



REENTRY PROGRAMS IN NEW YORK STATE PRISONS: QUEENSBORO AND ORLEANS CORRECTIONAL FACILITIES

Each year 27,000 inmates—nearly 40 percent of the prison population—return home from prison. Reentering society is often a difficult transition, especially for individuals with long prison terms as many of their communities have evolved and changed over time. How well inmates are prepared for their reentry has a significant impact on their overall success on the outside and on the quality of life in their communities. For this reason, DOCCS launched reentry programs for male prisoners at Queensboro, Orleans, and Hudson Correctional Facilities. The missions of these programs are to ease individuals' transition from confinement to freedom by providing them with the tools necessary to succeed in their communities, including assistance in connecting to services such as housing, employment, mental and medical health care, and substance abuse treatment.

The Correctional Association of New York's (CA) Prison Visiting Project (PVP) visited Queensboro Correctional Facility on March 16, 2011 and Orleans Correctional Facility on April 14, 2011 to evaluate the facilities' respective reentry programs. Queensboro is a minimum-security reentry prison for men located in Long Island City, Queens. Orleans is a medium-security prison for men located in western New York in Albion, which had a very small reentry program for individuals returning to Erie and Monroe Counties.

The primary objective of the CA's visit to both Queensboro and Orleans was to evaluate the effectiveness of and prisoner satisfaction with the reentry programs, although the CA also assessed some general conditions at the facilities. The information contained in this report is based on data supplied by the facilities prior to and following the visits; conversations with the superintendent and the executive team; meetings with staff union representatives, program staff, security staff, and members of the Queensboro Inmate Liaison Committee (ILC); observations made during the visits; written correspondence with inmates; and findings from inmate survey responses.

After providing a draft of this report to the Department of Corrections and Community Supervision (DOCCS) and Queensboro and Orleans officials, we had conference calls on January 27, 2012 and February 3, 2012 with prison administrators at both facilities to discuss our findings and recommendations. We appreciate the prison officials' input during that

conversation and their response to our request for updated information about recent prison operations. We have included this information in our report. Unfortunately, the CA was also informed during that call that the Orleans Reentry Program was decommissioned and officially closed as of January 20, 2012. Orleans officials told us that the program stopped receiving new participants as of October 2011.

The CA is disappointed to hear of this development, as we strongly believe that many individuals being released from state prisons could benefit from more extensive discharge planning than is provided to general population prisoners in most DOCCS facilities. We feel that DOCCS could have improved the reentry services provided to participants in the Orleans reentry program to make the program more effective and reduce recidivism by program graduates and we would have urged that course rather than closing the program. We understand that many of our comments and recommendations are no longer applicable to Orleans, but we hope that DOCCS Central Office administrators and facility officials will still find this report relevant to the existing reentry programs and any future plans by DOCCS to expand reentry services to other regions of the state.

I. DOCCS REENTRY PROGRAMS: OVERVIEW

Over the past decade, the Department of Corrections and Community Supervision (DOCCS)¹ has placed an increasing emphasis on preparing inmates for the return to their communities.

In 2001, DOCS transformed the mission of Queensboro Correctional Facility by changing it from a medium-security prison to a minimum-security “reentry” facility, housing inmates who will be released to the New York City area, including Long Island and the lower Hudson Valley, in approximately 60 days. The goal of the program is to connect Queensboro inmates, who have already been to the parole board prior to their transfer to the prison, to employment, substance abuse treatment, housing arrangements, and other services.

Several years later, in August 2007, DOCS opened a specialized reentry unit at Orleans Correctional Facility for individuals soon to be released to Erie County. This specialized reentry unit was the result of collaboration between DOCS, the New York State Division of Parole, New York State Office of Alcoholism and Substance Abuse Services (OASAS), and the Erie County Reentry Task Force. The following year, in October 2008, the Monroe County Reentry Task Force joined the aforementioned agencies at Orleans to provide reentry services to individuals soon to be released to Monroe County.

DOCS, Parole, and OASAS created a third specialized reentry unit at the medium-security prison, Hudson Correctional Facility, in March 2009.² They collaborated with Reentry Task Forces from Albany and Rensselaer counties, in addition to community-based agencies

¹ The former New York State Department of Correctional Services (DOCS) and the former Division of Parole merged in April 2011 to create the Department of Corrections and Community Supervision (DOCCS).

² For more information about Hudson Correctional Facility’s reentry program, see the Correctional Association of New York’s May 2010 report available at http://www.correctionalassociation.org/publications/download/pvp/facility_reports/hudson_2010.pdf.

from Schenectady and Columbia counties, to create a transitional dorm to prepare inmates for their eventual return to Capital District counties.

Just a few months later in June 2009, DOCS opened its first specialized reentry unit for female inmates at Bayview Correctional Facility in Manhattan for female inmates returning to the greater New York City metropolitan area, which includes Nassau, Suffolk, Westchester, and Rockland counties, in addition to the five NY City boroughs. To adapt to the more extensive needs of women being released from prison, female inmates enter the program within six months of their release rather than the 60 to 120 days pre-release programs provided in the male facilities.

The goal of the five reentry programs mentioned above is to benefit individuals in the transition back to their communities by providing access to specialized services that address some of the main issues facing those returning home. The hope in the creation of these programs by DOCCS and other organizations is that it will reduce the rate of recidivism and increase community safety.

II. ADMISSION AND ASSESSMENT

A. Inmate Population at Queensboro and Orleans

At the time of our visits, the inmate population at Queensboro was 408 inmates with a capacity for 416. While all inmates at Queensboro are enrolled in its reentry program, Orleans operates as a medium-security prison for general population inmates with an inmate population of 932 at the time of our visit, and a capacity for 1,082. Within the regular medium security facility, Orleans operates two small reentry programs with a capacity for a total of 120 inmates, with 60 inmates preparing to be released to Erie County and 60 inmates preparing to be released to Monroe County. Fifty-eight inmates were enrolled in the Erie County program and 54 in the Monroe County program at the time of our visit. The CA conducted 22 oral surveys and received 29 written surveys from inmates at Queensboro and conducted 30 oral surveys and received 22 written surveys from inmates at Orleans.

The median inmate ages at Queensboro and the Orleans' Reentry Program is 35 and 32, respectively, younger than the statewide median age of 37 for all state prisoners. At the time of our visit, Queensboro's racial demographics differed from state-wide averages with a lower percent of the inmate population identifying as White and a higher percent identifying as African-American and Hispanic, whereas Orleans' reentry population demographics reflected a higher percentage of African-American and lower percentages of White and Hispanic program participants.³

Compared to the statewide average of 61% of the prisoner population being convicted of a violent offense, Queensboro had nearly half that number, 32%, while the Orleans reentry population was more similar to the statewide average at 64%. Nearly twice as many inmates at

³ At Queensboro, 7.6% of inmates racially identified themselves as White, 56% as African-American, and 34% Hispanic, while at Orleans, 19% of inmates identified as White, 70% African-American, and 9% Hispanic. As of October 1, 2010, DOCCS system-wide averages were: white (23%), African-American (52%), and Hispanic (23%).

Queensboro were convicted of drug offenses at 36% compared to the statewide average of 18%, while only 13% of Orleans reentry inmates were convicted of a drug offense. The median minimum sentence for inmates at Queensboro, 30 months, was much less than the statewide average of 62 months, while reentry inmates at Orleans had a median minimum sentence of 36 months.

Fifty-two percent of inmates at Queensboro had their high school diploma or General Educational Development (GED) certificate. Queensboro had 3.2% of its population as Spanish speaking with no, limited or moderate English proficiency. Education level and language proficiency data was not available for the reentry population at Orleans.

B. Eligibility Requirements

In order to be admitted to Queensboro's Reentry Program, an inmate must be within 90 days of release. While staff explained that a few inmates arrive with up to 96 days before their release and some arrive with less than 60 days left, the average inmate has 72 days until he will return home. The majority of Queensboro inmates expect to be released to New York City, but some return to various counties in Long Island and the lower Hudson Valley. Most of the services available to Queensboro inmates focus on New York City, although facility staff explained to us that they were in the process of attempting to provide additional services to individuals being released to Suffolk County.

Inmates that are enrolled in one of Orleans' reentry programs must plan to be released to Monroe or Erie Counties and arrive between 100 and 110 days before their release date. Program participants are selected based on their score from an electronic screening instrument used by the New York State Division of Criminal Justice Services (DCJS), which indicates inmates with a high risk of reoffending post-release and significant reentry needs. Participants must also be classified as medium-security and Office of Mental Health (OMH) Level 4 or higher.⁴ There are no medical restrictions for enrollees. Many of the inmates with whom the CA Visiting Committee spoke seemed confused as to why they were transferred to Orleans for reentry services. Many felt that they did not need the services offered and that the programs were not much different from those they had received at a previous facility.

C. Housing

1. Queensboro

Queensboro has two floors dedicated to inmate housing, with two dorm-style units on each floor containing 52 bunk beds each, totaling 104 beds in each unit, 416 in total. Each unit has a day room with a new flat screen television, a bathroom, and six phones. During our visit, the dorms were fairly clean and well-lit; however, they were extremely crowded and many of the sinks and showers were out of order. The CA was pleased to learn during a conference call in January 2012 that the facility was anticipating beginning a construction project in June to

⁴ OMH Level 4 classifies those who are or may be in need of short-term mental health intervention, excluding psychiatric medication, for relatively minor disorders relating to mild anxiety, mild depression, or adjustment issues. Level 6 classifies persons who do not currently require any mental health services. There is no OMH Level 5.

renovate all the showers at the facility, which would be completed by September of 2012. Facility administration also informed the CA during that same call that facility maintenance makes rounds of the housing area every Monday and if anything is broken, it is repaired during that week.

Smoking is also a major issue in the dorms, even though inmates are prohibited from smoking inside. At the time of our visit, the facility was considering creating one entirely smoke-free housing floor by not permitting tobacco products on that floor. Staff explained that this proposal would be approved within six months from our visit. The CA learned during our January 2012 conference call that an ad hoc committee had been established to develop policies and procedures at the facility for storing tobacco products in the yard in individual lockers, which would result in all housing areas being completely free of tobacco products. We applaud the facility's administration for addressing the issue of smoking and proposing viable alternatives.

In addition to the general housing dorm units, Queensboro has a "2 South Restriction" (2S) housing unit, which is for inmates who have committed a disciplinary infraction while at Queensboro. This 2S unit contains eight individual cells with eight inch by four inch windows and solid doors with feed-up slots. Inmates in these cells are not allowed to attend programming; however, they are permitted to go to recreation in the gym for one hour each day separate from general population. Once they are placed back in general population, they have to quickly fulfill all of their pre-release requirements before their release date, which the two individuals we interviewed felt was difficult to accomplish in the short period of time they had left in the program.

One major concern for both the Visiting Committee and inmates alike was that the housing units were extremely overcrowded. The overcrowding appeared to create a great deal of tension among inmates and between inmates and staff. Inmates also reported that all inmates were required to have razors, even if they did not want them, and many of them feared that if the razors were misplaced this might lead to potential disciplinary problems that would prevent them from going home. Facility administrators informed the CA during our conference call that after inquiring with both staff and inmates about the issue regarding razors, they concluded this was a fear rarely experienced by the population. Additionally, inmates complained that they do not have sufficient clean clothing because they are restricted to two bags of belongings at Queensboro and are only permitted to do laundry once per week. Furthermore, since inmates are required to be in uniform at all times, including non-program hours, they go through uniforms more often than at some other facilities. We recommend that the administration consider ways of assisting inmates in keeping their clothing clean, either by expanding laundry availability or altering the uniform requirement. We also suggest that the facility permit inmates who do not want razors to waive the issuance of this item.

2. Orleans

Inmates in the reentry program at Orleans are housed in A-Block, a free-standing, two-sided dormitory with two dayrooms separating the dorms. Group programs are held in the dayrooms, which contained a toaster, microwave, bookshelf, ice machine, and water fountain.

Inmates in the Erie County program are housed in one dormitory and Monroe County inmates are housed in the other. At the time of our visit, unit A1 housed the 54 inmates who were enrolled in the Monroe program and unit A2 housed the 58 inmates in the Erie County Reentry Program. Both the Monroe and Erie housing areas were clean, organized, and well-lit. Some of the inmates we interviewed complained that there was a lot of tension between inmates due to the stress of being so close to their release date and all coming from the same communities. Inmates also stated that this tension was aggravated by the corrections officers, especially the night shift corrections officer, who inmates felt wrote disciplinary tickets for small infractions.

D. Inmate Liaison Committee (ILC)

At most facilities, members of the ILC are elected individuals from each housing area, who act as liaisons between the general population and the administrative staff. They work to ensure that key issues are addressed and that the inmate population's needs and concerns are adequately attended to by the prison administration. Since inmates at Queensboro are only at the facility for a relatively short period of time, the ILC is comprised of individuals who inherit the position from the previous representative and then pass it on to someone they deem appropriate upon their release. The CA met with seven ILC representatives; there were one or two from each housing unit. The ILC asserted that their role at Queensboro is purely for show, as each facility is required by DOCCS' Central Office to have an ILC. They said that they do not regularly meet with the prison administrators and when they do present issues to the superintendent, few items are resolved because of the lengthy time it takes within DOCCS to get things done and the fact that there is a relatively fast turn over of the prison population and consequently ILC membership.

Since our visit to Queensboro in March 2011, a new Superintendent was assigned to the prison and he informed the CA during our January 2012 conference call that he is making efforts to meet with inmate representatives every month.

The reentry program at Orleans does not have ILC representation and therefore the Visiting Committee did not meet with the Orleans ILC. We were informed during our conference call on February 3, 2012 that participants could have elected an individual to the ILC, but had never done so. Prison officials also informed the CA that reentry participants at any time could have also notified staff of any issue they wished to raise at the ILC meetings.

E. Initial Assessment

1. Queensboro

Intake at Queensboro occurs on Tuesdays and Fridays and participants undergo an orientation the following day, where new participants learn about the facility and its reentry program and undergo medical screenings. The day after orientation, inmates meet with their assigned counselors individually for 30 to 45 minutes. During this meeting, the counselor fills out an initial interview form, which includes a description of the inmate's program interests, plans for release, goals, and accomplishments while inside and a summary of his prison record. The Monday after arrival at Queensboro, inmates begin the reentry program classroom sessions.

There is no Individualized Service Plan (ISP), and staff does not conduct any new assessment of substance abuse treatment needs, instead relying on reception assessment conducted upon the individual's original entry into the DOCCS system. The CA was informed during a follow-up conference call with facility administration that staff at the facility had recently been trained in the use of the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) tool and anticipated implementing its use in the near future. The CA is pleased with this initiative as it allows for a more standardized assessment of the reentry needs of the individual. Many of the individuals with whom we spoke felt that the reentry program was heavily focused on substance abuse and that many of them did not need those services. Others also felt that they were assigned to take substance abuse programs that covered much of the same material they had already covered in ASAT and Phase III. We suggest that DOCCS re-evaluate inmates during their initial assessment into reentry programs in order to provide services that better meet the current needs of these individuals.

Counselors at Queensboro create employability profiles for inmates and help them prepare resumes using the New York State Department of Labor's (DOL) Career Zone software. Resume preparation is extremely important as most inmates with whom we spoke were significantly concerned with finding employment post-release. Inmates in need of Medicaid upon release are assisted with the applications during their orientation. A parole officer assists inmates in filling out the application and then sets up a meeting with the Department of Social Services (DSS). During our visit, we learned, however, that the process for approval and obtaining a Medicaid card for currently incarcerated individuals was slow, and consequently, fewer inmates were signing up to apply for Medicaid while at the prison because some believed it may be faster to apply after release. The CA was also informed during our follow-up call with the facility that approximately 95% of individuals being released to one of the five boroughs of New York City fill out the application for Medicaid and approximately 60% are approved. We are pleased that the majority of individuals are able to begin the process of applying for Medicaid while still incarcerated at Queensboro.

2. Orleans

Orleans' reentry program is divided into two sections depending on the inmate's county of release. Inmates who are being released to Erie County participate in a reentry program run by the Buffalo-based nonprofit agency, Spectrum Human Services. Inmates being released to Monroe County participate in a reentry program coordinated by the Rochester-based Catholic Family Center. DOCCS staff works with both organizations to provide additional services. Monroe County reentry programming is held during the morning and Erie County reentry programming is held during the afternoon. Inmates in both the Monroe and Erie Reentry Program follow a similar course through their respective reentry program.

Inmates in both programs are given an initial assessment after orientation in which a Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) assessment is completed by their reentry counselor and an Individualized Services Plan (ISP) is created by the inmate's reentry counselor, DOCCS reentry staff, and parole staff. The ISP is used to outline the inmate's strengths and weaknesses in regards to returning to his community, and outlines which programs are necessary for the inmate prior to being released. CASAC counselors from

Spectrum or Catholic Family Services evaluate each participant's substance abuse needs two months prior to being released so that the individual is eligible to receive benefits. This evaluation is not made available to the individual's parole officer unless the individual chooses to disclose this information. The CASAC counselor's recommendation is included in the individual's ISP, but it does not change the stipulations of his programming while at the facility nor his conditions of parole. The CASAC counselor then uses this assessment to set up appointments in the community with substance abuse providers. The CA learned from the Director of Reentry Services for Catholic Family Services that the field parole officer often follows the CASAC counselor's recommendations if that individual has disclosed the results of his evaluation.

Every three months for the Erie County Reentry Program and every two months for the Monroe County Reentry Program, a telephone conference takes place between DOCCS Central Office, DOCCS staff at Orleans, a facility parole officer, a field parole officer, and a Task Force representative. There is a regular agenda for these meetings during which the following topics are generally discussed: orientation, stabilization needs, criminogenic needs, in-house scheduling at Orleans, Reentry Unit environment, the Individualized Service Plan process, Transition Accountability Plan activities, and building family and pro-social relationships. The CA was pleased to learn about such a structured process to evaluate the operation of the Reentry Units.

Although the initial assessment for inmates in both the Monroe and Erie Reentry programs is similar, each program differs slightly in the tools used for assessing inmates recently admitted to the reentry program.

(a) Erie County Reentry Program

The Orleans Erie County Reentry Program run by Spectrum Human Services begins on the Tuesday after inmates arrive with an orientation during which Spectrum staff explain the program to the new arrivals. A Transition Accountability Plan (TAP), an 11-page document that summarizes the individual's criminogenic and stabilization needs by identifying his goals, strengths, barriers to success and action plan, is filled out by DOCCS and Spectrum Human Services staff. The TAP and COMPAS are reviewed during the inmate's initial ISP meeting, which takes place between four and five weeks after arrival at Orleans and includes Spectrum personnel and DOCCS parole and corrections staff. During this meeting, staff discuss the conditions of the inmate's release, as well as which programs and services he requires before returning home. Following this initial ISP meeting, inmates meet weekly with their assigned Spectrum Reentry Care Coordinator in order to develop a plan, to schedule appropriate post-release appointments, and to discuss barriers upon release.

(b) Monroe County Reentry Program

The Monroe County Reentry Program is run by the Rochester-based Catholic Family Center, which first meets inmate participants during a 30-minute orientation held every two weeks with DOCCS facility and parole staff. An initial assessment is completed during this time, which also involves conducting a COMPAS assessment, as well as filling out a two-page document that is similar in purpose to the TAP. Each participant is assigned to a Catholic Family

Center case manager for the duration of his stay at Orleans. Once assigned, each case manager conducts an independent assessment of the needs of the inmate and helps prepare him for release. The initial ISP meeting is held two weeks after orientation, during which time the case manager meets with DOCCS staff to discuss the conditions of the inmate's release and to outline his goals in planning for his release. Each person involved in helping the inmate to have a successful reentry into the community meets with the inmate before his initial ISP meeting.

III. COMMUNITY REENTRY SERVICES AND POST-RELEASE PLANNING

A. Queensboro

1. Reentry Programming

After the initial assessment of the inmate's needs, inmates are then engaged in classroom based programs to help the inmate acquire resources and skills for a successful reentry into society.

The classroom portion of the Queensboro reentry program begins on the Monday after the inmate's arrival and lasts an average of six weeks. During the first four weeks, inmates are enrolled in an eight-session cognitive-behavioral skills program, and an eight-session reentry skills course, which inmates attend on alternating days Monday-Thursday. The purpose of the cognitive-behavioral skills course is to help inmates develop social and problem solving skills. At the time of our visit, staff described the program as a condensed version of the cognitive-behavioral skills program, "Thinking for a Change" (T4C). Some reentry staff expressed dissatisfaction with the program and felt that the DOCCS curriculum for T4C could not adequately be condensed into the four-week period necessary for reentry inmates at Queensboro, and therefore, staff was anticipating some changes to the curriculum in the next few months following our visit. As of December 2011, we learned that the program is still an 8-session curriculum held during a four-week period.

Simultaneously while engaging in the cognitive-behavioral skills program, inmates also attend an eight-session reentry skills course. This portion of the program addresses more concrete reentry skills such as how to find a job, acquire housing, and reconnect with society. After the four weeks of classroom based cognitive-behavioral programming and reentry skills, inmates must select eight Reentry and Reintegration Skills workshops to attend – one each day from Monday through Thursday for two weeks. The facility offers between one and four workshops each day, approximately 40 to 50 per month. Inmates are required to attend at least one per day for two weeks; however, they may choose to attend more than one workshop per day and continue to attend workshops past the two-week requirement until their release. All workshops are one-time sessions and cover a variety of topics such as family reintegration, self-esteem, and coping skills. Most workshops are run by outside agencies such as the Osborne Association, the Fortune Society, Faith Memorial Baptist Church, and Safe Harbor Mentoring, to name a few. Staff estimated that approximately one-third of the workshops are run by formerly incarcerated individuals, which participants appear to appreciate due to the instructors' understanding of what they are going through from personal experience.

Since approximately 30% of participants at Queensboro are technical parole violators, a program specifically for these individuals was implemented called "Never Again." This program deals exclusively with parole violators being discharged to Brooklyn or Queens. At the time of our visit, the program was still in its pilot phase, so there was only one parole officer working with inmates. DOCCS, the former Department of Parole, and the Fortune Society co-created Never Again, a voluntary program that begins at Queensboro and continues into the community. At the time of our visit, there were 22 inmates enrolled in the program. Inmates attend eight sessions on "sustainable freedom," which address issues such as recidivism, antisocial personality disorder, and "cognitive distortion." If needed, a program participant can attend family and community reintegration sessions as well. Inmates also partake in joint sessions with their counselor and parole officer to develop goals and a release plan. An inmate's counselor, facility parole officer, field parole officer and Fortune Society staff work together to support the individual in preparing for release. Once a week, on Wednesday, the support group meets with the inmate at Queensboro and upon release the support group continues its work, meeting once a week on Thursdays at the Fortune Society. Unfortunately, none of the inmates surveyed were enrolled in Never Again, so the CA cannot comment on inmates' satisfaction with this program. We learned that as of December 2011, the program has become completely operational in Brooklyn and Queens with a capacity for 50 participants. Staffing levels for the program include two facility counselors, one facility parole officer, two field parole officers, one in Brooklyn and one in Queens, and Fortune Society counselors and case managers.

The CA observed a workshop run by the Osborne Association and was particularly impressed with the instructor's knowledge and charisma. The walls of the programming area and hallways contained several motivational posters, as well as a large bulletin board with flyers for reentry services. The classrooms we observed had large windows and contained white boards, desks and chairs, overhead projectors, and televisions.

When asked to rate the cognitive-behavioral skills and reentry classroom sessions, 63% of the Queensboro survey participants rated them as fair, 11% said they were good and only 26% assessed them as poor. Inmates who rated the cognitive-behavioral skills and reentry sessions as positive felt that there was a lot of information provided about barriers and solutions to issues of reentry and they had sufficient time to ask questions. Negative comments by survey participants included that a lot of the information was repetitive and not personalized. Fifty-three percent of surveyed inmates had taken Phase III at another facility and 84% of those who had previously taken Phase III, reported an overlap between Phase III and the reentry programs provided at Queensboro. We suggest that the Department more closely assess any overlap between Phase III and reentry programming in order to eliminate any information that might be overly repetitive.

2. Other Services

Inmates at Queensboro have no classroom programming on Fridays; instead, outside agencies visit the facility and conduct group presentations or one-on-one meetings with inmates. According to staff, approximately seven to ten organizations come each Friday and an average of 60 inmates meet with these agencies each week. According to inmates with whom the Visiting Committee spoke, the agencies met with the inmates in groups, but they could request an individual meeting. DOCCS staff also runs two music rehabilitation classes each Friday.

Additionally, every three months, the facility hosts 37 outside organizations at a resource fair in the gym with whom inmates may schedule appointments for individual interviews. The majority of these organizations provide services for individuals being released to the New York City area; however, Queensboro staff explained that they were working on getting community-based organizations from Suffolk and Nassau Counties more involved. During our follow-up conference call, we were informed that the facility has been successful in engaging some community based organizations from Suffolk and Nassau Counties, including the Nassau and Suffolk Reentry Task Forces, the Nassau OMH Association, Westchester Saving Our Society, Suffolk Safe Harbor Mentoring Services, Long Island Prison Families Anonymous, and the Long Island Association on AIDS Care. We encourage the facility to continue to reach out to community-based organizations outside of the five boroughs.

After completing the six weeks of classroom programming at Queensboro, inmates generally have one month remaining at the facility where they are not programmed, although they may continue to attend workshops, meet with community providers, and use the reentry resources available at the facility, both in the Resource Room and through Career Zone. Inmates may also join a Fortune Society-run art class to fill their time or enroll in a smoking cessation program that is run by the Osborne Association. Additionally, the Fortune Society and Osborne Association have offices at Queensboro and staff is available to speak with inmates about their reentry concerns four days per week. The Fortune Society meets with between two and twelve inmates per day, and the Osborne Association has approximately eight call-out appointments and 10 walk-ins per day. Inmates with whom we spoke were pleased with the availability of the staff to assist them.

When asked about the format of their interactions with outside community agencies, 61% of survey respondents said they had both individual meetings and group presentations, while 39% said they were only involved in group presentations by community agencies. Of the survey respondents who did have individual meetings, 32%, rated those meetings as “good,” and 47%, and 21% rated them as “fair” and “poor,” respectively. Inmates were generally satisfied with the help they received during these meetings, commenting that the agencies were informative and able to provide participants with clear goals. Some of the negative statements about the outside agencies included that they seemed overwhelmed by the amount of inmates needing services, and that they were only interested in setting people up with drug programs. When asked about their satisfaction with the group presentations, 54% of the surveyed inmates rated them as “fair,” 27% said they were “good” and only 19% found them to be “poor.” While many inmates felt they received at least some benefit from the group presentations, such as the organizers’ descriptions of the goals and purposes of their program and their answers to questions posed by the participants; some inmates complained that the presentations were rushed and there was not enough time for questions and answers. Survey respondents also commented that sometimes outside agencies did not show up, so participants spent that time watching movies.

Many inmates with whom we spoke and who responded to our survey complained that the reentry program offerings were quite limited, and generally only focused on drug treatment, anger management and housing; though 75% of survey respondents indicated that they were in need of drug treatment and 95% had been referred to drug treatment programs. Inmates were extremely concerned about finding employment with 100% of survey respondents indicating a

need for job opportunities post-release. Although many felt that they were not offered adequate employment assistance at Queensboro, 95% of the survey participants had been referred to some job opportunities post-release; however, inmates from Nassau and Suffolk Counties did not feel that many of the program offerings were relevant to them and felt ill prepared for their upcoming release. The volunteer services supervisor explained during our visit that there was a continuing effort to improve and expand available resources and services for inmates returning to other areas besides New York City. The superintendent stated that the classroom sessions were generic and applicable to anyone returning to any location; however, we are still concerned with the relevance of program offerings and community-based organizations for all program participants. Particularly given the challenge of finding a job in this economy, we recommend that DOCCS explore ways of providing extra job search assistance to soon-to-be-released individuals, and that Queensboro take steps to make additional contacts with community-based organizations in Suffolk and Nassau Counties so that individuals released to these areas have sufficient resources to succeed.

After completion of the reentry program and during their remaining month at Queensboro, inmates may also participate in inmate-led reading groups, and inmates may obtain reading materials in the General Library or the Auxiliary Library in the gym, which consisted of several book carts. Staff also informed us of a recent proposal for fathers to read books on an audio recording that they would then send to their children, but this had not yet been approved at the time of our visit. During a follow-up conversation with facility administration, we learned that this program has still not been implemented. Inmates may also visit the Law Library, which contains seven computers for legal research; staff told us that this library is not commonly used since inmates are nearing their release date and have generally finished with any open legal cases.

3. Post-Release Planning

In 2010, about 2,370 inmates were released from Queensboro Correctional Facility, which is nearly 200 per month. This requires adequate discharge planning so that these individuals may be successfully transitioned back to their communities. We were pleased to learn that parole officers and DOCCS staff have a very good working relationship at Queensboro. The senior parole officer made it clear to the Visiting Committee that discharge planning begins as soon as an inmate arrives at the facility. The first issue addressed, when the inmate begins discharge planning, is housing, due to the importance of having a stable place of residence upon release. Queensboro does not release inmates to shelters, but many inmates are released to three-quarter houses, which are single room residency for adults, such as Harmony House, Bridge Back to Life, and Realization.

Inmates voiced some concerns about being unable to contact their parole officer and counselor prior to release about issues such as housing, and therefore were unsure whether their housing had been approved. Since having housing is a condition of parole, many inmates felt that having to wait caused much anxiety about whether their intended residence was going to be approved in time for their release date. The CA was informed by Queensboro administrators that they were aware of inmate's concerns and had recently discussed the issue with the senior parole officer, who was committed to making the process easier for inmates. Queensboro's

administrators also informed the CA that the senior parole officer at the facility would contact an inmate's field parole officer if there were urgent issues including whether the individual's community housing had been approved. We are very pleased to hear of this initiative and that parole is making serious efforts to address the issue.

Queensboro has eight parole officers that work within the facility: five facility parole officers, one officer that works with Never Again, and two additional officers who work in a program called Access, though one was out on sick leave at the time of our visit. The Access parole officers work with inmates in order to enroll them in community treatment programs post release for substance abuse, anger management, and/or domestic violence control. The Access staff interviews inmates upon their arrival at the facility, and although they do not use a formal assessment instrument, they evaluate the individual during an initial interview and after reviewing his corrections records to assess his program participation, including whether he has completed Alcohol and Substance Abuse Treatment (ASAT) and/or Aggression Replacement Therapy (ART) during his incarceration, determine whether the individual needs further substance abuse treatment. According to the Access staff person with whom we spoke, about 80% of the population at Queensboro is assigned to work with the Access parole officers, who are licensed Parole Substance Abuse Counselors (PSAC). Based on their verbal assessment and chart review, the Access parole officer refers the inmate to a community-based substance abuse treatment program and makes an intake appointment for them to attend the treatment program upon their release. The community-based substance abuse programs range in the amount of time an individual must attend, from once a week to five times a week. The Access parole officer did stipulate that 90% of the individuals referred to him were recommended to attend a substance abuse program three times a week for an hour. Once released, the community provider may implement changes to the scheduled treatment plan.

An Access parole officer estimated that 50% of those inmates requiring substance abuse treatment also require an anger management program. The Access staff refers them to a program that does both substance abuse treatment and anger management therapy simultaneously. Additionally, about 10 to 15% of inmates are referred to an integrated treatment program that treats substance abuse, anger management, and domestic violence control. According to parole staff, the number of inmates that need, and are therefore being referred to, anger management and domestic violence control programs has increased during the last year. The CA learned that rarely do inmates refuse the recommended program, but if they do, an Access parole officer uses motivational interviewing in order to try to convince them otherwise. In cases where inmates have researched their own community-based programs, if the program is deemed ethical and reputable, the Access parole officer will generally approve placement in the program. Sixty-one percent of survey participants had met with an Access parole officer, and of these inmates, most were pleased with their assigned program and affirmed that the Access parole officer clearly explained the conditions of their release and the process of parole, including when a housing address would be approved.

Overall, 71% of inmates surveyed were either somewhat or very satisfied with their individualized service plan. Inmates felt that most of the programs offered were very helpful in providing them with the tools to have a successful reentry back into their communities; however, they also felt that the success of the program really relied on the individual's personal efforts.

The few inmates that were somewhat or very dissatisfied with their individual service plan felt that the primary focus is drug treatment, when they either had already completed such a program while in another facility or were not in need of such services. Many inmates we interviewed and those who responded to our survey felt that their main concern was obtaining employment post release and that not enough was being done to set them up with actual contacts for when they returned to their communities.

B. Orleans

1. Reentry Programming

The Visiting Committee found the reentry classroom programs at Orleans to be far less extensive than at Queensboro. After orientation, each inmate is required to participate in a 12-session program called Going Home, which is a modified T4C course that is taught by DOCCS staff in the dorm dayrooms. The Visiting Committee observed a Going Home class session, and many of the inmate participants appeared disengaged. Moreover, many participants with whom we spoke reported that they did not know what the program was about and could not describe program content. Inmates who rated this program positively explained that they enjoyed discussing real-world issues, but reported that the program needed improvement, that rules were often arbitrary and always changing, and that they desired more structure in the program. Fifty-nine percent of the 22 survey respondents had taken Transitional Services Phase III at other another facility before arriving at Orleans, and 58% reported at least some overlap between material covered in Phase III and material presented at Orleans' Reentry Program.

The reentry program at Orleans is not voluntary and individuals throughout the Department are assigned to attend the program. If an individual is resistant to the program, Orleans officials informed the Visiting Committee that motivational interviewing is used to help the individual see the potential benefits. Orleans officials informed us that even with these motivational techniques, about 10% of individuals continue to be critical and reluctant of engaging in programming. During our visit, some reentry staff we spoke to informed us that when inmates refuse to participate in the reentry program they can be transferred to the Special Housing Unit (SHU) until their release date. This is very distressing to the CA, as being placed in SHU further isolates the individual and may impede a successful reentry into his community.

Program participants are also required to complete the bi-weekly Digital Literacy course, where they learn computer fundamentals and various computer applications. Staff explained that those who complete the program receive an IC3 Certification document, which they may show to employers. We observed 30 fully operating computers running Windows XP 2003 in the Digital Literacy classroom. The vast majority of survey participants who had taken Digital Literacy rated the course as "good" or "fair." Inmates with whom we spoke enjoyed this program and were pleased to learn these skills; however, some of the individuals already had computer skills and believed the classes to be a waste of their time.

Reentry program participants may choose to participate in several elective groups that meet once per week, including a Men's Group, Spirituality, Healthy Living, Leisure Skills and Fatherhood. There are also peer-run job preparedness groups that are overseen by DOCCS staff.

The CA spoke with several Spanish-speaking inmates who complained that there were no Spanish materials in the classes. Survey respondents participating in the Men's Group felt it was too rigid, with half of all respondents rating it as poor; however, almost all survey participants in the Spirituality group gave positive reviews, rating it as good or fair. When asked to explain their rating of the Spirituality group, respondents stated that they were able to comfortably voice their opinion and gain insight from others. Of the seven inmates who responded to our survey and were also attending Healthy Living, a little over half rated it as good or fair. The CA did not receive any surveys from inmates attending the Fatherhood or Leisure Skills class, and therefore, we cannot report on inmate's satisfaction with these courses.

2. Other Programs and Services

All reentry program participants under 21 years old, who do not have a high school diploma or equivalent, must be enrolled in an academic program. Orleans has one multi-level educational class for reentry inmates that meets on Fridays for half a day. At the time of our visit, four students under 21 were enrolled in this program, in addition to three older students who were voluntarily enrolled. We spoke with the instructor, who explained that he gives each student a workbook that allows them to progress at their own pace. The instructor is available to answer questions but does not teach any actual lessons. He explained that he thought the students did not have enough time to really engage with the material, so that lessons would probably not be useful to them. When asked if inmates may bring materials back to their dorms to do extra work, he was unsure and assumed it would be fine but stated that no one had ever asked. We understand that reentry program participants are only at the facility for a relatively short period of time compared to other facilities, but three to four months is certainly sufficient time to allow for some progression. We recommend that administrative staff look into ways of helping inmates take advantage of their last months in prison and enhance learning opportunities by increasing the availability of the academic instructor, implementing more structured lessons, and providing peer tutoring.

The Visiting Committee also visited the General Library and met with the librarian. During non-programmed hours, reentry program participants may take advantage of the reentry resources available in the library, where there are two computers running Career Zone, which is a program that provides additional job readiness assistance and also connects to the Department of Labor job search database. The librarian explained that she makes presentations to the new reentry program arrivals during orientation and also visits the dorms and classrooms to make sure they understand the resources available to them in the library. Additionally, she said that she has been working to expand the reentry resources, but explained that this was a slow process. At the time of our visit, there were seven trained inmate clerks working in the library, but the facility has had one vacant civilian-library staff position since April 2011. Inmates who responded to our survey reported very low satisfaction with the general library, with half of all survey respondents indicating that they were not satisfied with general library services. The CA's meeting with the librarian gave the impression that she was knowledgeable about reentry services and dedicated to helping soon-to-be released inmates. Since this does not seem to be the experience of the surveyed inmates, we encourage the librarian to conduct further outreach to the reentry population and encourage them to make further use of the resources available.

Orleans' Transitional Services (TS) office runs an orientation for both reentry and general population inmates every Friday, during which staff explain how they can assist inmates with obtaining Social Security cards, copies of their birth certificates, rap sheets and DD Form 214, which is a certificate of release or discharge from active duty and is issued to veterans. Inmates were generally satisfied with the TS program at Orleans, and a majority of respondents rated the program as good or fair.

Compared to Queensboro C.F., Orleans' reentry program is severely lacking in the participation of outside community-based organizations, although the Buffalo Urban League does provide job assistance to individuals who are preparing to be released to Erie County. Administrative staff did express a desire for more community engagement, and we recommend that they take steps to bring in more service providers and community agencies, since these connections will significantly increase program participants' chances of success after release.

The Visiting Committee was also quite concerned about the percentage of program participants who did not want to participate in the program. Many of the Orleans inmates with whom we spoke felt that the reentry services available to them were not helpful and that there was very little to do outside of the reentry module. From speaking to individuals, it seemed that those in need of fewer services had very little to do and were skeptical of why they had been transferred. It is apparent from the reentry programs we have visited that individuals who voluntarily participate are more likely to be engaged in, and benefit from, the program. We recommend that DOCCS allow inmates to refuse entry to the reentry program, since the program capacities are so small and enrollment of reluctant participants will most likely be an inefficient use of DOCCS and state resources.

3. Post-Release Planning

(a) Employment

According to the inmates we interviewed during our visit to Orleans and those who responded to our survey, as well as staff comments, a major concern among inmates at Orleans is finding employment. The Erie County reentry program provides 20 inmates deemed at high risk for recidivism with individual meetings once a week with the Buffalo Urban League, whose staff help with resume building and job search skills. The Buffalo Urban League also schedules some interviews for inmates to attend, once they are released, with potential employers who receive financial incentives to hire ex-offenders. The Monroe County reentry program also refers inmates to Career Start, an outside resource for resume building and job searching skills. Though Career Start provides inmates with job readiness tools, they do not set up interviews for them post-release. Only sixty-seven percent of survey respondents had been referred to a community provider that offered employment opportunities upon release.

(b) Housing

Another area of concern for inmates at Orleans is housing. The staff of the Erie County program said that they had a good relationship with a number of halfway houses such as: Saving Grace, Peace Ministries, Back to Basics, and a 9-month Salvation Army Program. These

programs come in and conduct presentations and interviews with inmates in need of housing. The inmate then has a counselor assist them in assessing their fit and eligibility for the different housing programs and helps them apply. The Erie County staff said that they try not to release people to homeless shelters. Just a little over half of all survey participants had been referred to a community provider for housing upon their release.

Catholic Family Services is the organization that assists inmates being released to Monroe County in finding housing. The staff we interviewed said that about 50% of inmates being released to Monroe County are released to Booth Haven, which is a transitional housing program. Individuals stay there until their social services are available and they can afford a place of their own. Staff also informed us that the number of inmates being released to structured housing programs⁵ has increased due to more minimally structured programs having no room and longer wait lists.

(c) Medicaid and Social Services

Both Erie and Monroe County inmates are assisted with Medicaid applications prior to their release. On the Erie side, inmates fill out the Medicaid application two months before their release with help from a parole officer. The Department of Social Services (DSS) has one staff person, who comes into the facility once a month to review the inmate's applications. He then opens each case so that it is activated and the benefits are available upon the inmate's release. Once the inmate leaves the facility, they can obtain their Medicaid card directly from their field parole officer. For inmates being released to Monroe County, inmates in need of Medicaid may fill out an application, but they must wait to meet DSS until after they are released; however, the 45-day wait period does begin while they are still at Orleans and individuals can receive emergency benefits as soon as they are released. Staff from both Monroe and Erie Counties informed us that most inmates who apply for Medicaid are eventually approved. Although Medicaid applications can be filled out while still incarcerated, inmates in need of federal food stamps or cash assistance must wait until their release to apply. Survey respondents from Orleans rated their assistance with Medicaid much higher than those at Queensboro, with over 90% rating it as good or fair, compared to a little over 60% at Queensboro.

(d) Post-Release Guidance and Case Management

Inmates being released to Erie County receive their release individual service plan (ISP) two weeks prior to release. The release ISP is used to guide the recently released inmate through the first few months post-release, in order to ensure that their transition back to the community is successful. Spectrum staff also ensures that at this time, all appointments for needed services post-release are scheduled. To ensure a successful reentry into their communities, Spectrum case managers work with recently released inmates for up to six months post-release and have an immediate appointment 72 hours after discharge from prison. They then meet once a week for the first two months and then have two follow-up appointments, at three and six months, respectively.

⁵ Structured housing requires inmates to engage in daily programming and usually has a required length of stay and increased staffing.

Inmates being released to Monroe County are presented with their release ISP one month prior to release. Staff also ensures that at this time all appointments for post-release services are made. Once the release ISP is presented to the inmate, he is required to participate in a Release Group, whose purpose is to help address any anxiety the inmate may have about going home. Closer to the inmate's release date, an electronic case is formally opened with Catholic Family Services, which details the inmate's unique post-release needs. At that time, Catholic Family Service's staff also sets up an appointment with the Rochester Reentry Center, which provides the individual with social and volunteer opportunities in his community. Recently released individuals may also participate in a Rochester Reentry Center group that is tailored to address the needs of ex-offenders. This transitional group is called "Anger Management and Problem Solving (AMPS)" and offers cognitive-behavioral therapy once per week for eight weeks.

The CA met with staff from Catholic Family Services and Spectrum, and we were pleased to learn that the program philosophy at Orleans is based on relationships and building a positive rapport with inmates. However, the Visiting Committee was concerned to hear that some program staff felt that their relationship with DOCCS was, at times, strained and that the program could benefit from improved relations between the agencies and prison staff. We suggest that the prison administration review with its staff the policies and procedures of having volunteer organizations in the facility. The director of Catholic Family Services also informed the CA Visiting Committee that they were no longer allowed to conduct meetings with inmates in their housing area, which made it difficult to schedule appointments. We suggest that DOCCS reevaluate this policy or provide alternative areas to conduct appointments.

During our follow-up call, we were informed that DOCCS corrections counselors had worked to maintain an open door policy with volunteers from both Spectrum and Catholic Family Services. We were also told that although volunteers were barred from meeting with inmates in the housing area because reentry programs were run on the housing areas and having meetings there could cause a disturbance. Volunteers were informed that they could request a call-out with any individual at any time and space for meetings would be made available.

The Spectrum staff also told us that they conduct weekly meetings with community-based organizations in order to encourage collaboration and enhanced resources for inmates returning to Erie County. Since Erie County seemed to have more reentry resources for soon-to-be-released individuals, we encourage Monroe County to pursue similar relationships with community-based organizations, as this would increase the resources for inmates returning to those communities.

Although there seemed to be some concerns about individual and group presentations by some community-based organizations at Orleans, all of the survey participants rated community-based organizations' group and individual presentations as "good" or "fair." Over half of all survey participants reported having both individual meetings and group presentations with a community-based organization. After speaking to individuals and receiving surveys, the overall impression by the CA Visiting Committee was that the Monroe reentry program provided more personalized attention, while the Erie reentry program was more generalized and could use some more personalized attention.

Inmates in Queensboro's reentry program were also generally satisfied with community-based organizations' presentations. Over half of all survey respondents reported that community-based organizations conducted both group presentations and individual meetings, and over half of all survey participants rated the presentations as "good" or "fair."⁶

Inmates in both the Erie and Monroe programs felt that there was little or no attention given to job preparedness and there were limited employment opportunities, besides the Buffalo Urban Justice League, for inmates returning to Erie County. Only 67% of Orleans survey respondents had been referred for job opportunities, which is significantly lower than the 95% of Queensboro survey respondents who had been referred to job opportunities. We understand that employment opportunities may be less abundant in the western counties of New York compared to New York City, but we urge the prison to encourage reentry staff at Orleans to continue to facilitate connections with organizations within the community, so that inmates being released from Orleans have additional job opportunities.

The CA Visiting Committee was concerned to learn, from both inmates we interviewed during our tour and from those who participated in our survey, about the number of individuals at both facilities who did not feel that the services provided to them were relevant to their needs post-release. This was in stark contrast to the staff's perceptions of the extensive needs of these inmates. We believe that there is a substantial difference in the perception between the individuals assigned to the reentry program and those facilitating the program about the level of inmates' needs. We encourage the Department to more closely screen individuals for their eligibility for such intense services and encourage the staff to increase their implementation of motivational interviewing to increase the likelihood that inmates may recognize the benefit of such programs. Having individuals who are resistant to the programming may not only damage the experience of those who are in need of specialized attention and enhanced services, but also is an inefficient use of these valuable resources.

IV. SAFETY AND VIOLENCE

Inmates the Visiting Committee interviewed, and those who responded to our written surveys, generally reported that there were fewer incidents of serious misconduct by staff or inmates within both reentry programs than in their previous prisons. Although a majority of survey respondents from the two programs rated inmate-staff relations as bad or somewhat bad, this rating is still better than most prisons we visit. Moreover, almost none of the respondents reported experiencing a physical confrontation with program staff. Inmates felt that, in general, most individuals were only interested in completing their programs and being released to their communities, and therefore, participants avoided any altercations that might put that in jeopardy. Unfortunately, the CA heard from inmates in both the Queensboro and Orleans reentry programs that security staff would sometimes try to provoke inmates to act out through verbal taunts or threats. We are concerned by these reports, as many inmates in these programs are already apprehensive about going home and being released on time and staff threats or intimidation only increase this anxiety. We strongly suggest that the prison administration increase training and supervision of its staff to reduce counterproductive interactions between program participants and security personnel.

⁶ Fifty-three percent rated community-based organizations as "fair," while 27% rated them as "good."

A. Queensboro

Due to the nature of Queensboro as a minimum security facility for individuals who are soon to be released from prisons, it is not surprising that the level of serious violence – both inmate-on-inmate and inmate-on-staff – is not high. Inmates we interviewed generally expressed the view that staff usually left them alone, and that since all the inmates are so close to going home, they do their best to avoid any altercations.

1. Inmate-Staff Relations and Inmate Disciplinary Actions

Nearly half of survey respondents rated officer-inmate relations as “very bad” or “somewhat bad,” while one-quarter of the participants said relations at Queensboro were better than at other facilities in which they have been confined. These ratings are better than approximately two-thirds of the prisons the CA has visited. A majority of survey respondents indicated, however, that verbal harassment was at least somewhat common, and inmates who responded to our survey mentioned incidents of security staff using demeaning language when addressing inmates. In reviewing Unusual Incident Report (UIR) data for the period 2007-2010, we noted that Queensboro had the sixth highest rate of UIRs for assault-on-staff for all medium and minimum security prisons. The number of such incidents in the last three years (2008-10 – 11 UIRs) was much higher than in the previous five years (2003-07 - only 2 incidents). We urge the prison to review this recent history of UIRs to determine if there is a discernable pattern and to assess whether action can be taken to reduce the frequency of inmate-staff confrontations.

Queensboro also appears to initiate many disciplinary actions against its inmate population. In 2008, the most recent year the CA has disciplinary data, Queensboro had the second highest rate for misbehavior reports of all medium and minimum security prisons; this was a substantial increase from 2003-05 when the prison’s disciplinary rate placed it as 22nd for all medium and minimum state prisons. According to the inmates interviewed by the Visiting Committee, many of the disciplinary tickets issued in the prison were for smoking; inmates were concerned by the amount of tickets issued for smoking due to the fact if they receive too many tickets they may lose their parole date. Queensboro staff informed the Visiting Committee that in response to tickets for smoking, instead of receiving a disciplinary sanction, inmates may choose to attend the Osborne smoking cessation program. The CA was pleased to learn that a non-punitive response to a normally disciplinary offense was being taken by Queensboro staff. The Visiting Committee encourages the Queensboro administration to more clearly define the rules for smoking and perhaps provide a smoking area for those inmates who would like to smoke.

2. Inmate-Inmate Relations

The majority of survey participants rated inmate-inmate relationships as much better than at other facilities. Though their other facilities may have been higher security levels and thus difficult to compare to Queensboro, inmates generally expressed low levels of altercations between inmates. The biggest contributor to stress reported to the CA Visiting Committee by both survey participants and those we interviewed, was the overcrowding in the housing area.

The CA suggests that DOCCS re-assess the capacity of the dorms and fix any broken appliances immediately. Our review of UIRs for assault-on-inmate incidents confirms the inmates' assessment. For the period 2007 through 2010, Queensboro's rate for assault-on-inmate UIRs was in the lower half of all medium and minimum security prisons.

The amount of drug use and gang activities reported by inmates at Queensboro was also extremely low. Over half of all survey participants reported that gang activity was not a source of violence and half of survey respondents reported that the use of contraband drugs was "not common."

B. Orleans

1. Inmate-Staff Relations

Sixty-four percent of the Orleans survey participants assessed inmate-staff relations as "very bad" or "somewhat bad." Many inmates the CA Visiting committee interviewed at Orleans felt that the security staff took advantage of their position and issued tickets for minor infractions. During our conference call, Orleans officials disagreed with this assessment and expressed the view that staff were properly responding to rule infractions and inappropriate behaviors of the reentry population and were appropriately issuing misbehavior reports. Inmates on the Erie side were particularly concerned by the night-shift security staff. There were many reports by inmates of officers verbally harassing them and threatening them with additional SHU time. The majority of survey participants felt that inmates from the reentry program were frequently sent to the SHU. It was unclear to the Visiting Committee whether inmates are sent to the SHU due to disciplinary infractions or for refusing programming; however, in either case, it is concerning that inmates in the reentry program are reporting such a high level of inmates being transferred to disciplinary housing. It is the CA's view that sending inmates to the SHU, except in extraordinary circumstances involving violence or serious misconduct, is contrary to the rehabilitation focus of the reentry program.

Over half of the surveyed inmates and the majority of inmates interviewed who were returning to Erie County, identified specific staff who they alleged repeatedly verbally harassed and intimidated the reentry population, and half of all surveyed inmates, those in both the Monroe and Erie reentry programs, felt that officer-inmate relations were much worse or somewhat worse at Orleans than at other facilities. This is of great concern to the CA, and we urge the facility to investigate these allegations.

The CA Visiting Committee met with staff during our tour of Orleans, some of whom were concerned that the reentry program increased the burden on staff by increasing the number of staff needed for medical and legal trips and supervision of the visiting room. The Visiting Committee was pleased to learn from staff that administration and staff worked very well together and the administration maintained an open door policy for staff input.

2. Inmate-Inmate Relations

In comparison to the reentry program at Queensboro, inmates in Orleans reentry program reported that inmate-inmate relations could be strained, though the majority of inmates reported that inmate-inmate relations were better here than at other facilities. Some inmates we interviewed reported that some of the strain among inmates was due to the fact that in each reentry program, Monroe and Erie, the majority of inmates came from the same neighborhoods. Over half of all survey respondents reported that gang activity was at least somewhat common at Orleans and over half of all survey respondents also reported that gang activity was a source of violence. The majority of surveyed inmates also reported that contraband drugs were common and half of all survey participants responded that drug use was the same at Orleans as at other facilities.

V. MEDICAL, MENTAL HEALTH AND DENTAL SERVICES

A. Queensboro

1. Medical Care

The CA Visiting Committee toured the medical area and met with the Nurse Administrator (NA) about the medical services at the facility. We appreciate the detailed information provided prior to our visit and during our tour. The medical staff at Queensboro is comprised of one full-time physician, one Nurse Administrator, and three full-time equivalent nurses. Queensboro also utilizes one agency nurse for 32 hours per month to cover a part-time nurse vacancy, which the facility has authorization to fill, but had not found someone suitable for the position at the time of our visit. Both the Nurse Administrator and the doctor are bilingual, and therefore, they do not need an inmate translator for monolingual patients. The medical staff conducts sick call everyday starting at 10:00 am in the morning and sees about 410 patients per month. Clinical call-outs are conducted Monday-Friday starting at 8:00 am and the physician sees about 210 patients per month. Medical staff also makes rounds to 2S, the restricted housing unit, everyday. The Nurse Administrator reported that they do not issue tickets for emergency sick-call encounters and see about 44 such encounters per month.

The Nurse Administrator informed us that the medical staff at Queensboro is required to conduct a chart review for every inmate that arrives at the facility, which is about 50 to 60 patients per week. The medical staff conducts five to ten minute interviews with all new arrivals and utilizes an interfacility screening form. Upon their arrival to the facility, all inmates who present with a chronic illness are referred to the facility doctor. According to the surveys we received, 25% of respondents reported suffering from a chronic illness. If inmates are in need of 24-hour medical care, they are transferred to Sing Sing C.F.; otherwise, they are taken to a local hospital.

The Nurse Administrator felt that the most common chronic illness was asthma and that the elevator being broken hindered inmate's movement about the facility. The CA learned that the elevator was being renovated between December 2010 and April 2011 and was completely operational as of January 2012. There have been no deaths at Queensboro since 1999 and no

reported acts of self-harm during the last several years. The medical staff expressed concern that some inmates transferred to the facility are more ill, or have more medical needs, than the facility can accommodate, and the prison frequently has to send such individuals back to upstate facilities because their medical needs cannot be met at Queensboro. The CA Visiting Committee heard some of the same concerns from ILC members, that inmates are often transferred to Queensboro who need more medical attention or more specific accommodations than can be addressed at the facility. We commend the facility for performing a thorough medical assessment of newly admitted prisoners and for recognizing that an inmate may need more care than the facility can provide, and we urge the medical staff to continue to recommend the transfer of patients the facility staff believe can not be adequately cared for at the prison. We suggest, however, that DOCCS screen inmates more thoroughly before transferring an individual with significant medical problems to the prison, and thereby avoiding unnecessary dislocation of inmates and added expense to the Department for multiple transfers.

During our follow-up call, Queensboro administrators expressed the view that the number of times inmates had to be transferred due to persistent medical issues that the facility could not address were infrequent and that additional screening was not necessary.

Overall, surveyed inmates were generally satisfied with their access to sick call and the doctor. Ninety-six percent reported having access to sick call when needed, 63% rated the sick call nurses as “good” or “fair,” 63% reported never experiencing delays in receiving medical care and 72% reported their overall satisfaction with medical care as “fair.” These figures place Queensboro in the top third of all CA visited prisons for quality of medical care services.

(a) Discharge Planning and Treatment for Inmates with HIV and HCV

Many inmates at Queensboro who are known to be infected with Hepatitis C (HCV) or HIV are seen by Osborne Association staff, who assists these patients in getting appointments with health providers in their communities so that they can promptly receive medical attention once released. The Nurse Administrator estimated that about 50% of HIV-infected inmates and 25% of HCV-infected inmates, respectively, elect to continue to see this community-based medical provider once released. We urge Queensboro medical staff to encourage the reinforcement of those connections between infected inmates and community provides while inmates are at Queensboro in order to ensure better continuity of care. The Nurse Administrator informed the CA Visiting Committee that all HIV lab work is done at the facility by a phlebotomist who comes once a week and completes the HIV testing promptly to inform patients of their results. The NA also told us that the number of individuals seeking HCV testing has increased, due to inmates being asked to be tested by their loved ones before returning home. The medical staff at Queensboro participates in four to five hours of mandatory training for HIV per year, which is conducted via DVDs and video conferences.

All medical charts for inmates released from Queensboro are stored in Long Island City. The medical staff creates a Comprehensive Medical Summary (CMS) for each inmate, which is available to them at the time of their release. The Nurse Administrator estimated that about 75% of inmates request their CMS upon release. We commend the facility for providing medical information to soon-to-be-released individuals who will need such documentation to improve

continuity of care in the community.

2. Dental Service

The CA Visiting Committee spoke to the one dentist at Queensboro who sees between 100 and 125 inmates per month. Of those he sees, about 10% are emergencies and the rest are routine dental care. He said that there is a large demand for cleaning, but he simply cannot fulfill all those requests and therefore offers a special rinse and hygiene instructions instead. The dentist does not begin any long-term processes, such as dentures, at Queensboro because the inmates are not there long enough to get their dentures before release.

B. Orleans

1. Medical Care

Orleans' medical staff treats both general population and those in the reentry program. Orleans has one full-time and one part-time doctor. At the time of our visit, Orleans had one nurse vacancy and another nurse vacancy expected the week after our visit, with no authorization yet from DOCCS central office to fill those positions. The Orleans medical department was authorized for up to 40 hours per week for per diem nurses, and used all those hours between five part-time per diem nurses. We were informed in February of 2012, that two nurse vacancies and one per diem vacancy still exist, although the facility had received authorization to fill one of the full-time nurse vacancies as of February. Orleans has no Spanish-speaking medical staff, and therefore, inmates must rely on an inmate interpreter if available. During the same conference call we were informed that the AT&T translation service is available at Orleans, but that medical staff preferred either using fellow inmate translators or having a corrections counselor who is bilingual come and translate during medical encounters. Two nurses conduct sick call five days a week from 6:45 am to 8:00 am, and non-emergency clinic call-outs are conducted five days a week starting at 10:00 am. If an inmate-patient needs specialty care or more intense medical services, they are transferred to the Wende Regional Medical Unit. For all other emergency services, inmate-patients are taken to the Erie County Medical Center.

Compared to the majority of inmates at Queensboro who reported no chronic medical condition, inmates at Orleans reported more chronic illness with a little under half of all survey participants reporting that they suffered from a chronic medical condition. The majority of surveyed inmates at Orleans could access sick call when needed and rated sick call as at least fair. Though reentry inmates had access to sick call and felt that the sick call nurses did a fair job, half of survey respondents rated overall medical care as poor. Overall, the survey respondents' answers placed Orleans in the lower half of all CA visited prisons for quality of medical care. Some major concerns expressed by reentry inmates were that there are long delays to see a doctor, appointments were rushed, and that the medical staff did not listen to inmate concerns, making them feel as though the medical staff did not care about the services they were providing.

2. Mental Health

Until recently, Orleans was an Office of Mental Health (OMH) Level 4 program, which meant that OMH staff was available on a part-time basis to provide treatment and medication to the prison population who had either a moderate mental health disorder or whose disorders were in remission. However, the Orleans general prison population was recently downgraded from a Level 4 to a Level 6, which signifies that there is no OMH staff assigned to the prison. Though Orleans inmates in general population may have no mental health needs (i.e., OMH level 6 inmates), the reentry program is still categorized as a Level 4, meaning that inmates with some mental health needs may be housed within the reentry program. When asked to address our concern that reentry inmates with mental health needs can be placed at the prison where no mental health services are provided, medical staff informed the Visiting Committee that if an inmate is in a state of psychological distress, the inmate's counselor and the medical staff work together to assess the mental health needs of the individual and determine whether he may need more acute mental health services. If it is determined that this is the case, the inmate is transferred to Wende C.F. Medical staff did inform the CA Visiting Committee that if an inmate tries to harm himself, he is either placed in one of the two isolation rooms in the medical building or is taken to the disciplinary housing area (SHU), where there is 24-hour surveillance. Due to the delicate condition of inmate-patients in this state, the CA is concerned that placing such individuals in an isolated disciplinary area may result in additional stress and may lead to further deterioration. The CA suggests that the Department re-evaluate whether it is appropriate for the reentry program to house any individuals on the OMH caseload if there is no part-time based OMH staff within the facility.

During our February 3, 2012 conference call, Orleans administration informed the CA that one OMH staff person makes rounds to the Orleans' S-Block once per week and during the time the reentry program was operating, was also available to meet with reentry individuals who were experiencing significant mental health issues.

VI. OTHER SERVICES

A. Grievance Office

1. Queensboro

The Grievance Office at Queensboro does not receive many grievances in comparison to other facilities, due to the fact that inmates are so close to their release date and focused on going home. At the time of our visit, there was no Inmate Grievance Resolution Committee (IGRC) at Queensboro because a six-month term is required and inmates are only at the facility for an average of 72 days. The CA was extremely pleased to learn from facility administrators during our January 2012 conference call that they had already begun discussion with the Inmate Grievance Coordinator about having inmate representatives involved in the process. The CA believes that involving inmate representatives in the grievance system is extremely important, and we commend the facility for taking this very important measure.

The facility employs one part-time IGRC coordinator, who is at the facility on alternate

days. There were 43 grievances filed at Queensboro in 2010, down from the 51 filed in 2009. The most commonly grieved issue at Queensboro was staff conduct, which received 20 grievances, down from the 23 in 2009. The second most grieved issue was medical, which received four grievances, down from five the previous year. Ten of the 43 grievances filed in 2010 were appealed to DOCCS central office, but the majority were informally resolved. At the time of our visit, there were 11 grievances filed so far in 2011. Inmates from the Inmate Liaison Committee (ILC) reported that there were no grievance slips available and some also reported that there were long delays in being called down to the grievance office after filing a grievance. Fifty-seven percent of inmates who responded to our survey rated the effectiveness of the grievance system as poor. The CA encourages Queensboro to ensure that grievance slips are readily available to inmates, inform the prison population as to where they may be found, and expedite the process of reviewing grievances.

2. Orleans

The CA Visiting Committee met with the staff in the Grievance Office at Orleans, who said that they only get about one or two grievances from the reentry unit per week. These grievances usually pertain to issues in the housing units and one particular officer in housing unit A2 for Erie County inmates. The grievance counselor also mentioned that they get a few grievances questioning why the grievant had been transferred to the Orleans Reentry program. The vast majority of surveyed inmates at Orleans rated the effectiveness of the grievance system as poor.

B. Mess Hall and Visiting Room

1. Queensboro

The mess hall operates as both the dining room and the visiting room, and this seems to be causing many issues in terms of utilization for both functions. The mess hall has 84 chairs, though there are 104 inmates in each housing unit, and serves between 230-260 meals each day. The two major complaints the CA Visiting Committee heard from inmates is that there was not enough time to eat and that food was being thrown away instead of increasing portion sizes. Facility administrators informed the CA during our conference call that portion sizes are controlled through Central Office and therefore the facility had no recourse in terms of the size available to inmates. Administrators did inform the CA that there were current measures being taken to increase the time allotted for lunch by 15 minutes.

The mess hall is also used as the visiting room and is open for visitation Monday-Friday from 1:15 pm to 3:45 pm. One of the issues that most concerned inmates at Queensboro was the visiting room; 77% of inmates we surveyed reported being unsatisfied with the visiting program. The ILC voiced a concern that the visiting hours made it difficult for family members who worked to make the visiting times. Also, it seems that visitors are required to wait outside the facility on the sidewalk before being processed, because there is no waiting area within the facility. Inmates said that often times their visitors were forced to wait outside for an extended period of time in inclement weather. When the CA raised these concerns to the Superintendent, he responded that he is aware of the issue, but due to building codes they were not allowed to

construct anything that would block the sidewalk. Though the CA understands the predicament, we encourage facility administration to continue to seek ways of remedying this situation and providing improved conditions for visitors. Maintaining connections with loved ones is an important factor in reducing recidivism rates and providing inmates with support upon their release.

The CA was extremely pleased to be informed during our conference call with the facility that administrators were meeting with DOCCS Facility Planning to discuss ways to address the problem of visitors waiting outside during inclement weather, including the possibility of erecting an awning or similar structure to provide protection from the elements.

2. Orleans

The inmates interviewed by the CA Visiting Committee had few complaints about the mess hall, though some inmates voiced concern that the reentry program was called last for meals and sometimes dessert had run out by the time they got there. The CA was informed during the follow-up conference call that Orleans rotates the order in which housing blocks are called for meals and therefore no one block was always eating last.

The visiting room at Orleans is a separate structure and has a capacity for 304 people. The visiting room is only open on weekends and national holidays and its operating hours are from 8 am to 3 pm. The capacity of the room was increased about three to four years ago, by eliminating the child's play area, though there are still children's books, toys, a high chair, and a small area in which children can play. There is also an outdoor visiting area that is open, weather permitting, from May through October and has 20 picnic tables. The visiting room is staffed by four officers and inmates are allowed up to three visitors and one child, though inmates may request permission beforehand to have additional visitors. According to the visiting room staff, about 10% to 18% of visitors are for the reentry inmates, who mix with general population inmates during visiting hours. The visiting room staff expressed concerns that there was no computer system for registering visitors, and therefore, all visitor processing had to be done by hand. This cumbersome process, when combined with screening of visitors through the metal detector, which is very sensitive and located in a different building, sometimes increased the time it takes to process visitors to between 45 and 120 minutes. The staff assured the Visiting Committee that no one is turned away from visiting their loved one, but if the visiting room becomes crowded, they may operate on a first in, first out schedule for terminating visits to accommodate later visitors. Interviewed inmates were generally satisfied with the visiting room, and the CA was encouraged to hear that the executive team is looking to increase visitation by providing a free bus service.

VII. RECOMMENDATIONS

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

General

- Consider making the reentry programs voluntary or provide inmates with a clear reason as to why they are being recommended for the program.
- Repair showers, toilets and sinks throughout the facilities.
- Investigate and provide the appropriate recourse for all allegations of officers threatening or verbally harassing inmates.
- Provide additional training to security staff about how to effectively interact with inmates who may be apprehensive about their pending release in order to decrease confrontations and tension between staff and inmates.
- Fill all medical staff vacancies.

Queensboro

- Screen inmates recommended to the program more thoroughly to ascertain whether the facility can meet their medical needs.
- Remove some beds from the housing units in order to reduce crowding and tension in the facility. Consider using the Orleans Reentry Dorm as a model.
- Implement one smoke-free floor and designate specific areas for those who wish to smoke.
- Allow inmates to waive the issuance of a razor.
- Allow inmates to do laundry more frequently or provide them with additional uniforms so they always have something clean to wear.
- Consider developing an Individualized Service Plan (ISP) at Queensboro, using the ISP process at Orleans as a model.
- Reassess inmates' substance abuse needs during the initial assessment process at Queensboro in order to more accurately determine the substance abuse services the individual will need when released.
- Initiate a program allowing fathers to read books into a tape recorder to be sent to their children.
- Encourage increased engagement by community providers in the reentry program so that inmates may get the full benefit of the reentry workshops.
- Encourage more community organizations from Nassau and Suffolk counties to come in and/or initiate teleconferencing with program participants so that inmates from these counties may receive more effective assistance in discharge planning.
- Encourage more community organizations that provide job opportunities to present to the inmate population.
- Continue to improve responsiveness by parole officers about housing approvals.
- Expand visiting hours so that family members may visit outside of standard work hours, and contact local government officials to obtain permission to place an awning over the sidewalk or develop alternatives consistent with local zoning requirements to afford protection of visitors who are required to wait outside the facility during visitor processing.
- Consider expanding the time inmates are given to eat their meals and increasing the portions offered inmates during the meals to avoid disposing of left-over food.

Orleans

- Develop a more structured method of reassessing inmates for substance abuse treatment needs.
- Discuss with security staff the protocols concerning the processing of volunteer reentry staff, and encourage staff to treat the reentry volunteers with increased respect and consideration.
- Consider using the Transition Accountability Plan (TAP) for Monroe County inmates.
- Provide all program materials in Spanish to those who have limited English language skills.
- Explore ways to enhance academic programs by expanding the time the instructor is available, providing peer education options or allowing inmates to complete work when not in the program area.
- Coordinate with the Buffalo Urban League on how to increase the capacity of the program, and research a similar program option for inmates returning to Monroe County.
- Develop a more structured post-release follow-up process for inmates returning to Erie County.
- Consider allowing Spectrum and Catholic Family Services to meet with inmates in their dorm areas. If this is not possible, provide additional accommodations for these meetings to take place.
- Discontinue the use of SHU as an alternative for those who refuse to participate in the reentry program and use motivational interviewing to encourage participation, or transfer the individual back to his previous facility.
- Use the AT&T translation service during medical appointments rather than inmate translators.
- Hire additional counselors for reentry services so that inmates will have more time to discuss their needs with the treatment staff.
- Allow a representative from each Reentry Dorm to be a member of the Inmate Liaison Committee (ILC) so that the reentry population has representation on the ILC.
- Streamline the visiting room paperwork and search procedures to decrease the time it takes to approve visitors.