The Correctional Association of New York
FOUNDED 1844
2090 ADAM CLAYTON POWELL, JR. BLVD. • SUITE 200 • NEW YORK, NY 10027
TEL. (212) 254-5700 • FAX (212) 473-2807 • www.correctionalassociation.org

FRANKLIN CORRECTIONAL FACILITY

The Correctional Association (CA) visited Franklin Correctional Facility on June 5th and 6th, 2008. Franklin is a medium security prison located in Malone, New York. It was built in 1986 and initially housed 750 inmates. In 1990 the prison expanded to hold 1730 inmates with the construction of the annex. At the time of our visit, there were 1680 inmates residing in the main complex and annex, where each residential building is divided into two dorms of 60 inmates each. The facility also has a Special Housing Unit (SHU), a 32-bed disciplinary confinement unit, which held 28 inmates at the time of our visit. The prison offers a variety of treatment, vocational and educational programs in its general confinement area.

One of the primary objectives of our visit to Franklin was to assess the facilities and programs. The CA obtained surveys about general prison conditions from 355 men in general confinement and from 10 men in the SHU at Franklin. We also received 97 surveys from inmates specifically concerning substance abuse programs and 159 from inmates about their needs for substance abuse treatment. We have not included the results of the substance abuse treatment surveys or our evaluation of the substance abuse treatment program at Franklin, as we will publish them in a subsequent report. We have based this report on findings from these surveys; conversations with the Superintendent, the executive team, program staff and inmates; observations during our visit; correspondence with inmates; and meetings with the staff union representatives and members of the Inmate Liaison Committee and Inmate Grievance Review Committee.

In December 2008, we spoke with the executive team from Franklin and officials from DOCS Central Office concerning a draft of this report detailing our preliminary findings and recommendations. We found the discussion informative and useful in finalizing this report, and have included information we learned during that conversation.

Summary of Findings and Recommendations

The Visiting Committee was impressed with many areas at Franklin. We were pleased that staff reported significant coordination between the vocational and academic programs. The vocational instructors appeared dedicated and engaged, and we were impressed with the numbers of inmates who have received their GED at the facility. We commend the facility for not using restricted diets in its SHU over the last several years.

We also noted some problems: the apparently high level of verbal harassment and physical confrontation between inmates and staff and among inmates; complaints about medical and dental care; treatment of inmates in the SHU; limited vocational programming; lack of Spanish-speaking staff and materials; and limited space in the visiting room.

Our recommendations include that state policy makers should work with the Department and facility on implementing the following:

- Increase the diversity of staff;
- Increase the number of vocational programs and hire bilingual vocational staff;
- Institute an onsite postsecondary education program;
- Institute a training program for staff to increase sensitivity in working with people from diverse backgrounds;
- Review the visiting area space to ensure there is sufficient room for the visiting program to operate effectively;
- Install cameras in the SHU;
- Review procedures to ensure SHU inmates are not being denied recreation;
- Conduct regular meetings among the Inmate Liaison Committee, Inmate Grievance Resolution Committee and the medical staff to discuss inmates' concerns with healthcare;
- Expand the nursing staff and perform a needs assessment for physician services;
- Review the quality of sick call and clinic encounters;
- Re-evaluate inmates with Hepatitis C to determine if more patients should be provided treatment;
- Improve the timeliness of specialty care services and review the prison's follow-up to specialists' recommendations; and
- Increase the dental staff and reduce the time inmates are waiting for dental care.

Franklin's General Inmate Population

Similar to state-wide averages, 24% of Franklin's inmates identify as white, 45% identify as African-American and 29% identify as Hispanic.[1] The median age of the population is 37 and 65% are from New York City and its surrounding suburbs, similar to the state-wide average of sixty-four percent. As at other medium security prisons, nearly all inmates face the possibility of release within two years, and 94% will reach their earliest possible release date within 4 years. Forty-nine percent of the population was convicted of a violent crime and 25% had a drug conviction, compared with 58% and 21% statewide, respectively, in the New York state prison system overall. Fifty-seven percent of the prisoners have their high school diploma or GED, compared to 53% throughout the state prisons. Six percent of the inmate population is Spanish-speaking with limited or no ability to speak English, slightly higher than the system-wide average (5%). Eighty-three percent of Franklin's population was identified as having a substance abuse history by the Department of Correctional Services (DOCS), about the same as the system-wide rate of eighty-three percent. Of the 371 Correctional Officers (COs) employed at the facility, one was African American and none were Hispanic.

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

Programs

According to the data we received from the facility, only 77 inmates – 4.6% of Franklin's population – are idle, or without any program or job assignments. A total of 1587 inmates were in programs or jobs for the whole day, and the remainder of the population was occupied for half the day. At a rate comparable to other prisons we have visited, 26% of the population is assigned to a porter position, which involves performing maintenance and cleaning tasks for the prison and generally does not help individuals to develop transferable skills. Overall, of the inmates we surveyed, 71% were at least somewhat satisfied with their job, and 29% were dissatisfied with their job, rates comparable to other prisons we have visited.

We were pleased that staff reported that members of the academic and vocational staff meet daily to coordinate the programs and to discuss individual cases, with a more comprehensive dialog about coordination of the two programs occurring twice a year.

Consistent with prisons throughout the state, Franklin inmates receive limited wages for paid modules. This rate of pay has remained unchanged for approximately 20 years, although the cost of items in the prison commissary has increased with inflation, and commissary prices are comparable to charges for goods purchased outside the prison. Prisoners at Franklin and throughout the state consistently complain about their growing inability to afford commissary goods. In addition, inmates may purchase only a limited dollar amount of goods at one time, a restriction that has not changed concurrently with the rise in cost.

Academic Program

At the time of our visit, Franklin's academic courses included Adult Basic Education (ABE), Pre-General Equivalency Diploma (Pre-GED), GED, Spanish GED and English as a Second Language (ESL). One teaching position had been vacant since February 2008 among Franklin's academic staff of 12 full-time and one part-time instructor positions. When we spoke with facility staff in December 2008, we learned that the position was still vacant and that DOCS had not authorized the facility to fill it. Four hundred and sixteen inmates were enrolled in the academic program, and all classes, while not at capacity, were nearly full. Thirty-six inmates assisted the program as volunteer tutors.

While GED passage rates at Franklin are lower than the statewide average of 71%, the number of inmates receiving their GED is higher than at many other prisons in the state. In 2006, 73 inmates (55% of test-takers) received their GED and in 2007, 75 inmates (60% of test-takers) passed the exam. At the time of our visit, 26 inmates had earned their GED in 2008, at a passage rate of sixty-seven percent. We are pleased that the facility seems to administer the test to a greater number of inmates than other facilities without a significant decrease in its passage rate. Fifty-seven percent of the inmates at Franklin have their GEDs, compared with 53% system-wide. Inmates may participate in college correspondence courses if they have the personal funds to pay for them, however, the facility offers no post-secondary education. Considering the high number of inmates at Franklin who have their GED, the facility would greatly benefit from a college program, particularly given that higher education fosters a more manageable prison environment and is proven to reduce recidivism.

The Visiting Committee toured several classrooms and spoke with several members of the academic staff. We were impressed with the student-teacher ratio of the classes we visited, as well as the experience of the staff. We found the classrooms bright and decorated with posters. Two instructors are bilingual; one teaches ABE and the other teaches Spanish GED. Staff reported that classes visit the computer lab one or two times per week, but only visit the library occasionally.

The academic program received mixed reviews from inmates at Franklin, with fewer expressing satisfaction with the education system than at other prisons we have visited. Fifty-three percent of the inmates we surveyed were satisfied, at least some of the time, with the prison's academic program. Many inmates complained that they are completely on their own to learn the material, with little to no help from the instructors. Many inmates who work as volunteer tutors were very satisfied with their positions and enjoyed helping other inmates to learn new material.

Vocational Program

At the time of our visit, there were a total of 390 inmates enrolled in one of Franklin's 10 vocational programs: building maintenance, computer operator, custodial maintenance, electrical trades, floor covering, horticulture, masonry, small engine repair, welding and introduction to technology. There were 12 full-time instructors at the facility in addition to one vacant position, which had been unfilled since October 2007 and one instructor had been on temporary leave since November 2007. When we spoke with staff in December 2008, we learned that the instructor on temporary leave had returned, though the one vacancy remained. Franklin offers eight Department of Labor (DOL) apprenticeships; however, only one inmate has received a DOL certificate since 2006. We urge the facility to assess why inmates have not received the DOL certificate, and to encourage more inmates to seek the certificate. Additionally, we urge the facility to hire bilingual vocational staff, as there are presently none.

Although many vocational classes were closed on the day of our visit due to absent staff, the Visiting Committee was impressed with the instructors we met. The instructors seemed knowledgeable about their trades and committed to teaching. The inmates seemed engaged in their work and many said they liked their teachers. Consistent with other prisons we have visited, 63% of the survey participants were satisfied, at least some of the time with the vocational program. While reviews of instructors were mixed, inmates generally reported that they liked learning new things in their programs. Inmates in several programs, however, complained about a lack of materials. Several inmates stated that they do not receive certificates of completion before they leave the facility. In addition, some staff said that they are unable to give individual instruction very often because of the large size of the class. At the time of our visit, there were 365 inmates waiting to enter a vocational program. We urge the state to provide additional resources to DOCS to expand the vocational program so that more inmates could benefit from the program and so that class size is reduced.

Industry

Franklin has three industry programs: tailor shop, mess hall, and recycling. At the time of our visit, there were a total of 224 inmates enrolled in these programs. Inmates with whom we spoke were generally positive about the recycling program, though there were some inmates in this program as well as the tailor shop who complained about the hostile attitudes of both the civilian and security staff.

Transitional Services

The Visiting Committee toured the Transitional Services (TS) program area and spoke with the TS civilian staff. We appreciate their thorough responses to our questions. The TS area was clean and well maintained and the classrooms contained materials on the wall relevant to the program. The TS staff consists of three full-time civilian staff and many Inmate Program Assistants (IPAs) who frequently facilitate the classes.

Franklin's TS program conducts classes in all three TS phases that DOCS offers as well as Aggression Replacement Training (ART) classes. Phase I is a two-week, all-day program for inmates who are new to DOCS and have not participated in a Phase I program prior to being transferred to Franklin. TS staff told us that Phase I averages 20 to 30 participants at any time.

Phase II is an 11-week, half-day program designed to provide the essential skills needed to live a productive, crime-free life. The curriculum developed by DOCS Central Office includes dealing with incarceration; maintaining family ties; developing work ethics; improving decision making skills; developing better social living skills; improving communication skills; reducing aggressive behavior; initiating career development; and preparing for return to the community. The prison conducts two Phase II classes and generally enrolls a total of 70 to 80 inmates in the program. Recently, Phase II was changed to a rolling admission, instead of starting all participants at the same time; the staff reported that this new procedure may impede the development of rapport among the participants that would ordinarily facilitate better discussion of these sensitive issues. The staff told us that it can be difficult to schedule all inmates for this activity given other program requirements and estimated that 75% of the inmates eventually take the program.

Phase III is a multi-week, half-day program for inmates nearing their release date. With the recent change to the scheduling of parole hearings four months prior to an inmate's potential release date, TS staff told us that they intend to enroll inmates in Phase III who are five to six months away from their eligible parole date. At the time of our visit, there were approximately 80 inmates in the Phase III program. The curriculum focused on preparation for release with an emphasis on job preparation. Part of that effort included preparation of a résumé and mock job interview sessions. Bilingual IPAs assist Spanish-speaking program participants with limited English skills by translating the activities in class and preparing written materials.

In addition to the TS staff, individuals from outside organizations make presentations to the Phase II and Phase III classes. In particular, staff from a community-based HIV education program regularly attend these classes to present information on HIV and Hepatitis C.

The TS program also provides inmates with information about programs in the community providing services such as job preparation, substance abuse, housing assistance, and other social services. Although TS staff, including IPAs, help identify potential community agencies and send letters to outside organizations, TS staff told us that that inmates ultimately bear the responsibility for preparing letters and contacting potential outside services.

The TS program and other correction counselors are also responsible for assisting inmates in obtaining their social security cards and birth certificates. The TS staff estimated that 85% of inmates who have been incarcerated for at least six months had received their birth certificates.

Assessments from survey participants concerning their experiences with the TS program were mixed. Some stated that they received limited assistance from the TS program in identifying housing opportunities and/or substance abuse programs in their community. Many inmates complained that they did not receive responses from the outside agencies they contacted.

Libraries

Members of the Visiting Committee inspected the library and spoke with the facility's one full-time librarian. There is also one part-time civilian assistant. Almost half the books are inaccessible to the inmates who are browsing, and there is a five minute time limit for selecting books off the open shelves. When we spoke with staff in December 2008, we learned that this time limit was increased to ten minutes. The organizational scheme of the books was unclear, though it seems the librarian often helps inmates find the books they want. There are three shelves with books in Spanish, but no other foreign language materials. The librarian reported that she has trouble getting books back when inmates are transferred or paroled. There were several tables with chairs and a few computers, but no microfiche machine. Fifty-one percent of the inmates we surveyed were dissatisfied with the general library. Many inmates said that they experienced verbal harassment by the library staff. Others complained that the facility unnecessarily censors the books.

Members of the Visiting Committee also visited the law library, which is overseen by the same librarian as the general library. In order to go to the law library, inmates must request a call-out five days in advance by writing a request slip. There are eight typewriters that inmates can use as well as a photocopy machine which inmates may use with permission from officers. Fifty-eight percent of the inmates we surveyed were dissatisfied with the law library, with most complaints relating to the call-out system and the waiting time in between requesting a call out and actually going to the library. Inmates also complained about verbal harassment from the COs who supervise the library.

Other Programs: Visiting, Mail/Package, Showers and Food Services

The visiting program at Franklin operates on weekends and holidays and has an area with a television in the back of the room for children. The two legal visit rooms were being used as storage space. Fifty-seven percent of the inmates we surveyed were dissatisfied with the visiting

program, with 43% satisfied at least some of the time. Some inmates complained that visitors who travelled from New York City had visits terminated early because there was not enough space in the visiting room. Others told us that the outside pavilion area, located outside the visiting room with picnic tables, is rarely open, even when the weather is amenable. Sixty-nine percent of survey respondents were dissatisfied with the mail and package services, with many complaints about the length of time it takes to receive packages that are delivered to the mail room.

The Visiting Committee also toured the messhall. Sixty-nine percent of the inmates we surveyed were dissatisfied with food services. Some inmates complained that meals going to the SHU were cold or inadequately portioned. Others complained that because the messhall is far from many housing areas, many inmates choose to cook for themselves in the dorms.

Safety

Staff-Inmate Relations

Staff reported a low level of tension and physical violence at the facility, between both inmates and staff and among inmates. The inmates with whom we spoke, however, stated that physical confrontations and verbal harassment are common at the facility.

When we asked inmates about their relations with staff overall, 76% of survey respondents reported relations as bad, 22% as equally good and bad, and only 2% as good. These results are worse than rates we have found at most other facilities. Also at rates lower than at other medium security prisons we have visited, most (88%) respondents believed that there are some COs at Franklin who do a good job, and 87% stated that there are also COs who engage in serious misconduct. Inmates estimated that 20% of the COs at the facility do a good job while 70% engage in misconduct.

Inmates described staff misconduct as largely involving verbal harassment, threats and intimidation, and physical confrontations. Survey data from Franklin inmates reveal that verbal harassment is a bigger problem at the facility than at other prisons we have visited; 60% of survey respondents stated that they frequently experienced verbal harassment and 88% reported that it occurred frequently throughout the facility. Of the inmates we surveyed, 65% said that racial tension was widespread or common throughout the facility and 86% percent said that racial discrimination contributed significantly to abuse. These rates are also much higher than those we have found at other prisons.

At a rate higher than at other prisons we have visited, 37% of the inmates we surveyed reported they had experienced a physical confrontation with staff at least once while at Franklin. In addition, 76% described physical confrontations between inmates and staff as frequent, a rate that is higher than comparable data we received from other facilities. When inmates we surveyed compared the level of inmate-staff physical confrontations at Franklin with other facilities, 81% said that the situation at Franklin was worse than at other facilities and 14% said it was about the same.

The overall perception of the lack of safety among survey participants was also much higher than that at other medium security prisons, with 64% of the respondents stating that they frequently felt unsafe and 57% saying that they felt very unsafe. Many inmates commented that upon their arrival to Franklin, security staff told them that "this is a hands-on facility." The inmates interpreted this statement as a threat of physical violence if they did not conform to prison rules. In addition, several inmates wrote to us about COs who drive very fast and erratically through the facility grounds while inmates are walking close by, which they also interpreted as a threat and made them feel very unsafe.

We reviewed DOCS computer records concerning inmate disciplinary data and Unusual Incident Reports (UIR) for the period January 2003 through August 2006 for Franklin and compared it to system-wide data for assault-on-staff incidents. These data confirm our observations and inmates' perceptions of higher levels of inmate-staff violence. The inmate discipline data places Franklin in the top 25% of medium and minimum security prisons in terms of the rate of tickets for assault-on-staff. The prison's UIR rate for assaults-on-staff is in the middle of all medium and minimum security prisons.

We are concerned about the apparent high level of tension and physical confrontation at the facility and urge the prison's administration to work to improve inmate-staff relations. Increasing communication between staff and inmates, improving the grievance system and focusing staff training on nonviolent conflict resolution and working effectively with people from different backgrounds could reduce the levels of tension and violence. Recruiting and hiring a more diverse staff, particularly Latino, African-American and Spanish-speaking security staff, may also lower tension.

Inmate-Inmate Relations

While staff described confrontations between inmates as uncommon, 31% of survey participants reported having been in a physical confrontation with another inmate at least once, a rate that is comparable to those at other facilities we have visited. Similarly, 31% of surveyed inmates reported frequent confrontations among inmates, a rate comparable to other medium security prisons we have visited. Forty-one percent of the survey respondents stated that gang activity was very common at the facility, a rate similar to other prisons we have visited. However, at a rate higher than at other facilities we have visited, 40% said that gang activity contributes to violence at the facility. It appears that contraband drug use is less common at Franklin than at other facilities we have visited, though a quarter of survey respondents reported drug use as a significant source of violence. For the period between January 2003 and August 2006, Franklin issued misbehavior reports to inmates for drug possession at a higher rate than at most other medium security prisons.

We also reviewed DOCS computer data on inmate disciplinary actions and Unusual Incident Reports for assault-on-inmate and fighting incidents at Franklin for the period January 2003 through August 2006. Franklin's rate for assault-on-inmate misbehavior reports is in the top 25% of all minimum and medium security prisons. The rate of UIR incidents for assault-on-inmates places the facility in the middle of medium and minimum security prisons. As we have found with other prisons and contrary to DOCS policy, the UIR data does not reflect all

misbehavior reports for assault-on-inmates incidents. These data reveal a potentially more serious situation than the staff and inmates reported. We will seek 2007 and 2008 disciplinary and UIR data to determine if the prison has experienced less violence among inmates during the past two years.

Grievance Program

Inmates filed a total of 663 grievances in 2007, a 12% increase from the 592 in 2006. The most highly grieved area was medical services, with 175 grievances, up from 169 the previous year, and more than doubled from 81 in 2005. According to the facility, these grievances concerned quality of care, delay in care (facility doctors and consultations), medical procedures, medication issues, special requests, and HIPAA.[2] In 2005 and 2006, Franklin had the second highest rate of grievances filed per inmate among minimum and medium security prisons in its hub, a rate higher than at many medium and minimum security prisons throughout the state. In 2006, the grievance rate was 345.1 per thousand inmates, compared with 433.9 at Bare Hill, 259.4 at Altona, and 315.7 at Lyon Mountain.

Approximately half the inmates we surveyed had used the grievance system. Of all the inmates we surveyed, 79% rated the grievance system as poor, with 70% saying that it was worse than the grievance system at other facilities and 26% saying it was comparable to that at other facilities. At a rate much higher than at other prisons we have visited, 59% of respondents stated they had been retaliated against for making a formal complaint.

Medical Care

The Visiting Committee met with the Nurse Administrator and toured the medical facilities. We appreciated the comprehensive responses by the medical staff to our questions and the extensive data provided to us prior to our visit concerning medical care at the prison. The medical department includes an 18-bed infirmary that is used for Franklin patients as well as infirmary care for inmates from Bare Hill and Upstate. At the time of our visit, there were seven infirmary patients.

Overall, we received many negative comments about the prison's healthcare system from the inmates responding to our survey. Of the 355 survey participants who rated the prison's medical care, 5% said it was good, 25% rated it as fair and 70% reported it as poor. These statistics are significantly worse than data from other prisons we have visited; the average ratings for 11 other prisons for which we have data are 13% of survey participants considered healthcare good, 41% rated it as fair and 46% found it poor.[3]

The authorized medical staff includes: a Nurse Administrator; one full-time and two part-time Physicians (one three-quarter time and one half time); twelve full-time Nurses and one per diem Nurse occupying one full-time nursing position; and two Pharmacist Aides. In December

[2] Franklin 2007 Grievance Report
[3] The 11 facilities used in this comparison are: Cayuga, Gouverneur, Great Meadow, Green Haven, Hudson, Lakeview, Marcy, Oneida, Sullivan, Willard DTC and Wyoming. The CA visited these facilities during the period 2006 through 2008.

2008, we learned the facility had been approved for two per diem nurses, 20 hours per item. The facility has inadequate clinical staff. With the equivalent of only 2.25 doctors for nearly 1,700 inmates, the prison's provider-inmate ratio is one clinician for every 750 inmates; this ratio is almost double the system-wide average of approximately 400 inmates per clinic provider. With an infirmary that is larger than many infirmaries at other prisons and a significant number of inmates with serious medical problems, there is no apparent reason why this facility should have physician staffing that is significantly lower than the Department-wide average.

The prison also does not have adequate nursing staff. At the time of our visit, there was one nurse vacancy that had been open for approximately one and one-half months. We were informed that the facility was waiting for Department authorization to fill this position. The 40-hour per week per diem nurse had been employed for some time, but we were told that the prison might be losing this position. Even with no vacancies, the prison needs more nurses. At its fully authorized level, including the full-time per diem nurse, Franklin has only one nurse for every 130 inmates. In contrast, the Department-wide average is approximately one nurse for every 85 to 100 inmates. Given that the prison has an above-average size infirmary that requires a nursing presence at all times, the medical unit should have a lower nurse-inmate staffing ratio than the system-wide average. Staff informed us that they need 10 nurses a day to properly run the unit, which is not feasible without using eight to sixteen hours of overtime per day and supplemental nursing staff through utilizing contact nurses from an outside agency. Although the prison nursing staff has generally cooperated with the large amount of overtime required, this system places a significant burden on staff, can lead to staff burnout and can disrupt continuity of care. The facility has repeatedly requested additional nurses, and we were told that a DOCS Division of Health Services analysis of staffing done more than a year prior to our visit indicated that an additional 4.5 nurses were needed. Unfortunately, the prison's repeated requests for more permanent staff have been denied.

Because the medical staff is so busy, it is also difficult for them to participate in medical training during working hours. We were told that many of the nurses have to review tapes at home of the telemedicine training conferences held by DOCS and Albany Medical Center. We were informed, however, that the nurse who is responsible for coordinating HIV and Hepatitis C care goes to training conferences.

Sick call is held twice a day, from 7:30 am to 9:30 am or 10:00 am for the main section of the prison during which about 60 inmates regularly attend and in the afternoon typically from 4:30 pm to 6:00 pm for annex inmates during which about 40 inmates are seen. Three nurses are generally assigned to the morning sick call section and two nurses in the afternoon.

Inmates who experience a medical emergency after regular sick call hours can request emergency sick call by notifying the Corrections Officer of their condition. This CO will then inform the medical department of the situation, and the inmate may be sent to the medical area for evaluation. Staff told us that emergency sick call is only appropriate for inmates who have a true medical emergency, such as accidents, bleeding, chest pain and shortness of breath. Staff estimated that there are 110 to120 emergency sick call encounters a month. Staff also reported that some inmates abuse this process. Department policy is that an inmate who inappropriately requests emergency sick call may receive a misbehavior report. The medical staff informed us

that they have issued approximately two misbehavior reports per month for misuse of emergency sick call. Although this figure is not high, we believe medical staff should not initiate disciplinary actions against patients except in truly extraordinary circumstances because such action undermines the patient-provider relationship and can result in patients refusing to seek necessary care for fear of disciplinary action.

Survey participants were critical of both access to sick call and the quality of the care they received from the sick call nurses. Twenty-six percent of them said they could not access sick call when needed, 29% reported that only sometimes did they have such access and only 45% stated that they had access when needed. These figures are significantly worse than the assessment of access to sick call by inmates at other prisons we have visited. For example, almost 60% of survey participants at the 11 other prisons for which we have sick call data reported full access to sick call, and only 16% said that they did not have access. Franklin survey participants were even more critical of the quality of the care they receive at sick call. Only 5% of the respondents said the sick call nurses were good, 15% rated them as fair and 80% characterized them as poor. These figures are much worse than the average ratings obtained during CA visits to other prisons, where 17% of the survey participants rated the sick call nurses as good and 42% rated them as bad. When four out of five inmates state they are receiving poor care, it is imperative that the prison assess why so many inmates are dissatisfied and how the sick call process can be improved.

Survey participants also provided comments about the sick call process. We received many statements that nurses exhibited a poor attitude toward their patients, including statements that some nurses were rude, mean, threatening or uncaring. The survey participants also noted inappropriate treatment, including the failure to provide items ordered by the physicians. Many survey respondents referred to the long delays in getting to see a clinic provider after attending sick call. Several survey participants reported that the medical staff issue or threaten to issue misbehavior reports to patients who request emergency sick call; these reports suggest that some inmates are wary of seeking emergency care because they fear disciplinary action.

Inmates who require care beyond sick call are seen in the medical area by the prison's three doctors at a clinic call-out. The medical staff told us that approximately 350 inmates are examined by prison physicians each month. They estimated that inmates are seen within a month for routine physician appointments.

Inmate survey participants were critical of the physician call-out system. Sixty-two percent of respondents reported that they frequently experienced delays in seeing a physician and only 14% said they never experienced delays. These figures are significantly worse that the data from the 11 other prisons we have visited where an average of only 36% of inmate respondents reported frequent delays in clinic access. When asked to quantify the delay inmates experience before seeing a doctor, the median response of Franklin survey participants was that it takes 60 days to get to the clinic. This figure compares to a median of 21 days for the other surveyed prisons. It appears that the inmates' perception of delay is significantly longer than what the medical staff reported, and consequently, we urge DOCS Division of Health Services staff to carefully evaluate the timeliness of the call-out process to assess whether inmates' medical problems are promptly addressed.

The survey participants were also critical of the care they receive once seen by the doctors. Only 10% of survey participants rated the physicians as good, 28% reported them as fair and 62% assessed them as poor. The ratings were substantially worse than the figures we received from other prison surveys; the average doctor rating for the 11 other prisons was 13% good, 38% fair and 49% poor.

The survey participants were asked to explain their rating of healthcare, and many provided comments. The most common complaint concerned the extensive delays in getting to see a doctor, even when the patient had a significant medical problem. Some patients asserted that their medical conditions were not diagnosed or promptly treated. A small minority of survey participants had positive comments about some clinic providers. Many more survey respondents, however, expressed the view that the clinicians did not care about their patients, were dismissive of inmates' complaints, conducted cursory exams, failed to adequately evaluate the patient and render a diagnosis, or failed to provide effective treatment.

The prison informed us that it has 50 HIV-infected inmates, 40 of whom were on therapy at the time of our visit. We were pleased to learn that two of the prison physicians, Drs. Champagne and Cahill, are qualified as HIV specialists under DOCS protocols and that an outside infectious disease specialist also sees HIV-infected inmates in a clinic held once per month at the prison. We were informed, however, that a new outside infectious disease specialist will start in September 2008; we hope appropriate continuity in care can be maintained with this transition. We were told most HIV-infected inmates are seen by the prison staff every three months, although some stable patients may be given a six-month follow-up appointment. If the patient is unstable, he is seen both by the facility provider and the outside infectious disease specialist. We commend the medical staff for designating a nurse to coordinate HIV care; she ensures that known HIV-infected inmates are assigned to a physician, are seen regularly by a prison provider; have their blood work and other medical procedures performed in a timely manner; and are referred for discharge planning when they are scheduled to be released. We received some positive statements from HIV-infected inmates indicating that they are receiving appropriate care.

We are concerned, however, that the prison has identified less than 3% of its population as HIV-infected, whereas the estimate based upon Department of Health studies is that approximately 6% of the Department's male prison population is HIV positive. We also noted that Franklin's known HIV-infected population has dropped nearly 20% from 61 HIV-positive inmates in January 2007. This drop may not be significant, but we urge prison and DHS officials to continue aggressive efforts to encourage inmates to get tested and to seek HIV care if they are found to be infected.

It appears that the prison is doing an effective job in identifying inmates infected with Hepatitis C (HCV). At the time of our visit, there were 187 inmates diagnosed with HCV, or 11.1% of the prison population. This figure is well above the system-wide average of 9% and is approaching the estimated infection rate for all New York state male prisons of 12.8%.

However, a low number of HCV-infected inmates were actually receiving treatment. At the time of our visit, there was only one HCV-infected inmate on therapy and when we spoke with facility staff in December 2008, we learned that three HCV-inmates were receiving therapy. As of January 2007, Franklin was treating seven of its 184 HCV-infected inmates. The treatment rate at the time of our visit of 0.5% (one of 187 infected inmates) is well below the system-wide average of 5% of known HCV-infected inmates. This HCV treatment rate would place it at the bottom of all medical class one prisons that are treating HCV-infected patients. There are also 14 Franklin inmates who are co-infected with HIV and HCV, none of whom were receiving HCV therapy. Although Franklin had a higher treatment rate at the end of 2006 and the most recent treatment data is slightly better than at the time of our visit, we remain concerned that the prison is not aggressively evaluating its HCV-infected patients for therapy or encouraging patients to seek treatment. Consequently, we urge DOCS Division of Health Services officials to evaluate the number of HCV-infected inmates who have been treated at the prison during the last three years and to assess whether the prison is properly evaluating and aggressively treating its infected population.

We also question whether the prison is referring its HCV-infected patients to specialists for evaluation for treatment. The CA analyzed all prisons for the rate prisons sent their patients to a gastroenterologist (GI) or for a liver biopsy during Fiscal Year 2006-2007. HCV-infected inmates usually are evaluated by a GI specialist to determine if they are appropriate candidates for treatment. Franklin utilized GI services at a rate (3.5 GI appointments per year for 10 HCV-infected inmates) that is 28% less than the average rate (4.9) for other medical class one prisons. Similarly, Franklin only ordered eight liver biopsies, another essential step in determining HCV treatment, during Fiscal Year 2006-2007. Its rate of utilization of this service per known HCV-infected inmate was 72% less than the average for other class one medical prisons. We were told by medical staff that they have no problems scheduling liver biopsies and GI appointments, so the low numbers are not due to unavailable resources. We urge DOCS' Division of Health Services to review the use of GI and liver biopsy services by the prison to determine if the facility is aggressively evaluating patients for HCV therapy.

The prison also incarcerates many inmates with other chronic conditions: 243 inmates with asthma, of whom 200 were on treatment; 218 inmates with hypertension, of whom 150 were on therapy; and 119 diabetics, of whom 100 were receiving daily medication (insulin shots can be given to Franklin patients four times each day). Inmates with these chronic illnesses require regular care from both nurses and physicians, placing a significant burden on the medical department.

Franklin is classified as an Office of Mental Health (OMH) level 3 prison, which signifies that it can confine inmates with certain mental health problems and can provide mental health services primarily through part-time OMH staff. At the time of our visit, the prison had 170 inmates on the OMH caseload. The prison had a psychologist, rehabilitation counselor and a mental health discharge planning counselor, all of whom worked one day per week at the prison. At the time of our visit, the facility had just been assigned a full-time OMH social worker, who was currently going through orientation and was scheduled to start at the facility shortly after our visit. The medical staff told us that the prison was having significant difficulties meeting the mental health needs of its population; it is unclear whether the assignment of the full-time social

worker will significantly improve the situation. The medical staff also said that the prison could use a mental health nurse.

Because there are no OMH nurses at the prison, medical nurses distribute psychotropic medications to a large number of inmates. The staff estimated that they have 160 inmates on daily one-to-one psychotropic medications, meaning that nurses must see these patients each day to distribute their medications. The demands of treating many patients with chronic illnesses and/or mental health problems further illustrate the need for additional healthcare staff at the prison.

The prison has had six deaths in the last two and one-half years, two from 2006 to2007 and two during the period January through May 2008. The medical staff reported that most of these individuals were infected with HIV or HCV. Although the facility submits a report on each death and DOCS Division of Health Services reviews each incident, we believe it is important that an agency other than the Department perform a comprehensive review of all prison deaths. The State Commission of Correction has a mortality review committee, but during recent years it appears that deaths due to medical causes have received limited review by this committee. The prison reported that they have received no feedback from the State Commission on these deaths.

Franklin does not have a pharmacy, but we were told that it intends to reopen its pharmacy at some unspecified time in the future. For the past year, the prison has received its medications from the Clinton Hub pharmacy. Prior to this arrangement, the prison was getting its medications from an outside pharmacy, which has a contract with the Department to provide medications to several prisons but at a cost substantially higher than if the drugs were provided by DOCS. Staff informed us that the prison sends a motor vehicle daily to Clinton to pick up prescriptions. Inmates are instructed to submit a request for a refill of medication three to five days before they run out of their drugs. More than two-thirds of survey participants who were on medications reported that they sometimes experienced problems getting their medications, a rate somewhat worse than the average (58%) for other prisons we have visited. We urge the medical staff to meet with the ILC and IGRC to discuss problems inmates experience in obtaining their medications. We were pleased to learn during our December 2008 conversation that the staff believe the pharmacy will open in the next month, and that they will have one pharmacist and two pharmacy aides.

Inmates who require specialized services are sent to outside specialists or are seen at the prison in specialty care clinics. The staff reported that monthly specialty clinics are held at Franklin for orthopedics, optometry, infectious disease and podiatry. The prison also conducts physical therapy sessions three times per week for Franklin patients and inmates from other prisons in the area. The staff told us that they have experienced some difficulties obtaining neurosurgery services, which can be a delay of three months before an inmate can be seen, and dermatology services, some of which are done by telemedicine conferences. For many specialty care services, inmates are sent to Coxsackie's Regional Medical Unit and the Adirondack Medical Center.

Of the inmates responding to the CA survey, 112 stated that they had been to a specialist in the last two years, with 71% of them reporting that they experienced, at least some of the time, delays in access to specialty care. This figure is slightly higher than the average for the other prisons we visited. More importantly, it is unacceptable to have nearly three-quarters of those utilizing services expressing the view that essential care is delayed. Moreover, many survey participants stated they have not been referred to any specialty care services despite chronic conditions that need attention. Sixty-three percent of survey participants who saw a specialist also reported that there was inadequate follow-up to the specialists' recommendations. This figure is comparable to the average for other prisons, demonstrating a system-wide problem with provision of specialty services.

DOCS data support the inmates' concerns about limited access to several specialty care services. The CA analyzed DOCS computerized records of specialty care for all prisons for Fiscal Year 2006-07. Although Franklin had an overall specialty care utilization rate that exceeded the system-wide average, its utilization rates were substantially below the Department-wide average for the following services: cardiology (47% of Department-wide average); dermatology (39%); nephrology (53%); and neurology (32%). The prison had above-average rates for ophthalmology, orthopedics, and physical therapy. DHS should assess Franklin's use of certain specialty care services to determine whether the facility is having difficulties identifying adequate specialty care resources to service its population and/or inappropriately limiting access to outside specialists.

The prison has a quality improvement (QI) committee that meets quarterly to review healthcare. Minutes are kept of the meetings and provided to facility executive staff and the DOCS DHS personnel for review. We were told, however, that the prison has not received any feedback from DHS about these reports. The committee does mortality reviews of deaths, evaluation of infectious diseases and assessment of any problems in the medical operation. We were told that the prison staff does not have time to perform regular chart reviews for the QI committee, but the Senior Utilization Review Nurse (SURN) at the prison assigned by DHS performs required audits. Three months ago, the SURN did an assessment of charts of patients with hypertension and suggested that the prison make some small adjustments to its medical procedures and to the recording of information in the patient's chart. Approximately six months ago, the SURN performed an audit of charts of patients with asthma and noted that information about the patients' conditions were not being properly recorded in DOCS' computerized medical records. These activities are important in monitoring Department medical practices, and we commend DHS for mandating such reviews and the prison for responding to the audit findings. It is unfortunate, however, that the prison cannot perform similar reviews for other chronic conditions. Although we have not seen the QI committee's records, we believe the committee is missing an opportunity to assess the quality of care provided through the regular review of medical records by prison medical staff.

The medical staff noted that they have a significant number of wheelchair-bound patients who have to travel long distances to get to essential services, such as the messhall, clinic, and educational and vocational activities. Given the uneven walkways and elevation of the terrain, it can be very difficult for inmate assistants who push wheelchair-bound patients to these activities, particularly for those inmate patients who are large or during the many winter months when

snow and ice are on the ground. We agree with staff that the Department should consider transferring these patients to other facilities where there are fewer obstacles to transporting them.

Dental Care

The Visiting Committee spoke with the dental staff and toured the dental area, which was well equipped with four dental chairs. The prison has only one dentist and two dental assistants. There is no dental hygienist and the dentist performs cleanings. In the past, the prison had two dentists, a dental hygienist and a dental assistant. Prison administrators told us that once a week a regional dentist comes in for the day. The dental staff stated that they are understaffed. In order to meet the large demand for services, starting in 2003, dental services were scheduled so that on each day inmates from only one housing area can request dental care and a maximum of seven inmates will be seen. It takes approximately two months to call each housing area, so that if an inmate is not seen on the day his dorm is called, he will have to wait at least two months before he will have another opportunity to go to the dental area, unless he has a dental emergency. The dental staff told us that more than seven patients frequently request dental services, and that they will attempt to see new patients if more than seven inmates sign up. The staff also informed us that an inmate who signed up for the dentist, but who was not seen, is not given priority when his housing area is called again in two months. The dental department does extractions, root canals, restorative work, and dentures, which the dental staff informed us is a greater range of services than many other prison dental departments perform. In addition, an oral surgeon comes to the prison once per month.

Inmates who commented about the dental program during our visit and in inmate surveys were particularly dissatisfied with the lengthy delays in getting access to dental services.

Special Housing Unit

Franklin's Special Housing Unit (SHU) has a capacity of 32 inmates and it confined 28 when we visited. We spoke with and received surveys from ten SHU inmates, who had been on the unit for less than two months. We were pleased to note that there were no inmates on deprivation orders when we visited.

At the time of our visit, no inmates in the SHU were enrolled in a cell study program. Over half of respondents were satisfied, at least part of the time, with their access to law library materials. However, only a few were somewhat satisfied with their access to general reading materials. Half the inmates surveyed were dissatisfied with their access to mail.

Over half of the inmates we interviewed reported they did not go out for their one hour of recreation or they go only once in a while. Many of these inmates reported that COs refused to allow them to go to recreation. Others said they do not go out because they feel that being in a "cage" for an hour is not worth it. Permitting inmates to go to recreation in pairs and providing them with equipment like chin-up bars or balls could offer an incentive for inmates who otherwise spend 24 hours a day in their cells.

At the time of our visit, three of the facility's 170 inmates who are on the Office of Mental Health caseload were housed in the SHU. Of the SHU inmates surveyed, half rated mental health services as poor.

Consistent with other SHUs we have visited, very few surveyed inmates rated relations with Franklin SHU staff as even somewhat good. Several said they had experienced a physical confrontation with staff either in the SHU or other parts of the prison, with most saying they frequently felt unsafe. Nearly all the respondents stated they frequently experienced verbal harassment from facility staff. SHU inmates generally perceived the grievance process as ineffective, with nearly all rating the system as poor. We urge the facility to install cameras on the unit to address these concerns, protecting staff from unwarranted accusations and providing security for inmates as they enter the SHU.

Meeting with Staff

Unfortunately NYSCOPBA representatives did not meet with us. Visiting Committee members did meet with representatives of PEF and Council 82 who described a safe and pleasant work environment. They also noted they have generally positive relations with the administration and appreciated the open-door policy of the executive team. They said that staff are quite close both in and outside of the workplace, with many from the same geographic region.

The experienced staff with whom we met noted that the prison's inmate population has changed to include individuals with more mental health and medical care needs. They expressed concern that these changes in the population, coupled with decreased staffing levels, particularly in the medical, security, and program areas, placed more of a burden on staff. They also stated that more mental health staff would be helpful.

Franklin's security staff is very experienced. There was concern among some staff that many senior correction officers would retire upon reaching 25 years with the Department, since their existing pension plan offers no incentive for them to remain on the job longer. Staff is worried that the stabilizing influence of experienced COs will be lost and that the inexperienced staff will no longer have the advantage of learning from seasoned officers.

Recommendations

Programs

- Fill academic vacancy.
- Initiate additional vocational programs and jobs that more closely reflect work opportunities in the community.
- Institute an onsite postsecondary education program for inmates who have earned their GED or high school diploma.

- Encourage additional inmates to work to obtain Department of Labor certification in a trade.

- Hire Spanish-English bilingual vocational staff.

- Initiate monitoring measures to prevent delays in the delivery of mail and packages to inmates and to reduce destruction or loss of items contained in packages.

- Increase the size of the visiting area.

- Increase the rate of pay for inmates at all DOCS facilities to reflect increases in the cost of items in the commissary.

- Raise the limit on the amount inmates can spend at the commissary.

- Decrease delays between inmates' request for the law library and access to the law library.

Safety

- Assess the level and causes for tension within the prison and develop a plan to reduce tension and incidents of verbal harassment, including diversity training for staff and inmates.

- Review Unusual Incident Reports, grievances and misbehavior reports to assess whether there are patterns of violence within the prison, whether specific staff members are more frequently involved in inmate-staff confrontations, and whether certain areas within the prison are more frequent locations for violence. Following this review, we urge the facility to develop a plan, including additional staff training, to reduce violence between inmates and staff and among inmates.

- Institute efforts to increase the diversity of Franklin's staff by recruiting and hiring Latino, African-American, and Spanish-speaking correction officers and additional female correction officers.

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

Medical Care

- Expand the medical staff by at least four additional nurses.

- Perform a needs assessment for physician services and consider expanding clinic provider services for the prison.

- Review the quality of the sick call encounters and ensure that all sick call nurses adequately address inmates' medical needs.

- Review the quality of medical encounters between inmate-patients and clinic providers to ensure that inmates' medical conditions are promptly diagnosed and properly treated.

- Re-evaluate inmates with Hepatitis C to determine whether more patients are appropriate candidates for treatment.

- Review complaints concerning access to medications and develop a corrective plan if systemic deficiencies are identified.

- Expedite efforts to reopen the prison pharmacy and hire necessary staff.

- Improve the timeliness of specialty care appointments and initiate a review of completed consultations to determine whether there has been adequate follow-up to the recommendations made by the specialists.

- Regularly conduct, as part of the facility quality improvement program, chart reviews of the medical records of a representative sample of inmates with chronic conditions or those who utilize specific medical services.

- Conduct regular meetings among the Inmate Liaison Committee, Inmate Grievance Resolution Committee and the medical staff to discuss inmates' concerns with healthcare.

- Require a comprehensive review of all inmate deaths due to natural causes by the Department of Health.

Dental Care

- Increase the dental staff to include an additional dentist and a dental hygienist.

- Identify and hire additional temporary dental services to eliminate any backlog in care.

- When additional staff is available, reconsider the procedures for scheduling dental services to ensure that patients requiring care are seen in a timely manner.

Special Housing Unit

- Enable SHU inmates who do not pose a risk to other individuals to go to recreation in pairs.

- Install cameras in the SHU.

- Institute a system-wide policy to provide inmates in SHUs throughout the state with athletic equipment like balls or chin-up bars when they go to recreation.