

# The Correctional Association of New York

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## **Auburn Correctional Facility**

Auburn is a maximum security prison located in Auburn, New York housing approximately 1,800 male inmates. Designated by the Office of Mental Health (OMH) as a Level 1 facility, it has the highest level of mental health services available to inmates, which includes an Intermediate Care Program and a Residential Crisis Treatment Program for inmates experiencing severe mental health issues. Auburn also has (ICP), a Residential Substance Abuse Treatment program with 120 participants, an infirmary, Aggression Replacement Training, a Corcraft industry program and a variety of vocational and educational programs. The Correctional Association's visit to Auburn was on July 19, 2005

The Visiting Committee had mixed impressions of Auburn. Throughout the day, we heard of widespread tensions between inmates and staff, with many complaints about verbal harassment. We also met with dedicated individuals on Auburn's staff who are committed to providing inmates with skills and opportunities. However, due to limited funding, many of the vocational programs were closed during the summer, and therefore, we could only observe a few classes in session. The inmates in the ICP were very satisfied with the program and seemed well treated, but the Residential Crisis Treatment Program was problematic. Inmates also expressed significant reservations about the quality of the medical care provided.

Inmates filed a total of 2,700 grievances in 2004, a decrease of about 3% from the previous year. While grievances about programs decreased by 20%, medical grievances were up 50%, and staff misconduct grievances increased by 13%. By far, the area that received the most complaints was staff misconduct, for which Auburn had the second highest rate of grievances among the State's maximum security prisons in 2003.

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

### **Mental Health Care**

Since Auburn is a level 1 OMH facility, it has a full compliment of mental health services, including an Intermediate Care Program (ICP) serving 44 patients and a Residential Crisis Treatment Program (RCTP) housing three patients. On the day of our visit, there were 275 inmates on the mental health caseload, with approximately 150 patients receiving psychotropic medication. We were pleased to learn that psychotropic medication is distributed by OMH nursing staff and not by the medical staff. However, we find unacceptable that there were 43 SHU inmates on the OMH caseload, representing 60% of the inmates on that unit, although only 15% of the facility's total population is on the OMH caseload. Similarly, we are concerned about whether the approximately 185 inmates with mental illness in the general

population (GP) receive the services and support needed in an environment in which they are frequently victimized. Given the number of inmates on the OMH caseload, the correction officers throughout the facility should receive more training to be able to identify inmates who are not taking their psychotropic medication or are experiencing a mental health crisis and to more effectively communicate with inmates who often find it difficult to cope. During our discussion at the end of our visit the former Superintendent acknowledged that such training would be beneficial and would improve the operation of the prison.

We learned during our visit that renovations to the OMH area are scheduled, including the creation of additional space for group meetings for ICP inmates, relocation of OMH staff to the gym building and renovation of the RCTP. We believe these renovations will enhance the treatment of inmates with mental illness, and hope they can be accomplished expeditiously.

### ***Intermediate Care Program (ICP)***

We visited the ICP and spoke with several residents. They consistently spoke positively about the unit and unanimously stated they prefer the ICP over confinement in general population, where they do not feel safe and are less likely to take their medication regularly. The majority seemed satisfied with their therapy and complimented both the mental health and security staff. All stated the ICP was helping them prepare for their release. We were pleased to learn that ICP inmates can participate in vocational and educational programs offered to GP inmates. However, some of the ICP prisoners may require additional support to participate successfully in these programs.

### ***Residential Crisis Treatment Program (RCTP)***

We also visited the RCTP area and were concerned about what we saw. The unit had three observation cells, which were all occupied, and a five-bed dormitory area, which was vacant. The observation cells were dark, offered limited visibility of the inmates and were a depressing environment for someone in crisis. Moreover, the RCTP had insufficient capacity to deal with Auburn inmates in need of crisis intervention. Consequently, the infirmary and Special Housing Unit (SHU) were frequently used to house inmates on suicide watch, a clearly inappropriate place for the inmate-patient and the other inmates in these areas. The Superintendent informed us that RCTP is scheduled for a renovation to add three more observation cells. We hope these changes can be implemented promptly.

### **Staff – Inmate Relations**

Inmates throughout the facility described relations between staff and inmates as tense and sometimes abusive. Although they readily reported that some officers are respectful and helpful to inmates, particularly those who have many years of experience, inmates told us that some younger officers, referred to as “cowboys,” take advantage of their authority by provoking and intimidating inmates. Most of the problems occur on the 3:00pm to 11:00pm shift, although inmates reported that some problems occur on the 7:00am to 3:00pm shift, particularly in the school. They described the abuse in a variety of ways: some physical abuse – primarily through overly aggressive pat frisks; tier III tickets arbitrarily issued; verbal harassment; the imposition

or threat of keeplock for non-existent or minor infractions; and the denial of food, recreation or other privileges.

In particular, inmates stated that they are subjected to arbitrary and unrestricted strip frisks and searches and that there is insufficient supervision when these types of searches occur. Additionally, they described a procedure, which we believe to be unique to Auburn, in which officers sometimes grasp the arms of an inmate without warning when initiating a frisk, incapacitating the inmate before putting him against the wall to be searched. This action is a source of frustration among inmates, who state that they do not know when they may be approached in this manner.

Inmates reported that the grievance system is highly ineffective in addressing complaints about staff for a variety of reasons. Many officers do not make their name tags visible, making it difficult to file a grievance against them. The inmate grievance representatives who should investigate complaints by inmates are not given passes to move throughout the facility, so most complaints are investigated only by COs. Retaliation by officers for filing grievances is seen as “part of the process” by inmates. Additionally, although grievance forms exist in the grievance office to be filled out by clerks, they are not distributed to inmates throughout the facility.

Some COs are seen as biased against inmates and prisoners perceive that many have personal ties and would be loathe to side with an inmate who may have a disagreement with a CO who is a friend or relative. Moreover, inmates think that the COs who are sensitive to inmates’ concerns and would like to confront the abuse they see are ostracized by other officers. Additionally, inmates reported that having an overwhelmingly white security staff leads to racial tensions and mistrust among the primarily African-American and Latino inmate population.

### **Visiting Program**

Many inmates expressed satisfaction with the visiting program and thought that officers treat their visitors well. We heard many complaints throughout the facility about the Ion Scanner, which is used to identify visitors who are attempting to bring drugs into the facility. The inmates reported many false positives in which family members who may have inadvertently come into contact with items that trigger the scanner, such as contaminated money, are prevented from visiting their loved ones because the Ion scanner has detected a banned substance. This problem occurs throughout the State, and we urge the Department to institute a more accurate method of screening visitors to ensure that family members are not unnecessarily prevented from seeing prisoners. Inmates also reported frustration with not being permitted to play with their children in the children’s play area.

Inmates were pleased with the Family Reunion Program, which they told us functions efficiently, enabling inmates to have visits every 42 days if they maintain good disciplinary records. They suggested that air conditioners be installed in the trailers in order to make visits more comfortable in the summer months.

## **Packages**

Complaints about the package room were widespread. Inmates reported that they have to sign for their packages before they can check the contents. They fear complaining about damaged or missing goods because if they do, their subsequent packages may be delayed or their contents crushed. Grievances about packages decreased by 50% from 2003 to 2004, but we are concerned that this decrease may be a result of inmates' fear of retaliation. They told us that the COs who work in the package room have had problems with inmates in previous posts. This atmosphere of mistrust creates unnecessary tension in the facility.

## **Medical Services**

The inmates complained persistently about access to medical services and the quality of medical care. A majority of those interviewed rated medical services as poor and stated that they did not have adequate access to their provider or to specialty care services. In 2004, there were 491 grievances about medical services, the second most grieved issue by Auburn inmates and a much higher number of medical grievances than we have observed at other maximum security prisons.

We interviewed the medical staff in the clinic area and toured the medical facilities. We appreciate the time the staff spent with us describing the medical program and found their responses to be comprehensive and the staff open to a frank discussion. We learned that during the last four months there have been two full-time and one part-time nurse vacancy, resulting in the use of per diem nurses and consistent overtime for prison staff of 30-40 hours per week. Staff attribute the delay in hiring to the low salary and the lack of flexibility in the job assignment. Moreover, there are only two doctors and one physician's assistant (PA) to service a population of nearly 1,800 inmates an insufficient number of staff to provide timely care to the population.

Sick call is conducted in the housing areas. Inmates assert that the nurses have limited equipment available, although staff stated that some medical equipment is stored in a locker in the housing units. Inmates also told us that in some medical screening areas, there is insufficient privacy during sick call, enabling correction officers to overhear medical conversations. Additionally, we heard complaints that some medical information is improperly shared with security staff. It is generally not advisable to have medical encounters in the housing area. Rather, it is preferable to examine patients in the facility clinic where sick call nurses have greater access to equipment and to senior staff for immediate referral and consultation.

Sick call is conducted from 5:30 to 7:00am, and inmates must get up very early to participate. Staff told us that they believe some inmates fail to use sick call until their condition deteriorates to an emergency situation, a problem that may be exacerbated by the exceptionally early timing of sick call. Conducting sick call at more reasonable hours would very likely encourage some inmates to access treatment before their conditions worsen.

We are concerned that there is also limited access to the physicians and the PA. Dr. Kooi sees clinic patients only three days a week, while Dr. Graceffo and the PA have daily

appointments. Some inmates had favorable comments about the care they receive from Dr. Graceffo, but others were critical of the attention provided by Dr. Kooi and his reluctance to properly examine them during clinic visits. The medical staff reported that it takes about two weeks for patients referred from sick call to be seen. However, inmates assert that it can take up to a month or more to be seen by a provider for routine care. We do not have sufficient information to resolve this discrepancy, but we recommend that the facility assess whether there is sufficient physician and PA presence to provide timely access to care.

Inmates also expressed concerns about access to specialty care services. Medical staff reported that the prison had experienced difficulty with access to orthopedic and neurology services, but that these problems have been resolved.

The prison is a hub pharmacy for several facilities, but currently is missing one pharmacist. Pharmacy staff shortages are a chronic problem throughout the Department, and we believe that Division of Budget and DOCS' Central Office should renew its efforts to seek further enhancement of state pharmacist salaries to resolve this issue. Medical staff assert that they do not have problems issuing prescriptions or refills.

We were pleased to learn about the monthly quality improvement program being conducted at the prison. It appears that regular chart reviews are performed and all mortalities and unusual incidents are reviewed.

We expressed concerns about HIV care in the prison after reviewing the data supplied about Auburn's HIV-infected population. Of the 56 inmates known to be HIV-infected, only 28 patients, or 50%, are on treatment. Although we recognize that not all HIV-infected patients need to be on therapy, having only half on treatment appears very low as compared to other prisons we have visited. We urge the medical staff to review its HIV-infected population to determine if any patients are now appropriate candidates for therapy.

## **Programs**

Auburn offers a variety of educational, vocational and treatment programs to inmates. Additionally, the facility has a Corcraft industry program which manufactures license plates for New York State.

### ***Vocational***

Auburn's vocational programs include Barber Shop, Electric, Custodial Maintenance, Building Maintenance, Welding, Drafting, Masonry, Computer Repair, Computer Operation and Upholstery. A Floor Covering option is expected to open in the fall of 2005 and there are six Department of Labor Apprenticeships available to inmates. All ten vocational positions were filled on the day of our visit. Spanish-dominant inmates rely on other inmates to translate for them in vocational classes, as there are no Spanish-speaking instructors.

On the day of our visit, three of the shops were closed because some teachers take off for the summer. The facility addresses the problem of increased idleness in the summer months by

adding staff to the fitness program. The fitness program was highly regarded by inmates throughout the facility.

Visitors toured the Computer Repair and Masonry shops and spoke with inmates who seemed engaged and enthusiastic about their classes. The teachers also struck visitors as helpful and knowledgeable. Limited space was identified as the main shortcoming of most of the vocational shops. Although many inmates were pleased with the vocational programs, others stated that the shops do not adequately prepare them for work in the community and would like additional business and computer skills to meet the demands of employers.

### ***Educational***

Auburn offers a range of educational classes to inmates, including Adult Basic Education, Pre-General Equivalency Degree (Pre-GED), GED, English as a Second Language (ESL) and a college credit program run by volunteer students from Cornell University. All of Auburn's 11 teacher positions were filled on the day of our visit. There are 11 classrooms, each equipped with at least one computer. Teachers are assisted by Inmate Program Aides (IPAs). There is also one computer lab with 20 computers, which each educational class attends once a week.

Inmates reported frustration that classes are frequently cancelled due to instructor absences. At Auburn, an average of one teacher per day is absent. The educational supervisor reported that limited funding hinders the program in the summer months.

We were pleased to learn that 36, or 60%, of the 59 inmates who took the GED exam in 2004 passed. However, with almost 900 inmates at Auburn who do not have a high school diploma or GED, many more inmates should take the test and pass each year. We understand that the facility is making adjustments to meet the increased demand for GED classes since the Department has required that all inmates receive their GED, but the former Superintendent did not expect to receive any additional staff or resources to meet this increased need.

We were impressed with the college program that volunteers from Cornell University run at Auburn, which is not funded by the State. Participants expressed great enthusiasm and told us that the expansion of this program would better prepare inmates for return to the community. Its expansion should be financially supported by the State to provide Auburn's 900 inmates who have their high school diploma or GED with the opportunity to participate in post-secondary education. College education has been proven to reduce recidivism and makes it more likely that former prisoners will successfully reenter their communities.

There are no Spanish-speaking teachers on the educational staff, so the English as a Second Language teacher speaks no Spanish. The class was described by many inmates as ineffective. Spanish-dominant inmates in the educational program rely on bilingual inmates to translate, and they complained of limited materials in Spanish and general difficulty in understanding lessons.

We were pleased to note that a total of 19 inmates in disciplinary segregation are enrolled in a cell study program and that the facility offers Spanish cell-study for inmates who do not

speak English. Offering educational opportunities for inmates in the SHU enables them to participate in productive and enriching activities while serving their disciplinary sentence, thus easing their return to the general population.

### ***Transitional Services***

Auburn offers Phases I and III of the Transitional Services Program to inmates. Phase I is a four-day, inmate-run orientation program for all inmates new to the facility. Phase III is intended to prepare inmates for their parole board hearing and their return to the community. The program is facilitated by inmates under the supervision of a counselor. It consists of a half-day module, five days a week for six weeks, with individual assistance available upon request. There are three Phase III classes, with 20 to 25 students in each class. Participants generally are enrolled in the program approximately six months to one year before their parole board appearance.

Topics such as community involvement, family relations, decision making, goal setting and employment skills are addressed. Inmate Program Aides (IPAs) assist with writing letters to potential employers and housing providers. There is a directory of resources, which includes information from each county in the State, and assistance is provided with finding organizations for individuals with HIV/AIDS and other medical and substance abuse needs.

The program could benefit from additional typewriters for inmates to write letters to access jobs and resources upon release. Additionally, more resources for individuals returning to communities outside of New York City would be helpful.

### ***Aggression Replacement Training***

Auburn's Aggression Replacement Training (ART) program is facilitated by IPAs from the Transitional Services program under the supervision of a counselor. The program consists of half-day classes four days per week for ten weeks. The prison runs three ART classes. The curriculum, which is intended to help inmates develop positive methods of overcoming their anger, consists of a variety of quizzes, midterms and a final exam to gauge the participants' progress. According to staff, all the worksheets and tests are available in Spanish and English, and a Spanish-speaking IPA assists inmates who do not speak English. Although we did not have the opportunity to speak with inmates in the program, staff reported that its main shortcoming is its short length, since inmates could greatly benefit from having additional time to confront their problems with aggression.

### ***Residential Substance Abuse Treatment***

Auburn has had a Residential Substance Abuse Treatment (RSAT) program for three years. Inmates in the program participate in substance abuse treatment programming for half the day. They spend the other half day in programs throughout the facility. Many participate in Aggression Replacement Training (ART), learning anger management skills, or Transitional Services, since most are within nine months of their earliest release date. These programs are not integrated into RSAT, although the counselors told us that they work closely with the staff from

the ART and Transitional Services programs. There are 120 inmates in the program and 767 on the waiting list. One counselor and two aides facilitate the program with the assistance of three IPAs. RSAT consists of four classes of approximately thirty students each. Participants are evaluated by counselors each month in areas including their participation in the program, their progress towards recovery and their interaction with others in the program.

Since RSAT is a residential program, participants live together on the same housing unit. There is no community room available in the housing area, but community meetings are held weekly in the program area to address concerns and facilitate a therapeutic environment. Including a common area in the RSAT housing unit would further cultivate the therapeutic community, creating a supportive space for participants to work together to address their substance abuse problems.

In 2004, 133 inmates completed the program and 127 were removed. Inmates can be removed if they are sentenced to 30 days or more of disciplinary segregation, for use or possession of drugs or alcohol, for failure to participate in the program or for fighting. According to staff, most removals are for fighting. Removal for drug or alcohol use, according to staff, is less common and staff encourage inmates who do poorly on their evaluations to improve, leading to few removals for poor performance. We were disappointed to learn that nearly as many individuals are removed from RSAT as complete it. The facility should evaluate why so many inmates have problems while in the program and assess the procedure for program removals to identify changes to the curriculum and the removal process that would enable more inmates to successfully complete RSAT.

Inmates wishing to prepare for their release and to enroll in treatment programs on the outside generally must wait until they return to their communities to do so. Upon request, counselors will work with inmates to assist them with locating resources on the outside, but we understand that resources and assistance in this area are limited. Additionally, inmates can write to a service that enables them to establish communication with a non-incarcerated individual in recovery. Alcoholics Anonymous and Narcotics Anonymous are also available to inmates.

We were pleased to note that a Spanish-speaking counselor had been hired and was scheduled to begin working in the program. Spanish-dominant inmates complained about the limited number of translated worksheets and difficulty understanding the lessons, which are all conducted in English. Although a Spanish-speaking IPA translates some worksheets, a member of the Visiting Committee noted that the translation of the worksheet was problematic, with many translation, spelling and grammatical errors.

Inmates had both positive and negative comments about the program. Some who had participated in drug treatment programs in other prisons reported that Auburn's RSAT is more structured and formal than at other facilities. Some nearing completion of the program did not believe there is sufficient follow-up for graduates. Most stated that the usefulness of RSAT depends heavily on the effort that each individual puts into it. We spoke with some participants who told us they were forced into the program although they do not believe they have a substance abuse problem.

### ***Sex Offender Program***

We were pleased to learn that Auburn has hired an instructor for a Sex Offender Program (SOP) which will begin at the end of the summer or beginning of the fall, 2005.

### **Special Housing Unit**

Visitors to the Special Housing Unit (SHU) were struck by the deteriorated mental condition of the inmates. Most inmates clearly suffered from mental illness and provided confused and inconsistent answers to our questions. We were unable to obtain responses answers to questions about the frequency of access to mental health or medical care, the libraries or the grievance system.

Of the 72 inmates in the SHU, 42 or almost 60% were on the mental health caseload on the day of our visit, although only 15% of Auburn's total population is on the OMH caseload. Twenty-three hour isolation is inappropriate for individuals with mental illness and can cause the further deterioration of their mental state. We urge the Department to prohibit confining inmates with severe mental illness who commit disciplinary infractions in SHUs and to place them instead in residential treatment programs.

### **Meeting with Staff**

The Visiting Committee requested meetings with representatives of the NYSCOPBA, PEF and CSEA unions, which represent the security and civilian staff at Auburn. Unfortunately, no union representatives agreed to meet with us, depriving the Committee and this report of the crucial input of the staff who work each day in the facility. Staff input is a key component of our ability to understand and accurately report on the conditions at prisons throughout the state, and we regret that we were unable to meet with any of Auburn's line personnel.

### **Final Meeting with Executive Team**

We reported our findings to the former Superintendent and the executive team at the end of our visit. We told them of our positive impressions of the ICP and the Unit Chief for the mental health unit, and we encouraged the expansion of the ICP program. We were pleased to learn that there is a planned renovation of the observation cells, which are currently grim and depressing. We expressed our concern that there are many inmates in general population who could benefit from additional mental health therapy, and we commended the former Superintendent for including inmates on the OMH caseload in programs throughout the facility. He agreed with our assessment that officers could benefit from more training in working with inmates with mental illness.

We also discussed our findings in the medical area, relating to delays in access to doctors, complaints about the quality of care and the impression among inmates that the Facility Health Services Director is reluctant to touch inmates when he examines them. Additionally, we told the former Superintendent of our positive impressions of Dr. Graceffo and commended him on an effective quality improvement program. We also mentioned our concern that an insufficient

number of HIV positive inmates receive treatment. We expressed our concern that security staff interfere with access to medical care, especially when nurses conduct sick call in the cell blocks. The former Superintendent said he would follow up with the Deputy Superintendent of Security to ensure that COs are present only when there is a security risk to the nurse.

We reported our concern that the inmates in the SHU were severely mentally deteriorated. We told the former Superintendent of widespread complaints about the package room, and he stated that he would check to ensure that inmates can inspect their packages prior to signing for them. We reported our positive impressions of the Educational Supervisor and the Cornell College program. We also told him of the reports that the ESL class is ineffective and of limited materials for Spanish-speakers throughout the educational program. He agreed with the need for increased Spanish-speaking staff and stated that he has been working to attract bilingual individuals to work at Auburn. We commended him on making the computer lab available weekly and encouraged greater use of the in-class computers. We noted our positive impressions of the vocational shops, and he and we agreed on the need for additional space. We mentioned our positive impressions of the RSAT instructor and noted that the program could be improved with the addition of a space in the housing area for inmates to congregate. We noted the inmates' frustration with the Ion scanner and their prohibition from being permitted to play with their children in the play area of the visiting room. We reported the many positive impressions we heard of the fitness program.

We discussed our concerns about CO misconduct, describing an atmosphere of fear and intimidation among inmates. We expressed reservations about the practice of grasping inmates' arms during the search process, a procedure that we have not observed at other prisons. The Superintendent responded that this technique is necessary to ensure the safety of officers when they believe an inmate may be a physical threat. He stated that he is confident with his ability to investigate CO misconduct diligently. He affirmed that he and the executive team are a visible presence throughout the facility, but he was not surprised that some abuse and intimidation occur.

We had a thoughtful discussion about methods of addressing violence and tension in the prison. Former Superintendent Burge told us that COs who abuse their authority are a characteristic of any prison, and that there are also difficult inmates at all facilities. He agreed that the less experienced officers are the most problematic because they sometimes do not understand that the way to ensure a calm and safe prison is to respect inmates' rights. He stated that he questions whether sufficient training is being conducted at the academy. We mentioned that cameras could protect both staff and inmates from false allegations, but he told us that he does not believe they would be useful because there would always be blind spots.

We also discussed the Department's pension plan, which provides no incentive for COs to remain after 25 years on the job. The executive team agreed the effect of this policy is detrimental to the prison because it results in fewer experienced officers available to share their expertise with newer COs. One of the Captains suggested providing incentives to older COs to remain in maximum security facilities and to mentor newer officers, providing the prison with the benefit of their maturity and experience.

## **Recommendations**

### ***Mental Health***

- Renovate the Mental Health Unit, increasing the number of observation cells, to meet the needs of inmates experiencing a mental health crisis. Discontinue the practice of placing inmates under a suicide watch in the infirmary or SHU.
- Increase the capacity of the ICP, offer more programs to ICP residents and expedite the renovation of the mental health area to include an area for group meetings for ICP inmates.
- Increase the amount of training all staff receive in working with inmates with mental illness.

### ***Staff – Inmate Relations***

- Institute a program through which experienced correction officers are offered incentives to remain at the facility and mentor younger officers in the methods of maintaining a safe and positive prison environment.
- Increase training of correction officers in methods to defuse situations resulting in confrontations with inmates, to avoid use of force incidents and to improve CO skills in communicating with the inmate population.
- Make a supply of grievance forms easily available to inmates throughout the facility.
- Conduct a review of the pat frisking procedure employed at times by correction officers in which staff grasp an inmate's arms without warning and prior to issuing a order for the inmate to submit to a search and then place him on the wall to perform the search. Ensure that the grasping of the arms is only used when an officer has a reasonable belief that ordering the inmate to place his arms against the wall would not be followed or the failure to use this body hold would pose a risk to staff or another inmate.
- Increase the supervision of strip frisks and strip searches.

### ***Visiting Program***

- Review the operation of the ion scanner and establish procedures to correct situations were it may have incorrectly identified a visitor in possession of contraband.
- Permit inmates to play with their children in the area designated for children to play.
- Provide air conditioning in the family reunion trailers.

### ***Packages***

- Ensure that inmates are given the opportunity to review the contents of their packages before signing for them.
- Assign COs to the package room who have minimal conflicts with inmates.

### ***Medical Care***

- Fill the vacant nursing and pharmacist positions. If the facility is unable to identify appropriate candidates for these positions, contact DOCS Central Office and Division of Budget personnel to request an increase in the salary for these items.
- Assess whether the current allocation of two full-time physicians and one full-time physician's assistant (PA) is adequate to meet the needs of Auburn's patient population.
- Improve the timeliness of clinic appointments for physicians and the PA. Ensure that clinic examinations are thorough and properly documented.
- Review the timeliness of inmate access to specialty care services and improve access to those services for which inappropriate delays have occurred.
- Recruit Spanish-speaking staff to serve the large patient population that is Spanish-dominant.
- Reconsider conducting sick call in the housing units rather than in the medical area. If sick call encounters are held in the housing areas, increase the medical supplies and equipment available in these areas and ensure that sick call encounters are performed in a manner that permits confidential conversations between the patient and nurse outside the presence of security staff.
- Enhance the prison's efforts to identify inmates who are HIV-infected by reviewing the process for educating and testing inmates who are at risk for HIV. In addition, review the care provided to HIV-infected inmates to determine whether more patients should receive antiretroviral therapy.

### ***Vocational Program***

- Increase the space available to the vocational shops.
- Institute additional programs that better prepare inmates for jobs once they are released, including general business.

### ***Educational Program***

- Increase the capacity of the Cornell College program and acquire state funding for post-secondary education.

- Hire Spanish-speaking staff.

### ***Transitional Services***

- Acquire additional typewriters for inmates to use to write letters to employers and service providers in the community.
- Obtain information about employment, mental health care, medical care, substance abuse and housing for former prisoners in areas outside of New York City.

### ***Aggression Replacement Training***

- Increase the length of the program.

### ***Residential Substance Abuse Treatment***

- Translate all worksheets and materials into Spanish and ensure the accuracy and readability of all translated materials.
- Institute a separate RSAT class for Spanish-speakers when there are a sufficient number of inmates in the program who do not speak English.
- Establish an area in the RSAT housing unit that can be used as a community space for inmates in the program.
- Evaluate the reasons why inmates have problems in the program and assess the procedure for removing inmates to determine whether changes to the curriculum and the removal process could be made to enable more inmates to successfully complete the program.

### ***Special Housing Unit***

- Prohibit the placement of inmates with mental illness in the SHU and place them instead in residential treatment programs.