

# The Correctional Association of New York

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## Elmira Correctional Facility

Elmira is a maximum security prison housing approximately 1,800 male inmates. The facility, which opened in 1876, now has an Intermediate Care Program with a capacity of 56 inmates, a Mental Health Unit with space for 8, an infirmary with a capacity of 26 and a Special Housing Unit with cells for 54 inmates. The facility also has a Residential Substance Abuse Treatment Program, an Aggression Replacement Training Program and a variety of vocational and educational classes. The Correctional Association's visit to Elmira was on May 4, 2005.

Overall, we had both positive and negative impressions about Elmira. We observed some programs that provide beneficial and productive opportunities for inmates to gain skills and confront difficult challenges. However, we also received numerous reports that relations between staff and inmates are poor and that some correction officers have a combative attitude towards inmates, being verbally abusive, provocative, and attempting to control them by instilling fear and using intimidation. The issue about which most grievances were filed was medical care, and inmates asserted there were problems with access to providers and dental services. We were also concerned about the mental health services provided to inmates in the general population and the Mental Health Unit.

Superintendent Calvin E. West described to us the \$45 million physical plant renovations being performed or planned for the prison, including, among many items, a perimeter fence, renovation to the messhall and food service area, rehabilitation to building #1 and updating the entire electrical system. Although physical plant renovation is important and in some areas absolutely necessary, we are concerned about the level of investment in the physical plant when additions to staff may be a more pressing need for the facility and the inmate population. We recognize that capital funding is separate from operational expenses. However, we still question whether some funds could be reallocated to address pressing needs for additional program and security staff.

We were pleased to note that the number of unusual incident reports (UIRs) for 2004 (221) was 30% lower than in 2003 (316). Specifically, in 2004, there were significant reductions in UIRs for inmates assaulting inmates (21%) and inmate assaults on staff (22%). In contrast, there was a 31% increase in 2004 of grievances concerning staff conduct compared to 2003. Overall, grievances in 2004 increased 34% from 2003. Particularly troublesome was that in 2004 grievances concerning medical care increased 70% from 2003, and in 2004 medical grievances accounted for 21% of all grievances, a figure significantly higher than at other prisons.

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

### **Mental Health Care**

Elmira is a Level 1 mental health facility with an Intermediate Care Program and a Mental Health Unit. On the day of our visit, 314 individuals, or 17% of the population, were on the Office of Mental Health (OMH) caseload. With nearly one-fourth of the Elmira population in reception status –many of whom may not yet be assigned an OMH level – this number of inmates on the OMH caseload is extremely high and raises serious concerns about whether the prison has adequate staff and facilities to deal with the population in need of mental health services.

There are 22.5 full-time equivalent (FTE) mental health positions at Elmira. The prison is lacking a half-time psychiatrist, a significant vacancy since Elmira is authorized to employ only 1.5 FTE psychiatrists. The facility is also lacking one of its four mental health social workers. There is only one Spanish-speaking person on the mental health staff, creating a significant challenge for Spanish-dominant inmates in need of mental health services. It is our understanding that there is no OMH nursing staff at the prison on the night shift, a highly problematic situation.

Inmates and staff expressed concern about inmates with mental illness who are not in the Intermediate Care Program (ICP). It appears that some inmates with mental illness face significant obstacles to treatment. We also heard reports that some inmates with mental illness in the general population face victimization by inmates and/or staff. We were told of incidents when the prison staff has been slow to respond to inmates with mental illness who have discontinued their medications. As a result, inmates are allowed to deteriorate until a crisis occurs, sometimes with violent consequences. Inmates with mental illness who are experiencing a crisis are sometimes kept in cells in the general population under a suicide watch with officer surveillance, apparently due to a lack of adequate space in the Mental Health Unit. Housing suicidal inmates in general population cells is not appropriate for the inmate-patient or for the other inmates on the housing unit. Additionally, we were told that mental health staff are not visiting inmates on keeplock status.

We believe officers throughout the facility could benefit from increased training on how to identify when inmates with mental illness are noncompliant with their medications and how to better communicate and interact with inmates with mental illness to reduce confrontations with staff and to encourage them to seek appropriate treatment.

### ***Intermediate Care Program***

Members of the visiting committee toured the Intermediate Care Program (ICP) where up to 56 inmates with mental illness live in a separate cellblock and participate in group and individual therapy. On the day of our visit there were 52 residents. It is our understanding that approximately 80% of the ICP inmates are in programs for at least half the day. The inmates were generally satisfied with their treatment and the staff who work there, they are more

compliant with their medication and they consistently expressed the view that they felt safer in the ICP than in the general population.

### ***Mental Health Unit***

We had a negative view of the Mental Health Unit (MHU), which consists of three observation cells and a five-bed dormitory. The unit looked dirty and disorganized; we understand, however, that there are plans to renovate the unit, including the construction of 10 observation cells similar to the new units at Attica. Improvements to the physical plant seem sorely needed. The inmates we met in the unit's dormitory were generally dissatisfied with the services they were receiving. One individual was still in the area even though he had been discharged from the unit because there were no other special housing facilities for him. The unit was full at the time of our visit, and it appears that the placement of inmates with mental illness who are suicidal or in crisis in general population cells under a suicide watch is the direct result of inadequate facilities in the MHU at the prison.

### **Medical Care**

Throughout our visit, inmates consistently raised complaints concerning the provision of medical care at the prison. In 2004, medical care was, by far, the most highly grieved issue, representing 21% of all grievances and an increase of 70% since 2003. During our visit, inmates reported that: (1) the quality of health care was poor; (2) there were delays in being seen by providers and specialists; and (3) inmates experienced problems accessing medications. The inmates thought that these problems were in part due to a lack of medical staffing and the priority given to processing reception inmates.

The prison had no vacancies for physicians, nurse practitioners or nurses during our visit, but the medical staff confirmed that the screening of reception inmates places significant demands on their time, leading us to believe that there should be additional medical positions allocated to the facility. In order to provide care, the prison regularly uses per diem nurses and incurs significant overtime for prison staff. The staff suggested that they could use two additional nurses. They also confirmed that it can take 30 days for routine appointments with the medical providers. Inmates complained about delayed access to providers. They had favorable comments about Nurse Practitioner Fowler. There is only one Spanish-speaking medical staff member, and we were told that inmates are routinely used to translate for inmates with limited English language proficiency.

We were concerned that the prison could only identify 24 inmates under its care who are infected with HIV, representing only one percent of its population. Given the prevalence of HIV in the state prison population, we would have anticipated a significantly higher number of patients receiving HIV treatment. The staff noted that contractors with the AIDS Institute do not provide HIV testing services at Elmira. Although the staff reported that it is current with its HIV testing, we believe the presence of community-based HIV testing services would encourage more inmates at risk of HIV to come forward for testing. We were pleased to learn that there are eight inmates on Hepatitis C (HCV) treatment.

The prison currently has one of its two pharmacy positions vacant. This unfilled vacancy inevitably has a deleterious effect on the prison's ability to provide prompt access to medications. Inmates complained to us that in some housing areas, medications are given out by inmates, an inappropriate practice that the prison has attempted to stop.

The facility is also lacking a dentist. Inmates were critical of the dental care provided, complaining about delays in access to the dentists and failures to provide adequate treatment. In addition to hearing about unfilled cavities and delays in routine care, we heard stories of inmates whose dental problems were so severe that they were losing teeth and could not chew food. Such unacceptable dental and nutritional problems require immediate attention.

### **Special Housing Unit**

On the day of our visit, there were 54 inmates in the Special Housing Unit (SHU), which was at full capacity. Visitors found the SHU to be improved since our last visit; the unit appeared clean and calm. In particular, it appears that inmates have better access to reading material and can participate in a cell study program. We were also pleased to learn that OMH staff are making regular rounds in the SHU. We are concerned, however, that nearly half (26) of the SHU inmates were on the OMH caseload. During our visit, we were told of several incidents of inmates with mental illness being shuttled between the SHU, Central New York Psychiatric Center (CNYPC), the Mental Health Unit and the ICP. It is clear that SHU confinement is detrimental to the wellbeing of inmates with mental illness as exhibited by the extraordinary high number of SHU inmates in 2004 who were admitted to CNYPC (32) or the Residential Crisis Treatment Program (81).

Based upon discussions with the Superintendent and his executive team and our observations in the SHU, it appears that he may have several candidates for the new Behavior Health Units (BHU). We urge that SHU inmates with serious mental health problems be removed from SHU and placed in the BHUs or preferably have their SHU sentenced reduced and then be sent to an ICP.

### **Inmate-Staff Relations**

We received numerous inmate complaints about staff misconduct, which apparently takes several forms, including verbal harassment, overly aggressive pat frisks, retaliation for filing grievances and improperly denying inmates access to essential services or programs. Although there does not appear to be significant physical abuse by staff, inmates assert that there is a group of officers who engage in harassment and intimidation of the inmate population. In particular, the inmates focused on the 3:00 to 11:00pm shift, which they assert has more officers who are overly aggressive and verbally abusive. Inmates believe that the absence of the executive staff during the evening shift and the prevalence of younger officers during this time contribute to the staff misconduct and a lack of accountability. The inmates had positive comments about Superintendent West, but said that he could not meaningfully affect the conduct of the staff. Inmates also stated that prisoners who make complaints about abuse or file grievances are retaliated against by staff and that some are too intimidated even to raise allegations of abuse.

Staff conceded that inmates may perceive more stringent searching processes and more rigid staff enforcement of rules during the evening shift, but they attributed these practices to the following reasons: there are fewer officers present to supervise the population and there are greater opportunities for inmates to mingle and potentially pass drugs and other contraband. The staff also expressed the opinion that: (1) drugs are a significant problem in the prison; (2) the inmate population is more violent than in the past; and (3) gang activity is present and causing additional problems in the prison.

It appears that violence and aggressive behavior within the prison are problems for both staff and inmates. Inmates clearly believe that officer misconduct is not adequately investigated and abusive staff is not disciplined. Staff also expressed concerns about violence and think that there is insufficient security or other measures to protect adequately both civilian and security staff. Given these perceptions, it is inevitable that tensions exist between the staff and inmates, resulting in confrontations and the potential for abuse by correction officers who feel unsafe and unsupported.

## **Programs**

We were impressed with some programs offered to Elmira inmates, but overall, there is too much idleness in the population. Although there were 1,336 general population inmates, it appears that one-quarter or more of them were not in any program. There were only 289 inmates, representing 16% of the entire prison population, who had both morning and afternoon program assignments, and 71 inmates, or 4% of the population, who had both afternoon and evening programs. These figures confirm that only 20% of the entire population is fully programmed. In addition to these inmates, 644 inmates were in programs in the morning, 619 inmates had activities during the afternoon period and 72 inmates had an evening program. Although Elmira has a significant population in reception and some form of special housing, too many inmates are left idle for some or all of their day.

### ***Vocational Programs***

CA visitors to Elmira's vocational programs were impressed with the range of offerings, the size of and equipment in the classes and the large number of students enrolled in vocational shops. There was one vacancy in Elmira's staff of 12 vocational instructors, and on the day of our visit, 285 inmates were enrolled in vocational programs and 281 inmates were on a waiting list. The classrooms for the vocational shops had recently undergone significant renovations and therefore, several shops were just reopening, so that within a few weeks of our visit, 11 shops would be operational, including: building maintenance; custodial maintenance; carpentry; small engine repair; general business; electric trades; welding; computer repair; plumbing; paintbrush; and printing. The facility cannot find a floor covering instructor to hire, so it has closed that shop but is looking to replace it with a masonry shop.

We visited several shops and were impressed with the instructors and observed inmates actively engaged in their training. It appears that the class sizes are appropriate and each class has an Inmate Program Associate (IPA) to assist the participants. The equipment in the general business class was of good quality, including computers with a Windows XP operating system.

It appears that the instructors are making significant efforts to provide inmates with meaningful skills that they can use to seek employment once released.

Although Elmira has made strides to improve its vocational program, there remain 281 inmates waiting for a vocational assignment. Long-time instructors told us that in the past, more programs were available at the prison, and they hoped that additional offerings could be made so that inmates with long sentences could stay actively engaged while in prison.

### ***Educational Program***

Elmira 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 post-secondary course in global studies. There are two vacancies in the nine authorized academic instructor positions. There were a total of 299 inmates enrolled in classes and 175 inmates were on the waiting list. In addition, 20 inmates had just completed the global studies course. There is also an active cell study program in which 36 inmates were enrolled and 41 are on a waiting list. In 2004, only 19 inmates took the GED exam and 15 passed.

We had the opportunity to meet with several teachers, and they shared inmates' concerns about the large number of inmates in each class and the small size of the classrooms. In particular, it was suggested that in classes for inmates with lower educational skills, there should be only 12-15 students in contrast to the 20-25 inmates assigned. The teachers noted that instruction is difficult because of several factors, including large classes, and a high number of students who have learning disabilities, are on medications that impede their ability to concentrate and learn, or are uninterested in pursuing an academic program. There is only one teacher with training in special education, and the prison educational program would benefit from more instructors with this background. There are no bilingual instructors, and therefore, insufficient services are available for inmates with limited English skills. Visitors were impressed by the thoughtfulness and empathy exhibited by the teachers but concluded that the educational program needs additional resources.

We were particularly distressed about the low number of inmates (19) taking the GED test. With 54% of the population, or approximately 980 inmates, needing a high school degree, it is unacceptable that so few inmates are obtaining this critical credential. This poor showing may be due in part to the fact that there is only one GED class. Given the new DOCS' requirement that all eligible inmates pursue a GED, greater resources will have to be provided to implement this policy. The prison staff informed us that many inmates can receive an exemption from the GED requirement due to medical or mental health conditions, disciplinary record or other reasons. But even with a liberal policy of exemption, there will be hundreds of inmates mandated to achieve a GED that the prison is currently incapable of providing.

Although there are approximately 830 inmates who have their high school diploma or GED, there are very limited post-secondary opportunities. We are aware of only one course, global studies, being offered. Higher education has proven to be one of the most effective means to prepare inmates for their return to their communities. We urge the prison to make efforts to

identify other opportunities for its population to take college or other post-secondary educational courses.

We were impressed with the description of the cell study program in which ICP, protective custody and SHU inmates are enrolled. Teachers informed us that six inmates in disciplinary segregation are participating in the cell study program, in which homework is assigned and collected twice a week. Three SHU inmates are on a waiting list for the program. Unfortunately, there is no formal Spanish cell study program, so individuals on keeplock or sentenced to SHU time who do not speak English have no ability to participate in an educational program. However, we were told that materials in Spanish are available for a self-study program. Although having Spanish materials is useful, without a Spanish-speaking instructor to communicate with cell study students, the program remains clearly inadequate.

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

Elmira has a Residential Substance Abuse Treatment Program (RSAT), which had 112 participants on the day of our visit. The program is hampered by insufficient staff and inadequate space; the only substance abuse counselor position has been vacant for several years and there were only two professional substance abuse aides. At the time of our visit there were 414 inmates on the waiting list.

The six-month RSAT program divides the participants into two large groups, each enrolled in five, half-day sessions per week. During the other half of the day, approximately 75% of the participants are assigned to an educational or vocational program or a job. The half-day RSAT sessions each week include one day of one-on-one counseling, two days of large group sessions of approximately 60 inmates and two days in which some of the group participates in a small group session and the remainder are required to complete a workbook assignment.

We have mixed impressions of the program after observing a small group session and speaking to the staff. The classroom area did not contain posters or other materials on the walls to indicate that it was a program space. The inmates complained that the program lacked up-to-date books and video materials. More space is needed to hold additional small group sessions and other group activities. The inmates appeared generally uninspired by the program. Both participants and staff admitted that there is little camaraderie among the group. Several factors appear to contribute to the failure to develop a therapeutic community: (1) the lack of space for congregate meetings; (2) the inability to mandate housing area programs and activities designed to facilitate group activities outside the formal RSAT session; (3) the assignment of participants to programs and jobs throughout the prison; and (4) the restrictions inherent to a maximum security facility that limit inmates' ability to share personal experiences. Efforts could be made to create a more effective therapeutic community, but additional space for more intimate group sessions, additional staff and housing area meetings are necessary to foster such an environment.

The limited effectiveness of the program is reflected in the poor graduation rates. During 2004, 165 inmates completed RSAT but 154 participants were removed from the program due to drug possession or use, disciplinary infractions, or unsatisfactory performance. Since none of the

staff speaks Spanish, Spanish-dominant inmates must rely on other inmates to translate for them, an inadequate approach for a program that is effective only if the participant is actively engaged in the dialogue.

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

Elmira's Aggression Replacement Training (ART) program is intended to provide inmates with anger management and conflict resolution skills during an eight to ten week, half-day program with a total enrollment of 47 inmates. As there was no permanent counselor assigned at the time of our visit, another counselor was temporarily monitoring the program. The classes are conducted by the IPAs who also run the transitional services program. There are no Spanish-speaking counselors and other inmates must translate for participants with limited English skills. We observed an ART class during the visit, and inmates appeared engaged in the discussion run by the IPA. Although the IPAs we met were impressive, we question the efficacy of such an important program that does not have a trained professional's direct involvement to facilitate inmates in managing issues related to violence and resolving conflicts.

### ***Transitional Services***

Elmira runs phases I and III of the Transitional Services program. Visitors met with IPAs who work in the program and the supervising counselor. Phase I is an orientation for all inmates new to the facility. In phase III, approximately 25 inmates nearing their parole board hearings participate in the program, which is coordinated by IPAs and overseen by a corrections counselor.

The IPAs struck us as articulate, responsible and proud of their work. Unfortunately, the program itself is limited in its scope and therefore, cannot provide the guidance and referrals necessary for inmates to adequately prepare for the difficult transition from prison to the community. The IPAs assist their peers in writing resumes and obtaining birth certificates and social security cards. However, the IPAs do not provide direct help in finding employment or in identifying mental health services, drug treatment, health care or other social services the inmate will need once released. Parole is responsible for these functions. Staff and inmates agreed that there is inadequate assistance for inmates with mental illness who need help in identifying and contacting services in the community.

### **Visiting Program**

Inmates were generally satisfied with the visiting program and the treatment of their visitors. The only problem identified was the ion scanner, which the inmates assert generates an unacceptably high rate of false-positive indications of contraband, resulting in the inappropriate exclusion of visitors, including elderly visitors who are extremely unlikely to possess illegal drugs or other contraband.

## **Meeting with Staff**

Members of the Visiting Committee met with members of the NYSCOPBA, PEF and CSEA unions, which represent the security and civilian staff at Elmira. The primary issue raised by all the staff was a concern about security. They described a serious attack on a civilian staff member in January 2005 and asserted that it was in part related to security deficiencies. In particular, they asserted that: (1) Elmira has fewer security staff than other maximum security prisons; (2) the many program areas and complex physical layout of the prison make it difficult to maintain an adequate security presence in all areas; (3) civilian staff are sometimes with inmates in areas with no immediate security presence; and (4) the equipment provided to monitor staff's location and status is inadequate to locate precisely an individual whose job requires him/her to move about the prison. It was suggested that female civilian staff would benefit from training on how to better protect themselves in terms of how they dress and interact with the inmate population. Staff also acknowledged that due to limited staffing and the resulting time pressures and tensions associated with their jobs, they have insufficient time to help inmates or interact with them in a constructive and empathetic manner.

The staff acknowledged the burdens that incarcerating inmates with mental illness exert on the prison. They stated that the number of inmates with mental problems has increased and admitted that inmates with mental illness can experience problems while in the general population, such as being targets for abuse by other inmates. They described a situation where inmates with mental illness are sometimes pressured by other inmates to discontinue their medications, resulting in the inmate's mental status deteriorating. They felt that OMH does not have sufficient staff assigned to the prison to provide all the services needed for the population with mental problems. They also acknowledged that inmates with mental illness often end up in the SHU where their mental status deteriorates until they are in need of crisis intervention. It was suggested that inmates with mental illness who are in programs may need help from trained staff who can assist them in learning and in completing required tasks.

The staff expressed frustration with the relationship with the administration and DOCS Central Office because they believe their concerns are not being addressed and their recommendations or suggestions are not sought or adequately considered in the development of prison policy.

Throughout the system, we have found that the DOCS pension plan, which provides little incentive for officers to continue to work after 25 years on the job, is leading to the loss of many experienced and seasoned officers to retirement. The Elmira officers confirmed this reality, estimating that many will retire in the next five years. Staff also expressed frustration with health benefits, noting that they experience significant obstacles in identifying dental services that will accept their health plan. Staff raises this problem at almost all the prisons we visit.

## **Meeting with Superintendent and Executive Team**

We had a productive and helpful conversation with Superintendent West and his executive team, who were open and willing to discuss our observations and recommendations.

We expressed our positive impressions of the ICP and the many vocational programs at the prison. We were also pleased that new staff had been hired for the library.

Concerning the educational program, we expressed our mixed impressions. We noted the lack of bilingual staff and the limited ability of the teaching staff to meet the needs of students who require special education. We raised concerns about class sizes and the limited skills of the inmate tutors. The teachers agreed that the program could be improved with smaller class sizes and more staff. We also discussed our concerns about the low numbers of inmates enrolled in the GED program and especially the extremely low number of inmates obtaining their GED. In addition, we expressed our view that the prison did not have the resources necessary to implement the new DOCS policy mandating all inmates who do not have a GED to be assigned to an educational program. The staff's response to the latter point was that many inmates who would have difficulties meeting this requirement, such as those who are developmentally disabled or suffer from mental illness, are exempt from the educational requirement. We remain concerned that the prison's GED program does not come near to meeting the inmates' needs or the new standards set by DOCS.

We discussed our concerns about the care provided to inmates with mental illness who are not in the ICP. We voiced our negative impression of the current Mental Health Unit – which the Superintendent informed us is scheduled to be renovated – and our objection to inmates with mental illness who are experiencing a crisis episode being placed in general population under a suicide watch. Superintendent West also informed us that there is some consideration being given to an expansion of the capacity of the ICP, which he agreed would be useful. He also noted that the new Behavioral Health Units were being started, but expressed reservations about whether these programs would provide significant relief for the most disruptive inmates with mental illness, since inmates throughout the state will be sent to the BHU. He mentioned that there is a possibility that a small Special Treatment Program for SHU inmates may be created at Elmira, but a final determination has not been made. We noted inmates' complaints that mental health staff are not seeing inmates in keeplock, and he agreed to investigate that situation.

We noted the many complaints of inmates about medical care at the prison and that screening of reception inmates seems to take priority over the treatment of the rest of the population. We expressed concerns that inmates experience delays in gaining access to providers. The Superintendent acknowledged that the dental services are problematic and that he is experiencing great difficulty in hiring a new dentist due to the low state salary.

We described our concerns about poor inmate-staff relations and our view that there are unacceptable levels of harassment, aggressive frisking and disrespect. Superintendent West responded that he has ordered extensive frisking in response to inmate-on-inmate attacks with weapons, and that he has sufficient staff to maintain adequate security in the prison, although he agreed that all prisons could benefit from more staff. We noted the increase in grievances in 2004, but he did not believe it represented increased problems within the prison. No grievance report was available for 2004 because the grievance position has been vacant for an extended period of time.

Additionally, we noted the ILC's concerns that they were viewed by the population as ineffective because the administration rarely addresses their concerns. We also noted inmates' complaints about the food and the cleanliness of food equipment. The staff acknowledged that one of the dishwashing machines was inoperable and that the food service area was scheduled for a renovation next year, including the installation of new equipment.

Finally, we noted the lack of Spanish-speaking staff and the difficulties inmates with limited English skills experience in getting services. He acknowledged that it is difficult to hire staff with this skill.

## **Recommendations**

### ***Mental Health***

- Fill the vacant part-time psychiatrist and full-time social worker position.
- Hire an OMH nurse for the night shift and attempt to fill vacant OMH positions with Spanish-speaking mental health staff.
- 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 general population cells.
- Increase the capacity of the ICP.
- Increase the amount of training all staff receive in working with inmates with mental illness.
- Ensure that mental health staff regularly visit inmates on keeplock status.

### ***Medical Care***

- Fill the vacant dentist 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.
- Request an increase in the nursing staff.
- Assess whether the current allocation of three full-time physicians and one full-time nurse practitioner is adequate to meet the needs of Elmira's patient population, given the demands of processing inmates in reception.
- Improve the timeliness of clinic appointments for physicians and the nurse practitioner.
- Recruit Spanish-speaking staff to serve the large patient population that is Spanish-dominant.

- Review the process for educating and testing inmates who are at risk of HIV to enhance the prison's efforts to identify inmates who are HIV-infected and seek assistance from contractors with the Criminal Justice Initiative of the AIDS Institute to provide counseling and testing for Elmira inmates. In addition, review the care provided to HIV-infected inmates to determine whether more patients should receive treatment.

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

- Remove inmates with major mental disorders from disciplinary housing and place them in residential mental health treatment programs. Specifically, review inmates with major mental disorders to determine if they are appropriate candidates for the BHU or a SHU sentence reduction and placement in an ICP.

### ***Inmate-Staff Relations***

- Scrutinize, track and address correction officer misconduct. Administrative staff should formally record the number and nature of allegations filed against officers, as well as the location and whether injuries were sustained. Officers with multiple charges of excessive force, verbal harassment or abuse should be more closely supervised, and if it is determined that they have participated in improper behavior, the officers should be terminated, penalized or, at a minimum, reassigned to non-inmate-contact positions.
- Meet with the ILC to discuss their allegations that correctional staff retaliate against inmates who file grievances. Investigate incidents of such retaliation and if the inmates' complaints are confirmed, take appropriate disciplinary actions against staff involved in these abuses.
- Establish a mentoring program in which senior correction officers are assigned to train and mentor junior officers about ways to more effectively communicate with inmates in a respectful and effective manner, to defuse situations that could lead to inmate misbehavior and to avoid confrontations.
- Institute a staff training, particularly designed for female employees, that addresses issues including how to dress and conduct oneself in order to avoid conflicts with inmates.

### ***Programs-General***

- Increase the number of inmates who are fully programmed by augmenting the programs offered at the prison, and reduce the number of inmates on waiting lists for program services.
- Reduce the number of idle and unassigned inmates by offering more extensive employment at jobs appropriate for inmates who have completed their educational and vocational programs.

### ***Vocational Programs***

- Hire an instructor for the vacant vocational position and, when adding new staff, attempt to hire Spanish-speaking individuals.
- Reduce the number of inmates on the waiting lists for vocational programs by expanding the number of courses available.
- Open a masonry shop if an instructor for the floor covering shop is not promptly identified.

### ***Educational Programs***

- Fill the two vacant teaching positions and require at least one of the new instructors to be bilingual.
- Increase the number of inmates enrolled in the GED program and greatly expand the number of inmates taking the GED exam.
- Conduct a thorough assessment of the additional staff and other resources that will be necessary to accommodate the substantial increase in the number of GED students that will result from the new requirement that inmates pass the GED exam.
- Investigate ways the prison can offer additional opportunities for inmates to take college courses or other post-secondary education and provide assistance to inmates who are seeking post-secondary courses from other sources.
- Institute a Spanish cell study program.

### ***Substance Abuse Program***

- Fill the vacant RSAT counselor position and seek to hire an individual who is bilingual.
- Expand the physical space for the RSAT program to accommodate more small group counseling sessions.
- Create a more effective follow-up program for RSAT graduates and coordinate it with the pre-release program.

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

- Hire a corrections counselor to conduct the ART program.

### *Transitional Services*

- Increase the scope of the transitional services program to include assistance with identifying and arranging access to community medical and mental health care, drug treatment, social services and employment opportunities upon release.

### *Visiting Program*

- Review the operation of the ion scanner and establish procedures to correct situations where it may incorrectly identify a visitor in possession of contraband.

### *Physical Plant*

- Expedite the renovations to the kitchen and Mental Health Unit and reassess the other renovation projects to determine if capital funds could be reallocated to operational accounts to fund additional program and security staff.