem nurse item that was filled. As of August 2013, there were only 18 full-time nurse 2 items filled. The RMU's long term care unit has a large contingency of medical nursing staff, including 12 registered nurses (nurse 2s), six licensed practical nurses (LPNs), and 12 nursing assistants (NAs). At the time of our visit, there was one nurse 2 vacancy, two LPN vacancies and two NA vacancies. In addition, two nurse 2s and one NA were on extended sick leave. As of August 2013, there were 10 out of the 12 nurse 2 positions filled. The specialty care operation in the RMU has a group of three nurse 2 and four LPN positions; at the time of our visit, two nurse 2 and one LPN vacancies existed. In the UCI, as of August 2013, there were nine nurse 2 and 4.5 LPNs. Overall for the entire facility, as of October 2013, there were six and a half nursing positions vacant; and the facility had authorization to fill three of those positions.

Although the Fishkill medical staff is extensive, there are a significant number of vacancies which should be filled. We urge the prison to reassess its staffing needs to ensure that all persons requiring medical services are receiving care in a timely manner.

Sick Call

At the time of our visit, sick call was conducted in the medical unit five days per week. In April 2013, the facility began to additionally provide regular sick call in a triage fashion on the weekends, meaning that nurses on the weekend will triage the sick call requests they receive and determine which can wait until Monday and which need to be seen during the weekend. The facility estimated that the average number of patients seen at sick call on a typical weekday is around 56, while the average number seen on a typical day on the weekend is 13. We commend the facility for implementing the additional weekend sick call, and urge other facilities to provide greater sick call services on weekends. All patients except individuals in disciplinary confinement or the RCTP are called to the medical area for sick call, including patients in the other residential mental health units (ICP and TrICP). Usually, three nurses are assigned to conduct sick call in the clinic. With 30 to 60 patients arriving for sick call each day, it takes about two to three hours for the medical staff to complete sick call duties. Sick call starts in the morning after the facility count at 7:30 am and can continue through 11:00 am. The average number of patients seen at sick call each month is approximately 900. Fishkill also operates a 24-hour, seven days per week emergency sick call (ESC) operation. Medical staff estimated that about three or four patients are seen for emergency sick call each day. Medical staff stated that they do not write disciplinary tickets for individuals who seek emergency sick call even when they are not experiencing an emergency.

Survey respondents had somewhat mixed reviews of the sick call process. More than half of the participants said they could access sick call when needed and their responses ranked the prison as average for all CA-visited prisons. With 19% of respondents rating the sick call

nurses as good and 43% assessing them as poor, Fishkill was in the top 40% of CA-surveyed prisons for the quality of sick call encounters. Concerns raised by survey participants included interference with and disrespect from the security staff in the sick call area, variability in the quality of the sick call encounters based upon the nurse being seen, poor attitudes exhibited by some of the sick call nurses, failure to refer patients to the clinic providers, rushed sick call encounters, and reluctance or refusal to more aggressively respond to medical complaints of patients other than providing over-the-counter medications.

Clinic Call-Outs

Clinical call-outs at Fishkill, which are scheduled appointments for patients seen after a referral from sick call or as follow-up from a prior clinic appointment, are held five days a week, Monday through Friday, primarily from 8:00 am until 11:30 am, with fewer afternoon appointments due to limitations caused by security staff and other programming. Fishkill officials estimated that approximately 700 clinic appointments are conducted each month. Patients are assigned to specific clinic providers by patient name, and patients generally continue with the same provider except when they need priority care and their provider is not available. Patients are not assigned to providers based upon their medical condition. Recent resignations have required patients to be reassigned to new providers, increasing doctors' caseload.

Incarcerated persons who filled out a CA survey had mixed views about the adequacy of clinic care. Many patients expressed concerns about timely access to clinic call-outs with 80% reporting that they experience delays in such access at least some of the time, ranking Fishkill in the bottom third of all CA-visited prisons for clinic access. These survey participants estimated it takes approximately a month to see a provider. Fishkill staff admitted that for routine care it can take up to four and sometimes six weeks to see some clinic providers. Staff stated that the facility attempts to schedule as many patients as possible and each day adds sick call patients who require further care to the schedule. The most common complaint from survey respondents, however, was difficulties they experienced in getting timely access to their provider.

Concerning the quality of care received from the clinic providers, 14% of survey respondents rated care as good and 46% said it was poor, rates that are about average for all CA-visited prisons. Common concerns expressed by survey respondents were that the care was delayed, that some clinic providers were inattentive to patients' complaints and sometimes disrespectful and/or uncaring, and that security staff interfered with access to, and the delivery of, medical services. Some survey participants said that the quality of the care varied based upon the specific provider being seen.

Care for Patients with Chronic Medical Problems

Fishkill, like most DOCCS facilities, has a significant portion of its prison population suffering from a chronic medical condition. **Table D – Summary of Fishkill Patients with Chronic Medical Conditions** lists the data we received from the prison about those persons known to have specific chronic medical problems.

Table D – Summary of Fishkill Patients with Chronic Medical Conditions

	HIV	AIDS	HCV	HIV & HCV	Asthma	Diabetes	Hypertension
Diagnosed	**58**	**5**	**173**	**9**	**232**	**291**	**128**
%Diagnosed	**3.6%**	**0.3%**	**4.6%**	**0.5%**	**14.1%**	**17.6%**	**7.8%**
Treated	**51**		**8**		**232**	**291**	**120**

Chronic care clinics are run by facility nurses for all of the following conditions: HIV, hepatitis C (HCV), diabetes, asthma, hypertension and men's physicals. The nurses assigned to specific chronic conditions are required to review the records of all patients with these illnesses and are primarily responsible for completing paperwork monitoring the patients' status consistent with the DOCCS practice guidelines for each condition. The nurses also perform patient education and schedule laboratory work. The clinic providers, however, see the patients for primary care, and chronic care nurses are not generally present for these examinations, although they may prepare follow-up paperwork for medications and laboratory orders. For example, the HIV chronic care nurse schedules appointments for HIV-infected patients generally every three months, schedules blood work upon the provider's request, ensures that the scheduling of care is consistent with the DOCCS HIV practice guidelines and monitors the medical condition of the patient between visits to their primary care provider.

Fishkill does not employ an HIV specialist; however an infectious disease specialist consultant provides services through the facility's specialty clinics. At the time of our visit, facility staff estimated that the consultant specialist conducts four regular infectious disease clinics per month for patients at Fishkill and an average of ten infectious disease specialty appointments per month. Patients with HIV are assigned to all facility providers. In the most recent HIV quality assessment for the prison prepared by the medical staff, the facility was 100% compliant with all quality indicators for HIV. We were informed by staff that Fishkill has experienced a decline in HIV incidence: in 2005 there were around 100 known patients with HIV in contrast to the data provided at the time of our visit indicating only 58 HIV-infected patients. The facility did not have an explanation for the decline, which is more dramatic than at other facilities we have visited. Data from studies by the NYS Department of Health and CA observations from prison visits is that the population of HIV-infected persons in prisons has continued to decline throughout the last decade, although the reduction in the infection rate for men in state prisons has been much less in the last few years.[12] On a very positive note, staff indicated that Fishkill was participating in the NYS Department of Health's AIDS Institute's Positive Pathways program.[13] Staff reported that a Positive Pathways advocate and a Criminal

[12] NYS Department of Health Studies of HIV infection rate of newly admitted individuals to DOCCS facilities was 4% in 2005 and 3% in both 2007 and 2009. Although these figures do not represent the actual infection rate of the incarcerated population due to differences in the sampling of study subjects and the current prison population, it does suggest that the rate of HIV infections in the male population has apparently stabilized in recent years.

[13] According to information provided by the facility, "Positive Pathways is a public health demonstration program funded by the Centers for Disease Control and Prevention (CDC)" that was a collaboration between DOCCS, DOH, five community based organizations (CBOs), and the HIV Center at Columbia University and was launched at 19 DOCCS prisons. The five CBOs involved are the Center for Community Alternatives, AIDS Council of Northeastern NY, Women's Prison Association, and the Osborne Association, the last of which was operating at Fishkill. The program aims to "identify new and existing HIV infections" in prisons, including by reducing stigma, and then "work with HIV-positive incarcerated persons to encourage the initiation of medical care and treatment for HIV during incarceration, and to ensure linkage to medical care and continued care and treatment for six months

Justice Initiative contractor are meeting with people who are going to be released from the facility in order to encourage those individuals to participate in HIV counseling, testing, and referrals for post-incarceration care.

As of August 2013, the facility indicated it had 173 patients infected with hepatitis C, representing around 10.5% of the prison population. According to studies done by the NYS Department of Health (DOH), we estimate that 10% to 11% of the prison population in 2009 was infected with HCV. Fishkill's HCV-infected rate is thus in line with this estimated percentage of system-wide HCV infection. According to 2012 data, around two thirds of HCV-infected patients were chronically infected. The facility reported that as of August 2013, 11 patients were receiving some form of HCV therapy, and that nine patients had discontinued treatment. Medical staff informed us at the time of our visit that the facility was preparing for the new triple-drug treatment regimen for HCV treatment, guidelines for which were being developed by the Department as of the time of our visit. Prison medical staff told us they had ordered the new protease inhibitor drugs that will be part of the regimen, but also expressed concerns about the complexity of safely administering and monitoring patients on this treatment. Since our visit, DOCCS promulgated new practice guidelines for the new HCV treatment. We urged facility staff to re-evaluate its patients to determine if there are appropriate candidates for this more effective treatment. We are pleased that as of August 2013, the facility reported that eight patients were receiving the new triple therapy treatment at Fishkill.

Asthma is another chronic condition that requires significant medical attention at the facility. Prison staff informed us that 232 individuals, representing 14% of the prison population, are under care for this disease. Medical staff describes recent efforts to better monitor patients with asthma and told the Visiting Committee that the medical department has conducted several audits in the last few years to better comply with the new DOCCS protocols for monitoring asthmatic patients.

Specialty Care

Most patients who require specialty care while at Fishkill are treated at the specialty care clinics conducted at Fishkill's Regional Medical Unit. These clinics also routinely receive patients from nine other facilities, mostly from prisons in the southern region of the state, including incarcerated women, who are separated from the men.

Fishkill patients have very high utilization rates for specialty care, with 48% of survey participants stating they had seen a specialist in the past two years, ranking the prison fourth highest of all CA-visited prisons. Surprisingly, 42% of survey respondents said they experienced delays in seeing a specialist, despite their proximity to the clinics, ranking the prison in the bottom half of all CA-visited prisons. In contrast, 43% of survey participants said that they received good follow-up to the specialists' recommendations, ranking Fishkill in the top third of

following release." The strategies designed to achieve those objectives include: training DOCCS security staff at the academy, training around 1,000 DOCCS medical staff through a 30 minute video, educate incarcerated persons and promote Positive Pathways through a 15 minute video, recruit HIV positive individuals not in treatment for referral to a Positive Pathways Advocate, offer HIV testing to all incarcerated persons scheduled for release, and link HIV-positive persons to medical care and supportive services post-release.

surveyed prisons. Comments contained in survey responses seemed to indicate that the major concern is getting the facility medical staff to refer patients to a specialist, and that this barrier varies according to the patient's designated primary care physician.

Medication

Fishkill operates an on-site pharmacy for patients at the facility and in the Regional Medical Unit. The Fishkill pharmacy operation is staffed by two teams, one for the general prison population and the other for the RMU, with each team consisting of a pharmacy supervisor, pharmacist and pharmacy aide. At the time of our visit, it appears that one pharmacist position was filled with only a half-time person. Medical staff delivers medications to individuals in the SHU. All other patients must pick up their own medications. Patients do not receive any notice if the medications they need to be refilled have been delivered to the Fishkill pharmacy; rather, they are told to come to the pharmacy one or two days after they put in for their refill. Fishkill medical staff does not distribute psychotropic medications for mental health patients. These medications are distributed by OMH staff and the medical staff estimated that 200-300 individuals are on psychotropic medications in the prison.

Survey results showed the highest percentage of persons on medications (75% of all respondents) compared to other prisons we have visited. Of individuals on medication, 45% said they experienced problems getting their medications at least sometimes, a rate that ranks Fishkill in the top 40% of all surveyed facilities. Many of the complaints we received from survey respondents about medications focused on whether the drugs were effective and whether their doctors had ordered medications that had been previously prescribed for their condition. Restrictions on access to pain medication was another concern raised by Fishkill patients.

Quality Improvement Program

Fishkill's Quality Improvement (QI) Committee meets quarterly and consists of representatives from all medical staff (nursing staff, nurse administrator, pharmacy, security, dental and medical records staff). The QI Committee reviews care for the entire facility, including the RMU. At the time of our visit, medical staff informed us that there was at that time no QI audit for the Unit for the Cognitively Impaired (UCI) or long-term care unit; however, on a quarterly basis, medical staff reviewed patient status and programs on these units, and these reviews could generate issues on which to follow-up. For the UCI and long-term care unit in the RMU, the unit provider, psychologist, social worker, and nurse meet weekly to perform individual patient reassessments. We believed both the UCI and long-term care units could benefit from a more rigorous and better documented formal QI program. The facility informed us that a QI process was implemented for these units beginning in the last quarter of 2012. The facility indicated that it does not have a specific QI program just for these units but rather its general QI process incorporates all of the medical units.

DENTAL CARE

The Visiting Committee toured the dental area, which has six dental chairs, and spoke with the dental staff. At the time of our visit, Fishkill employed two full-time dentists, two dental

assistants, and one full-time hygienist. The dental staff informed us that each dentist sees approximately 80-120 patients per month, estimating that 50% of the dental work performed by the dentists is restorative care and 50% is extractions. The dental hygienist does roughly 80 cleanings per month. An oral surgeon works at Fishkill once a month, serving patients from Fishkill, including the S-Block, and occasionally patients from other correctional facilities. The dental staff estimated that there is on average a 5-week wait for routine dental care, and most patients are scheduled within four to five weeks of submitting a request. There is on average a two- to three-week wait for cleanings. Emergency sick call is held every morning, and there are about five to six dental emergencies per day. Some patients are sent to another facility if they are medically compromised, which usually only happens a few times per year. The dentist also reported that it takes about five months to complete the process for dentures.

Survey participants had a favorable opinion about the quality of dental care they received. Forty-five percent rated the care as good, 35% said it was fair and less than 20% assessed it as poor, ranking the facility in the top third of prisons surveyed about dental care by the CA. Concerning delays in care, survey respondents estimated it takes about 30 days to see the dentist, an average delay reported by all CA-surveyed individuals. The majority of comments from survey respondents were also positive, noting that the dental staff was caring and that the care received was appropriate. Negative comments primarily focused on delays in getting to see the dentist, but several individuals stated that the dental staff seemed to favor extracting problematic teeth rather than fixing the problem.

During our follow-up communication with the facility in September 2013, staff indicated that an additional dentist had been hired since the time of our visit, and that staff no longer provides dental care at Beacon C.F. as it used to, given that facility's closure. These circumstances should have a positive impact on reducing delays in receiving dental care.

REGIONAL MEDICAL UNIT

Long Term Care Unit

Fishkill operates a 30-bed in-patient Long Term Care Unit (LTC) in the prison's Regional Medical Unit (RMU). There are ten respiratory isolation rooms in the LTC. The LTC hosts patients from Fishkill and other prisons in the southern New York region. Nurses' assistants take vital signs and help care for incontinent patients. Patients in the LTC eat in their own rooms, and are allowed access to the day room, which has a television, at designated times. There is also a private visiting room in the LTC. The LTC does not have equipment to perform medical teleconferencing on the unit for its patients; consequently, if a provider desires such consultation, the patient must be transported to the general medical area for the telemedicine session. As detailed above on page nine, the prison has a large medical staff assigned to the unit, but vacancies exist for both doctors and nursing care that should be filled.

The demographics of patients in the LTC are generally people with serious medical conditions who are unable to function in the general population and need skilled nursing care beyond that which is available in the typical prison infirmary. This includes patients who need post-operative care, cancer patients, paraplegics, patients who have had a stroke, HIV- and/or

HCV-positive patients with significant nursing care needs, and people with severe wounds. The medical staff provided us with a redacted list describing the medical conditions of each LTC patient; the most prevalent conditions were cancer; diabetes and complications from that disease; liver disease, primarily from hepatitis C; hypertension and its complications; and chronic obstructive pulmonary disease. Medical staff informed us that the average length of stay in the LTC is 172 days. While some patients have been in the LTC since 2004, there is a turnover rate for patients who die or whose health improves. In 2010, 2011 and 2012 (through April 2012) 24, 29 and 9 patients were admitted to the unit and 23, 29 and 7 patients were discharged, respectively. On the date of our visit, medical staff estimated that 50% of the patients in the LTC were terminally ill. The age of patients in the LTC ranges from 24 to 81 years old, but most patients are fifty or sixty years of age. Hospice services can be provided to LTC patients. A patient is eligible for hospice care if he has no more than six months left to live; however, the average length of time for a hospice services has been usually one month. In 2011 there were two or three hospice patients. Once a resident is designated as a hospice patient, the unit will move the person to a private room and arrange to have other incarcerated individuals who have been trained in hospice services to provide nearly constant companionship and support for the patient.

LTC patients with whom we spoke or from whom we received surveys had a mixed view of the medical services provided on the unit. Although this data is anecdotal, concerns were raised about timely access to the unit physician and the quality of care the patients received from the nurses, nurses' aides and the doctor. Some of these concerns seemed to center on the adequacy of communication between the medical staff and the patients about their condition and treatment. Overall, the survey data we received from six of the 30 patients on the unit at the time of our visit was somewhat less favorable than the information we had received from patients at the other regional medical units we have visited at Walsh Medical Center and Coxsackie.

Several patients raised concerns about the lack of confidentiality. This included the lack of privacy during bedside conversations and examinations with medical staff or when assigned to a multi-occupancy room. It is our understanding that curtains are not available to provide privacy during medical encounters at patients' beds. Moreover, several patients raised concerns that their medical information is frequently shared with unit security staff and thereafter discussed with other staff and the patient population. In response to these concerns, the facility indicated that they strive for 100% HIPAA compliance and that employees, including security staff, are aware of these principles and ethics concerning patient confidentiality.

Patients in the infirmary, the UCI, and the LTC have access to similar program activities. If an LTC patient is physically and mentally able, he can participate in the following programs: computer operations, ASAT, cell study, ART, and Transitional Services' Thinking for a Change. Patients enrolled in academic programs receive individual tutoring in the visiting room for ABE, pre-GED, or GED courses. At the time of our visit, staff estimated there were seven patients enrolled in an academic program. ART is taught quarterly for LTC patients. The ASAT program is held five times per week and at the time of our visit, six to eight patients were participating. At the time of our visit, the Thinking for Change program had just been completed for five LTC residents. Patients have access to general library and law library materials upon request, and legal materials are delivered to the patients by law library clerks.

There is no patient group in the LTC to discuss residents' concerns or the operation of the program. Staff informed us that if a patient in the LTC has an individual complaint, he may write to the nurse administrator or a doctor, or request to speak to one of them personally, prior to filing a formal grievance. At the time of our visit, we were told by staff that a representative of the ILC made rounds in the LTC and asked patients for concerns, but the ILC had not done rounds in the unit in the past quarter prior to our visit, and the ILC rounds were not regularly scheduled. During our follow-up correspondence with the facility in September 2013, staff indicated that there is now an ILC sub-committee that along with staff regularly tours the RMU to talk with patients. Staff reported that the ILC can raise issues or patient concerns directly with the Deputy Superintendent for Health Services and can also bring issues back to the larger ILC to raise with the Superintendent during regular ILC-administration meetings.

Patients on the Office of Mental Health (OMH) caseload are seen by a psychiatrist or lower-level OMH staff in the LTC. Medical providers do most consultations at the patient's bedside. There is no current program for people convicted of sex offenses for LTC or long-term care patients, but staff indicated at the time of our visit that the facility was in the process of hiring a counselor for that program, a position that has been vacant for about a year. Patients who need the program have been transferred to another facility.

DOCCS staff has a role in discharge planning for LTC patients being released to the community. This role can include identifying medical/residential programs for patients leaving prison, as well as assisting individuals in applying for public entitlements such as Medicaid. DOCCS staff assigned to assist soon-to-be-released UCI residents in identifying options for nursing homes and treatment centers in the community also help LTC patients in their discharge planning. Staff reported that the facility and the department are involved in multiple efforts to help with discharge planning and finding suitable placements for persons with significant medical needs who are going to be released from Fishkill. For example, DOCCS reported participating in case conferences with Re-Entry services, calls with OMH, on-site discharge planning meetings, and quarterly statewide meetings that help identify community resources and placements through interactions with other state agencies, hospitals, and community organizations. Moreover, in 2013, Fishkill hosted a number of nursing homes and advocacy groups from Orange, Ulster, Dutchess, and New York counties to discuss community resources and ways of facilitating placements. Despite all of these efforts and assistance, some patients in the LTC have stayed well beyond their time when they could be released because they have had difficulties finding placements on the outside. At the time of our visit, two people residing on the unit had extended their release date because of the lack of suitable community placement, and there was one individual in 2011 who was forced to do the same because he was unable to find housing in the community. As of August 2013, one person at Fishkill was 10 months beyond his release date because he had not been accepted into a community-based housing placement.

Specialty Care Clinics

Fishkill RMU contains an area for outpatient specialty care clinics for Fishkill patients and incarcerated persons mostly from eight other prisons, including women's facilities, in the southern region of the state. There are 30 different specialty care services provided, including: audiology, cardiology, gastroenterology, infectious diseases, nephrology, occupational therapy,

ophthalmology, optometry, orthopedics, pain management, physical therapy, podiatry, and urology. There are five examination rooms, one of which is specifically for ophthalmology. The physical therapy clinic is a five-bed clinic with four bicycles and other equipment. Two specialists bring their own sets of staff with them: pain management staff has their own anesthesiologist, and the gastroenterologist brings an anesthesiologist and staff to perform colonoscopies and endoscopies. Specialists in mobile trailers arrive on-site once a month or once every two weeks to perform CT scans and MRI services. There is a DOCCS nurse at the majority of the specialty clinics. As of December 2011, Fishkill started conducting nuclear stress tests in the same room as phototherapy. They also perform minor surgeries in the specialty care clinics.

Medical staff informed us that daily 50 to 60 specialty appointments are typically held, but they can see up to 100 patients in a day. The specialty care unit is staffed by two Fishkill nurses and one medical records staff person, and the clinic operation is overseen by Fishkill's Facility Health Services Director, Dr. Avanzato. On busy days, additional staff is allocated to the specialty care unit. The unit creates a medical folder for patients from other facilities who are treated in the specialty clinics, including a copy of a final report for specialty care appointments held at the clinic, but other medical records for these patients are not maintained at the clinic.

UNIT FOR THE COGNITIVELY IMPAIRED (UCI)

The Unit for the Cognitively Impaired (UCI) is a 30-bed specialized unit unique to Fishkill for patients suffering from dementia-related and other cognitive conditions.[14] The CA visited the UCI, spoke with staff, and interviewed 14 patients in the unit. The CA's interactions with people in the UCI reminded us, like with the RMU, of the tremendous need for such programs so long as the state continues to incarcerate an expanding number of elderly patients. It also reinforced the costly, cruel, and nonsensical policy of continued incarceration of people who are so physically and/or cognitively impaired that they pose no safety risk to the community and for whom there no longer remains any justifiable reason to keep them in prison. At the time of our visit, a patient board at the entrance of the UCI indicated that the patients in the unit were from the following facilities across the state: Woodbourne, Fishkill, Bare Hill, Five Points, CNYPC, Mohawk, Wende, Green Haven, Sing Sing, Elmira, Eastern, Sullivan, Clinton, Upstate, Orleans, Attica, and Clinton. While the capacity of the UCI is 30 beds, there were 26 patients at the time of our visit.

As seen in **Table E – Medical Conditions of UCI Patients**, of the 26 people in the UCI, nine patients suffered from some form of dementia (in some cases in conjunction with other conditions), two additional patients suffered from cognitive disorders, and other patients suffered from a range of other conditions. Also seen in **Table E**, and as indicated by staff, many UCI patients have coexisting medical problems, most often hypertension or vascular conditions. In fact, most patients have some significant medical issue. In addition, staff indicated that about one-quarter of UCI patients are on psychotropic drugs distributed by UCI nurses. When asked about changes in the patient population in the UCI over time, staff responded that many patients are a lot younger than they had been in the past, noting the one young individual currently with a traumatic brain injury and other veterans they have seen with brain injuries.

[14] *See* Michael Hill, "N.Y. prison creates dementia unit," *The Associated Press*, May 29, 2007.

Table E – Medical Conditions of UCI Patients

A Fib (Atrial Fibrillation), HTN (Hypertension)
Alzheimer, Early Dementia, HTN
Cognitive Disorder-NOS (not otherwise specified), Hep C, HIV
Confusion, CAD, HTN, COPD (Chronic Obstructive Airway Disease)
COPD, BPH (Benign Prostatic Hyperplasia), Pacemaker
COPD, Depression, A Fib
COPD, HTN, Glaucoma, memory loss
Dementia
Dementia, CVA, BPH
Dementia, Diabetes, HTN
Dementia, HTN, Incontinence B/B
Diabetes, HTN, Cerebral Vascular Disease
HCV, HIV Related Dementia
HIV, Dementia, Learning Disability
HTN, Chronic Renal Failure
HTN, Depression, Dementia
HTN, Hep C
Hypertension, Cognitive Disorder, +PPD (postpartum depression)
IDDM (Insulin-Dependent Diabetes Mellitus), Dementia, HTN
IDDM, Renal Failure, HTN, BPH
IDDM, Seizure Disorder, Schizophrenia
S/P CABG (status post coronary artery bypass graft, HTN, BPH, DJD
S/P CABG, HTN, BPH, DJD (degenerative joint disease)
Schizophrenia, IDDM, HTN
Schizophrenia, IDDM, HTN
Traumatic Brain Injury, Seizure D/O

As a result of the different medical conditions, according to UCI staff, patients have large variability in skill level. A few patients can function fairly well, meaning they can perform their own daily living tasks, such as washing their face or brushing their teeth. Some of these patients need reminders to complete their meals, prompting for taking showers, and monitoring to ensure they ingest enough fluids. Part of the responsibility of UCI nurses is to ensure patients complete these basic tasks. It is the nurses and civilians, not other incarcerated assistants, who perform these tasks. UCI staff estimated that typically about 25 out of 30 patients in the unit generally need at least prompting to complete their tasks, while 15 out of every 25 need physical help. At the time of our visit, staff estimated that there were six individuals on the unit that did not require any physical help. Staff indicated that the most common assistance needed is constant prompting and monitoring, though not necessarily physical help, for showering and feeding. Showering assistance can include prompting patients, who sit on shower chairs and have a shower hose, through the basic steps of using soap and washcloths, while feeding assistance involves talking

with people while they have their meals to encourage them to eat. UCI staff expressed that the unit attempts to have patients be as independent as possible with prompting.

Programs and Therapy

Every UCI patient has a meeting with a doctor to assess whether the patient is suitable for programs. For those who are eligible, as discussed in the section about Fishkill's RMU, UCI patients jointly participate in the same programs with patients in the RMU and the infirmary. Patients from the three areas are integrated together in the academic and vocational classes, ART, ASAT, SOP, and Thinking for a Change. With respect to therapy, an OMH psychiatrist comes to the unit every Friday; while a DOCCS resident psychologist does group and individual therapy. For groups, there is an ongoing men's group and an Activities of Daily Living (ADL) group, which were described as doing whatever is particularly needed by group members. The DOCCS psychologist also engages patients in play or recreation therapy, including through checkers, chess, dominoes, and card games.

Most of the people interviewed during our visit to Fishkill's UCI were very cognitively challenged. However, many patients were able to articulate at least some assessment of the UCI. Patients indicated they felt safer in the UCI, and we did not hear complaints about staff abuse. On the other hand, the vast majority of interviewed patients criticized the lack of activities for people in the UCI, stated that they did nothing in the unit, and complained about being bored. Similarly, the vast majority stated that they were not part of any groups, individual therapy, or jobs or programs, although a couple of patients indicated participation in ART and ASAT.

Placements Upon Release

UCI staff indicated that most people leave the UCI by dying, going home, or being transferred to the long-term care unit for treatment of a serious medical condition. For those people who are released by DOCCS and going home after serving their sentences, staff indicated that, as discussed above with respect to the LTC unit, there is often great difficulty in finding appropriate placements upon release, particularly in western and upstate New York communities. Some UCI patients go to live with their families, others to nursing homes, and a small number of patients have gone to independent living facilities. According to staff, the fact that a patient was incarcerated often serves as an impediment to finding placements that will accept the patient, and the nature of the crime for which a patient was incarcerated is the biggest barrier to finding housing. This is the case particularly for those convicted of arson and sex offenses and, to a lesser extent, other violent crimes. UCI staff was critical of some community facilities that were reluctant to take their patients and seemed to focus on crimes that often had taken place ten or twenty years prior to a patient's release and before the patient had suffered from a stroke, or other debilitating condition that left him without any signs of criminal or violent behavior. Staff indicated the tremendous need for outside agencies to assist in placements that more appropriately evaluate the relevance of patients' prior criminal history in assessing patients' suitability for admission to their facility.

A social worker in the UCI engages in reentry work as part of her responsibilities. In addition to interacting with families to explain the UCI and assure them that their loved ones are

being taken care of, the social worker also provides guidance to interested families about the level of functionality their family member is capable of doing and the best approaches to interacting with him. The social worker also helps patients apply for Medicaid and Social Security's Supplemental Security Income (SSI). Patients complete the main part of the application as an informal pre-application, a member of the local social security office in the area to which the patient will be discharged will sometimes conduct a phone interview, and then when the patient leaves prison, he will go to that social security office for final processing where much of the paper work and preliminary steps will already have been completed. UCI staff estimated that about 90% of patients go through this process, although there is some resistance from some localities to engage in this pre-enrollment process. Another barrier to this process is that some patients are not able to fill out the paper work and many of these individuals do not have families that they can turn to for help in acquiring the relevant information.

UCI staff also indicated that in the past they have submitted applications for individuals for medical parole[15] after modifications to the medical parole statute allowing persons not terminally ill[16] to seek early release when they have significant medical or mental health disabilities went into effect. Staff indicated that initially they began submitting lots of paperwork for medical parole, but then backlogs required them to limit submitting any such paper work. Staff stated that a rule had been put in place that if the paperwork submitted for medical parole is not processed within 30 days, then the paperwork had to be re-submitted because it was possible that a patient's diagnosis could have changed within that time frame. Due to a backlog in processing, the facility had received at least one case back because 30 days had elapsed since the paperwork was submitted, causing the facility to slow down in submitting such requests. In addition, some cases had been sent back with a conclusion that the individual submitted for medical parole had not served enough time on their sentence to warrant medical parole,[17] and one person was denied medical parole because of an outstanding warrant. In the end, staff indicated that they did not believe that *any* UCI patients had been granted medical parole at the time of our visit. Somewhat more positively, between April 1, 2012 (at the time of our visit) and August 31, 2013, 23 new requests for medical parole were submitted by Fishkill. Facility administration indicated that employees are aware and encouraged to promote medical parole for patients they believe merit such a recommendation, and that 16.7% of LTC patients and 37.5% of UCI patients have been recommended for medical parole review. Unfortunately, of the 23 requests between April 2012 and August 2013, only four applicants appeared before the Parole Board and only two were granted medical parole.

[15] According to New York State Executive Law §§ 259-R and 259-S, the Parole Board has the power to release a patient, other than those convicted of murder in the first degree and related charges, on medical parole if that patient "has been certified to be suffering from" either a "terminal condition, disease or syndrome and to be so debilitated or incapacitated as to create a reasonable probability that he or she is physically or cognitively incapable of presenting any danger to society" or a "significant and permanent non-terminal condition, disease or syndrome that has rendered the [patient] so physically or cognitively debilitated or incapacitated as to create a reasonable probability that he or she does not present any danger to society."

[16] As discussed above, a significant portion of the patients in the RMU LTC were terminally ill or otherwise suffered from significant and permanent non-terminal conditions, and thus could also benefit from medical parole.

[17] For individuals convicted of murder in the second degree, manslaughter in the first degree, any sex offense, or an attempt to commit any of these offenses, eligibility for medical parole under § 259-r exists only if they have served at least one-half of the minimum indeterminate sentence or one-half of their determinate sentence.

SAFETY

Relations between Staff and Incarcerated Persons

Fishkill ranked near the middle or worse half of all CA-visited facilities for questions relating to relations between incarcerated persons and staff. When asked to compare Fishkill to other DOCCS facilities in terms of general relations with staff and the overall level of confrontation with staff, around 60% of survey respondents felt Fishkill was worse than other DOCCS prisons, ranking the facility in the bottom half of CA-visited facilities. Of particular concern were complaints at Fishkill about staff abuse in certain shifts and areas, as well as a reported environment of intimidation.

Table F – Survey Responses Regarding Staff Abuse

How often do you…	Very Frequently	Frequently	Once in a while	Once	Never	Ranking*
...feel unsafe?	17.0%	18.5%	38.6%	3.9%	22.0%	**17**
...experience a physical confrontation?	0.8%	4.2%	5.7%	9.8%	79.5%	**15**
...hear about physical confrontation?	26.2%	34.5%	32.2%	1.1%	6.0%	**22**
...hear about verbal harassment?	44.9%	33.9%	17.2%	0.7%	3.3%	**17**
..experience verbal harassment?	21.5%	20.7%	37.0%	7.8%	13.0%	**19**
...hear about sexual abuse?	5.5%	4.0%	25.5%	8.5%	56.5%	**24**
...experience pat frisk?	8.3%	11.3%	23.7%	18.0%	38.7%	**21**
...hear of sexual abuse other than pat frisk?	2.7%	5.9%	16.1%	6.7%	68.6%	**4 of 7**

* Unless specified otherwise, CA-visited facilities are ranked from 1-35, one being the best and 35 being the worst.

How common…	Most common	Common	Not common	Ranking
...are physical assaults	5.7%	4.2%	.8%	15
...is sexual abuse	7.0%	13.5%	79.6%	30
...are abusive pat frisks	40.2%	37.7%	22.1%	30
...is verbal harassment?	69.3%	28.8%	1.9%	30
...is racial harassment?	35.6%	38.5%	25.9%	29
…are threats and intimidation?	63.7%	30.9%	5.5%	34
...is turning off lights or water?	15.8%	27.9%	56.3%	26
...is retaliation for complaints?	52.2%	38.1%	9.7%	33
...are false tickets?	52.0%	38.3%	9.7%	31
...is the destruction of property?	36.4%	45.0%	18.6%	33

Overall Physical Safety and Sexual Abuse

As seen in **Table F – Survey Responses Regarding Staff Abuse**, Fishkill ranked in the middle of CA-related facilities for areas pertaining to physical forms of staff abuse. More than 60% of survey respondents reported hearing about physical confrontations with staff at least frequently, while over 90% reported hearing of such confrontations at least once in a while, ranking Fishkill in the worst 40% of CA-visited facilities. Consistent with these responses, according to DOCCS data on the number of Unusual Incident Reports (UIRs), Fishkill had the fourth worst rate of assaults on staff among 35 medium security facilities for 2007-2011.

Of significant concern was the level of sexual abuse reported at Fishkill. As seen in **Table F**, Fishkill ranked in the worst third of CA-visited facilities for the amount that survey respondents reported hearing about sexual abuse. In comments, survey respondents particularly complained about abusive pat frisks. Survey respondents and interviewees often mentioned the "setup" of the pat frisk: incarcerated persons described being required to hold positions other than the standard pat frisk positions and when they fail to remain in position, staff respond to this failure as "noncompliance" and subsequently use force and/or other forms of abuse. For instance, survey respondents reported that staff may have incarcerated persons on the wall for minutes at a time and then kick their feet to cause them to lose their balance. Others reported staff intentionally placing their knee against the incarcerated person's buttocks, and if the person reacts or removes his hands from the wall, staff will physically assault the incarcerated person.

Problematic Locations and Shifts

> *After 3pm this is not a medium security facility. It's run like Attica. The 3pm shift just wants to lock everyone up.* - Anonymous

Of particular concern at Fishkill was the widespread articulation of specific times and areas in the facility noted for their higher rates of abuse between staff and people incarcerated. Questions about particular locations or shifts where abuses occur more frequently garnered a higher response rate than all other open-ended survey questions regarding relations with staff, highlighting the extent of confrontations in these particular areas. Specifically, both the evening shift (3pm-11pm) and dorms 21 and 21A were repeatedly mentioned in interviews, general survey comments, and when asked specifically about specific locations/times of abuse. One respondent referred to the staff during this shift as "team beatdown," another simply "trouble." People felt this particular staff shift turned the prison into "their prison," deliberately failing to abide by administrative rules. The examples of harassment and provocation of incarcerated persons by the evening staff were similarly echoed when discussing the staff at Buildings 21 and 21A and their yard. Many incarcerated persons during our visit and in survey responses noted that people do not go to recreation in the yard out of fear of being abused. Consistent with a significant number of reports of physical abuse facing incarcerated individuals in these areas, one survey respondent noted that staff "puts their hands on you all the time," while another noted that people fear going to the yard because they do not want to "get groped."

Disrespectful and Intimidating Environment

Survey responses also raised concerns about an overall environment of disrespect and intimidation. As seen in **Table F**, almost 95% of survey respondents reported that threats and

intimidation were at least common, and over 90% reported that retaliation for complaints was at least common, ranking Fishkill as one of the worst CA-visited facilities for both indicators. Similarly, reported levels of false tickets ranked Fishkill as one of the worst CA-visited facilities.

Aside from actual threats, a many people issued complaints that some staff members were disrespectful in their interactions with incarcerated persons. Data from survey respondents gave somewhat mixed impressions of the level of verbal harassment at the facility, but raised concerns. Specifically, Fishkill ranked about average for CA-visited facilities with regard to the levels at which survey respondents experienced or heard about verbal harassment, although over 75% reported that they had frequently heard about such harassment and 77% reported having experienced such harassment at least once in a while. At the same time, when asked how common verbal harassment and racial harassment were at the facility, the vast majority reported each as being common, ranking Fishkill in the worst fifth of CA-visited facilities. Over 98% of all survey respondents reported that verbal harassment was at least common, ranking Fishkill as one of the worst facilities on that indicator. Comments from survey respondents included complaints that security staff used mocking words or profanity to belittle incarcerated persons. As one survey respondent noted, "it's not just what is said, but how it is said," For instance, when survey respondents were asked about particular problems in relations with staff, the most common response involved staff treating incarcerated persons with disrespect. One respondent simply stated that the way incarcerated people are treated at times is simply, "a violation of our rights as a human," and another respondent felt they were spoken to "like animals."

Relating to this reported environment of intimidation and disrespect, survey respondents repeatedly raised concerns that a lack of staff accountability enabled abuse. Survey respondents raised complaints that staff were "creating rules" and using their power in "capricious" and "threatening ways," for instance by denying people meals simply because they could. Furthermore, over 85% of survey respondents felt that at the time of our visit, the prison administration did "very little" or "nothing at all" in terms of preventing abuse, ranking Fishkill in the bottom third of all CA-visited facilities. Survey respondents also highlighted the need for sensitivity trainings for staff, with one survey comment for example noting that, "Having this sort of training-I think-will make the atmosphere here a lot less stressful and threatening, and will make for a better place for [staff] to work in as well as for us to live in." The facility indicated that staff undergoes various kinds of training, including on such topics as cultural diversity, diffusing rather than escalating situations, and inter-personal communications.

Relations among Peers

DOCCS data and survey responses indicate that the level of reported violence among incarcerated persons is similar to the average for all CA-visited facilities. Specifically, **Table G – Survey Responses in Regards to Conflicts Among Incarcerated Persons**, details answers by survey participants regarding the frequency of fights amongst peers, the frequency in which respondents were personally involved in fights, and a comparison between Fishkill and other DOCCS facilities. These responses all ranked Fishkill around the middle of CA-visited facilities. More than 22% of survey respondents reported that fights are frequent among peers at Fishkill, and a total of more than 90% reported that fights occur at least once in a while. These responses and Fishkill's average ranking indicates both that there is a significant but not too severe level of

peer conflict and safety concerns at Fishkill, and that these problems permeate many DOCCS facilities. DOCCS data documenting Unusual Incident Reports (UIRs) from 2007-2011 are consistent with survey responses, ranking Fishkill at average levels for reported peer violence in medium security facilities.[18] More positively, survey respondents reported relatively infrequent staff involvement in peer fights, ranking Fishkill in the top third of CA-visited facilities.

Table G – Survey Responses in Regards to Conflicts Among Incarcerated Persons

	Very Frequent	**Frequent**	**Once in a while**	**Once**	**Never**	**Rank**
How often are fights amongst peers	2%	22.1%	67.6%	0.4%	7.9%	**16/35**
How often you were in fight with peer	0.4%	1.5%	11.9%	10.3%	75.9%	**15/35**
How often staff involved	2.1%	6.0%	20.6%	6.0%	65.2%	**8/35**
How often non-consensual sexual contact amongst peers	1.6%	4.9%	41.0%	13.1%	39.3%	**9/12**
	Much Worse Here	**Somewhat Worse**	**Average**	**Some what Better**	**Much Better**	
Compare peer fights to other prisons	2.0%	4.8%	35.9%	31.5%	25.8%	**16/35**
Compare drug use to other prisons	9.6%	11.0%	46.6%	11.6%	21.2%	**23/35**
Compare gangs to other prisons	38.6%	34.4%	14.3%	11.1%	1.6%	**19/35**
Factors Contributing to Peer Conflict	**Not Common**	**Common**	**Most Common**			
Personal Conflicts	7.4%	53.7%	38.9%			**32/35**
Gangs	32.4%	46.8%	20.7%			**19/35**
Drugs	30.8%	47.7%	21.5%			**29/35**
Theft of property	17.9%	55.0%	27.1%			**33/35**
Gambling	29.5%	47.5%	23.0%			**26/35**
Stress of being in prison	13.6%	43.8%	42.6%			**32/35**
	Very Common	**Somewhat Common**	**Some what Rare**	**Very Rare**	**None**	**Rank**
Contraband Drug Use	36.0%	39.6%	10.8%	10.8%	2.9%	**26/35**
Gang Activity	38.6%	34.4%	14.3%	11.1%	1.6%	**19/35**
	A Lot	**Somewhat**	**Very Little**	**Not at All**		**Rank**
Drug use as source of violence	11.4%	23.9%	36.8%	27.9%		**23/35**
Gangs as source of violence	14.7%	30.0%	45.9%	9.4%		**19/35**

[18] The data indicate a rate of 4.1 peer assaults per 1,000 incarcerated people per year at Fishkill, ranking the facility 18 out of 36 medium security facilities.

Fishkill also ranked around the middle of CA-visited facilities for the prevalence of gang activity and gang activity as a source of violence among peers, while ranking in the worst third of all CA-visited facilities for reported contraband drug use and drugs as sources of conflict between peers. As indicated in **Table G**, approximately 75% of survey respondents reported that contraband drug use was either somewhat common or very common, ranking Fishkill near the worst quarter of CA-visited facilities.

GRIEVANCE PROGRAM

As in most DOCCS facilities across the state, people incarcerated at Fishkill have very negative views of the facility's grievance program. The civilian grievance officer, who had worked at Fishkill for 11 years at the time of our visit, stated that she attempts as much as possible to try to resolve complaints as non-calendared contacts, meaning that a grievance is not formally filed. Upon receipt of a complaint, she will attempt to call relevant people to try to resolve it, and/or members of the Inmate Grievance Committee (IGRC) are sometimes sent to the area where the grievance occurred to investigate, although they are not involved in any staff conduct cases. According to staff, a grievant has the ability to decide whether or not to formally file the complaint. If a grievant wants to go forward with his case, the office has 16 days (in cases other than staff conduct) to either resolve the case or bring it to a hearing. Following the hearing, a decision is transmitted the same day and the grievant has seven calendar days to appeal to the Superintendent. For people in the SHU or S-Block, an officer or sergeant makes weekly or bi-weekly rounds to collect grievances, and if the case is not informally resolved, a hearing is held in absentia without the grievant's presence. For patients in the RMU, a hearing will be held in the RMU visiting room, while patients in the ICP and TrICP come to the grievance office.

> The grievance system is a *worthless endeavor in all respects.* - Anonymous

People incarcerated at Fishkill filed a total of 728 formal grievances in 2011, an 8% decrease from the 791 filed in 2010. As seen in **Table H – Most Grieved Issues at Fishkill**, by far the two most grieved topics at Fishkill over the last two years of available data were staff conduct and medical.

Table H – Most Grieved Issues at Fishkill

Grievance Category	2010	2011	% Change
Staff Conduct (Code 49)[19]	152	121	20% decrease
Medical (Code 22)	135	126	6.7% decrease
Special Housing Units (Code 24)	74	94	27% increase
Package Room (Code 30)	55	38	31% decrease

More than three quarters of all survey respondents rated the effectiveness of the grievance system as poor, ranking the facility near the bottom third of all CA-visited facilities. On the other hand, although some people incarcerated at Fishkill complained of retaliation for filing grievances, roughly two thirds of survey respondents reported that they had never been retaliated against for filing a grievance, ranking Fishkill as one of the best few CA-visited

[19] The grievance office does not investigate staff conduct grievances (Code 49), as those are referred directly to the Superintendent's office.

facilities. Rather, most people's complaints with the program centered around the futility of filing grievances, and multiple survey respondents reported that the grievance officer actively discourages people from filing grievances and attempts to limit the number of recorded grievances.

ISOLATED CONFINEMENT

S-Block

Fishkill's S-block is an isolated confinement unit comprised of double-bunk cells with a capacity of 200 people. The facility reported 176 individuals in the S-block at the time of our visit.[20] As of January 1, 2012, over 18% of the people in Fishkill's S-block were under the age of 21; 44% were under the age of 25,[21] compared to 9% and 29% for all SHUs and S-blocks system-wide. We find this concentration of young people particularly concerning given the studies objecting to, and national trends preventing or severely limiting, the isolation of young incarcerated people. According to information provided by the facility, only a small percentage of the Fishkill S-block population originates at Fishkill; the majority is transferred from other facilities to serve SHU or keeplock[22] sentences. Approximately 85% of people in Fishkill's S-block are serving SHU time and the other 15% are serving keeplock time.[23]

Data provided by the facility indicated that individuals incarcerated in the S-block had received 363 Tier III tickets in 2010, 267 in 2011, and 86 in the first three and a half months of 2012 as of the time of our visit. Roughly 94% of those charged with Tier III tickets at Fishkill over the past three years were found guilty, indicating a disciplinary system like most across the state that yields unreasonably high rates of determinations of guilt. DOCCS data also shows that the median sentences for dispositions resulting in additional SHU time at the Fishkill S-block in 2010 and 2011 were 60 days. When Tier III tickets result in additional SHU sentences, they compound the already lengthy sentences people have in the S-block. Indeed, survey respondents reported a median isolated confinement sentence of six months and a median time spent in the Fishkill S-block of three months at the time of our visit. More than 15% of survey respondents reported total SHU sentences of one year or longer, more than 10% reported SHU sentences of two years or longer, and the longest sentence was over five and a half years.

The administration did emphasize that program participation and behavioral incentives provide opportunities for incarcerated persons to earn SHU time cuts. However, more than three-quarters of S-block survey respondents indicated that they had *not* received any time cuts since being in the S-block. Moreover, for the survey respondents who specified the amount of time cuts received, the median amount of time cut was 14 days and all but one person had received more additional SHU time than they had lost in time cuts. Completion of ASAT or ART booklets, participation in cell study, and good behavior as acknowledged by the Joint Case

[20] Surveys were completed by 85 individuals, representing 48% of the S-block population.
[21] These percentages are based upon DOCCS data on January 1, 2012, *available at*: http://www.boxedinny.org/library/.
[22] Individuals with keeplock sentences in facilities that do not have the capacity to hold any or many people in keeplock, such as Wallkill, Woodbourne, and Otisville, are sometimes transferred to the Fishkill S-block for the duration of their keeplock sentences.
[23] DOCCS data on January 1, 2012, a*vailable at*: http://www.boxedinny.org/library/.

Management Committee or the Disciplinary Review Committee may all lead to eligibility for time cuts, according to the facility. At the time of our visit, the facility reported 133 S-block residents were enrolled in cell study. Staff also indicated that people in the SHU and S-block may take the GED exam while in isolated confinement, and that some people had successfully done so. One survey respondent did, however, voice frustration that for individuals who have already obtained their GED and completed other programming, there are minimal mechanisms for reducing time in isolation. Moreover, these time cuts must be seen in conjunction with the frequent issuance of tickets and additional SHU time just discussed. Potentially as a sign of some positive trend toward increasing time cuts, the facility noted that through the Joint Case Management Committee and newly established SHU Management Committee, 318 time cuts had been granted for Fishkill's S-block and SHU between January 1, 2013 and May 31, 2013. In addition, under newly initiated DOCCS policies, the Superintendent now reviews all SHU sanctions imposed over nine months, cases involving people on the OMH caseload, and sanctions imposed on people under the age of 18.[24] Moreover, staff indicated that there has been an effort system-wide to limit placing people in isolation for minor drug offenses and instead trying to have alternative sentences for such rule violations, such as keeplock during non-program hours and allowing people out of their cells to participate in ASAT. Staff indicated that these and other efforts had led to a decrease in the number of people in the SHU and S-block. Based on information provided by the facility, in contrast to the 176 people in the S-Block at the time of our visit in April 2012 and the 170 people in January 2012 and January 2011, there were 134 people in the S-block on January 1, 2013; 150 on April 1, 2013; 148 on July 1, 2013; and 140 on September 1, 2013. These snapshots seem to indicate regular fluctuation over the course of the 2013 year, but at a level on average about 19% lower than at the time of our visit.

Regarding conditions in the S-block, as in other S-block units, people are locked in their cells for 23 hours per day, with one hour allotted for recreation in an individual caged-in area attached to their cell and smaller in size than their cell.[25] Those confined in S-blocks lack any meaningful programming other than individual cell study projects or human interaction other than the potentially explosive 24/7 confinement with their cellmate. Underscoring the ineffective approach of confining people to the S-block without program opportunities, roughly a quarter of survey respondents from Fishkill's S-block reported they were sentenced to the S-block for a drug-related rule violation; yet they are unable to participate in ASAT programming other than a workbook alone in their cell. Similarly, people in the S-block do not have any discharge planning or transitional services programming, although in 2011, 49 individuals were released from the Fishkill S-block directly into the community.[26]

Apart from the harms caused by the isolation characteristic of all S-blocks, survey participants gave mixed reviews of treatment by staff in Fishkill's S-block when compared to other CA-visited SHUs and S-blocks. Specifically, Fishkill's S-block ranked in the top quarter of all CA-visited S-block and SHU units for frequency of feeling safe. Similarly, when asked about the frequency of physical assault and verbal harassment by staff, Fishkill ranked in the top third

[24] Staff indicated that even prior to the recent changes in DOCCS system-wide policy, the Superintendent had always reviewed SHU sanctions for persons under the age of 18.
[25] Staff indicated, however, that at Fishkill individuals receive access to the recreation cage and the shower at the same time for two hours on shower days to allow cell mates to alternate use.
[26] This comes from DOCCS data on July 3, 2012, a*vailable at*: http://www.boxedinny.org/library/.

and top quarter respectively. On the other hand, some survey respondents did mention being hit, choked, or threatened, others raised safety concerns related to cell mates,[27] and when asked how common various forms of abuse were in the S-block, as seen in **Table I – S-block Survey Responses in Regards to Common Forms of Abuse by Staff**, Fishkill's S-block ranked among the lowest third of all CA-visited S-blocks and SHUs for several types of staff abuse, including: sexual abuse, verbal harassment, threats and intimidation, and retaliation.

Table I – S-block Survey Responses in Regards to Common Forms of Abuse by Staff

Common Forms of Abuse by Staff	Not Common	Common	Most Common	Rank
Physical Assault	41.1%	45.2%	13.7%	**12/36**
Sexual Assault	70.8%	23.6%	5.6%	**25/35**
Verbal Harassment	7.8%%	32.5%%	59.7%	**27/36**
Racial Harassment	41.9%	28.4%	29.7%	**20/36**
Threats and Intimidation	10.5%	35.5%	53.9%	**26/36**
Abusive Pat Frisks	13.6%	43.8%	42.6%	**32/35**
Turn Off Lights, Water, or Deny Services	36.5%	39.2%	24.3%	**25/36**
Retaliation for Complaints/Grievances	17.3%	29.3%	53.3%	**26/36**
False Tickets	15.8%	42.1%	42.1%	**20/36**
Property Destruction	21.3%	40.0%	38.7%	**24/36**
Other	28.0%	12.0%	60.0%	**25/32**

Also, survey respondents highlighted less direct forms of abuse by staff, such as being skipped for meals if asleep when officers bring food, having food withheld after filing grievances, receiving very slow responses to overflown toilets resulting in having to sleep in a cell flooded with sewage, and a lack of cleaning supplies for cells. As one survey respondent stated, "Staff treat us like animals here and are very insensitive to our needs . . . [I have experienced] abuse of my food, body and unjust acts of humanity." Overall, approximately 60% of survey respondents classified relations with staff as either somewhat bad or very bad, ranking Fishkill in the middle of CA-visited SHUs and S-blocks. As a potentially, though not necessarily, positive sign of conditions in the S-block, the number of grievances filed by people in the S-block declined from 445 grievances in 2012 to 146 grievances for the first three quarters of 2013, representing a projected total of 183 grievances for the year. Such a dramatic decrease in the number of grievances filed could represent an improvement in conditions in the S-Block, although other factors could influence the rate.

Somewhat more positively, mental health and medical services on the unit did receive more favorable ratings from survey respondents than at other CA-visited SHU and S-block units. In general, having any persons with mental health needs in isolated confinement raises serious concerns, though the comparatively favorable ratings of mental health care by survey respondents were positive. The S-block is an OMH Level II facility and housed 24 individuals on the OMH caseload at the time of our visit, representing 14% of the total S-block population.

[27] As one survey respondent stated, "They put anyone in your cell as a bunky. And they don't care if we are safe."

DOCCS staff informed us that OMH staff makes two daily rounds in the S-block and has access to six confidential rooms for meetings with the population. As seen in **Table J – S-block Survey Responses Concerning Mental Health and Medical Care**, more than half of survey respondents indicated that they see mental health staff at least once in a while, and more than half rated overall mental health services as fair, while 28% rated it as good and 13% as poor. These ratings of the quality of overall mental health services and frequency of contact with mental health staff rank the S-block among the top quarter of all CA-visited S-block and SHU units. At the same time, more than half of all survey respondents reported that they did not have enough time during sessions with OMH staff, with a median of only 10-minute long sessions, and more than a third did not feel that information provided to OMH staff was confidential. Also of concern, at the time of our visit, two out of the five people in Fishkill's RCTP were from the S-block, an indication of people in the S-block going into mental health crisis.

Table J – S-block Survey Responses Concerning Mental Health and Medical Care

	Good	Fair	Poor	Rank
Overall Mental Health Services	28.4%	52.2%	13%	**6/31**
Quality of Nurses Care	37%	42%	21%	**4/36**
Quality of Clinical Providers Care	21%	33%	44%	**7/36**
Overall Medical Care	19%	48%	32%	**5/36**

	Frequent	Once in a while	Once	Never	Rank
How often see MH staff	20.5%	36.4%	25%	16%	**6/36**
How often delays to see doctor	38.6%	11.4%	11.4%	38.6%	**10/36**

As seen in **Table J**, access to and quality of medical care also ranked comparatively high in Fishkill's S-block, in contrast to other CA-visited units. Specifically, 48% of S-block survey participants rated medical care as fair, while 19% rated it as good and 32% rated it as poor. Also, half of survey respondents indicated that they experienced delays to see clinical providers either once in a while or frequently, while half indicated that they had delays once or never. Based on these responses, the facility ranks in the top third of all CA-visited S-blocks and SHUs for access to care, while ranking in the top 20% for quality of nurses, doctors, and overall medical care. Several survey respondents did comment that delays in medical appointments had interfered with their ability to receive necessary care. Staff indicated that regular sick call occurs Monday through Friday, with nursing rounds daily and primary care provider visits three days per week. Other survey respondents gave mixed reviews of the quality of care provided by medical staff – some people indicated that staff did their jobs in providing the care needed, while others complained about poor staff attitudes and lack of concern and care for patients.

Special Housing Unit (SHU)

Fishkill's SHU was marked by its frequent use, the prevalence of petty harassment and deprivations, and a high proportion of individuals with mental health needs in confinement. With

regard to frequent use, the SHU is divided into two units, P and Q,[28] has a capacity of 56, and at the time of our visit confined 35 people,[29] though staff reported that the SHU population is typically about 50. According to data provided by the facility, there were 34 people in the SHU on January 1, 2013; 49 on April 1, 2013; 39 on July 1, 2013; and 44 on September 1, 2013, seeming to indicate regular variation and not too much of an overall change in the use of the SHU, though perhaps slightly down from what was reported as typical at the time of our visit. The SHU holds people incarcerated at Fishkill found guilty of disciplinary infractions and people in protective custody. More than 41% of survey respondents from the general population reported spending some time in the SHU while incarcerated at Fishkill, indicating the highest frequency of reported SHU confinement by survey respondents among all CA-visited facilities, including both medium- and maximum-security prisons. Consistent with this data, survey respondents commented that the facility issues tickets for minor rule violations; for example, one individual elaborated that there is an "on-going practice by security to keep the SHU housing full. Therefore they abuse inmates by placing them in the SHU for minor reasons… such as having extra slices of bread when leaving the mess hall."

The facility explained that the majority of SHU residents have SHU sentences of less than 90 days and that individuals with longer sentences are generally recommended for transfer. Individuals in protective custody, according to the facility, spend longer periods of time in the SHU while being granted some extended privileges. Survey respondents in the SHU reported a median total SHU sentence of two months and median time served of one month at the time of their survey response. As of January 1, 2012, there were no SHU residents under the age of 18, while 6.5% of residents were under the age of 21—less than the system-wide number of 9% and down significantly from the 17.5% of Fishkill SHU residents under 21 on January 1, 2011.[30] The facility administration emphasized that the Joint Case Management Committee and the Disciplinary Review Committee provide incentives to SHU residents by rewarding good behavior with time cuts. According to staff, individuals with SHU time of less than 90 days come up for review automatically after completion of 50% of their sentence. The facility also described weekly reviews by captains and provisions allowing incarcerated individuals to write to the captains requesting time cut reviews. As with the S-block, the use of time cuts must be considered in conjunction with additional disciplinary time received while in the SHU. For example, only one individual out of the respondents in the SHU at the time of survey response reported having received a time cut; while five out of the 12 survey respondents indicated having their time in SHU confinement lengthened through new disciplinary tickets received while in the SHU. Even the one individual who reported a time cut also reported receiving additional disciplinary time that exceeded the amount of the time cut.

With regard to conditions, people in the SHU, as in S-block, are in isolated confinement 23 hours a day, without any meaningful human interaction or programming. Survey responses from current SHU residents had more negative ratings of staff and levels of safety and abuse than

[28] Fishkill previously had an additional SHU unit, O, but the administration indicated the unit was closed after a lawsuit would have required the installation of cameras in the unit; instead of installing the cameras, the unit was closed.
[29] Our analysis of the SHU is based upon data and information provided by DOCCS staff, as well as survey responses from 12 people confined in the SHU, or more than one third of the SHU population, and survey responses from a large number of people in the general population who had previously been in Fishkill's SHU.
[30] DOCCS data on January 1, 2012, a*vailable at*: http://www.boxedinny.org/library/.

in the S-block. Specifically, Fishkill ranked in the bottom third of CA-visited SHU and S-block units for how safe people feel, and ranked in the bottom 40% for overall relations with staff. Compared to other CA-visited S-block and SHU units, survey responses rank this SHU among the lowest quarter of all units for prevalence of physical assault; verbal harassment; abusive pat frisks; turning off lights, water, or denying services; and retaliation for complaints or grievances. Particularly prevalent among survey comments were complaints of having property taken or destroyed when sent to the SHU, being denied meals and showers, and having limited access to supplies for cleaning and writing letters. One survey respondent commented, "This SHU dehumanizes you," and another elaborated, "The officers in the SHU units do nothing but harass people by not letting them eat or take showers and leaving the lights on all day and night."

Also of concern in Fishkill's SHU is the high number of people with mental health needs confined there. At the time of our visit, there were 14 individuals in the SHU on the OMH caseload, according to data provided by the facility.[31] Having 40% of the SHU population with mental health needs raises serious concerns regarding the devastating impact that isolation can have on people with mental illness, highlights the importance of access to quality mental health services for individuals in the Fishkill SHU, and raises concerns that the facility seems to be responding to inappropriate behavior of persons with mental health issues with discipline rather than attempting to use other non-punitive therapeutic responses. Also of deep concern, according to information provided by OMH in response to a FOIL request, as of April 30, 2012, there were five people with a mental health S-designation. Under the SHU Exclusion Law, individuals with an S-designation who have been sentenced to less than 30 days in the SHU can still be housed in the SHU and even those with longer sentences may be housed in the SHU in exceptional circumstances. The facility reported that S-designated individuals who are not removed from the SHU are reviewed on a bi-weekly basis at Joint Case Management Committee meetings for potential time cuts or referral to a special program. However, as recognized by the SHU Exclusion Law, isolated confinement can have absolutely devastating effects on people suffering from mental health diagnoses that rise to the level of S-designations.

On the positive side, for overall rating of mental health services, Fishkill's SHU ranks near the top third of CA-visited S-block and SHU units while ranking in the top quarter of all units for frequency of being seen by mental health staff. Survey respondents gave more mixed reviews of medical care in the SHU, indicating comparative satisfaction with clinical provider care but expressing concerns about sick call. Specifically, when asked to rate medical care overall, survey responses ranked the facility as one of the best CA-visited SHU and S-block units, and survey respondents also rated care by clinical providers comparatively positively, ranking the SHU in the top quarter of CA-visited units for the quality of care and in the top fifth for delays in receiving such care. On the other hand, responses ranked the unit near the worst third of CA-visited SHU and S-blocks for both access to sick call and quality of sick-call nurses.[32] Also, several people during our visit stated that nurses did not consistently make rounds in the SHU. Staff indicated nursing rounds occur daily in the SHU, and that people in the SHU are scheduled for primary care visits along with people in general population.

[31] According to data provided by OMH in response to a FOIL request, as of April 30, 2012, approximately two weeks after our visit, there were 17 people in the SHU on the OMH caseload.
[32] For access to sick call and rating of sick call nurses, the Fishkill SHU ranks 24th and 22nd respectively out of 36 CA-visited SHU and S-block units.

CORE PROGRAMS

The Visiting Committee toured Fishkill's academic, vocational, and transitional services programs. As discussed below, Fishkill's programs had both positive aspects and raised some concerns, particularly about capacity to meet the needs of the population. According to the facility, only 18% of people incarcerated at Fishkill were assigned porter positions; this relatively low percentage compared to other CA-visited facilities is positive given the low skill and menial type of work involved in such positions. On the other hand, only 18% were enrolled in an educational program at the time of our visit, only 11% in a vocational program, and only 6% in an industry job, raising some concerns about the degree to which people at Fishkill have the opportunity to take advantage of positive programming.

Academic Programs

Based on communications with administrative staff, students, and people incarcerated at Fishkill not currently in classes, the academic programs at Fishkill appear to offer relatively high quality and well-liked classes for those able to participate but lack enough academic opportunities for the tremendous need at the facility. The education building was relatively colorful and spacious with multiple windows and walls well-decorated with educational posters and bulletin boards. The few classrooms we entered appeared well put together, although we did not see many of the classrooms because all academic programs were on vacation at the time of our visit and the classrooms were not being used. Also given that the academic programs were on vacation during our visit, we did not have the opportunity to speak with any teachers or other academic staff. However, administrative staff was able to provide us with information on the academic programs at the facility.

Fishkill offers Adult Basic Education (ABE), Pre-GED, GED, English as a Second Language (ESL), and Multi-Level academic programs. At the time of our visit, the facility had nine full-time educational staff, two of whom were Spanish-speaking. There were also three part-time staff members working to jointly fill the equivalent of one full-time position, thereby amounting to a total of ten full-time positions being filled by twelve instructors. The three part-time teachers, with two working quarter-time and one half-time, are responsible for students in the S-Block. During our follow-up correspondence with the facility in September 2013, staff indicated that the instructor for the Spanish GED class had retired, and that position was vacant. In addition to the academic classes, 133 individuals in SHU and S-Block were enrolled in an educational cell-study program at the time of our visit. Staff indicated that each teacher is assigned one Inmate Program Assistant (IPA) to assist in the classroom. Staff also stated that they are provided with textbooks, workbooks, and a state education curriculum, although it is our sense that teachers may modify the curriculum to meet the needs of their students. Books are generally left in the classrooms, although individual workbook pages can be taken outside of class.

Students in education programs have access to a computer lab and a library. The computer lab at Fishkill contains nineteen computers, is used by students in each of the academic programs, and is not open to use by individuals who are not in an educational program. According to the Computer Lab Schedule that the facility provided, there are five 55-minute time

slots and one 30-minute time slot per day, Monday through Friday, with each class assigned to a designated slot once per week.[33] The academic classes at Fishkill also have access to the library, which is open for educational use for one and a half hours on Mondays and Wednesdays, four hours and forty-five minutes on Tuesdays and Fridays, and three hours and fifteen minutes on Thursdays. Each class is allotted one forty-five minute time slot per week to use the library.

In addition to the basic education programs, two years prior to our visit Fishkill began offering a Nyack College Program. With classes four nights per week, Nyack offers a 15-month long program through which students can receive a Bachelor's Degree in Organizational Leadership. The program is funded by Nyack College, as part of the Hudson Link for Higher Education in Prison, and its Nyack-directed curriculum is taught by volunteer teachers. The program needs a minimum of 15 students to run, and in order to be eligible for the program, students must have earned 60 credits or an Associate's Degree prior to starting the program. The program had open recruitment for its first year and had some difficulty finding enough students to participate because of the prior credit requirements. Staff indicated that the first class began with 20 students, and 13 graduated. At the time of our visit, the program was teaching the second class of 22 students. As of August 2013, 18 students were actively participating in the program, with some of the original participants in the program released from incarceration. In a related manner, Rising Hope, Inc. offers one year of college-level courses at Fishkill in a Program in Ministry and Human Services. Rising Hope operates in four DOCCS prisons, including Fishkill, and since 2011 Nyack College grants Rising Hope alumni who enroll at Nyack upon release up to 30 transfer credit hours of Rising Hope courses. Also very positively, Bard College began operating an associate's degree program on September 3, 2013, with 17 students initially enrolled. In addition, people at Fishkill may participate in correspondence courses if they are able to afford them, and as of August 2013, there were 27 students enrolled in a correspondence course.

Overall, survey participants had mixed reviews of the academic programs, with responses possibly indicating a lack of education opportunities and more satisfaction with higher level courses. Specifically, 39.4% of survey respondents indicated that they were generally satisfied with academic programs at Fishkill, 18.1% somewhat satisfied, and 42.6% not satisfied, ranking Fishkill in the bottom half of all CA-visited facilities. On the other hand, when survey respondents specifically rated the quality of their most recent educational courses, Fishkill was ranked as one of the best CA-visited facilities with 71.4% rating their classes as good, 18.7% as fair and 9.9% as poor.

The explanation for the divergence between the general satisfaction level and satisfaction with particular classes seems to come from both: a) a strong level of satisfaction with the college and GED courses, as compared to lower satisfaction with pre-GED and ABE classes; and b) a lack of opportunities to participate in academic programs. In other words, people appeared satisfied with their classes when they have the opportunity to be in them, particularly for GED and higher education classes, while many people are disappointed with the lack of availability of classes, thereby lowering the overall level of satisfaction with academic courses.

[33] The following computer operating systems are used in the educational areas: *Steck Vaughn GED Program* for grade levels 9-12, *Steck Vaughn Access Program* for grade levels 6-8, *Steck Vaughn Read-On Program* for grade levels 1-12, *Rosetta Stone English Program* for ESL students, and *All the Right Type*.

Specifically with regard to college courses, the Nyack program was very well-liked. At the same time, students not able to participate in the program lamented the program's limited enrollment capacity and the lack of opportunities for people who did not have an Associates' degree already, a problem positively addressed, though not completely alleviated, by the start of the Bard College program in September 2013. Specifically, all five students who identified as being in the Nyack program and responded to our survey rated the program as good. As one survey respondent expressed, the Nyack program is a "wonderful program and valuable opportunity." On the other hand, many survey respondents not enrolled in the program were disappointed with the fact that the facility did not have an Associates' Degree Program at the time of our visit or other opportunities for college courses. At least three respondents specifically expressed their dislike that college credits are reserved for those who have the financial means to pay for correspondence courses, given the limited opportunities in the Nyack program. Because of the success of the Nyack program and the minimum credit requirements to participate in the program, Fishkill staff indicated at the time of our visit that they were looking to see whether it would be possible to offer an Associates' Degree program that would increase the number of students eligible to enroll in Nyack's Bachelor's Degree program, and we are very pleased that Bard College was able to begin operating its program.

With regard to the general academic classes, respondents in GED classes particularly reported a stronger satisfaction with their classes, with a vast majority rating them as good, while a majority of respondents in pre-GED classes rated them as fair or poor. At the same time, there were a large number of people who have an academic program on their mandatory program list but are waiting to take a class. At the time of our visit, 906 incarcerated persons, or around 54% of the entire population, had earned a GED or equivalent, leaving almost 750 people still in need of academic programming, with 351 of those individuals having a reading level at or below the fifth grade. As seen in **Table K – Fishkill's Academic Program Capacity, Enrollment and Waiting List**, 40.6% of the people in need of academic programming were enrolled in a class at the time of our visit, which is near the average level of enrollment for CA-visited facilities. Of particular concern, there were particularly large numbers of students on the waitlists for ABE and pre-GED classes, and only 25% of the people at or below a fifth grade level were enrolled in the appropriately corresponding ABE class. Indeed, several survey respondents complained about long waiting lists to get into academic classes generally.

Table K – Fishkill's Academic Program Capacity, Enrollment and Waiting List

Course	# of Sections	Capacity	Enrolled	Wait List	Enrolled as % without GED
ABE	5	90	89	213	12%
Pre-GED	6	120	102	93	13%
GED	3	60	57	32	8%
ESL	1	16	16	11	2%
Multi-Level	2	36	38	--	5%
Total	**17**	**322**	**302**	**349**	**40.6%**

Separate from issues of capacity and enrollment, survey participants gave mixed reviews of the quality of academic classes, with concerns expressed particularly for non-GED classes. Specifically, some GED students who responded to our survey indicated that they really like

their GED class and made positive comments about their teachers. On the other hand, the general consensus on teacher quality from all other survey respondents was relatively low, with students making such comments as that many instructors are "unqualified," "rude," and "unprofessional." A few survey respondents even commented that they find the Teachers' Assistants to be more helpful than the teachers themselves. Other concerns voiced by survey respondents included lack of up-to-date resources, low student morale, frequent class cancellations, and abuse by security staff in the education building.

Additionally problematic was the rate at which students did not pass their GED. Staff claimed that students generally progress through the academic classes at Fishkill – from ABE to pre-GED to GED – in a quicker manner than in the community. Staff indicated that for those having difficulty progressing, the facility is very reluctant to grant waivers of the educational requirements and instead tries to work with individuals to help them progress. Staff stated that usually any waiver requires a medical sign-off indicating a physical or mental limitation. Moreover, any waivers granted are reviewed at least every year and more generally every three months. Despite the facility's claims of academic progress, according to the information provided by the facility, of the 105 students who took the GED during the 2012-2013 school year, 56 students or 53% passed the exam; in 2011-2012, 13 out of 38 students or 34% passed;[34] and in 2010-2011, 48 out of 84 students or 57% passed. These passing rates are significantly lower than the 67% median passing rate for other CA-visited facilities for the latest year of available data. Although low passage rates are in part a function of how openly a facility provides access to the GED exam (i.e.: if the facility has a more generous policy of allowing students to take the exam, then more likely there will be a lower passage rate), Fishkill also appears to have a comparatively low percentage of people enrolled in a GED class taking the exam each year. When asked about the relatively low GED pass rates, the administration pointed out that recent changes in the format of the GED had made the test more difficult.

In terms of students that may have special needs, staff indicated that the facility has people with mental health needs enrolled in academic classes – both people returning to general population from the ICP and people already in general population. According to staff, the facility attempts to fully integrate these individuals into the population and thus the facility does not want to single them out as "special" or in need of additional help or services and works to mainstream them in the academic classes. This type of mainstreaming is a positive approach as a general policy, although the Visiting Committee does not have enough information to assess whether the facility is able to provide meaningful supports to these students to allow them to be successful in an integrated classroom. With respect to students who may have developmental disabilities or other special needs, staff indicated that because the facility does not have special programs or accommodations, any students with such needs should be transferred to another facility with appropriate programs.

Potentially problematic, although Hispanic individuals make up more than one-third of the facility's population, the administration claimed that there were zero monolingual non-English speakers at Fishkill at the time of our visit and a very low number of Spanish-speakers with limited English skills. The facility offered one Spanish GED class and one ESL class at the

[34] The facility reported a problem with GED testing during the 2011-2012 school year, such that only one complete cycle of testing took place during that school year.

time of our visit. As noted above, as of September 2013, the Spanish GED class was vacant due to a recent retirement, though the facility indicated it was making it a priority to fill this position as soon as possible in order to meet the needs of Spanish-speaking students. No translators are used in general classes and those individuals who struggle with English are sent to ESL.

Vocational Programs

Similar to the academic programs, Fishkill appeared at the time of our visit to have relatively positively rated vocational programs but an insufficient capacity to meet the needs of the large number of people at the facility. Fishkill had a vocational supervisor and nine vocational instructors authorized by DOCCS but had two vacancies at the time of our visit for instructors in horticulture and carpentry. Administrative staff indicated that they were in the process of looking to fill both of those positions. As of August 2013, the facility continued to have only seven vocational instructors, though the authorization level had dropped to only eight instructors. Staff indicated that they had requested a budget waiver for the one remaining vacancy in horticulture. There were also 10 IPAs working in the vocational programs. The vocational programs did not have any Spanish-speaking instructors at the time of our visit or as of August 2013, nor Spanish workbooks or other written materials. The facility indicated in August 2013 that the Vocational Supervisor was in contact with Central office to try to locate a vendor to purchase Spanish language workbooks and textbooks. Moreover, no formal effort is made to secure incarcerated persons who could be formal translators for the classes because administrative staff indicated that other participants in the class and some IPAs are bilingual and can help Spanish-speaking participants, and claimed that there are no monolingual Spanish-speaking individuals who would need such assistance.[35] More generally with respect to vocational programs, staff indicated that recent budget changes had caused a delay in receiving workshop materials and staff had been making more efforts to reuse materials and place orders earlier, but that there had not been overall decreases in resources allotted to vocational programs.

As seen in **Table L – Fishkill's Vocational/Industry Programs: Capacity, Enrollment, Waiting Lists**, Fishkill offered seven different vocational programs at the time of our visit, in addition to 14 industry programs. Staff indicated that the length of time people stay in a particular program varies, depending on the participant and the program, with people with more experience able to complete the program quickly, while more novice participants can take much longer. Unlike at some facilities, Fishkill generally does not allow students to transfer out of a particular vocational program into another. Individuals who are on the OMH caseload are allowed in vocational and work release programs that are deemed appropriate and safe, and the Superintendent stated that no person is barred from such programs because of his mental health status. The facility was not able to provide information concerning the percentage of individuals in vocational programs who do "live" work. Also, in general, the vocational programs do not have career counselors, and vocational instructors are not responsible for helping individuals identify job opportunities on the outside. Once a year, the facility does hold a jobs/resource fair, which it was planning for the month after our visit. The facility indicated in August 2013 that it had hosted such a fair for the past nine years, where approximately 20-25 vendors, including

[35] The Deputy of Programs informed us that in the case that a need for a Spanish-English translator does arise, the facility would have a translator through a DOCCS central office translation service, but that such a circumstance had never happened yet at Fishkill and that those translation services are very expensive.

various colleges, half-way houses, the Department of Labor, vocational trainers, and housing entities, come to the facility to meet about 600 incarcerated persons who are close to their release date.[36]

Table L – Fishkill's Vocational/Industry Programs: Capacity, Enrollment, Waiting Lists

Vocational	**Capacity**	**Enrolled**	**Wait List**	**Enrolled + Wait List**	***Industry***	**Capacity**	**Enrolled** [37]
Building Maintenance	40	33	33	66	Asbestos Abatement	10	4
Commercial Arts	40	32	32	64	Clerks	6	5
Computer Operator	40	24	24	48	Machine Shop	4	1
Floor Covering	40	32	29	61	Maintenance	14	13
General Business	40	29	29	58	Metal Fabrication	10	5
Horticulture	36	14	--	14	School Furniture	30	25
Small Engine Repair	40	26	26	52	Paint Shop	12	9
Total	**276**	**190**	**173**	**363**	Quality Control	8	4
					Shipping/ Receiving	4	2
					Tool Clerk	2	1
					Warehouse	5	4
					Welding 1	18	15
					Welding 3	10	7
					Welding 4	12	10
					Total	**145**	**105**

Overall, 49.6% of survey respondents reported being satisfied with vocational programs at Fishkill, while 37.8% were not satisfied, ranking the facility in the top half of all CA-visited facilities. When specifically asked about satisfaction with their current vocational class, 63.5% of survey respondents rated their class as good, 22.6% as fair and 13.9% as poor, again ranking the facility as one of the better CA-visited facilities for which we have comparable data. Survey respondents gave relatively more positive ratings to the Floor Covering, Building Maintenance, Food Service, and Painting programs, and relatively poorer ratings of General Business, with some survey respondents complaining about the attitude and/or verbal abuse of the instructor.

[36] Vendors who participated in the 2013 resource fair included: the Quality Business Institute, COM Alert, Dutchess County BOCES, DOL, Columbia County Reentry, Dutchess Community College, Exodus Transitional Services, Solutions, Family of Woodstock, Federation Employment & Guidance Services, Family Fathers & Children, Disability Asst. Child Support, New Rochelle Community Supervision, Network, Second Chance National Action Network, Veterans' Assistance, New Vision, the New York Public Library, and Reality House.
[37] The facility apparently does not keep data on the number of people waitlisted for industry programs.

These ratings coupled with survey comments, as with academic programs, again indicated that participants in vocational programs held a positive view of their programs, but that a large number of people at the facility with an interest, or requirement, for taking a vocational program were not able to participate. Specifically, many survey respondents who rated their vocational program positively liked that they had the opportunity to learn new trades and skills that can be used either at home or in seeking employment opportunities once released. Several others indicated that vocational instructors did a good job in teaching the material. On the other hand, some participants complained about a lack of resources and capacity in the vocational programs, specifically regarding a lack of vocational program variety, outdated lessons and software, the fact that no certificates are given for completion of vocational programs, and overall insufficient program capacity. According to one survey respondent, "Most of the vocational programs are outdated and obsolete with no marketable skills to gain that reflect today's economy and/or technology." The facility responded to such criticisms by indicating that programs no longer useful to people upon release to the community are generally phased out of the curriculum. However, from the time of the CA's previous visit in 2005 until 2012, most of the vocational programs remained the same. All of the vocational programs at the time of our 2012 visit, other than computer operator, had been offered in 2005. The facility had closed a radio and TV repair shop and an electrical trades shop between the two visits; however, the facility did not acquire new programs other than computer operator and overall the number of people enrolled in a vocational course had dropped nearly 40% from 312 to 190. Of particular concern, as seen in **Table L**, there are large numbers of people with a vocational requirement still waiting to participate in a vocational program and yet the vocational programs are not filled to capacity. Administrative staff indicated that the current vocational workshops had sufficient physical space to accommodate significantly higher numbers of participants, but that current staffing levels coupled with participant to staffing ratios in each vocational course limited the facility's ability to train more vocational participants.

In addition to those with a required program still waiting to enroll in a vocational course, numerous survey respondents complained about a policy that restricts individuals from taking more than one vocational program during their entire sentence. Although some facilities across the state will allow a resident of the facility to participate in one vocational program while at that particular facility regardless of whether they had participated in a vocational program at another facility, administrative staff indicated that Fishkill, like several other facilities, generally does not allow people who have ever taken a vocational program during the entirety of their sentence in DOCCS custody from taking a vocational course at Fishkill. Staff noted that especially because participation in required vocational programs are part of presumptive release and merit time considerations and due to long waitlists for vocational programs, the facility prioritizes giving those people who still need their first vocational program a chance to participate. The limited capacity at Fishkill coupled with this effort to prioritize people still in need of a program means that longer term incarcerated individuals who have already completed a vocational program (potentially many years prior) are often left idle with limited activities while incarcerated at Fishkill. Staff further indicated that in assigning people to programs, they generally prioritize placing people in education first, then vocational, and then other programs. Staff also noted that although they would like to "frontload" the system to try to get people into programs as early in their sentences as possible, because of huge waiting lists and backlogs, the system tends to become very "back-loaded," with people participating in programs nearer the end of their term.

Additionally problematic, very few people incarcerated at Fishkill were participating in or completing apprenticeship programs. The facility offers five Department of Labor (DOL) apprenticeships, and yet no individuals received their DOL certification in 2009 or 2011 and only two people received their certification in 2010. Similarly, the facility offers only two National Center for Construction Education and Research (NCCER) apprenticeships, and not one individual received a certification in the three years prior to our visit, likely due in part to a lack of capacity since such apprenticeships often require three years or more to complete.

Transitional Services

Fishkill's transitional services (TS) programs – Phase I, Thinking for a Change (T4C), Phase III and Aggression Replacement Training (ART) – were marked by long waitlists but relatively positive responses from those able to participate in the programs. One full-time civilian Offender Rehabilitation Coordinator, along with seven IPAs and one clerk work in the transitional services program at Fishkill.

Table M – Fishkill's Transitional Services Capacity and Enrollment

Program	Capacity	Enrollment	Completed 2009	Completed 2010	Completed 2011
Phase 1	20	40	200	250	200
T4C	12-15	15	12	15	54
Phase III	25	22	200	240	250
ART	45	47	240	240	300

Although all people incarcerated at Fishkill are required to take transitional services programs, as seen in **Table M – Fishkill's Transitional Services, Capacity, Enrollment and Waiting List**, only a small number were enrolled in each program at the time of our visit, and only a small fraction completes the program each year.

Phase I at Fishkill provides a one week orientation to prison life and is taught by an IPA. At the time of our visit, the room in which Phase I was conducted had the appearance of a classroom, with posters on the walls and a chalkboard with information and a code of conduct. For T4C, which began in 2009 at Fishkill, only 15 participants are enrolled in the class at a given time. Run by an ORC, T4C at Fishkill operates two days per week for a total of 22 classes in 11 weeks. As seen in **Table N – Transitional Services Satisfaction by Fishkill Survey Respondents**, those who participate in T4C rated the program as one of the best CA-visited facilities with comparable data, with more than 60% of survey respondents who had taken the program expressing satisfaction.

Table N – Transitional Services Satisfaction by Fishkill Survey Respondents

TS Program	**Satisfied**	**Somewhat**	**Not Satisfied**	**Rank**
T4C	61.4%	5.3%	31.6%	**2 of 12**
Phase III	40.5%	21.6%	37.8%	**5 of 23**
ART	57.5%	21.8%	20.7%	**5 of 23**

Phase III at Fishkill runs for two weeks and is run primarily by IPAs. Staff indicated that IPAs help participants with creating resumes and obtaining birth certificates and social security cards. When asked, staff indicated that the transitional services staff does not help participants apply for Medicaid or connect with substance abuse programs in the community. More than 60% of survey respondents who had participated in Phase III reported that they were at least somewhat satisfied with the program, ranking Fishkill in the top quarter of CA-visited facilities with comparable data. On the other hand, survey respondents repeatedly complained that the program was not able to provide updated information regarding housing, employment, or other necessary reentry components that would help people transition back to their communities upon release.

> *I dislike the fact that their books for housing, job search, shelters, and halfway houses are outdated.* - Anonymous

The ART classroom, while older looking, had the appearance of a classroom at the time of our visit, with inspirational quotes on the wall, and an outline of the program and topic for the class written on the chalkboard. According to staff, ART is a nine-week program at Fishkill, meeting four days a week in sessions run by IPAs. There were a total of 47 participants divided amongst three modules at the time of our visit: 15 students in an English-language morning class, 12 students in a Spanish-language morning class, and 20 students in an English-language afternoon class. Almost 80% of survey respondents were at least somewhat satisfied with ART, ranking Fishkill in the top quarter of CA-visited facilities with comparable data. Multiple survey respondents commented on how they appreciated how ART helped them to better control and deal with anger.

> *ART provided me the ability to utilize different means of dealing with volatile situations.* - Anonymous

SUBSTANCE ABUSE TREATMENT

In order to assess Fishkill's substance abuse programs, data provided by the facility, data collected from general survey responses, and data collected from a modified Multimodality Quality Assurance Scales-MQA-Participant Survey (MQA) were used.[38] In addition, the Visiting Committee toured Fishkill's ASAT program for the general population, located in housing units A-1 and A-2, and met with ASAT staff and participants. Based on our assessment we found: a) a high number of eligible individuals not being served, and a high number of individuals administratively removed from the program; b) a relatively supportive but overburdened treatment staff; c) relatively strong adherence to the techniques of a therapeutic community model; and d) concerns about the overall program environment.

Program Opportunities v. Treatment Needs

Fishkill offers ASAT programs for the general population and RMU, in addition to offering an Integrated Dual Disorder Treatment (IDDT) ASAT program for people in the ICP. The RMU program has one module program that had six participants at the time of our visit. The general population ASAT is divided into two groups consisting of thirty-eight and forty

[38] The Multimodality Quality Assurance Scales-MQA-Participant Survey evaluates participant assessment of various areas of substance abuse treatment programs.

people respectively. Each group is divided into two modules, in which half meet in the morning and half meet in the afternoon. To run these programs, at the time of our visit Fishkill employed two full-time residential ASAT ORCs, one of whom is CASAC certified, as well as two full-time ASAT PAs, neither of whom are CASAC certified.

Table O – Capacity, Enrollment, and Waitlist for Fishkill's ASAT Programs

Program	**Capacity**	**Enrolled**	**Program on their recommended list**
ASAT- General Population	98	81	525
ASAT- RMU	8	6	10
ASAT- IDDT	9	7	5
Total	115	94	540

Very positively, the facility reported during our correspondence in September 2013 that since the time of the CA's visit, Fishkill had hired two additional PAs for a total of four PAs. The facility indicated that the additional hires helped staff to be better able to manage the large amounts of paperwork required under the new OASAS guidelines. Also, the total enrollment in ASAT residential and non-residential programs had increased to 176 as of October 2013, compared to a total capacity of 115 at the time of our visit as seen in **Table O – Capacity, Enrollment, and Waitlist for Fishkill's ASAT Programs**. The facility stated it was planning to add an additional non-residential outpatient program. At the time of our visit, the facility reported that all DOCCS substance abuse treatment staff positions were filled, with no one on temporary leave. The facility did report that a PA responsible for facilitating the RMU ASAT had been on leave, but had since returned, and they were back to normal operations. ASAT staff acknowledged that the prolonged absence of staff could potentially have a negative impact on participants engaged in a therapeutic environment that stresses continuity and structure.

Despite being at full staffing capacity at the time of our visit and even with the tremendous increase in staffing, the ASAT program continues to face challenges in meeting the needs of people incarcerated at Fishkill. As seen in **Table O**, there are extended waitlists for ASAT, with less than 18% of people assessed as needing treatment actually in treatment at the time of our visit. It is very positive that this percentage had significantly increased with the additional hires to closer to 33%, but even with the expanded staff , two-thirds of the people who need treatment are not currently enrolled. Also, as seen in **Table O**, even though there are people on the waitlists for the IDDT program, it was not filled to capacity at the time of our visit.

Table P – The Number of Fishkill ASAT Completions and Program Removals

ASAT-General Population	**2009**	**2010**	**2011**
Total Completing the Program	126	154	147
Total Removals	100	109	107
Disciplinary Removals	*25*	*32*	*27*
Removals for Inadequate Performance	*5*	*0*	*3*
Administrative Removals	*70*	*77*	*77*

Somewhat compounding the inability to meet the population's treatment needs is the large number of administrative removals from the program. As seen in **Table P – The Number**

of Fishkill ASAT Completions and Program Removals, for the three years prior to our visit, the number of people removed from an ASAT program was about slightly over two-thirds of the number of people completing an ASAT program. We were pleased to see such a low number of removals for inadequate performance. However, the large number of administrative removals and the smaller, but still significant, number of disciplinary removals raises concerns. The facility generally does not control administrative removals, which are often due to transfer to other facilities. Still, such removals may be problematic because of interruptions in the therapeutic relationships with treatment providers. In response to these concerns, the facility indicated that a program hold can be granted to an ASAT participant who is in the final stage of the program in order to allow for completion.

Treatment Staff

Related to the difficulties faced by the ASAT program to meet the treatment needs of all persons at Fishkill, information provided by staff and participants raised concerns about the capacity of program staff to meet the needs of those actually enrolled. As a result of recent changes brought about by OASAS oversight, staff must complete more one-on-one sessions and individualized written plans for each participant. Although staff recognized the potential benefits of the changes, staff also reported that one consequence of these changes is the struggle in trying to properly balance time between individualized treatment, group programming, and increased administrative responsibilities. ASAT staff pointed out that due to the demands of paperwork, which according to their estimation, had more than doubled in recent years, time spent with ASAT participants had by necessity decreased. Staff expressed appreciation for OASAS' attempts to make treatment more effective, but also noted that that the line staff was never consulted for input. As a result, instead of feeling empowered and supported, staff often expressed frustration and feelings of disempowerment. Tangentially, there were some expressed concerns about the possibility that other needs outside substance abuse treatment, such as parole and discharge planning, would now become part of their workload as well. Staff we interviewed thought having two PAs for every group of twenty participants would be ideal but recognized the need for PAs elsewhere, as well as the need for larger group sizes considering the ASAT wait list for general population is over 500 people long. Quite positively, as noted above, the facility indicated in September 2013 that it had hired two additional PAs, thereby reportedly reducing the caseloads of ASAT staff and potentially allowing more individually tailored ASAT counseling, one-on-one interaction, and individualized treatment to ASAT participants.

Survey respondents consistently reported concerns with the burdens faced by treatment staff and these burdens' impact on the ASAT program. Participants had relatively positive ratings of staff, and at the same time recognized that limited staffing resources made it difficult to provide effective treatment. Specifically, according to MQA responses from ASAT participants, Fishkill ranked in the top 40% of CA-visited facilities regarding the degree to which participants viewed ASAT staff as supportive and helpful.[39] Eighty percent of MQA survey respondents felt that "the substance abuse staff supports my goals." At the same time, one

[39] The rankings derive from a composite score based on the following four specific statements, to which the survey participants could reply as "not true," "somewhat true," "mostly true" or "very true": (1) "I feel that people in this program are interested in helping me" (2) "I think that the staff believes in me" (3) "The substance abuse treatment staff supports my goals" (4) "I work well with my substance abuse treatment staff."

respondent stated, "My instructor's caseload was just too big for her to give me an adequate amount of time," while another participant felt that staff "didn't care." Another respondent felt staff needed more training on confidentiality, particularly with regard to security staff.

Therapeutic Community Model Techniques

Based on information from staff and survey respondents, Fishkill's ASAT program somewhat follows many of the techniques of a therapeutic community (TC) model, as intended. When asked in the MQA,[40] a survey that evaluates participant assessment of various areas of substance abuse treatment programs, about the overall level of congruence of practices between Fishkill's ASAT program and TC model techniques, almost 70% of respondents expressed satisfaction, ranking Fishkill within the top third for all CA-visited facilities. Staff at Fishkill also confirmed their adherence to the TC model and said the rules of TC are "really imposed." For example, according to staff, community and hierarchy meetings are conducted once a week, with the community meetings taking place every Thursday. Staff also noted the use of a hierarchy system, whereby participants assigned positions based on previous experience are tasked with increased responsibilities, expectations, and leadership roles. Staff also reported using push-ups and pull-ups, intended as forms of peer accountability and communication.

Group Content and Environment

The Visiting Committee had the opportunity to observe ASAT group sessions and interview staff and incarcerated persons. At the time of our visit, the area where group meetings were conducted was relatively clean, well-lit, decorated with plants, and arranged with tables and chairs conducive to group meetings. Separate from this physical layout, information gathered from staff and participants raised some concerns about how effective, relevant, and therapeutic the group sessions are. Perhaps as a consequence of the overburdening of staff discussed previously, ASAT participants indicated that participants, rather than civilian staff, sometimes facilitate the group sessions. In addition, some participants expressed that the topics covered and the materials utilized in the group sessions could be updated and made more relevant to their lives. Similarly, participants reported that movies are often shown multiple times a week, and many of the participants interviewed felt the films were, for the most part, outdated and lacked relevance to their personal experiences.

Survey responses also raised concerns about the therapeutic nature of the environment in the group sessions and the program more generally. According to the MQA, Fishkill ranked within the middle of all CA-visited facilities for the degree to which participants felt the program had created a safe and open space for sharing openly and addressing personal or potentially vulnerable issues.[41] Moreover, while communication overall between participants and staff averaged in the middle of CA-visited facilities, only 20% of current participants believe the statement, "People are afraid to speak up for fear of ridicule-retaliation" is *not* true. Similarly,

[40] Thirty-four MQAs, representing 36% of ASAT participants at the time of our visit, were completed and returned.
[41] This ranking was based on a compilation of participant answers to statements such as, "We have open and frank discussions about our differences," "Disagreements are generally resolved fairly," "Participants are divided into small groups or cliques that do not communicate well," "Most viewpoints are given serious consideration."

50% of participants believe it to be at least "somewhat true" that "individuals who disagree with the majority are likely to have a hard time."

Possibly due in part to a perception of an environment not conducive to sharing of personal information and potentially also a contributor to it, Fishkill ranked in the bottom quarter of CA-visited facilities in terms of individuals' commitment to the program and their recovery.[42] Participants complained about the coercive nature of the program,[43] the lack of relevance and individualized assessments and treatment, and the limited positive outcomes derived from completion of the program. Some participants felt the program was irrelevant and did not adequately address issues around substance abuse, and noted that participants sometimes labeled the program a "joke," which in turn negatively impacted group morale and the recovery process for other participants. ASAT participants also observed that forced participation without adequate needs assessments, most likely leads to decreased motivation. Moreover, many participants remarked on how failure to participate in the program automatically led to negative outcomes with respect to merit time and parole, while completion of the program did not contribute to positive outcomes for merit time or parole. As one participant noted, "I took an additional program here in order to get my good time restored. When I showed the time allowance committee the certificate they didn't care. Why should I?" Another pointed out, "We are forced to take programs or lose good time, then parole says that really it means nothing since they force us into treatment upon release."

While treatment inside and upon release can both be useful and important, comments such as those discussed above indicate some participants' frustration. They also highlight the importance of creating clear expectations, following through on those expectations, tying assessments and treatment programs to actual need, and emphasizing confidentiality between staff and participants and among participants. Taking such steps can help create stronger feelings of community and a safe environment that can further increase participant satisfaction and commitment.

ADDITIONAL PROGRAMS

Work Release

Fishkill operates a work release program with a capacity of 80 persons. At the time of our visit, the program was operating with 60 participants, who were housed with the general population, and one civilian counselor.[44] According to staff, the facility had plans to bring work release participants to a new building, separate from general population, in the future. The goal

[42] The ranking was of a composite score determined by participants level of "truth" to the following four statements: "I feel good about my progress," "I feel that I am working on my problems," "I am attempting to change," and "Although not always successful, I am at least doing something about my problem"

[43] Technically, incarcerated persons are not forced to participate in programs. However, the sanctions that can be incurred as a result of nonparticipation (i.e., parole denials, merit time considerations, etc.) essentially render program participation as a mandate.

[44] Unfortunately, because people on work release were generally not at the facility at the time of our visit (because they were out on release), the CA was not able to obtain many survey responses from participants in the program. However, the CA did obtain a small number of survey responses, briefly spoke with staff about the program, and received a Work Release Handbook from the facility given to participants at Fishkill.

of the work release program, as outlined by DOCCS, is to allow incarcerated persons within two years of their earliest release date to begin gradual reintegration into the community. According to the Work Release Handbook utilized at Fishkill, after acceptance into the program, until a participant obtains employment, he can engage in porter work as part of the outside crew. Some survey respondents indicated that obtaining employment took multiple months after acceptance into the work release program, and raised concerns about the level of assistance in obtaining employment throughout the program. In response to such concerns, staff indicated that the work release ORC, as well as the community supervision parole officer, each have an established network of employers willing to work with people incarcerated at Fishkill. Once employed, participants pay the facility 20% of their Work Release wages as "participation fees (room and board)" and must make a savings deposit of 15% of their net pay after subtracting weekly expenses, including food, transportation, and legal obligations. In addition, people on work release face a variety of rules. For example, they must attend sick call at 8:00 a.m., are not allowed to have a driver's license or motor vehicle in the absence of written approval, and are not allowed to make personal phone calls while at work except in emergencies. Participants also are not allowed outside of their worksite without written approval, must have a separate identification card for when they are in the community, are allowed to wear civilian clothing while at work (though not when back in the facility), and are prohibited from consuming alcohol. Those who are absent from work, other than for a limited number of authorized reasons,[45] can receive disciplinary tickets, and those who are fired from their jobs or violate other program or facility rules may receive disciplinary tickets and/or removal from the program. Typically, according to staff and survey respondents, participants in the program leave early in the morning and return in the evening. On the other hand, according to the Work Release Handbook, participants in work release may apply for furloughs for the purpose of maintaining family ties and/or solving family problems, and once employed, may apply for extended furloughs from after work on Friday until Sunday evening. Certain participants may also seek longer term employment furloughs in which the participant stays at home four or five nights a week and returns to the facility two or three nights. Prior to employment, participants may apply for a one-day job furlough to search for employment and attend interviews.

Puppies Behind Bars

Fishkill offers a Puppies Behind Bars program, in which incarcerated persons are trained to raise puppy labrador retrievers or golden retrievers to become guide dogs for the blind, war veterans, autistic children, or explosives detection. Fishkill is one of five DOCCS facilities in which the program operates, and the Fishkill program doubled in size after a sixth program ended with the closure of Mid-Orange Correctional Facility. The program originated at Bedford Hills C.F. in 1997 and began at Fishkill in 1999. At the time of our visit, Fishkill's program had a capacity for 50 participants and 46 were enrolled. Participants were training 24 puppies in 80 different commands, including opening a refrigerator door and grabbing an item selected by a veteran, helping someone out of a chair, turning on a light switch, dealing with veterans' seizures and nightmares, dialing a special telephone for an emergency, positioning self between a veteran and a crowd, picking up a credit card off the floor, saluting, and what is known as "clearing the

[45] According to the Work Release Handbook, the only authorized absences are: a) the facility issued a memo excusing from work; b) sick call with a no work slip; c) security reason or disciplinary action; d) employer's request; e) transportation problems or emergency condition out of employee's control; and f) Parole Board appearance.

room," namely turning on a light in dark room and circling around to show that there is nothing there. Participants have class once a week all day on Fridays, and then live in their cells with the dogs for the rest of the week. Upon completion of the program, participants receive a certificate as an animal trainer / veterinary assistant. Both staff and incarcerated persons offered praise for the program and the positive impact it has on its participants. The program planned to have a graduation in October 2013.

Volunteer Programs

Fishkill offers a large number and variety of volunteer programs for incarcerated persons. According to information provided by the facility, there are a range of religious-based programs, some educational and job development related programs, and some arts programs. Particularly because the facility is located relatively close to New York City, the facility has more outside agencies and volunteers that come in to offer programs to people incarcerated at Fishkill. For example, Osborne Association runs several different programs at Fishkill, including a Long Termers program; HIV/AIDS Prevention, Education and Transitional Planning; and Parenting and Counseling. Staff and incarcerated persons also noted the successful peer-led program Prisoners for AIDS Counseling and Education Program (PACE). Through PACE, peer educators and counselors offer education related to HIV and AIDS, as well as counseling, referrals, and support to incarcerated persons. As another peer-run program, Compadre Helper – a peer counseling course geared toward incarcerated persons who are Latino – aims to help participants learn methods for succeeding while in prison. According to staff, typically between 13 and 17 participants take the course, which can be carried out in either English or Spanish, four days a week in the evening module for a total of 100 hours. Another program that was specifically mentioned in a positive light by both staff and incarcerated persons during our visit was the Rehabilitation through the Arts (RTA) program. RTA is a program that originated through efforts of incarcerated persons at Sing Sing and currently operates at two women's and five men's DOCCS prisons, including Fishkill. RTA uses theater, dance, voice, writing, and visual art as a mechanism to promote personal growth and family reconciliation, development of social and cognitive skills, and improved transitions back to communities.

ADDITIONAL SERVICES

Recreation

Fishkill employs one full-time staff member, one part-time staff member, and one supervisor for recreation. The prison has five main yards for recreational use: two in the upper part of the facility, two in the lower, and one referred to as the "new" yard. In addition, the facility has a gym with a capacity of 300 people. The yards and gym have loose weights as well as other equipment that incarcerated persons can use. There are several sports leagues that operate at the facility, including softball, soccer, and flag football, with approximately five or six teams for each sport, according to staff. Staff noted that the facility obtained a new backstop in the year prior to our visit. In addition, fitness classes operate in the gym. The gym contained two treadmills that were broken at the time of our visit, as well as four bikes, two stair masters, and one elliptical that was also broken at the time of our visit. Staff indicated that repairs of broken

equipment generally take two or three months. Staff also indicated that equipment deemed unsafe is taken off-line until it can be repaired and returned.

General Library

The Visiting Committee toured the General Library and spoke with the librarian and other individuals regarding the library's operations. At the time of our visit, the library was observed to be a relatively small room that had limited open stacks and limited seating, but that was well-lit and had open windows. The library also had a back room with a larger number of books than were on display and where only staff was permitted. In addition to shelved books, the library contained periodicals, large print books, maps and globes, along with some plants, pictures, and signs about different world religions. Four shelves within the library contained books in Spanish. The library also had career zone computers to be used for DOL purposes. At the time of our visit, the computer cataloguing system had been down since December 2011, and a manual cataloguing system was being utilized. However, the system was reinstalled in November 2012 and is updated on a daily basis.

The librarian indicated that she had been serving as the temporary librarian for around two months prior to our visit. The librarian was the sole civilian library staff at the time of our visit, although the facility reported being in the process of hiring a senior librarian, as there are two authorized positions for the library. A senior librarian was in fact hired in August 2012, and that librarian plus a civilian library clerk working 30 hours per week currently staff the library. According to information provided by the facility, the General Library was open at the time of our visit on Mondays and Wednesdays from 1:00 p.m. to 3:00 p.m., on Tuesdays and Fridays from 8:00 a.m. to 11:00 a.m. and from 1:00 p.m. to 3:00 p.m., and on Thursdays from 8:00 a.m. to 11:00 a.m. The one temporary librarian worked from 12:30 p.m. to 8:00 p.m. on Mondays and Wednesdays; and 8 a.m. to 3:30 p.m. on Tuesdays and Fridays. Following the hire of the senior librarian, the library was open seven days a week. The civilian library staff is also assisted at any time by eight to ten incarcerated library clerks. The library's physical space capacity is 32 individuals, including the clerks. People incarcerated at Fishkill can sign up in their housing areas to come to the library during its hours of operation. If more than 32 individuals sign up to enter the library, the remaining people gather in the waiting area and are permitted to enter as others leave. An officer monitors a sign-in sheet to ensure the library does not exceed capacity.

People incarcerated at Fishkill with whom we spoke expressed positive views of the library, though with some concerns. Overall, 54.5% percent of survey respondents reported being satisfied with the library and 26.6% reported being somewhat satisfied, ranking the library in the top quarter of CA-visited facilities. With regard to specific concerns, some people remarked on a lack of new book purchases. According to the librarian, the facility makes periodic purchases of books and the most recent purchase had occurred in February 2012 (two months prior to our visit) when 21 books, out of a total 60 requested, were purchased. The remaining books requested were reported to be unavailable at time of purchase. The librarian also noted that she did not yet know how many books the facility would be able to purchase in the future because she was still awaiting the new budget. As an additional concern, some people incarcerated at Fishkill expressed that the amount of magazines and newspapers available had been cut back as a result of budget constraints, and requested a restoration of a wider range of periodical materials.

Additionally, the speed of the Inter-Library Loan (ILL) system was reported by some to be very slow. Individuals are able to check out materials from the General Library or request different materials via the ILL system. Several incarcerated individuals, as well as the librarian, reported that a draw back to the ILL system is that it takes a long time for requested items to arrive (up to several months for popular volumes). In response to concerns about limitations on purchases of books and magazines, the facility indicated in September 2013 that it had been working with McNaughton Subscription Services to purchase new books with state funds available through the Mid-Hudson Library System, and that a contract with Ebsco enables the facility to purchase a variety of newspapers and periodicals.

Law Library

The Visiting Committee also toured the law library and spoke with a civilian staff member, a corrections officer and several incarcerated persons working as law clerks. According to staff, the law library is open from 8:00 a.m. to 11:20 a.m. and from 12:45 p.m. to 3:20 p.m. seven days a week. There are additional evening hours from 6:00 p.m. to 8:45 p.m., Monday through Friday. Persons in the general population must submit a request form at least two days prior to when they want to visit the law library. Law library staff reported that individuals with upcoming case deadlines may be granted more immediate access. For notary services, which are available in the law library, persons can request to have materials notarized as needed. Individual clerks are assigned to the RMU, SHU and S-block units; they process requests from persons in the respective housing areas and supply printed copies of relevant materials. The requests and materials for SHU and S-block units are collected and distributed by a law library corrections officer, while a clerk performs these functions for persons in the RMU.

Law library staff included the civilian staff member with whom we spoke, two corrections officers, and several incarcerated persons working in the law library: eight paralegals, one administrative clerk, and nine other clerks (including typists, book clerks, and copy clerks). The civilian staff member was new to the law library as of two months prior to our visit, while the corrections officer had been working in the law library for three years and some of the clerks had maintained their positions for many years. In order to be certified to work as a law library clerk, an individual must undergo a 17 week training course and pass an exam. The course is offered once per year and has a capacity of 20 people. The last class to finish the course prior to our visit had a unanimous pass rate and three of the participants were working in the Law Library at the time of our visit. Clerk positions seemed to be highly valued as the library staff with whom we met reported that there are seldom openings for new clerks. At the time of our visit, there were four Spanish-speaking clerks who provided translation services for Spanish-speaking incarcerated persons, but Law Library resources were not available in Spanish. Individuals who wish to receive legal assistance by an incarcerated person who is not a clerk must submit a request form. The Law Library had been utilizing the Thinkline computer system for about one year prior to our visit. Staff indicated that the system is updated by West Publishing quarterly with new case information, and that "advance sheets" with the most up-to-date case files are also sent by West. The Law Library contained 22 typewriters and 33 computers, all of which were reported to be functioning at the time of our visit. In order to print research findings, incarcerated persons must pay for print services in advance, submit their receipt of payment to library clerks, and give a request to the correction officer to print the

documents. Library staff reported that there was a backlog of printing at the time of our visit, and that while most people received their materials within two days of a request, requests could take up to four days to be filled. Staff indicated that printing requests for persons with upcoming trial dates could be expedited. In addition to the computerized system, the law library also contains some books for legal research. Only clerks have access to books, and clerks are responsible for assisting library visitors with accessing and copying from books as needed.

Incarcerated persons with whom we spoke and survey respondents expressed mixed views of the law library and raised some concerns. Overall, 37% of survey respondents reported being satisfied with the library and 24% percent reported being somewhat satisfied, similar to the average of all CA-visited facilities. Several individuals with whom we spoke raised concerns that there were often delays in the new computer system in receiving updated case information.[46] Also, although the facility reported that the law library provides up-to-date court-mandated forms, several people also commented that the facility was not providing all court mandated forms and required people to pay a copying fee for blank forms. Particularly problematic, multiple people complained that many of the available forms were outdated versions, causing courts to reject submitted documents. In addition, at least one SHU survey respondent reported that on occasion he had been deprived slips to request legal materials.

Food Services

Fishkill serves a total of approximately 1,400 individuals per day. Roughly 1,000 individuals go to the mess hall daily for meals and about 400 individuals placed in hospitals, S-Block, the SHU or other separate confinement receive their meals from the mess halls in their housing area. For those eating in the mess hall, breakfast is served at 6:30 a.m., lunch at 11:30 a.m., and dinner at 4:30 p.m. Staff indicated that people officially have twenty minutes to come in, eat, and leave on rotation, but generally have around fifteen minutes to eat. Survey respondents complained about the limited time to eat, with half of all survey respondents reporting that they did not have enough time to complete their meal.

Staff reported that the facility is allotted $2.65 per person for three meals a day. Seven percent of the population is on special diets, including Kosher and medical diets, which cost more than a regular meal to prepare. Fishkill uses a cook-chill program for 45% of its meals, whereby food is cooked in bulk at the DOCCS food production center and then chilled, sealed, stored, and transported to the facility to be reheated and served. The mess hall employs 115 incarcerated persons along with nine civilian staff and one director. The incarcerated individuals work either part-time, 4 hours a day and 20 hours per week, or full-time, 8 hours a day and 40 hours a week. The facility offers a 16-week course on food handling. Mess hall workers who complete the program can earn as much as 38 or 42 cents an hour.

Overall, Fishkill ranks in the top third of all CA-visited facilities in terms of satisfaction with food services. Despite this high ranking, only 40% of survey respondents at Fishkill were either "satisfied" or "somewhat satisfied" with the food services, as low satisfaction rates exist system-wide. As one of the biggest reported complaints about food services, 59% of survey

[46] The visiting committee was also informed by at least one person that materials related to parole and disciplinary hearings are either out of date or not available, creating problems in preparing for hearings and/or appeals.

respondents were dissatisfied with the nutritional content of the meals, and some incarcerated persons wondered if they were receiving the proper caloric intake. Staff responded to such concerns by stating that the meals meet the mandatory ACA standard requiring dietary allowances to be reviewed at least once a year by a qualified nutritionist/dietician. Staff also reported that issues related to food are discussed at ILC meetings.

Commissary

The Visiting Committee toured the commissary, which was staffed by four civilians and 14 incarcerated persons at the time of our visit. According to staff, each housing area has the opportunity to go to commissary every two weeks. Although most people incarcerated at Fishkill go to the commissary to purchase their goods, items are delivered to patients in the RMU. According to staff, incarcerated persons have a limit of $55 for general purchases, with other limits for cigarettes or other special orders. The commissary offers some fresh items like garlic, onions, and produce. Overall, individuals' satisfaction with the commissary at Fishkill ranks in the middle of all CA-visited facilities, with 49% of survey respondents reporting being at least somewhat satisfied. Dissatisfied individuals expressed concern regarding disrespectful encounters with commissary staff. Other complaints related to the continued increase in items' prices over the years, reflecting inflation, while wages have remained stagnant.

Visiting Room

Fishkill has two large visiting rooms, with a capacity for around 300 people and 130 people, respectively. The facility also has an additional six rooms for the Family Reunion Program, three non-contact rooms, and three separate areas for legal visits. There is also an outdoor visiting area with a picnic table and atrium when weather permits. The Osborne Association runs the family center, which allows people incarcerated at Fishkill an opportunity to interact with their children. The Family Reunion Program provides approved incarcerated persons and their families the opportunity to meet for a designated period of time in a private setting. Additionally, the Fishkill facility includes "Click-Click," a photography program that incarcerated persons can use to take photographs with their loved ones. The facility's visiting schedule is Saturdays, Sundays, and legal holidays from 8:15 a.m. to 3:00 p.m. The visiting room operates on a first-in-first-out basis, which means that if the visiting room reaches capacity, visitors who have been there the longest are asked to leave to accommodate people who have yet to meet with their loved one. As a representative sample of the number of visitors on a typical day, the facility provided us with the number of visitors on a Saturday and Sunday just prior to our visit: on the sample Saturday, 158 incarcerated persons in the general population had 254 visitors, while 24 incarcerated persons in the S-block had 42 visitors. On the sample Sunday, 150 incarcerated persons in the general population had 248 visitors. This information suggests that the visiting room exceeded capacity on the Saturday provided, raising questions about how frequently an occurrence that is, and whether people's visits have to be cut short as a result. Staff indicated that Fishkill's visiting room is one of the busiest in the state and that Executive Team members frequently made rounds to the visiting room.

Overall, about two-thirds of survey respondents reported being at least sometimes satisfied with Fishkill's visiting program, ranking the facility in the top third of all CA-visited

facilities. For those who expressed dissatisfaction, the main concerns centered on the treatment of their visitors by security staff and on inconsistent enforcement of visitors' dress code. Survey respondents complained that correctional officers lacked a level of professionalism when addressing friends and family members, often reaching a point of harassment, and in turn, created an environment where visitors felt discouraged from visiting. Some incarcerated individuals felt this behavior was especially salient when involving female visitors, who were often subjected to inappropriate comments by staff and were often turned away because of their clothing and/or forced to buy new clothes locally in order to visit. The ILC and Fishkill's administration initiated an innovative mechanism and collaborative effort whereby the ILC bought and provided t-shirts to the facility to be used by visitors deemed to have inappropriate clothing. Both incarcerated persons and administration viewed this effort as a success, and this initiative is highly praiseworthy. On the other hand, some people incarcerated at Fishkill complained that even after this approach began operating, staff selectively dispense the t-shirts and problems remain with the denial of visits based on clothing.

Mail and Packages

Interviewed persons and survey respondents raised numerous complaints about the mail and package room. Fishkill ranked in the best third of CA-visited facilities in terms of satisfaction with mail and package services. This high ranking reflects both the comparatively better levels of satisfaction at Fishkill and the general dissatisfaction with mail and package services system-wide, as 58% of survey respondents at Fishkill reported being not satisfied, 29% somewhat satisfied, and only 13% satisfied.

Mail

The most common complaint for the mail room among incarcerated persons was that mail sent *to* them and *by* them was either delayed or not received. These frustrations coincided with a lack of staff resources. Mailroom staff reported that they had shrunk in size from four people to two in the last three years, and lamented how this loss of staff added much strain to their work. At the time of our visit, staff indicated that the facility was waiting for authorization for additional staff. Meanwhile, current staff expressed being "overwhelmed and understaffed," often having to pull employees from other areas of the facility just to ensure that they can handle the over 500 letters a day the facility receives, opens, sorts, and distributes. Facility administration responded to such concerns by stating that the mail room is fully staffed and has been for several years. Staff reported that an automatic mail opener had just been ordered prior to our visit, with the hopes that its arrival would speed up the mail process. Survey respondents also raised concerns that legal mail that arrives in larger envelopes is sometimes sent to the package room and inappropriately opened outside the presence of the recipient.

Packages

In regards to the package room, people reported two major concerns: a) the destruction and total absence of their packages, and b) abusive treatment by staff. A large number of people reported similar stories of having items missing from their packages,[47] inappropriately

[47] Some missing items people reported were shoes, cookies, slippers, and magazine subscriptions.

confiscated packages, and/or inconsistently denied packages. Many other survey respondents also reported that staff threatened them with disciplinary tickets if they questioned staff about the missing items. One survey respondent summarized his experience stating, "I had to ask my family to stop sending packages and just provide financial support because the inconsistencies were causing us both heartache. The last thing I want to do is be more of a burden on my family than what I have already been...I would like to see something done about it." Many people believed these missing and denied items are taken by the staff. Survey respondents also complained that when staff members deny items, they also fail to give recipients the choice of whether the contents of the package are destroyed, returned to the sender, or donated. Some individuals alleged that when they asked to have their items destroyed, staff told them this was not possible. A couple other individuals reported that when they requested to have their items mailed back to the sender, staff forced them to sign a blank disbursement for the return cost and either confiscated the package or threatened disciplinary action if the form was not signed.

> *There's no telling whether or not you're actually going to get your package.* - Anonymous

In addition to problems with the distribution of packages, an extremely high number of people incarcerated at Fishkill reported experiencing verbal harassment when in the package room. Many people reported that package room officers used offensive and racist language. Finding this treatment disrespectful and degrading, one survey respondent for example lamented, "it's a real strain mentally just to go in there." Many people reported a female officer as particularly abusive, cursing at people and calling them names. Survey respondents found, for example, her "explosive nature," her yelling and "screaming," and her alleged stealing of items very problematic. Many people were upset that she was still allowed to work for DOCCS despite the numerous complaints already filed against her.

PAROLE

During our visit and in survey responses, one of the major issues raised by incarcerated persons was parole release. Overall denial rates at Fishkill were actually similar to, and even lower than, the average for DOCCS facilities. Specifically, in the year prior to our visit, according to data obtained through a FOIL request, 23% of people at Fishkill appearing before the Parole Board for their first appearance were granted parole, compared to an average 17% for medium security prisons. Similarly, for the same period, 34% of all people from Fishkill appearing before the Board were released, compared to an average 31% at medium security prisons. However, because denial rates are high system-wide, particularly for people convicted of violent felonies, which are a significant portion of the population at Fishkill, numerous survey respondents and interviewed persons complained about being denied parole on multiple occasions over a period of many years. In fact, almost half of all survey respondents reported that they had previously been denied parole, which generally means after each denial an additional two years incarcerated prior to appearing before the Parole Board again. Moreover, nearly half of those who had been denied parole had already been denied three or more times when they completed the survey, over a third had been denied four or more times, more than a quarter had been denied five or more times, and 10% had been denied seven or more times. A few survey respondents reported even being denied by the board over 10 times.

Similar to problems system-wide, most complainants noted how the Parole Board continues to deny people based entirely on the nature of their original crime of conviction, regardless of their program completion, accomplishments while incarcerated, disciplinary record, amount of growth and change, or readiness for reentry back to their communities. In fact, more than 90% of survey respondents who had been denied parole reported the nature of their crime as a reason for their denial.

Reviewing a representative sample of some of the many survey comments about parole denials received by the CA provides insight into the frustrations experienced by many long-termers at Fishkill:

- "*Please don't think that I am not taking full responsibility for my crime and I am aware of the seriousness of my offense. But how much time is enough: 25, 30, 50 years? Should not the parole board be concerned with rehabilitation*?"

- "*Looking at the way parole keeps hitting people appearing in front of them leaves [no] hope for people coming up for appearance. I can't change the past, but I can change.*"

- "*I am frustrated and confused about my parole denied release based on discretion and seriousness of the offense. I've completed all programs and volunteer to take other advance programs to help me get back on my feet. My pattern of behavior in the past 10 years is clean still I was denied parole*."

- "*Parole is just a joke. My sentence is 25-life which means if I do 25 years and take all of the programs the DOCCS says to and I stay out of trouble then I'm supposed to be released after 25 years. The nature of my crime will never change. My risk assessment for the streets will always be high unless I get out and prove that I'm not a risk to society. The parole board has way too much power and discretion to the point where the commissioners are trying to play God. They are actually becoming judges and re-sentencing people by hitting people at their boards. That's not their job; that was the job of the sentencing judge. 25 to life means good behavior and completing all programs then after 25 you are to be released, not hit for 2 years again and again.*"

- "*The constant use of 'seriousness of the offense' negates any possibility of rehabilitation or consideration of it.*"

- *"These parole commissioners are not seriously taking consideration of who we are today and how much our frame of mind changed for the better. They still judge us on our past instant offense whether it's 15, 18 or 20 years ago. That seems to be to them the only thing they see to give us 2 extra years every time. Many of [us] with a life bid have conducted ourselves for years in prison without a violent incident in prison and that alone shows a difference in that individual. Not only that we participate in programs to change our mind frame and have empathy for the people we made suffer because our choices were made back then.*

> *I definitely understand what I done to get me here by taking my victim's life was very wrong to the point of being an insane act. I even tried to put myself in my victim's family and friends shoes and the pain they're going through I could only imagine. I just wish parole commissioners … [were] releasing … violent offenders with 15, 18, 20 years in prison who want a fair chance.*"

Separate from Parole Board decisions, during our follow-up correspondence with the facility in September 2013, staff indicated that Fishkill had completed the process of the merger of DOCS and Parole into DOCCS. Staff reported that all former correction counselors and former facility parole officers had fully integrated into being ORCs at Fishkill. As of September 2013, two of the ORCs were formerly facility parole officers, while the rest of the 17 ORCs were former correction counselors. In addition, the facility had begun implementing the new case plan, with staff indicating that the case plan and its quarterly updating provided an opportunity for more of a dialogue between incarcerated persons and ORCs and more of an individualized program planning process. As of August 2013, staff estimated that 95% of the people incarcerated at Fishkill had already begun to have a case plan.

RECOMMENDATIONS

Mental Health Care

- Increase training of all security staff on how to interact with individuals with mental health care needs in a therapeutic and trauma-informed manner, and remove from mental health units any staff member who fails to perform his/her job duties properly.
- Ensure all people with mental health needs are appropriately diagnosed and have access to individually tailored programs, treatment, and therapy.
- Extend the amount of time ICP patients participate in individual therapy sessions by potentially hiring additional staff and/or reallocating staff responsibilities.
- Assess the issuance of disciplinary tickets on mental health units and implement alternative, more therapeutic responses to problematic behavior.
- Investigate allegations of verbal harassment and any other forms of staff abuse on mental health units, and take appropriate responsive action if substantiated.
- Carry out additional training about mental health crises, suicide, and self-harm with all administrative staff and line staff working in the RCTP to ensure an appropriate understanding of the conditions facing individuals in crisis and to ensure that all staff engage people in the RCTP with the appropriate care required for those in crisis.
- Fundamentally transform the RCTP from an area of punishment for those perceived to be "malingerers" to an area of intensive evaluation and treatment.
- Reassess current responses to instances of attempted self-harm or suicide, and ensure that the facility does not penalize such incidents and instead provides an appropriate response, including counseling, treatment, and/or transfer to another facility or CNYPC if appropriate.
- Ensure that the facility appropriately engages the rest of the population after an incident of self-harm, including through individual or group discussions, and educational materials.
- Explore ways to add additional mental health support for patients currently serving time in the SHU and implement measures to evaluate and divert individuals with mental health needs from the SHU to more therapeutic programs.

- Enhance mental health services for people in the general population, including exploring the introduction of group therapy, peer support programs, and more individualized therapy.

General Medical and Dental Care

- Fill all medical vacancies for the prison medical unit and the regional medical unit.
- Reduce the time it takes for patients with routine care to see a provider for clinic call-outs.
- Review the quality of care provided by all sick call nurses and clinic providers to ensure that medical conditions are properly diagnosed and promptly treated.
- Enhance efforts to reduce the delay in getting patients seen for medical call-outs.
- Enhance efforts to identify people who may be infected with HIV.
- Implement measures to ensure that HCV-infected patients are thoroughly evaluated to determine if they are appropriate candidates for treatment.
- Review the utilization of specialty care services to determine whether all patients are getting prompt access to all needed specialty care clinics.
- Institute measures to shorten the time needed to see patients for routine dental care.

Regional Medical Unit and Unit for the Cognitively Impaired

- Fill all medical care vacancies for staff assigned to the RMU.
- Review the quality of the medical encounters with RMU nurses, nursing assistants and physicians to ensure patients have timely access to care, there is effective communication between provider and patient, and patients' needs are promptly and adequately addressed.
- Create a mechanism for patients in a group setting to discuss their observations, concerns and recommendations about the operation of the unit with unit medical and security staff.
- Review procedures on the unit to ensure appropriate patient confidentiality to make certain that information is not inappropriately disclosed to other patients or to security staff.
- Initiate further discussion with DOCCS and the NYS DOH officials concerning the lack of available and appropriate residential programs in the community for people discharged from prison who have a criminal history and require extensive medical care.
- Increase programming opportunities for patients in the UCI to decrease idleness and provide additional opportunities for therapeutic engagement.
- Assess the current policies and practices regarding medical parole for UCI and RMU patients, make appropriate changes to ensure that all eligible patients are submitted in the proper and timely manner, and increase the number of people granted release.
- Reassess current policies and practices that allow for the incarceration of people who are so physically and/or cognitively impaired that they pose no safety risk to the community and for whom there no longer remains any justifiable reason to keep them in prison.
- Explore ways to expand UCI programs and services to other individuals and facilities.

Safety and Grievance

- Encourage line staff to engage incarcerated persons in more positive interactions and vigorously investigate any allegations of harassment, threats, retaliation, false tickets, and excessive use of force and implement prompt responsive action if substantiated.

- Ensure all employees, at all times and in all locations, are held to the same high standard of staff/incarcerated person relations. Specifically review staff behaviors during the 3:00 p.m. to 11:00 p.m. shifts and those stationed at dorms 21 and 21A, and take appropriate action to address any identified staff abuse.
- Investigate allegations of sexual abuse, including abusive pat frisks, by staff, and initiate appropriate corrective action and responses to instances of abuse.
- Conduct additional staff trainings centered specifically on communication skills, positive interactions, diffusing difficult situations, and/or race relations.
- Foster, through administrative leadership, a culture of positive relations between staff and incarcerated persons, as well as accountability for abusive behavior.

Isolated Confinement

- Continue to reduce the frequent imposition of SHU sentences.
- Review and reconsider the frequent use of disciplinary tickets for people already in the S-block and SHU and develop more effective therapeutic responses to challenging behavior.
- End the practice of placing young people and people with mental illness in SHU or S-blocks
- Drastically reduce the length of time people spend in the SHU and S-block.
- Enhance programming opportunities, out-of-cell time, and meaningful human interaction for persons in the S-block and SHU.
- Explore mechanisms to reduce the frequency and severity of issues of self-harm in the SHU.
- Address concerns about access to sick call and quality sick call encounters in the SHU.
- Investigate and take appropriate action in response to allegations of harassment and other staff abuse in the SHU and S-block.

Core Programs

- Consider methods of increasing available programs for all people incarcerated at Fishkill, including the hiring of additional staff.
- Fill all vacant academic and vocational positions and prioritize the hiring of instructors who are bilingual to meet the needs of Spanish-speaking participants.
- Evaluate, standardize, and improve the quality of teachers in academic classes.
- Investigate the reasons for the low GED passing rates and take steps to improve student performance.
- Explore mechanisms for continuing to expand opportunities for college courses.
- Ensure that all vocational programs are filled closer to their capacity in order to reduce waitlists and provide opportunities for vocational training.
- Undertake methods to standardize the quality of vocational programs and ensure lessons are up-to-date and relevant.
- Expand vocational program opportunities for people who have previously taken a vocational course at another facility.
- Take steps to provide more opportunities for participation in the DOL and NCCER apprenticeship programs and help participants successfully complete the apprenticeships.
- Consider introducing Spanish-language workbooks into vocational programs.

- Increase the rate of pay for individuals at Fishkill and all DOCCS facilities to reflect increases in the cost of items in the commissary.
- Institute additional methods for enrolling or connecting people to community employment, education, housing, medical, and other resources prior to release.
- Explore mechanisms for increasing the number of transitional services modules offered.

Substance Abuse Treatment

- Explore mechanisms for continuing to expand the ASAT program and treatment staff capacity, through hiring additional staff, providing staff with reasonable caseloads, prioritizing tasks, and enhancing time management skills.
- Address the large number of administrative removals from ASAT, potentially through increased use of administrative holds for those in the program and offering completion certificates to those who have substantially completed the program.
- Explore ways to incorporate more individualized assessments and treatment, in order to enhance the relevance of the program to participants and encourage greater participant commitment to the program.
- Ensure the creation of a therapeutic environment that is psychologically safe for participants to share and address issues they face.
- Increase the use of effective, up-to-date written materials and other learning tools.

Other Programs

- Provide greater assistance to work release participants to help obtain outside employment.
- Expand work release opportunities, as well as RTA, Puppies Behind Bars, and similar programs.

Other Services

- Explore ways to purchase new books for the library and increase the variety of periodicals.
- Enhance the frequency with which the computer system updates legal research materials.
- Ensure that all court mandated forms are up-to-date and available free of charge.
- Consider expanding mailroom staff capacity, and otherwise ensure mail is delivered in a timely manner.
- Evaluate current distribution of large legal mail envelopes and take appropriate corrective action to ensure such mail is distributed in a timely manner and only opened in the presence of recipients.
- Evaluate the treatment of recipients in the mail and package room, and take appropriate corrective action in response to any harassment and/or improper denial of package content.
- Ensure that rules related to the denial and confiscation of package materials are implemented consistently and fairly, and that all recipients are given the option to destroy, return to sender, or donate any prohibited package items.
- Review current menu of food items provided in the mess hall, and improve nutritional content of meals.

- Enhance training, supervision, and accountability mechanisms for staff working in the visiting room to ensure appropriate interactions with visitors and those they are visiting.
- Ensure fair and consistent application of visiting rules, particularly those related to clothing, by posting a sign visually demonstrating precisely what is acceptable and not acceptable clothing, and by fairly and consistently distributing ILC purchased t-shirts.
- Restore the free bus services across the state to expand family member access to people in prison and help maintain family ties.
- Repair all exercise equipment for recreation use in a timely manner.

Parole

- Reassess policies and practices of the Parole Board to ensure that decisions are made based on the applicant's readiness for reentry and rehabilitation and growth while incarcerated, rather than simply the nature of his original crime.

This report has identified some unique, important, and positive programs and services at Fishkill, most notably mental health services provided in the ICP, treatment in the UCI, higher education through the Nyack College Program, and other growth-promoting programs like Puppies Behind Bars and Rehabilitation through the Arts. This variety of programs and services demonstrates the tremendous potential that exists across the DOCCS system for treating all people who are incarcerated humanely, with dignity and respect; recognizing incarcerated people as people and addressing their fundamental medical and mental health needs; and providing opportunities that promote growth, change, development, and self-actualization. The relative uniqueness of some of Fishkill's programs also highlights the vast need for expanding such programs throughout the prison system and ensuring that all people who would benefit from the programs have access to them.

At the same time as Fishkill highlights the tremendous potential for doing something positive for people incarcerated in New York prisons, the UCI program, the RMU, and the SHU, and the S-Block also unfortunately serve as a reminder of some of the most invisible and forgotten people within New York's prison system: people who are aging in prison and people held in isolated confinement. With respect to people who are aging, over the last 11 years, while the total prison population in New York state decreased by 21%, the number of people in prison aged 50 and over increased by 64%, meaning that there are now over 9,000 people aged 50 and over incarcerated in New York State prisons. Studies suggest that people in prison aged 50 and over are approximately 10-15 years older in terms of their physical and mental state, pose the least safety risk and are the least likely to commit new crimes if released, and can cost two to four times as much to incarcerate than younger people. Continuing to incarcerate this large and growing percentage of elderly people in prison is inhumane, ineffective, and a tremendous economic burden. Combining the human tragedy of seeing people with such significant cognitive impairments in the UCI and such debilitating conditions in the RMU with the high rates of parole denials for long termers at Fishkill exemplifies the need for expanded and better equipped programs across DOCCS to adequately care for elderly persons; a more humane and effective system of parole, including increased use of medical, geriatric, and compassionate parole; and a more humane and just system of sentencing.

With respect to isolated confinement, the experiences expressed by people in the SHU and S-block at Fishkill demonstrate what horrible conditions people face when subjected to isolation. Given that nearly half of the people in Fishkill's S-block were under the age of 25, the facility most glaringly highlights the widespread problem in New York of subjecting young people to conditions of deprivation that have particularly devastating effects on them. Also, the large number of disciplinary tickets issued to people in the SHU and S-block at Fishkill indicates that such conditions are exacerbating rather than resolving problematic behavior and that people who engage in such behavior need, not deprivation but instead, more therapeutic support, programs, and services aimed at addressing the underlying causes of their behavior.

Overall, Fishkill represents both some of the greatest potential within the DOCCS system, and some of the most inhumane aspects of the system. The Department, policy-makers, and the public must expand programs like those at Fishkill that recognize and foster the fundamental human dignity and capacity of incarcerated persons, and at the same time must stop torturing people in isolated confinement and stop requiring aging people who pose little safety risk to languish in prisons at great cost to our public resources and our humanity.