

The Correctional Association of New York

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Report on Conditions of Confinement at Albion Correctional Facility

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Albion Correctional Facility

Albion Correctional Facility is a medium security facility for women located in the town of Albion in Orleans County, New York. It is roughly equidistant from Buffalo and Rochester. Albion is the largest facility in New York State for women, housing more than 40% of the state's total female inmate population.¹ Members of the Correctional Association's Women in Prison Project Visiting Committee conducted two day-long visits to Albion on December 13 and 14, 2005. The Superintendent at the time of our visit was Robert Kirkpatrick. The current Superintendent is William M. Powers. This report details our observations and recommendations based on the information gathered by the visiting team during both visits.

1) Population Profile

At the time of our visit, there were 1,134 inmates at Albion; the facility's capacity is 1,243.² Forty-five percent of the population was African American, 29% was Caucasian, and 25% was Latina. Seventy-six percent were mothers and 56% were from New York City or its suburbs. Approximately 30% were serving time for a violent offense; 38% were serving time for a drug offense; and about 22% were serving time for a property or other non-violent offense. Roughly 86% reported having a history of alcohol or substance abuse before prison. Fifty-three percent were first-time felony offenders. The median age was 37 and the median minimum sentence was three years. About 72% were less than two years away from their earliest release date.³

2) Physical Plant

Inmates reported that many showers throughout the facility were in serious disrepair; specific problems included worms and insects in the drains, broken handles, and showers producing either scalding hot water or no hot water at all. Inmates also described problems in dorm rooms, galleries and cells with inadequate ventilation in the hot months and either insufficient heat or too much heat in the cold months. Additionally, many inmates reported that their living areas are sometimes infested with ants, especially in the summer months.

Although inmates in all dorms reported experiencing trouble with showers, heat and ventilation, they consistently said that conditions in Albion's "back" or "expansion" buildings (H, I, J, K, L, M, N) are, in general, worse than conditions in the facility's original buildings (A, B, C). We urge the Superintendent to conduct an investigation into the

¹ Figure derived from *Hub System: Profile of Inmate Population Under Custody on January 1, 2005*, State of New York Department of Correctional Services (2005) [hereinafter *DOCS Hub Report 2005*].

² Statistics throughout this report regarding Albion Correctional Facility are from "Albion Correctional Facility Data Sheet 1," "Albion Correctional Facility Data Sheet 2," and "Albion Correctional Facility Data Sheet 3," provided by the State of New York Department of Correctional Services on June 1, 2006, November 6, 2006, and November 21, 2006 respectively (on file at the Correctional Association's Women in Prison Project).

³ Figures derived from *DOCS Hub Report 2005*, *supra* note 1.

aforementioned plant problems – with special emphasis on showers, heat, ventilation and general conditions in the “back/expansion” buildings – and to implement any necessary repairs and improvements.

We were particularly concerned with the precarious way in which inmates assigned to the top level of a double bunk must climb onto their beds. Some double bunks we saw did not have ladders; others had only wobbly ladders that did not attach to the upper bunk in the correct fashion. Inmates required to sleep on top bunks are often forced to step onto unstable, small cabinets or desks in order to hoist themselves onto their beds. To rectify this unsafe situation, the facility should install new, stable ladders in every double bunk bed unit.

We were pleased to hear that Albion maintains a policy of not placing seizure-prone inmates on the top bunk of a bed unit. We were dismayed, however, to hear that Albion no longer offers a special seizure training module for correction officers. The Correctional Association reported on this training as a “model practice” in its 2000 report, *Health Care in New York State Prisons*.⁴ Especially in light of the significant number of inmates with epilepsy, hypertension and diabetes at Albion (see Section 4), we recommend that specialized seizure training be re-implemented for all correction and civilian staff.

3) Cameras

At the time of our visit, Albion was in the process of reviewing design plans for installing cameras in multiple places throughout the facility. Inmates expressed mixed views about the plans to install cameras: they agreed that there are significant advantages to having footage with the potential to clarify what occurred during a particular incident, but also expressed concerns that cameras might eliminate the little privacy they are able to maintain in prison. Inmates, however, uniformly supported cameras in the facility’s Special Housing Unit (SHU), reporting that being “protected” by recordings in SHU was worth losing some privacy.

Although a few correction officers felt that cameras were a “double-edged sword” with some benefits and some drawbacks, most officers viewed the installation of cameras in a negative light. They reported that cameras would make them feel inappropriately “monitored” and “watched” and that the presence of cameras might encourage inmates to raise false claims about inmate-officer interactions and force officers to take extra time to review footage in each instance. Representatives from the Public Employees Federation⁵ and the Civil Services Employees Association⁶ both remarked that cameras would be a positive addition to the facility.

We support the installation of cameras at Albion and propose that the Superintendent hold a special meeting to explain the camera system structure, including the way in which recordings will be stored and monitored, to the Inmate Liaison Committee

⁴ *Health Care in New York State Prisons: A Report of Findings and Recommendations by the Prison Visiting Committee of the Correctional Association of New York*, Correctional Association of New York (February 2000).

⁵ PEF represents prison teachers, counselors, nurses, doctors and religious staff, among other employees. See <http://www.pef.org>.

⁶ CSEA’s members include maintenance workers, electricians and clerical staff. See <http://www.csealocal1000.org>.

(ILC),⁷ the Inmate Grievance Review Committee (IGRC)⁸ and to all staff to help alleviate concerns and misgivings.

At the time of our visit, then-Superintendent Kirkpatrick was not yet aware of what the procedure would be for maintaining and reviewing camera footage. We recommend that, similar to the practice explained to us at Bedford Hills Correctional Facility, the Superintendent give only certain female correction officers individual access codes to review camera footage. We also encourage the facility to save video tapes for a significant period of time and review footage not only when an inmate or employee verbally complains about a problem, but also when footage may be applicable to grievances or complaints written by inmates about staff misconduct.

4) Medical Services

Physician and Nurse Staffing

Albion had one full-time Facility Health Services Director (a Board-certified internist); one full-time equivalent physician position, filled by two part-time, Board-certified physicians; one “fee for service” physician who spent eight hours per week at the facility; and one recently-hired, part-time Physician Assistant who spent 20 hours per week at the facility. The facility also had one full-time Nurse Administrator; one full-time Nurse Practitioner; and one hourly Nurse Practitioner who spent 40 hours per week at the facility.

Sixteen of 18 full-time equivalent nurse positions were filled: seven full-time items were assigned to the day shift, two were assigned to the clinics and/or the general day shift, four were assigned to the afternoon shift, and two were assigned to the evening shift; the remaining item was divided between three per diem nurses who were assigned where they were needed most. The Nurse Administrator informed us that, in addition to the two vacancies in full-time nurse positions, two of the regular day shift, full-time nurses had been out on extended sick leave, necessitating voluntary overtime from other nursing staff.

Throughout our visit, nurses reported being overworked and understaffed. They cited the weekend shifts and the 2:00pm to 10:00pm weekday shift as the most glaring examples of the nurse staffing shortage at Albion. There are only two nurses on duty during these shifts – they must cover distribution of medical and psychotropic medication, sick call and medication rounds in disciplinary housing, and medical and mental health emergencies for the entire facility, among other responsibilities. Nurses expressed particular concerns about covering mental health emergencies and psychotropic medication distribution, both because these activities significantly increase their workload and also because they do not feel adequately trained to handle the needs of the increasingly large mentally ill population at

⁷ The ILC is a group of inmates elected by other inmates to represent the concerns of the inmate population in a particular prison. *See* State of New York Department of Correctional Services Directive 4002, *Inmate Liaison Committee*.

⁸ The IGRC is a group of inmates elected by other inmates to help resolve formal and informal grievances or complaints made by other inmates in a particular prison. *See* State of New York Department of Correctional Services Directive 4040, *Inmate Grievance Review Committee*.

Albion. Nurses also reported having insufficient access to information about the level or type of mental illnesses of the inmates for whom they are expected to provide care.

Although we were pleased to hear that an additional per diem nurse would be hired soon, it is clear that this position will not be sufficient to alleviate the lack of adequate nursing staff at Albion. We ask New York State policymakers⁹ and the Department of Correctional Services (DOCS)¹⁰ to increase nursing staff positions at Albion and we urge the Superintendent to quickly fill these items after they are approved.

Nurses also recommended reducing sick call from five to four days. Although we recognize that this suggestion stems from an understandable desire to lessen a difficult workload, we hold the view that the facility should expand its nursing staff instead of decreasing the frequency of sick call. Reducing sick call would most likely increase inmate census on the days sick call is offered, and serve only as a band-aid solution to the more serious problems that Albion faces in maintaining appropriate levels of medical staffing.

Emergency Care

Most inmates gave positive reports about staff responding quickly and efficiently to situations that had been clearly identified as “medical emergencies.” During our meeting, medical staff reported that the facility had one Automatic Electronic Defibrillator (AED) and shared their view that this was sufficient to meet the needs of Albion’s inmate population. The doctor on our visiting committee, along with other doctors with whom we have consulted, agree that a prison with more than 1,100 inmates should have more than one AED. We therefore advise the Department to designate at least two additional AEDs for Albion’s medical team.

Sick Call and Access to Physician Care During Weekdays

Sick call is conducted in general population Monday through Friday starting at 6:00am, and sick call rounds are done every day for inmates in SHU. Medical staff sees approximately 300 to 400 inmates per week for regular sick call. The Nurse Administrator estimated that roughly two-thirds of sick call patients were seen in the morning and that the remaining one-third were seen in the afternoon.

Inmates reported that while some sick call nurses were “caring” and gave thorough assessments, others spoke to them in a disrespectful manner and dismissed their health concerns. Inmates explained that these nurses also seemed loath to grant inmates access to physicians and prone to dispensing premature diagnoses without giving even the most cursory examinations.

⁹ We recognize that, in many cases, the authority to institute facility-specific and system-wide changes rests with multiple agencies and individuals. We have made an effort throughout this report to pinpoint the institutions and individuals most directly responsible for making decisions regarding the various issue areas discussed.

¹⁰ Hereinafter “the Department” or “DOCS.”

We were especially disturbed by the consistency and seriousness of inmates' reports about difficulties they had in accessing physicians, even for serious medical concerns. About half the inmates we spoke with reported that it takes two to three weeks, on average, to see a doctor after going to sick call; the other half reported that it takes one month or more. The general view among inmates was that in order to obtain appropriate medical attention and guarantee access to a doctor in a timely fashion, they needed either to grieve their medical concerns or to repeatedly sign up for sick call.

Inmates recounted the following specific instances about difficulty in accessing timely physician care to members of our visiting team: one inmate who had developed a rash in response to a spider bite was told by sick call nurses that she should not see a doctor but simply "apply ice" instead; another inmate who developed chest pain shortly after having undergone heart surgery was told by sick call nurses that her pain did not necessitate a doctor visit and was probably "just gas;" another inmate went to sick call for severe back pain and, though she was never fully examined, was told that her pain stemmed from her being "too fat," and that she should "lift weights" as a remedy; another inmate went to sick call repeatedly with a fever and congestion in her chest and when she finally saw a doctor – after filing a grievance – she was diagnosed with a 101 degree temperature and pneumonia; another inmate who was experiencing vomiting, fever and body aches was only able to access a doctor after asking her family to intervene on her behalf – when she finally saw the doctor, she had a fever of 103 degrees.

Nurses' large workload and related job stress most likely contribute to the poor treatment inmates reported that they sometimes received during sick call. Nevertheless, we urge the Superintendent and the facility's medical team to develop a plan to ensure timely access to physician care and respectful treatment and quality medical evaluation by all nurses during sick call.

Emergency Sick Call and Access to Physician Care During Weeknights and Weekends

Thirty inmates, on average, request emergency sick call each week at Albion. Inmates expressed serious anxiety about the emergency sick call process and their ability to access medical care on nights and weekends. The Nurse Administrator informed us that evening medical coverage consists of one nurse assigned to the infirmary and another to the rest of the facility – a position which includes overseeing inmates on the mental health caseload. Doctors are on-call 24 hours per day. If an inmate has a medical issue in the evening or on the weekend, she is required to tell her housing officer, who then places a call to the nurse on the inmate's behalf.

Albion does not require officers and nurses to record the medical complaints they receive during evening and weekend hours. We ask the Superintendent to implement a system where officers are required to document the medical complaints they receive – whether a call was placed, the time of the call, and the outcome of the situation, including whether the inmate was seen by medical staff and the amount of time it took from the initial complaint to the face-to-face meeting. Establishing such a system is essential to Albion's

ability to (1) measure and monitor the level of nurses' and officers' responsiveness to inmate medical complaints on evening and weekend shifts, and (2) identify policies and practices that may need improvement.

Physician Care

Similar to reports about sick call nurses, inmates' reports about doctors were mixed. Inmates had very positive comments about the quality of care from some doctors – Dr. Grossman and Dr. Nathan were often singled out for praise – and unfavorable comments about care from other doctors, including the Facility Health Services Director, who many inmates felt rushed through appointments, dismissed their health issues with little explanation, and often treated them with contempt. Of particular concern was the fact that a number of inmates recounted similar stories of being told by the Health Services Director: “If you want proper medical care, you shouldn't have come to prison.”

To assist in identifying problematic medical providers who inmates report do not provide adequate care, we suggest that the Superintendent: (1) meet with the ILC and IGRC to discuss medical issues; (2) administer an anonymous patient satisfaction survey among the inmate population; and (3) track and follow-up on relevant grievances and informal complaints.

Specialty and Chronic Care

Approximately 66 inmates at Albion had HIV; 171 had Hepatitis C; and 71 had diabetes. Medical staff estimated that 90 inmates had asthma, 78 had hypertension and 49 had epilepsy. It is clear from these figures that Albion faces unavoidable and extraordinary challenges in providing medical care to a disproportionately and seriously sick population.

At the time of our visit, there were two inmates in the infirmary, which has a capacity of 16. Although the number of inmates in the infirmary can vary significantly from month to month, in December 2005, Albion had an average infirmary census of six women.

Albion offers six on-site specialty clinics: podiatry, optical, ultrasound, phlebotomy, gynecology and physical therapy. Inmates requiring emergency medical attention or specialty care beyond the clinics offered at Albion are sent either to Erie County Medical Center, to Strong Memorial Hospital or to one of the Regional Medical Units at either Bedford Hills Correctional Facility (a women's maximum security facility in Westchester, New York) or Wende Correctional Facility (a men's maximum security facility in Alden, New York). Albion's medical team reported that two to three inmates require hospitalizations per month.

A number of inmates reported concerns about not being allowed to wear sweatshirts, hats or scarves while being transported for outside medical trips during the cold months. This practice makes medical trips unnecessarily uncomfortable for inmates, who may already feel unwell. We request that the facility discontinue this practice and allow inmates to wear weather-appropriate clothing during transportation to and from outside medical appointments.

The Facility Health Services Director informed us that he reviews all specialty care consults and that the facility uses a computerized system to track follow-up to outside specialty appointments. Some inmates reported that they were able to access specialty care when they needed it. Many other inmates, however, reported that they had to wait for months to see outside specialists, even for serious medical issues. One inmate, for example, recounted that she had complained about pain in her uteral area and was first given Tylenol and then antibiotics by facility medical staff; when the pain did not abate, she continued to go to sick call and seek medical attention. Ultimately, she had to grieve the issue twice before she was given an ultrasound which revealed an abnormal growth on her ovaries. At the time of our visit, she was still waiting for further follow-up, nine months after her initial complaint.

The Health Services Director also reported that inmates are automatically placed on the list for a facility “clinic call out” after they return from their outside specialty appointments. Many inmates, however, stated that they often wait long periods of time before receiving follow-up treatment after their initial specialty care appointment. Some inmates reported that prison doctors did not follow the outside specialist’s recommended course of treatment and did not explain their decisions, which left the inmates frustrated and confused. We ask the Superintendent to (1) take necessary steps to ensure timely access and follow-up to specialty care, and (2) implement a policy requiring prison physicians to document and clearly explain to patients their decisions about whether or not to follow an outside specialist’s recommendations.

Albion’s medical team reported that inmates with chronic conditions see a facility doctor approximately every three months. A significant number of the inmates with chronic conditions, however, reported that they did not meet with a physician every three months and that the onus to request follow-up appointments with doctors in the facility most often fell to them. As a first step to address this discrepancy, the facility should create an internal tracking system to record the health status and appointment schedule of inmates with chronic care conditions – Albion does not use its outside specialty care computer system to track facility-based appointments for patients with chronic medical conditions. The facility’s medical team should also work toward ensuring that inmates with serious or chronic conditions are assigned to one primary care provider who regularly sees them to treat their medical needs.

HIV and Hepatitis C Care

The Facility Health Services Director, who reported that he had recently been certified by the American Academy of HIV Medicine, is the main HIV provider at Albion. Of the 66 inmates identified as being HIV positive at Albion (6% of the total population), 36 were on treatment regimens. We are very troubled that only 54% of the HIV positive population at Albion is on treatment – a very low figure in comparison to other women’s facilities we have visited over the past year. Bedford Hills Correctional Facility’s HIV treatment rate is just over 89%; Taconic Correctional Facility’s is about 98%; and Bayview Correctional Facility’s is 100%. Given these statistics, we ask the facility’s medical department to re-evaluate which HIV positive inmates might be appropriate candidates for

treatment. Additionally, we urge the facility to work with DOCS Central Office to use the HIV-specific quality improvement program, HIVQUAL, developed by the New York State Department of Health AIDS Institute, to create quality assessment tools for HIV care provided to Albion inmates.¹¹

Rural Opportunities, Inc. (a local non-profit) runs the Women's Prison Initiative at Albion, an HIV/AIDS program that is part of the Criminal Justice Initiative, a collaboration project between DOCS and the Department of Health AIDS Institute jointly funded by the two agencies. With one part-time and three full-time staff members, Rural Opportunities, Inc. provides HIV outreach, testing and counseling; conducts an HIV/AIDS educational orientation, which is mandatory for all incoming Albion inmates; trains peer educators; coordinates peer support groups; and facilitates special events including an AIDS Awareness Day in December. They also offer transitional services for HIV positive women who are leaving Albion to return to their communities.¹²

Notwithstanding the availability of these critical services, there are most likely still many women at Albion who are unaware that they are living with HIV. DOCS reports that more than 14% of women inmates in New York State are HIV positive – 14% of Albion's current population is roughly 158 people. At the time of our visit, only 66 people had been identified as having HIV. We encourage the Superintendent to work with Rural Opportunities, Inc. to expand the facility's HIV/AIDS outreach and education efforts, including providing resources to create an incentive program to encourage inmates to agree to HIV testing and counseling.

DOCS also reports that roughly 23% of female inmates in its custody are living with Hepatitis C (HCV) – 23% of Albion's population is approximately 260 people.¹³ At the time of our visit, only 171 inmates had been identified as having HCV and only one was on a treatment regimen. We are aware that not all people infected with HCV should receive treatment. Nevertheless, we find it difficult to believe that only one of the 171 HCV positive inmates qualifies for treatment. DOCS recently made positive changes to its Hepatitis C policy to (1) allow inmates who are less than 15 months away from their parole date to receive treatment, and (2) allow inmates with a substance abuse history to receive HCV treatment regardless of their participation in a substance abuse program.¹⁴ Especially in light of the Department's new policies, Albion's medical team should re-evaluate inmates with HCV to determine if they are appropriate treatment candidates. We also advise the facility to increase outreach and education efforts to inmates about the possibility and potential benefits of getting re-tested for HCV.

¹¹ See <http://hab.hrsa.gov/special/hivqual.htm>.

¹² See *Inside OUT: The Newsletter of the CDC/HRSA Corrections Demonstration Projects*, produced by the Correctional Technical Assistance and Training Project of SEATEC and the National Minority AIDS Council, Volume 1, Issue 3 (February 2001), at 4 and 5.

¹³ See New York State Department of Correctional Services Response to Document Request of the Assembly Committee on Correction and Committee Health (December 30, 2003); John A. Beck, Esq., *Health Care in New York State Prisons*, Testimony Presented Before the Standing Committee on Health and Corrections of the New York State Assembly (April 30, 2004).

¹⁴ See Memorandum from New York State Department of Correctional Services Chief Medical Officer Lester N. Wright, "Hepatitis C Primary Care Guideline," October 13, 2005 (on file at the Women in Prison Project).

Gynecological Care

Albion had no gynecologist on staff. Instead, the facility contracted with a per diem Nurse Practitioner from Strong Memorial Hospital who spent 20 hours per week at the facility providing inmates with gynecological care. Inmates gave high marks to the quality of gynecological treatment at Albion, and many noted that the Nurse Practitioner was respectful and caring. Almost every inmate we spoke with reported that she had been given a Pap smear test at some point in the past year. The vast majority of inmates over 40 years old reported that they had also been given a mammogram. There were several inmates over 40, however, who had not yet had a mammogram. We ask the Superintendent to work with the Nurse Practitioner providing gynecological care and the facility's medical team to make sure that all inmates receive annual mammograms promptly after reaching their 40th year and do not slip through the cracks in receiving a potentially life-saving procedure.

Medical Test Results

The Facility Health Services Director reported that he personally reviews all abnormal test results and that inmates with abnormal results are automatically put on a chart to be "called out" to discuss the results with a doctor. Nevertheless, many women reported waiting months to receive medical test results. Some reported that they had not, in fact, been called at all to talk about abnormal medical test results with a doctor and had only learned of their test results after either writing directly to the Nurse Administrator or repeatedly signing up for sick call. Women also had mixed experiences with gynecological test results: one half reported obtaining abnormal gynecological test outcomes and follow-up care in a timely fashion; the other half reported significant delays in receiving results and adequate follow-up. We urge the Superintendent and the facility's medical team to further investigate these issues and implement necessary changes in policy and/or practice to ensure that inmates receive medical and gynecological test results – normal by mail and abnormal by meeting with a physician in person – in a timely fashion.

Quality Assurance

We were pleased to learn that Albion's medical team had initiated a Quality Improvement (QI) Committee, which, at the time of our visit, had been meeting every couple of months for approximately one year. We were troubled, however, that the group has no specific tools for quality improvement assessment and that no set protocol exists for the Committee to carry out its work. Instead, the group is used mainly for chart reviews, and evaluation tools are created only on an "as needed basis." Dr. John Howard, the Regional Medical Director, visits Albion every three months and DOCS Chief Medical Officer Dr. Lester Wright visits once every few months. Medical staff informed us that neither of these visits is tied specifically to the QI Committee meetings or reviews.

We encourage the Superintendent and the facility's medical team to further develop the QI program at Albion, including (1) creating specific QI tools to complement those used by DOCS Division of Health Services' (DHS) Quality Improvement Program that evaluate performance and measure various standard quality indicators; (2) setting specific timeframes

for evaluations and implementation of needed improvements; (3) increasing the frequency of QI meetings; and, (4) enhancing coordination between DHS' QI Program and Albion's facility-based QI program.

Dental Care

Albion had one full-time Dental Director, one part-time Dental Hygienist, and two part-time Dental Assistants. The Dental Director informed us that his patient load varies widely, ranging from five to 30 people per day.

Overall, inmates had very positive remarks about the quality of dental care at Albion; many praised the Dental Director in particular. Inmates' main concern was that they often must wait many months to secure an appointment for "routine" dental care – access to emergency dental care was not identified as a problem. Inadequate staffing most likely contributes to the delays in providing routine dental care. During our meeting, the Dental Director communicated the desire to have an additional dental hygienist position. We request that the Department authorize this item for Albion.

Medication and Pharmacy Services

Albion had one full-time Pharmacist, one part-time Pharmacist, and one full-time Pharmacist Aide. At the time of our visit, the part-time Pharmacist position had recently been filled after being vacant for a number of years. The facility's medical team reported that they had not experienced any problems with acquiring inventory, filling prescriptions on time, or ordering medication off the formulary. About one-third of the inmates we spoke with reported experiencing delays in receiving their medication, a few reported that those delays were common. We ask the Superintendent and facility medical team to: (1) identify inmates who have experienced delays and ensure that they receive their medication promptly; (2) implement a system to track and evaluate medication delays, and (3) take necessary steps to minimize the chance of any delays occurring in the future.

About three-quarters of the inmates we spoke with reported that medical staff had not explained the side effects of medication that had been prescribed to them. Such a lack of information can lead patients to distrust providers and disregard appropriate medication procedures – which can result in serious health complications for patients and increased difficulties for medical staff. To improve this hazardous situation, the Department should: (1) require DOCS Central Pharmacy, along with all prison-based pharmacies, to generate standardized Consumer Medication Information (CMI) leaflets – in English and Spanish – that meet the CMI standards recommended by the U.S. Department of Health and Human Services' Food and Drug Administration;¹⁵ and (2) require all prison doctors both to give

¹⁵ The FDA recommends that all CMI documents contain:

- (1) "Drug Name, Indications for Use, and How to Monitor for Improvement;"
- (2) "Contraindications and What to Do If They Apply;"
- (3) "Specific Directions About How to Use and Store the Medicine and Information About Overdose;"
- (4) "Specific Precautions and Warnings;"
- (5) "Symptoms of Serious or Frequent Possible Adverse Reactions and What to Do;"

CMI to patients and to supplement the written document with a verbal explanation about the name, dosage, potential side-effects of, and proper method for taking medication they prescribe.

It is also problematic that Albion does not seem to have a system to check for contraindications for inmates who are taking both medical and mental health medication. We urge the Superintendent and the facility's medical team to establish such a system – either computer-based or manual or both – as soon as possible.

Medical Care for Spanish-dominant Inmates

DOCS reports that roughly 3% of the inmates at Albion are Spanish-speaking with no, limited or moderate English proficiency.¹⁶ We believe that the number of inmates who need assistance in articulating their medical needs and concerns – which requires a significantly higher level of proficiency in English than daily conversation – is far greater than this figure. Additionally, several inmates we spoke with thought that there had been an influx of Spanish-dominant Latina inmates at Albion over the past year.

Albion had no medical staff who were fluent in Spanish. Although we were told that the Facility Health Services Director spoke fluent Spanish, it became clear to Latina members of our visiting team during our meeting that the Director had only a rudimentary ability to communicate and understand the language. We applaud the Health Services Director for making the effort to learn Spanish. Nevertheless, having one doctor with only very basic Spanish skills clearly does not allow the facility to adequately address the medical needs of its Spanish-dominant inmate population.

We heard several reports during our visit that medical staff sometimes uses inmates to translate for other inmates who do not speak English. We also spoke with several inmates who had personally served as medical translators for fellow Spanish-speaking inmates. This practice is worrisome both because it leads to violations of privacy and because the ability to adequately translate medical concerns requires specific qualifications and should be conducted by a professional who has been trained in medical translation services.

Albion's medical team informed us that the facility does, in fact, have an AT&T language line medical translation service. We commend Albion for maintaining this line but are concerned that none of the Spanish-speaking inmates we spoke to – including a number

(6) “Certain General Information, Including Encouraging Patients to Communicate with Healthcare Professionals, and Disclaimers;”

(7) “Information That Is Scientifically Accurate, Unbiased in Tone and Content, and Up-to-Date;”

(8) “Information in an Understandable and Legible Format That Is Readily Comprehensible to Consumers.”

The FDA also recommends that CMIs be written with at least 10-point bold and simple font; provide adequate space between “letters, lines, and paragraphs;” use short paragraph or bullet point format with boxes or bold text to “call attention to important information;” and be printed using text color and paper that have a “strong contrast.” *Guidance: Useful Written Consumer Medication Information (CMI)*, U.S. Department of Health and Human Services, Food and Drug Administration, Center for Drug Evaluation and Research and Center for Biologics Evaluation and Research (July 2006).

¹⁶ Figure derived from *DOCS Hub Report 2005*, *supra* note 1, at 53.

of inmates with whom CA visiting members had to communicate in Spanish because they spoke limited English – were aware that the phone service existed at the facility. We ask the Superintendent to make all inmates and staff aware of the medical translation line, the services it offers, and the process by which inmates can request to use it. Additionally, we encourage the Superintendent to actively recruit Spanish-speaking medical staff. We are aware that recruiting and maintaining Spanish-speaking staff is difficult for Department administrators system-wide, and plan to continue advocating for linguistic ability pay differentials to facilitate the recruiting of bilingual medical personnel.

Medical Grievances

Medical grievances dropped significantly in 2005 after remaining fairly consistent for the previous three years: 26 grievances were filed in 2005, 43 in 2004, 47 in 2003, and 45 in 2002.¹⁷ According to DOCS' *Inmate Grievance Program Annual Report 2005*, Albion's medical grievances concerned "inadequate care, medications, requests for specialty care and facility doctor appointments."¹⁸ The Dental Director handles all grievances about dental care at Albion and the Nurse Administrator handles all other grievances about medical care at the facility. The process of responding to grievances that the Nurse Administrator described seemed thorough: he meets with the grievance officer every few weeks and speaks personally with each inmate who files a medical grievance. Inmates, however, remarked that the Nurse Administrator seems to approach grievances with a substantial bias against inmates and "always sides with staff" regardless of the substance of the grievance. We suggest that the Superintendent speak more extensively with the ILC and IGRC about this issue and work together with the Nurse Administrator to improve the medical grievance process to ensure impartial and fair resolutions in all cases.

Personal Hygiene

A large number of inmates indicated that they did not receive enough toilet paper each month. "Toilet paper is a big problem here," said one inmate. A smaller, yet still significant number of inmates indicated that the number of sanitary napkins they are provided is not sufficient for their menstrual needs. Inmates informed us that if they need more personal hygiene supplies, they must request the items from their housing officer. One inmate explained that whether she receives additional rolls of toilet paper "depends on which officer is on duty."

We recommend that Department officials re-evaluate current policy and, in consultation with qualified gynecologists and other medical professionals, increase the number of rolls of toilet paper and sanitary napkins deemed "adequate" for women inmates each month. Such an increase would allow Albion to better meet the needs of its inmates

¹⁷ *Inmate Grievance Program Annual Report 2005*, State of New York Department of Correctional Services [hereinafter *Inmate Grievance Report 2005*]; *Inmate Grievance Program Annual Report 2004*, State of New York Department of Correctional Services [hereinafter *Inmate Grievance Report 2004*]; *Inmate Grievance Program Annual Report 2003*, State of New York Department of Correctional Services [hereinafter *Inmate Grievance Report 2003*]; and *Inmate Grievance Program Annual Report 2002*, State of New York Department of Correctional Services [hereinafter *Inmate Grievance Report 2002*].

¹⁸ *Inmate Grievance Program Annual Report 2005*, *supra* note 17, at 37.

and would lessen the frequency with which women would be forced to request additional supplies from their housing officer – often an uncomfortable and humiliating situation, especially if their housing officer is male.

Food/Nutrition

An overwhelming majority of the inmates we spoke with identified food as an area of concern. They explained that meals are disproportionately composed of starches and described the food quality as “horrible” and “bland.” A significant number of inmates also communicated that they were not served enough food, regardless of food quality or type. We ask the Superintendent to further investigate issues surrounding meal portions and serving practices and to take any necessary action to ensure that women receive enough food at each meal.

Additionally, we are concerned that DOCS “cook-chill” menu may not provide women – who have different nutritional requirements than men, especially as they grow older – with the nutrition they require.¹⁹ We recommend that Department officials work with qualified nutritionists to re-evaluate the quality of DOCS’ cook-chill meals and whether the current menu sufficiently meets women’s dietary needs.

During our December 2005 visit to Bedford Hills, the Superintendent informed us that her facility had recently hired a part-time dietician. We urge the Department to make this position full-time to allow the dietician to visit other women’s facilities on a rotating basis, including Albion, to consult with inmates to ensure that their nutritional requirements are being met.

5) Mental Health Services

Albion had one full-time Mental Health Unit Chief and two and a half Psychiatrist II positions – at the time of our visit, the facility was using an extra service psychiatrist from Attica Correctional Facility to cover a portion of its Psychiatrist II positions. Albion also had two full-time psychologist positions, seven full-time social worker positions (one of which was vacant), one full-time Nurse Administrator, one full-time Nurse Practitioner, and six full-time mental health nurses. There were no mental health personnel assigned to the facility after 10:00pm or on weekends, although the Mental Health Unit Chief was available by phone for emergencies.

At the time of our visit, 454 inmates – approximately 40% of the total facility population – were on Albion’s mental health caseload. The Unit Chief estimated that roughly 70% of inmates on the mental health caseload (about 318 women) were on psychotropic medications. During the week, mental health nurses distribute psychotropic medication for the general population twice per day in the mess hall and make daily

¹⁹ In 2003, DOCS expanded its “cook-chill” program based at the Food Production Center at Oneida Correctional Facility – where food is prepared, cooked until almost done, rapidly chilled, stored in containers, and shipped – to all correctional facilities. See *DOCS Today*, Vol. 12, No. 9, State of New York Department of Correctional Services (September 2003).

medication rounds in keeplock, SHU and the Residential Crisis Treatment Program (RCTP). Given the large mental health caseload, we urge the Department and state policymakers to allocate funds to increase Albion's mental health staff so that the facility can expand mental health coverage on night and weekend shifts. This step would also enable Albion to reassign the distribution of psychotropic medication during the night and weekend shifts from medical nurses to mental health personnel (see Section 4).

As none of the mental health personnel at Albion speak Spanish, we also request that high priority be placed on recruiting bilingual staff to ensure that Spanish-dominant inmates have equal access to adequate mental health services.

Albion's Residential Crisis Treatment Program, which opened in 2005, has nine dorm beds which provide short-term, in-patient care for inmates with mental illness and six observation cells for inmates in psychiatric crisis. At the time of our visit, the facility was still recruiting additional staff for the RCTP. There were three inmates in the RCTP – a number consistent with the figure the Unit Chief estimated for Albion's usual census: four to six inmates. The Unit Chief also informed us that the average length of stay for inmates in the RCTP is three to five days. There was one recorded incident of "self-inflicted injury" by an inmate at Albion in 2004 and one in 2005.²⁰

At the time of our visit, Albion was just beginning the process of creating a 19-bed Intermediate Care Program (ICP).²¹ We were very pleased to hear about these plans, as the creation of an ICP will undoubtedly allow Albion to better meet the needs of many inmates with mental illness in its custody. As has been DOCS practice at other facilities, we expect that the facility will provide special training about mental illness and working with mentally ill inmates to all staff assigned to Albion's ICP. Additionally, once the ICP is fully functional, we urge the Superintendent and Office of Mental Health (OMH) staff to evaluate whether 19 is a sufficient number of beds to meet the needs of the mentally ill population at Albion.

Inmates praised the overall quality of Albion's mental health services and described mental health staff as caring and professional. Most women noted that they did not experience delays in getting their mental health medication and that the side-effects of their medication had been explained to them by a mental health staff member. There were a small number of inmates, however, who mentioned that side-effects had not been communicated to them before they began their mental health medication regimens. We ask the Superintendent to work with the Unit Chief to require mental health staff to clearly explain the side-effects of mental health medication to inmates who receive prescriptions.

Most inmates, both those on and not on the mental health caseload, reported that they had adequate access to mental health services at Albion. Of the inmates on the mental

²⁰ *Id.*

²¹ ICPs are long-term housing units separated from the general population housing for inmates whose mental illness "prevents [them] from adapting successfully to the general prison population." Inmates living in ICPs receive individual treatment plans that may include individual counseling, group therapy, vocational and educational instruction. *Intermediate Care Program Operations Manual*, State of New York Department of Correctional Services.

health caseload that we spoke with, a majority reported that they met with clinical staff as often as they wanted, though a significant number (including some inmates with very serious diagnoses), communicated that the frequency of sessions was insufficient to meet their needs. We were particularly troubled by the high percentage of inmates on the mental health case load – including inmates with bipolar disorder, schizoaffective disorder, post-traumatic stress disorder, dissociative disorders, and severe depression and anxiety – who reported that they met with a mental health clinician only once per month or even less frequently. Given the very serious nature of these illnesses, the intense medication regimens mentally ill inmates are often prescribed, and the negative affect that a stressful prison environment often has on mentally ill inmates, we ask the Superintendent and the Unit Chief to re-evaluate whether inmates with serious mental illnesses should have more than one meeting per month with a mental health clinician.

Officers we spoke with explained being frustrated with the difficulties associated with handling mentally ill inmates and expressed the need for more training on issues related to mental illness. One officer stated, “These people belong in a psychiatric center. Our job is supposed to be security; there isn’t time for discussion. Some people get lost in the wood work.” The Mental Health Unit Chief informed us that OMH conducts training for DOCS employees once per year and gives supplementary mental health training to officers assigned to the SHU and the RCTP. Especially in light of the recent expansion of Albion’s mental health services, we recommend that the facility offer additional mental health training for all correction and civilian staff. Such training can help improve staff-inmate interactions and facility safety, and better equip officers with the skills to identify inmates that need to access mental health programs and services.

6) Disciplinary Confinement

Construction for Albion’s new 48-bed Special Housing Unit (SHU) was completed in 2002.²² Before the new unit was built, Albion’s SHU cells were located in the facility’s main administration building. At the time of our visit, 34 of Albion’s 48 SHU cells were filled. An additional 20 inmates were on keeplock status. Grievances filed about conditions in the SHU decreased from 42 in 2004²³ to 27 in 2005.²⁴

Inmates in SHU with whom we spoke mentioned that the cells and corridors in SHU, particularly in C gallery, are often inadequately heated during the cold months and insufficiently ventilated during the hot months. Inmates also reported that although no problems exist with the consistency of sick call in SHU (rounds are done by nurses every day), there are sometimes difficulties with maintaining confidentiality during nurse-inmate conversations. Inmates do have the option of requesting to use a private room in Albion’s SHU for a sick call assessment. Nevertheless, SHU inmates explained that, when sick call is conducted cell-side, certain officers stand close enough to overhear the personal medical issues inmates explain to nurses; discreet conversations are impossible because inmates must

²² For more information about the disciplinary system in New York State prisons, see *Lockdown New York: Disciplinary Confinement in New York State Prisons*, Correctional Association of New York (October 2003).

²³ *Inmate Grievance Report 2004*, *supra* note 17.

²⁴ *Inmate Grievance Report 2005*, *supra* note 17.

raise their voices considerably in order to be heard through the SHU cell door. We urge the Superintendent to institute a policy requiring (1) nurses to notify inmates of the option to use a confidential room during each sick call round; and (2) officers to maintain positions during sick call rounds from which they can see but not hear nurse-inmate conversations.

Twenty-three of the 34 inmates (almost 68%) in SHU were on the mental health caseload. Mental health staff conduct rounds in SHU Monday through Friday and, when necessary, meet with SHU inmates in a private room. The Unit Chief informed us that the frequency of meetings between SHU inmates and mental health staff varies from once per week to once per month for approximately half an hour depending on the inmate's condition. The SHU inmates we spoke with who were on the mental health caseload praised the quality of the mental health staff and spoke positively about the private meetings available to them.

Although we were pleased to hear positive comments about the mental health services provided to SHU inmates, we strongly recommend that inmates with serious mental illnesses not be placed in SHU at all, a highly restrictive setting that often aggravates their condition, even if they are able to meet with mental health staff on a regular basis.²⁵ For example, one inmate at Albion who had been diagnosed with bipolar disorder and severe depression had continual problems maintaining good behavior and had received dozens of tickets since being placed in SHU. If an inmate with serious mental illness must be housed in disciplinary confinement, we believe that she should be placed in a program similar to Bedford Hills Correctional Facility's Therapeutic Behavioral Unit (TBU), where seriously mentally ill inmates who commit disciplinary offenses can serve their time in a less punitive setting while receiving more intensive mental health services. Bedford Hills' TBU has only 16 beds – most likely an insufficient number to accommodate mentally ill inmates at both Bedford Hills and Albion. We ask the Department and state policymakers to allocate funding to establish a TBU at Albion. Creating such a program would allow Albion to better meet the needs of inmates with mental illness who have chronic disciplinary problems and ensure a more safe work environment for correction officers and civilian staff.

7) Staff-Inmate Relations

“Staff conduct” was by far the most highly grieved issue at Albion in 2002, 2003, 2004 and 2005.²⁶ The number of grievances in this area increased significantly from 116 in 2004²⁷ to 144 in 2005.²⁸ According to DOCS' *Inmate Grievance Program Annual Report 2005*, staff conduct grievances included allegations of “verbal harassment, profanity, voyeurism, the use of physical force and threats.”²⁹

²⁵ See *Lockdown New York: Disciplinary Confinement in New York State Prisons*, Correctional Association of New York (October 2003); *Mental Health in the House of Corrections: A Study of Mental Health Care in New York State Prisons*, Correctional Association of New York (June 2004); and *Ill-Equipped: U.S. Prisons and Offenders with Mental Illness*, Human Rights Watch (October 2003).

²⁶ *Inmate Grievance Program Annual Report 2002*; *Inmate Grievance Program Annual Report 2003*; *Inmate Grievance Program Annual Report 2004*; and *Inmate Grievance Program Annual Report 2005*, *supra* note 17.

²⁷ *Inmate Grievance Program Annual Report 2004*, *supra* note 17.

²⁸ *Inmate Grievance Program Annual Report 2005*, *supra* note 17.

²⁹ *Id.* at 37.

Almost every inmate with whom we spoke identified verbal harassment as a serious problem at Albion. Inmates explained that while there are many officers who treat them with respect and professionalism, there are many other officers who treat them disrespectfully and use racial or sexual epithets or other cruel and degrading terms, including “bitch,” “hog,” “slut,” and “crack head.” Some inmates reported that, with the exception of certain individuals, disrespectful treatment was more prevalent among officers new to working in a women’s facility. The correction staff we spoke with acknowledged that it sometimes takes a while for officers transferred from men’s facilities to change their attitudes and “become accustomed” to working with women inmates.

Then-Superintendent Kirkpatrick explained that he maintained a “zero tolerance” policy for verbal abuse, but that it was difficult to take action outside the context of a specific, proven incident between an inmate and an officer. We understand the need to substantiate individual instances of verbal abuse before taking disciplinary action against staff or inmates. Given the widespread and serious nature of inmates’ complaints, however, we believe that the facility can and should take a more pro-active stance in addressing the issue of verbal harassment and in working to establish a culture of respect among inmates and officers at Albion.

We suggest that the Superintendent (1) initiate regular meetings between representatives of both the new and more experienced correction staff and the ILC under executive team supervision to facilitate communication and problem solving; and (2) establish a formal mentoring program where veteran correction officers can train and advise less experienced officers about ways to effectively and respectfully communicate with inmates and peacefully resolve situations that might otherwise result in serious staff-inmate confrontations.³⁰ Furthermore, we recommend that Albion supplement the training given by DOCS’ Academy with ongoing, gender-specific training on working in women’s facilities and appropriate staff-inmate interaction. Considering that the overwhelming majority of women inmates have suffered severe physical and/or sexual violence in their lives, this training should include education about abuse and its effects.³¹

³⁰ We remain concerned about New York’s current Tier III retirement system for state employees, which effectively does not allow officers to earn increased retirement benefits after serving 25 or 30 years on the job. Due to vast prison expansion during the 1980s and the concomitant increase in correction staffing levels, many officers system-wide will soon reach their 25-year mark and have little incentive to continue working. Losing a large number of veteran officers would present a troubling reality: more experienced officers can play a significant role in helping to train, mentor, and set an example for less experienced officers about various issues, including appropriate staff-inmate interaction. We urge state policymakers and Department officials to find ways to provide incentives for correction officers to continue working after 25 years on the job. See *Your Retirement Plan: State Correction Officers and Security Hospital Treatment Assistants Plan for Tier 3 Members, New York State and Local Employees’ Retirement System*, Office of the New York State Comptroller Alan G. Hevesi.

³¹ A study conducted in 1999 found that 82% of women incarcerated at New York’s Bedford Hills Correctional Facility had a childhood history of severe physical and/or sexual abuse and that more than 90% had endured physical or sexual violence in their lifetimes. Browne, Miller and Maguin, “Prevalence and Severity of Lifetime Physical and Sexual Victimization Among Incarcerated Women,” *International Journal of Law & Psychiatry* 22(3-4) (1999). The U.S. Bureau of Justice Statistics reports that one-third of women in state prisons have been raped before their incarceration and that female inmates are at least three times more likely than male inmates to have been physically or sexually abused in their past. *Survey of State Inmates, 1991*, Bureau of Justice Statistics, U.S. Department of Justice (May 1993).

We were pleased to hear reports from inmates that the problem of abusive pat frisks has lessened considerably over the past few years. We were troubled, however, to learn that problems seem to persist among a small group of officers who sometimes fail to follow the proper pat frisk procedures established in the June 2000 settlement of *Hamilton v. Goord*.³² Inmates cited certain instances, for example, where male officers had used their palms instead of the back side of their hands to conduct the frisk. We advise the Superintendent to (1) reiterate the pat frisk requirements to correction staff; (2) require officers to participate in ongoing pat-frisk training; and (3) ensure that the *Hamilton v. Goord* guidelines are posted in clear and accessible places throughout the facility.

Most inmates reported that sexual abuse does not seem to be widespread throughout the facility. Nevertheless, inmates remain very worried about the problem as incidents of officer sexual misconduct continue to occur sporadically. More inmates at Albion expressed concerns about sexual misconduct than women at the other prisons we have visited – not a surprising reality considering that there are more reports about incidents of officer sexual abuse at Albion than at other women’s facilities.³³ Many inmates made specific references to correction officers who have been prosecuted for sexual misconduct over the past decade, including two recent incidents: one where an inmate became pregnant after being raped by a correction officer; and another where a correction officer was charged with sexual abuse and official misconduct, and the officer’s father, also an officer at Albion, was charged with intimidating a victim and official misconduct for threatening a victim if she cooperated with investigators.³⁴

DOCS has recently taken a small, positive step by issuing a new directive which outlines its “zero tolerance” policy for staff sexual misconduct.³⁵ We support any efforts the Department makes to ensure better detection of and investigation into officer sexual misconduct. We urge the Department and state policymakers to build on this step and adopt measures to more effectively identify and respond to sexual misconduct, including (1) increasing DOCS’ ability to remove or reassign problematic officers in a timely fashion, even in the absence of physical proof or witness corroboration; (2) expanding psychological

³² 797 N.Y.S.2d 334 (App. Div. 2005).

³³ See *Amador v. Superintendents of Dept. of Correctional Services*, No. 03 Civ. 0650KTDGWG, 2005 WL 2234050, (S.D.N.Y. Sep. 13, 2005); *Fisher v. Goord*, 981 F. Supp. 140 (W.D.N.Y. 1997); *Kidd v. Andrews*, 340 F. Supp. 2d 333 (W.D.N.Y. 2004). See Gary Craig, “Inmate Despair Hints at Abuse: Was She Raped? Lawyer Calls for New Inquiry Into 3-year-old Suicide,” *Rochester Democrat and Chronicle*, July 13, 2006; “New York Corrections Officer Accused of Sexual Contact with Inmates,” *Associated Press*, April 22, 2005; Jeffrey Blackwell, “Father, Son Prison Guards Charged in Alleged Sex Abuse,” *Rochester Democrat and Chronicle*, March 31, 2005; Lou Michel, “Sex Preceded Inmate Suicide, Officials Say,” *Buffalo News*, August 9, 2003; Ginger Adams Otis, “Female Prisoners Sue State for Guards’ Sex Abuse,” *Women’s E-News*, March 17, 2003; Gary Craig, “Suit Alleges Rampant Female-Inmate Abuse,” *Rochester Democrat and Chronicle*, January 29, 2003; Joanne Wasserman, “Prison Rapes ‘Routine,’ ” *New York Daily News*, January 28, 2003; Neil Shapiro (Executive Producer), *NBC News. Dateline NBC: Honor Guard?* (Television Broadcast Transcript), New York: National Broadcasting Company (November 1, 1998); Chau Lam, “DNA Tests Prove Rape/Says Prison Guard Assaulted Fisher,” *Newsday, Inc.*, June 7, 1997, at A19; Michael Beebe and Dan Herbeck, “Amy Fisher Stirs Concern with Testimony,” *Buffalo News*, September 25, 1996.

³⁴ Blackwell, *supra* note 33.

³⁵ See State of New York Department of Correctional Services Directive 4027A, *Sexual Abuse Prevention & Intervention Inmate-on-Inmate*, and Directive 4028A, *Sexual Abuse Prevention & Intervention Staff-on-Inmate*.

counseling services for sexual assault victims; and (3) establishing an anonymous, free telephone hotline to a neutral, outside agency that women inmates can call to safely and confidentially report incidents of sexual assault.

Inmates' comments about physical assaults by officers were mixed: they reported that physical abuse was not a major concern in the facility's general population but that it was a serious problem in Albion's SHU. We were very concerned by the frequency and consistency of inmate reports about harassment and excessive use of force in SHU over the past few years. Specific incidents included: one inmate in SHU who sustained a serious shoulder injury while being restrained by an officer; another inmate who was kicked and slammed against a wall while being taken out of her cell; another who was pushed against a wall by an officer with enough force to knock out one of her teeth; another who was left in the SHU recreation area in the rain as punishment; another whose ribs were broken in the process of multiple officers restraining her; another who had lost a significant amount of weight after she was denied certain meals for a period of days; and a number of other inmates who had also been denied meals, showers and/or recreation by officers in SHU.

Inmates had positive comments about then-Superintendent Kirkpatrick and the new Deputy Superintendent of Security with respect to officer misconduct, remarking that they seemed to make genuine efforts to consistently enforce rules about appropriate behavior and investigate allegations of abuse more thoroughly than the previous prison administration. Inmates thought that, as a result, incidents of serious abuse – including incidents in SHU – had decreased in the few months prior to our visit. We commend this work and ask the Superintendent and the Deputy Superintendent of Security to (1) increase efforts to ensure rigorous, impartial and timely investigations into all allegations of staff misconduct at the facility; (2) initiate a special investigation into allegations of officer abuse in Albion's SHU; and (3) closely monitor those officers about whom a large number of inmates complain – especially those assigned to housing areas – and, where appropriate, to work toward either their speedy removal or reassignment to non-contact positions.

8) New York State Correctional Officer and Police Benevolent Association, Public Employees Federation, and Civil Services Employees Association

Representatives from the New York State Correctional Officer and Police Benevolent Association (NYSCOPBA), the Public Employees Federation (PEF), and the Civil Services Employees Association (CSEA) spoke positively about then-Superintendent Kirkpatrick, describing him as “approachable,” “concerned,” and “responsive.”

NYSCOPBA

Of Albion's 384 correction officers, 86 (22%) are women. At the time of our visit, there were 10 vacant correction officer positions.

We were pleased to hear NYSCOPBA representatives indicate that officers consider Albion to be a relatively “safe” facility in which to work – especially in comparison to male facilities. This sentiment seems to be reflected by the decrease in physical assaults by inmates on staff at Albion over the past three years – from 13 in 2002 to 6 in 2003 to 5 in

2004.³⁶ Unfortunately, union representatives also reported a particularly high level of on-the-job stress at Albion. They noted that not having a new contract,³⁷ feeling understaffed and increasingly required to “do more with less,” and being shut out of the policy decision-making process were the main contributors to overall low morale. We urge the Superintendent to develop a more effective process for discussing and receiving input from correction staff about policy changes before they are implemented. In addition, we propose that Albion implement a non-financial rewards program, as performance-based incentives can be a tool to boost morale and encourage staff to improve the quality of its work.

NYSCOPBA representatives also expressed fears about the risks associated with being exposed to infectious diseases, including HIV, Hepatitis C and Tuberculosis (TB). Officers informed us that although they have access to protective gear, including gloves and masks, they remain worried about contracting infectious diseases, especially when transporting inmates to and from hospitals. In addition to continuing to provide officers with appropriate clothing and equipment, we suggest that the Superintendent initiate a special training series for correction officers and civilian staff about HIV, HCV, TB and other communicable diseases, including information about transmission and prevention, which would help alleviate the anxiety around handling inmates who are ill. Officers also expressed the need for more training on issues related to all aspects of handling inmates with mental illness, not just suicide prevention. As discussed in Section 5, all correction staff should receive additional, ongoing mental health training.

PEF

PEF communicated concerns about inadequate staffing at Albion, particularly for nursing items. As discussed in Section 4, we hold the view that the Department and state policymakers should take steps to significantly increase Albion’s nursing staff. Such an expansion would reduce the need for overtime, lessen the workload for nurses, and allow the facility to provide improved care for the inmate population.

At the time of our visit, there were eight correction counselors and two correction counselor trainees at Albion: three of these counselors were assigned to ASAT, three were assigned to RSAT, and two were assigned to transitional services. One of the eight counselors was assigned to SHU on a rotating basis. Two of the correction counselors spoke Spanish. Counselors informed us that all counselors (even those assigned to program areas) carry caseloads of roughly 100 women, that they meet with each inmate for about 15 to 20 minutes every three months, and that they are available for inmates with “emergency concerns” twice per week. They reported that their caseloads were manageable and that they were adequately staffed. They also noted that dealing with mentally ill inmates was not problematic, as they have a strong relationship with OMH staff and can refer inmates who need mental health treatment.

³⁶ *Unusual Incident Report, January – December 2002*, State of New York Department of Correctional Services (June 2003), at 30; *Unusual Incident Report, January – December 2003*, State of New York Department of Correctional Services (June 2003), at 30; *Unusual Incident Report, January – December 2004*, State of New York Department of Correctional Services (June 2005), at 30.

³⁷ Since our visit, NYSCOPBA has negotiated a new contract which includes increased salaries and location compensation. We look forward to hearing the union’s views on the new agreement during our next visit.

While we were pleased to hear these reports, we were concerned that counselors felt that 15 to 20 minutes every three months provided sufficient time to address inmates' needs. While these brief quarterly meetings may, in fact, be adequate to complete an inmate's paperwork and handle urgent questions, we think that counselor positions – if adequately staffed – should incorporate additional responsibilities, including taking a central role in the following areas:

- (1) helping to facilitate visitation and other forms of contact between incarcerated women and their families;
- (2) where inmates have ongoing Family Court cases, facilitating communication between inmates and their Family Court Judge, attorney, and child's foster care caseworker, and ensuring that orders to produce inmates in Family Court are processed in the correct fashion; and,
- (3) in collaboration with transitional services staff, assisting inmates to make all necessary preparations for their release.

Such enhanced services would improve the likelihood of inmates maintaining positive connections to their children and leading crime-free lives after their release. We ask the Department and state policymakers to expand the correction counseling staff at Albion, and we encourage the Superintendent to work with PEF to re-conceptualize correction counselor roles and require counselors to carry out additional tasks at the facility.

CSEA

CSEA representatives communicated being short staffed and reported the need for increased funding for facility maintenance projects, especially modernizing and “properly insulating” the windows in the facility's original buildings (A, B, C). We urge the Department and state policymakers to designate funding to renovate the windows in A, B, and C buildings, to repair showers, heat and ventilation systems throughout the prison (see Section 2), and to carry out other necessary facility repairs and improvements.

9) Grievance System

The total number of grievances filed by inmates at Albion decreased sharply from 360 in 2002 to 281 in 2003, rose slightly to 286 in 2004, and dropped again to 255 in 2005. The three most highly grieved areas in 2005 were Staff Conduct (144 in 2005, 116 in 2004, 110 in 2003, and 197 in 2002), Medical (26 in 2005, 43 in 2004, 47 in 2003 and 45 in 2002), and SHU (27 in 2005, 42 in 2004, 55 in 2003 and 16 in 2002).³⁸ The Inmate Grievance Supervisor explained that IGRC members are given passes to collect and investigate certain grievances in the general population³⁹ and that grievance staff make rounds to collect grievances in SHU and keeplock at least once per week.

³⁸ *Inmate Grievance Program Annual Report 2005; Inmate Grievance Program Annual Report 2004; Inmate Grievance Program Annual Report 2003; and Inmate Grievance Program Annual Report 2002, supra* note 17.

³⁹ Inmate representatives at Albion do not personally investigate certain grievances, such as those relating to staff misconduct. This is also the case at other facilities throughout the prison system, as per DOCS

The vast majority of inmates we spoke with rated the facility's grievance system as "poor," citing the following issues as the main problems: (1) inadequate investigations by grievance and other facility staff; (2) biased rulings against inmates regardless of the substance of the complaints; and (3) retaliation from officers against inmates who filed grievances, particularly grievances about officer mistreatment. Inmates explained that common types of retaliation included officers issuing unwarranted tickets for minor infractions, taking away certain privileges from inmates such as "hot plates" or television, and removing inmate property from lockers and packages. We were very troubled both by the consistency of reports about retaliation and by the significant number of inmates – a considerably larger number than at other women's facilities we have visited – who indicated that they had refrained from grieving a particular issue because they feared retaliation from correction staff.

Retaliation in any form against inmates for filing complaints is unacceptable. It is also against DOCS policy, as Directive 4040 states that "[n]o reprisals of any kind shall be taken against an inmate or employee for good faith utilization of the grievance procedure."⁴⁰ We request that the Superintendent and Deputy Superintendent of Security further investigate the aforementioned concerns and make any necessary reforms to ensure that inmates are not punished for submitting grievances. Additionally, we ask that a more senior official be designated to conduct investigations into grievances against staff instead of the direct supervisor of the staff member against whom the grievance was filed, which is the facility's current practice. Such reforms could minimize personal bias, increase accountability, enhance the likelihood of a thorough and independent investigation, and decrease inmate fears of retaliation.

10) Visiting Program

Albion allows visiting on Saturdays, Sundays and public holidays. Because not all visitors for the entire population can be accommodated each day, the facility rotates visiting days: women with last names starting with A through L are allowed visitors on Saturday, while M through Z-named inmates are allowed visitors on Sunday; these groups switch visiting days every other weekend. Officers assigned to process visitors and officers assigned to the visiting room reported that visitors usually arrive at about 6:30am to line up outside the facility's front gate, which opens at 7:15am. Visiting hours begin at 8:00am and end at 2:30pm.

Albion's visiting room has approximately 40 tables and can accommodate up to 179 people. The facility's Children's Center can hold only a small number of children. Officers explained that inmates are allowed to go into the Center with their children if it is not too crowded. Usually the Center is crowded, however, and inmates are forced to drop their children in the room by themselves and sit at a table in the regular visiting room to wait.

regulations: "There are certain situations which due to their sensitive nature are best investigated by only a staff member of the IGP. In [these] situations...inmate representatives shall provide staff representatives with the questions they would like answered." State of New York Department of Correctional Services Directive 4040, *Inmate Grievance Program*, at 9.

⁴⁰ *Id.* at 8.

Inmates' overall evaluation of Albion's visiting program was mixed: some were mainly satisfied with the visiting program while others reported experiencing a variety of problems. This situation may be due, in part, to the fact that some inmates at Albion are able to participate in programs run by outside agencies that facilitate family visiting and communication. The Osborne Association, a non-profit organization based in New York City, coordinates one such program, Family Ties, which flies children to Albion to have extended visits with their mothers and offers parenting and family reunification services.⁴¹ Step by Step of Rochester, Inc. also provides parenting classes at the facility.⁴²

Regardless of parenting program participation, most inmates expressed at least some concerns about: (1) the lengthy processing time for visitors – which can cut into the time allotted for visiting hours; (2) the disrespectful treatment of visitors by certain correction staff; (3) the relatively small size of the visiting room and Children's Center; (4) the lack of clean, functioning toys and other games for children; (5) the policies prohibiting mothers from going into the Children's Center with their children; and (6) the policies restricting the free interaction of mothers with their children in the regular visiting room.

We recommend that the Superintendent implement the following changes, and we urge state policymakers to allocate any additional funds needed to carry out these efforts:

- (1) Significantly expand the capacity of the Children's Center to allow more inmates to have meaningful interaction with their children – interaction which is critical to the well-being of mothers and children and to a family's potential to reunify after release. At the time of our visit, then-Superintendent Kirkpatrick mentioned that he and the Deputy Superintendent of Programs were exploring the possibility of moving the Children's Center to a different room. If, in fact, the Center is moved, we ask that a priority be placed on ensuring that the new room has a substantially higher capacity than the current one.
- (2) Increase the number of clean, working toys, books, games and other activities for mothers and children in the Children's Center.
- (3) Add at least one supplementary formal visiting day at the facility and assign sufficient correction staff to monitor visits during these additional hours.
- (4) Require additional training on child development and respectful interpersonal interaction and communication for correction officers assigned to posts with a high level of visitor contact.
- (5) Implement necessary changes to expedite visitor processing. We were pleased to hear from then-Superintendent Kirkpatrick that Albion was planning an effort to improve the set up of the facility's front gate. We urge that this effort include the creation of a more comfortable outside waiting area that allows visitors the option to stand under a roof or cover in the event of inclement weather, and a larger inside waiting area as well.

⁴¹ For more information about the Osborne Association's Family Ties Program, see http://www.osborneny.org/Family_Ties.htm.

⁴² For more information about Step by Step of Rochester, Inc., see <http://www.stepbysteprochester.org>.

- (6) Create a user-friendly packet for visitors and inmates, with a copy of DOCS Directive 4911, which outlines the Department's policy about items individuals are permitted to bring into state prisons,⁴³ along with facility-specific regulations regarding visiting policies and procedures. Such a packet would help facilitate visitor processing, and reduce tension and misunderstandings between correction staff, visitors and inmates.

We were deeply saddened by the large percentage of inmates who reported that they had not received a single visit since arriving at Albion. Some who reported not having visits had been at the prison for more than one year. About 56% of women incarcerated at Albion are from New York City or its suburbs; visiting is particularly difficult for these families, as the facility is roughly 370 miles from the City's five boroughs.⁴⁴ Especially in light of the geographic barriers to visiting faced by many family members and friends with loved ones at Albion, we strongly encourage the Department and state policymakers to establish a Family Reunion Program (FRP) at Albion.⁴⁵ Creating an FRP at Albion would supplement the visiting services already provided and allow incarcerated mothers and their families to better maintain and strengthen relationships. It would also provide a powerful incentive for inmates to maintain good behavior in order to be eligible for FRP visits, lead to easier prison management, and help reduce recidivism by assisting with the post-release family reunification planning process.

11) Work Release

At the time of our visit, Albion had only 33 out of a total of 68 work release slots filled. Of the 33 inmates on work release, about 70% were "five and two" reporters – women who stay in the community five days and in the facility two days per week – and just over 20% were "day reporters" – women who work and live in the community and report to a community corrections office.⁴⁶ Women on work release at Albion have six weeks to find a job. Both the Senior Correction Counselor at Albion and the Correction Counselor who directly supervises the facility's work release program noted that they maintain good working relationships with local employers and that only a very small number of women over the past decade have failed to find employment within the six-week timeframe. They explained that if an inmate cannot find a job after six weeks, she must wait 60 days before she is eligible to start looking again. The Counselors also informed us that the facility keeps 20% of inmates' paychecks each month to help cover the cost of "program fees."

⁴³ See State of New York Department of Correctional Services Directive 4911, *Packages & Articles Sent or Brought to Facilities* (last revised May 22, 2006).

⁴⁴ Figure derived from *DOCS Hub Report 2005*, *supra* note 1, at 4.

⁴⁵ According to DOCS, Family Reunion Programs are "designed to provide selected inmates and their families the opportunity to meet for an extended period of time in privacy. The goal of the program is to preserve, enhance, and strengthen family ties that have been disrupted as a result of incarceration." State of New York Department of Correctional Services Directive 4500, *Family Reunion Programs*.

⁴⁶ Day reporting was added to New York State's work release program in 1990. *Day Reporting Program Profile: 1994*, State of New York Department of Correctional Services.

Women accepted into the work release program are given a one to two week orientation where they learn about the program's rules and regulations, job search tips, interview etiquette, and how to obtain identification. We propose that resume preparation assistance, along with a basic computer skills training class, be added to the work release orientation.

Transportation seems to be one of the main issues facing inmates in work release. Albion is not located near any local bus stops and DOCS does not provide regular transportation either to or from the facility. This problem particularly affects women on a "five and two" reporting schedule who must travel frequently between the community and the prison (as opposed to day reporters, who can report to offices based in the community). Because there are very few buses, and none close to the facility, that operate on the weekends, Albion pays a motor vehicle operator to pick up inmates from Batavia on Friday night and take them back to the prison. We recommend that the facility work with local transportation officials to explore whether a few buses can reorganize their routes to include a stop closer to the facility.

Additionally, we are dismayed by the decreasing number of people on work release – both in women's facilities and system-wide. In 1994, New York State had 27,937 inmates participating in work release programs; by 2003, that number had dwindled to 5,125.⁴⁷ In part, this situation is due to Governor Pataki's 1995 Executive Order which prohibited people convicted of violent offenses from participating in temporary release programs, including work release.⁴⁸ The relatively low number of inmates currently participating in work release is unfortunate, as work release is one of the Department's most important and successful programs in helping inmates to gain critical employment skills and to make a smooth and productive transition back to their communities. The program also has financial benefits: in addition to saving taxpayer money that would otherwise be spent on housing inmates in correctional facilities, working inmates contribute to the local economy. For example, in 2003, inmates on work release at Albion paid \$33,212.69 in taxes.⁴⁹ We recognize that Superintendents do not have authority to regulate policies for DOCS work release program; we therefore ask the Department and state policymakers to reform current work release policy and practice to spur a substantial increase in the number of inmates participating in DOCS work release programs, including allowing inmates convicted of violent offenses to once again apply for work release and, like all applicants, be evaluated on a case-by-case basis for approval.

12) Substance Abuse Treatment Programs

Albion has an Alcohol and Substance Abuse Treatment (ASAT) program, a Residential Substance Abuse Treatment (RSAT) program, a Driving While Intoxicated (DWI) program and a relapse program for women on work release who commit a drug-

⁴⁷ *Temporary Release Program, 2003 Annual Report*, State of New York Department of Correctional Services, Table II.

⁴⁸ Governor George E. Pataki, Executive Order No. 5.1, Signed October 13, 1996. In 2002, work release eligibility was restored for some inmates who can prove they are survivors of domestic violence. N.Y. Correct. Law § 851(2)(a).

⁴⁹ *Temporary Release Program*, Table I, *supra* note 47.

related violation. At the time of our visit, there were two ASAT counselors, one ASAT program assistant, two ASAT Inmate Program Aides, one RSAT counselor, and two RSAT program assistants. Inmates and staff commented that more staff was needed to effectively run ASAT and RSAT. We were pleased to learn that Albion was planning to add an additional ASAT program assistant, pending DOCS final approval.

There were 58 women participating in ASAT and 113 women in RSAT. The waiting list for ASAT/RSAT was 338. Twenty women were participating in the DWI program and 22 were on the waiting list, and 16 were participating in the relapse program and 22 were on the waiting list. We were troubled by the large waiting lists for drug treatment programs at Albion – over 30% of the entire prison population (382 inmates) is on the waiting list for a program. Many of the women we spoke with reported being on the waiting list for ASAT or RSAT for many months, with a significant number waiting for over one year, some for more than two years. Having an adequate number of treatment slots is critical as substance abuse programs can reduce recidivism by helping inmates to address issues surrounding addiction and to gain useful coping skills. In addition, completing a drug treatment program is a requirement that many inmates must fulfill in order to retain their good time⁵⁰ and/or to earn merit time⁵¹ and to be considered for parole. We urge state policymakers to allocate funds to allow Albion to significantly expand its drug treatment program staff and capacity.

ASAT and RSAT are both residential programs at Albion. The correction counselors assigned to ASAT with whom we met described ASAT as a “modified therapeutic community,” and RSAT as a “more traditional therapeutic community.” Unfortunately, we were not able to visit RSAT and look forward to visiting the program during our next trip. The counselors estimated that the ASAT program maintains a completion rate of approximately 80% and that the RSAT program’s rate is about 90%. ASAT has two groups – an “AM group” and a “PM group” – which meet for three hours per day, five days per week for six months. Inmates in ASAT are given individual counseling on an “as-needed basis.” There are no aftercare services for inmates who complete the program.

Inmates expressed generally positive comments about ASAT, but thought that the program did not enable them to fully explore the root causes of their substance abuse issues, including past experiences with domestic violence. “They just don’t get deep enough,” said one inmate. Most women felt that the program needed more structure overall, including more intensive individual and group counseling, and an effective – and non-punitive – way to address inmates who had trouble staying focused and/or were disruptive to the class. Inmates also mentioned that women without a substance abuse history were sometimes mandated to participate in ASAT because they were convicted of a drug offense – a situation that made it difficult for the group to work together on issues related to addiction. A number of inmates noted that the course curriculum was repetitive and could be enhanced by bringing in more outside speakers. We suggest that the Superintendent (1) hold a special meeting with the counselors assigned to and inmates participating in ASAT to discuss these and other areas for program improvement and (2) work with ASAT counselors and Inmate

⁵⁰ See N.Y. Correct. Law § 803.

⁵¹ See *id.*; see also State of New York Department of Correctional Services Directive 4790, *Merit Time*.

Program Aides (IPAs) to implement needed reforms to the program structure and curriculum.

Many inmates also suggested that women would benefit greatly from having access to a voluntary aftercare program following their completion of either ASAT or RSAT. We encourage Albion to create such a program, as continuing supportive services would allow inmates to persist in learning and honing skills to overcome addiction and prepare for a clean and sober lifestyle after their release.

13) Academic Programs

At the time of our visit, there were a total of 380 inmates – almost 34% of the total population – participating in academic programs at Albion: 123 were in Adult Basic Education (ABE); 125 were in pre-GED; 18 were in GED; 19 were in English as a Second Language (ESL); 11 were in special education classes; 75 were taking college-level classes provided by Genesee Community College; and nine SHU inmates were enrolled in the facility’s cell-study program, which had just been reinstated at the time of our visit. About two-thirds of the inmates (16 of 24) who took the GED in 2004 passed the exam⁵² – a passing rate significantly higher than the 55% rate for women inmates system-wide.⁵³ We commend Albion on this accomplishment and support efforts to increase peer and civilian staff tutoring for inmates – both of which can help the facility achieve even higher GED testing and passing rates.

Albion had 11 teacher positions, one of which was vacant at the time of our visit. The acting Educational Supervisor informed us that the facility planned to fill this vacancy soon. He also explained that Albion has a 10-month regular school year and seven-week summer school program. Classes usually visit Albion’s computer lab (which has about 28 machines) at least once per week. Most classes also go to the library each month, where students complete work sheets and other activities. The Supervisor commented that, for the most part, Albion’s academic program seemed to run smoothly. He did point out difficulties that he and other staff faced in having to teach classes where students were constantly changing and entering classes with different levels of ability.

A total of 236 inmates – nearly 21% of the inmate population – were on the waiting list for an academic program at Albion: 96 inmates were on the waiting list for ABE; 120 for pre-GED; 15 for GED; and 5 for ESL. In light of the facility’s long academic waiting lists and DOCS’ recent policy requiring inmates without a diploma to attend school until they receive their GED, we urge the Department and state policymakers to allocate funds to expand the number of ABE, pre-GED, and GED classes at Albion and the number of staff positions to teach those classes

DOCS estimates that as of January 2005, 62% of Albion’s inmate population did not have a GED.⁵⁴ Nevertheless, at the time of our visit, only about 47% of the facility’s

⁵² Directive 4790, *supra* note 51.

⁵³ Figure derived from *New York State Department of Correctional Services Education Annual Report 2003*, Appendix I.

⁵⁴ Figure derived from *DOCS Hub Report 2005*, *supra* note 1, at 51.

population was either enrolled in or waiting for GED classes or classes below the GED level. Even considering the population fluctuations that can occur over the course of one year, this discrepancy remains significant. We ask the Superintendent to further investigate this discrepancy and to take necessary steps to ensure that the facility accurately identifies all inmates who need to participate in academic classes.

Inmates we spoke with in ABE, pre-GED, GED and special education had very positive feedback about their classes. They reported learning useful information and having access to helpful materials, and described teaching staff as “engaged” and “committed to helping their students.” Most inmates noted, however, that many of their books were old and that the computers – which they felt fortunate to have – needed updated software. The acting Educational Supervisor also commented that even though the facility’s books were sufficient, updated books would be helpful for students and teachers alike.

Additionally, many inmates were upset that the new school Principal had eliminated breaks during classes along with some artistic activities and games – an action which had a particularly negative impact on inmates with learning disabilities and/or short attention spans and on inmates with mental illnesses. Unfortunately, the Principal was not able to meet with us during our visit. The Supervisor agreed that inmates on psychotropic medication often found it difficult to stay alert and focused in class. We request that the Superintendent (1) update Albion’s academic book collection and computer software packages and (2) work with the school Principal to reinstitute appropriate class breaks and creative activities for inmates with learning disabilities and mental illnesses.

About 38% of inmates at Albion already have their GED or higher degree compared to 40% of women inmates system-wide.⁵⁵ Until Governor Pataki withdrew New York State’s support for prison college programs in 1995,⁵⁶ Genesee Community College offered for-credit classes for inmates at Albion. Since then, Genesee Community College has been able to provide only non-credit classes. Currently, the college offers evening, non-credit classes at Albion in reading, math, literature, psychology, and college preparation.⁵⁷ Inmates praised the Genesee classes, though they thought the program could be improved by allowing inmates access to more courses over a longer period of time. We encourage the Superintendent to work with Genesee to institute a program, similar to the ones that exist at Bedford Hills Correctional Facility through Marymount Manhattan College⁵⁸ and at Bayview Correctional Facility through Bard College,⁵⁹ where Albion inmates can take Genesee classes for credit and earn college degrees.

⁵⁵ *Id.*

⁵⁶ Most likely, Governor Pataki’s decision was, in part, a result of Congress’ 1994 Violent Crime Control and Law Enforcement Act, which eliminated inmate eligibility for federal tuition assistance. The act spurred the closure of in-prison college programs in most states across the country. Violent Crime Control and Law Enforcement Act, USC Title 42, Chapter 36. See Daniel Karpowitz and Max Kenner, *Education as Crime Prevention: The Case for Reinstating Pell Grant Eligibility for the Incarcerated*, Bard Prison Initiative.

⁵⁷ For information about Genesee Community College, see <http://www.genesee.edu/portals/homepage/default.cfm>.

⁵⁸ See <http://www.marymount.mmm.edu/study/resources/specialprograms/bhcp.html>.

⁵⁹ See <http://www.bard.edu/bpi/>.

Furthermore, state policymakers and the Department should take steps to reinstitute college programs in all state prisons. Limiting access to higher education in prison makes little sense: participation in college significantly increases the chances that an inmate will find employment and lead a crime-free life after release, and contributes to a positive prison atmosphere and easier prison management.⁶⁰

14) Vocational Programs

Albion has seven vocational programs – Horticulture, Building Maintenance, Electrical Trades, Custodial Maintenance, Computer Repair, Cosmetology, and General Business – and a Youth Offender Grant, a federally-funded program administered by the U.S. Department of Labor in eight correctional systems, including New York’s, to enhance vocational and educational programming for young offenders.⁶¹

We were alarmed by the significant waiting lists for Albion’s vocational programs: in total, the facility had 258 inmates – almost 23% of the total population – enrolled in a vocational program and 500 – just over 44% of the total population – on a vocational program waiting list. Horticulture had 37 inmates enrolled and 74 on the waiting list; Building Maintenance had 27 enrolled and 19 on the waiting list; Electrical Trades had 23 enrolled and 30 on the waiting list, Custodial Maintenance had 29 enrolled and 74 on the waiting list; Computer Repair had 33 enrolled and 31 on the waiting list; Cosmetology had 19 enrolled and 158 on the waiting list; General Business had 74 enrolled and 110 on the waiting list; and the Youth Offender Grant had 16 enrolled and four on the waiting list.

Albion had one Vocational Education Supervisor and nine vocational instructors, one of whom was assigned to Albion’s industry program. Each vocational program has one inmate who is a “tool clerk” and another who is a “teacher’s aide.” Inmates who become tool clerks and teacher’s aides earn higher hourly pay rates than regular program participants.

Our visiting team spoke with women participating in Building Maintenance, Electrical Trades, Custodial Maintenance, Cosmetology, and General Business. Inmates had positive remarks about each program, noting that the skills they learned were valuable and would likely assist them in finding jobs after their release. They also commented that the teaching staff was very helpful and that participants would benefit from having even more individualized staff attention. Concerns from inmates in these programs, along with inmates not enrolled in vocational programs, centered on two main issues: (1) that women with

⁶⁰ A study conducted by DOCS, CUNY Graduate Center, and a group of inmates at Bedford Hills Correctional Facility found that women who attended college while in prison at Bedford Hills were nearly four times less likely to return to prison than women who did not attend college in prison. Michelle Fine, et al. 2001, *Changing Minds: The Impact of College in a Maximum Security Prison*, New York: The Graduate Center of the City University of New York and Bedford Hills Correctional Facility. See Karpowitz and Kenner, *supra*, note 33. See also Wendy Erisman and Jeanne Bayer Contardo, *Learning to Reduce Recidivism: A 50-State Analysis of Postsecondary Correctional Education Policy*, The Institute for Higher Education Policy (November 2005).

⁶¹ In New York State correctional facilities, inmates within five years of release who are under 26 years old and have a GED or high school diploma are eligible to participate in the Youth Offender Grant program. *New York State Department of Correctional Services Education Annual Report 2003*, at 21. See U.S. Department of Labor, Grant Announcement SGA/DFA 03-113, 2003 (on file at Women in Prison Project).

GEDs or higher degrees are prohibited from participating in vocational programs and (2) that women who have already completed one vocational program are generally not allowed to take part in another one because of space limitations.

To address these concerns and to shorten lengthy waiting lists, we suggest that the Superintendent (1) remove the automatic vocational program proscription on women with GEDs or higher degrees; (2) expand the number of slots in Albion's existing programs; and (3) implement additional vocational programs. Based on feedback from women with whom we spoke, we propose that these programs include advanced computer skills and auto mechanics/auto repair classes. We ask the Department and state policymakers to allocate the funds necessary for these additional programs. Additionally, at the time of our visit, there were no civilian volunteers working in the facility's vocational program areas. Albion should work to increase partnerships with outside agencies and civilians who can supplement the facility's vocational programs with volunteer classes that teach particular trades and skills.

Women enrolled in Custodial Maintenance mentioned that the Spanish-speaking inmates in the class often had trouble understanding the teacher and the written materials. We urge the Superintendent to actively recruit Spanish-speaking vocational program staff when new positions and/or vacancies arise and to work with current vocational program staff to learn basic Spanish communication skills.

15) Jobs

At the time of our visit, there were 169 inmates with porter job assignments, 878 with jobs other than porter or Corcraft positions (see Section 16), and five with Department of Labor vocational apprenticeships – one in Horticulture, one in Building Maintenance, one in Computer Repair, one in Electrical Trades and one in Transitional Services.⁶² The vast majority of inmates we spoke with felt fortunate to have their jobs, either because the jobs allowed them to learn meaningful skills or provided an activity that occupied their time. Many inmates with porter jobs, however, complained about the low hourly wage they were paid for their work.

We were pleased to learn that Albion has 17 Inmate Program Aides (IPAs) and one staff member who serves as the IPA Coordinator. We believe, however, that Albion's IPA program can and should be larger. For example, Bedford Hills Correctional Facility, which houses about 820 inmates, has 132 IPAs along with a staff coordinator.⁶³ Being an IPA can help an inmate gain valuable skills, maintain good behavior, assist fellow inmates, and serve her time productively. We encourage the facility to build on the current program and to expand its number of IPA positions.

⁶² For more information about Department of Labor apprenticeships, see *Administration of Apprenticeship Training, Related Instruction Programs*, University of the State of New York, State Department of Education, Office of Elementary, Middle, Secondary and Continuing Education, Office of Workforce Preparation and Continuing Education, Workforce Development Team, May 2000, at 10-12.

⁶³ *Report on Conditions of Confinement at Bedford Hills Correctional Facility*, Women in Prison Project of the Correctional Association of New York (May 2006), at 17.

16) Corcraft/Industry Program and Inmate Wages

Albion is one of two women's correctional facilities in New York State with an industry/Corcraft program.⁶⁴ Inmates in Albion's Corcraft program are trained in machine operating, welding, sheet metal fabricating, spray painting, assembling and manufacturing. They make name tags for DOCS employees; metal shelving for state agencies and local governments; charcoal grills; and garbage cans that are used by New York City and other jurisdictions throughout the state.⁶⁵

At the time of our visit, 84 inmates were enrolled in Corcraft; the program's capacity is 95. Most of the 84 inmates participate in Corcraft Monday through Friday from about 7:20am to 2:30pm, with a break for lunch. Albion's Industry Superintendent, who had been working at the facility for 31 years, informed us that he was planning to retire in the coming months and that his replacement had not yet been identified.

Inmates are accepted into the program based on their "experience" and their "program needs." Although inmates are supposed to have a GED to be eligible for Corcraft, Albion allows women without a diploma to participate if they are simultaneously enrolled in a GED class. Inmates admitted to the industry program are required to commit to at least 90 days. The Industry Superintendent estimated that the average stay for an inmate in the program is eight months. Up to 300 women can participate in the program in a given year, with an average of roughly six removals in the same timeframe. In 12 years, the Industry Superintendent explained that there have only been two equipment-related injuries.

We heard very positive comments about Corcraft from inmates who were participating in the program. They reported that instructors were high quality and that the skills they learned were interesting and would better equip them to obtain living-wage employment after their release. Inmates also explained that they received a certificate from the program after six months of participation.

We commend Albion for running this constructive and practical program. Our main concerns fall into two areas. First, we are troubled that such a useful program is only 88% full. We urge the Superintendent to investigate why the program is operating below capacity and to take necessary steps to fill all available program slots. In addition, we encourage the facility to expand the program to include additional components, such as work related to construction – skills which a number of inmates we spoke with aspired to learn.

Our second area of concern relates to the low wages that inmates – at Albion and system-wide – are paid for their work, both in industrial and non-industrial jobs. As is the case in all New York State facilities, inmates beginning in Albion's Corcraft program are paid 16¢ per hour. Every few months, inmates are considered for a raise; decisions are made based on performance evaluation. The highest salary an inmate in Corcraft can earn is 65¢

⁶⁴ The other prison is Bayview Correctional Facility in New York City, which has an industry program jointly run by the Department of Motor Vehicles (DMV) that allows inmates to become informational operators for local DMV offices. See "History of Bayview CF, A Vertical Institution," *DOCS Today*, November 2001, at 5.

⁶⁵ See "Albion Fashions More Aesthetic Refuse Cans," *DOCS Today*, December 2001, at 18 and 19; *New York State Department of Correctional Services, Division of Industries, Corcraft Annual Reports, 1999-2003*, at 14.

per hour, with the possibility of earning extra money through “productivity bonuses.” The starting wage for non-industry jobs is 10¢ per hour. The highest rate an inmate can earn in these jobs is 33¢ per hour.⁶⁶ Neither Corcraft nor non-industrial job payment rates have been increased for many years.

We ask the Department and state policymakers to re-evaluate DOCS’ pay scale and substantially raise the hourly sum paid to inmates. Such an increase would be in society’s best interest, as allowing inmates to earn additional funds would contribute to their ability to afford a successful re-entry – which often carries considerable financial obligations, including parole supervision fees, drug testing fees, court fees, transportation costs, daily living expenses, and charges associated with obtaining identification and applying for jobs and housing.

17) General Library and Law Library

General Library

Most inmates had overall positive comments about Albion’s general library. Inmates did, however, report difficulty in accessing the library during its regular hours and having enough time in the library once they arrived. Some inmates also reported that the library needed a more diverse selection of books, especially for inmates with advanced reading skills.

Given the broad scope of serious health issues affecting female inmates, we suggest that the facility establish a women’s health section in its general library. We recommend that this section include information on HIV, Hepatitis C, and other sexually-transmitted diseases; ovarian, cervical and breast cancer; tuberculosis; diabetes; uterine fibroids; vaginal infections; menstruation and menopause; osteoporosis; reproductive and sexual health; emotional well-being; women’s nutrition and body image; and domestic violence and health complications related to abuse, among other issues. Such information would serve as a positive supplement to the materials Albion already offers to women inmates and would enable women to further their personal growth and understanding of critical gender-specific health care issues.

Law Library

Albion’s law library is open seven days per week from 8:05-11:15am, 12:35-3:45pm and 6:20-8:30pm. There is one correction officer assigned to the law library, five Inmate Law Clerks, nine Inmate Book Clerks and one Inmate Call-out Clerk. To use the law library, inmates in the general population send a note to the law library officer, who adds them to the library’s “call out list.” Inmates in SHU who want to use law library materials mail a note to the library officer, who then brings the requested books to the inmate directly.

⁶⁶ See http://www.corcraft.org/01_what.html. See Albion Data Sheet 2, *supra* note 2.

The vast majority of women we spoke with rated Albion's law library as either "fair" or "good." Inmates' main concerns were focused on four areas:

- (1) Equipment. The officer we spoke with explained that the law library has three computers, 15 typewriters and one copier. Inmates commented that having too few computers and old typewriters created serious problems, including slowing down and complicating the process of composing legal documents and increasing the waiting time for inmates to access the law library. Inmates also mentioned that the library needed more bookshelves that could conserve space and hold materials in an organized and orderly fashion.
- (2) Support services. Inmates spoke very highly of the officer assigned to the law library, commenting that the officer was "helpful" and "respectful." Inmates also commended the Inmate Law Clerks for providing much needed assistance and support. Some women mentioned, however, that there were not enough law clerks to meet the legal assistance needs of the inmate population.
- (3) Materials. Inmates, law clerks and the law library officer agreed that while Albion has many good legal materials, much of its selection remains outdated. Many also noted that legal information CD-ROMs would be a practical way to maintain updated information and save precious space. Additionally, the facility has no Spanish law books. One of the Inmate Book Clerks speaks Spanish and acts as an interpreter for Spanish-dominant inmates. We are pleased that Albion has created this interpreter position. Nevertheless, Albion still needs an assortment of Spanish law book to meet the needs of Spanish-speaking inmates.
- (4) Space. Inmates, law clerks and the law library officer agreed that Albion's law library is currently too small: even a few inmates make the room feel crowded and there is no space to hold many of the legal books the facility has ordered.

To address these concerns, we ask the facility to: (1) order and install bookshelves and additional computers in the law library; (2) expand the number of clerk positions; (3) purchase updated books, CD-ROMs and Spanish legal materials, including the Spanish version of the *Jailhouse Lawyer's Manual*;⁶⁷ and, (4) expand the law library's size – either by designating an additional space nearby for legal materials and/or computers or by moving the entire library to a larger room.

Moreover, because case law is constantly changing, lack of access to the internet can hinder an inmate's ability to understand and analyze legal issues related to her case and can impede her access to the courts. For this reason, we urge the Superintendent and Department officials to allow inmates limited use of the internet in a supervised setting for the purpose of carrying out legal research.

⁶⁷ The *Jailhouse Lawyer's Manual* is a handbook produced by Columbia University School of Law's *Human Rights Law Review* that outlines inmates' legal rights and relevant legal procedures. See <http://www.columbia.edu/cu/hrlr/JLMOnline.html> and <http://www.columbia.edu/cu/hrlr/SpanishJLMOnline.html>.

18) Commissary

Almost every woman with whom we spoke communicated serious concerns about the staff person assigned to Albion's commissary. They explained that this staff member often yells at inmates, rushes them out of the store, and speaks to them in a rude and disrespectful manner. We request that the Superintendent further investigate this issue and make sure that the staff member assigned to the commissary is aware of what constitutes acceptable behavior. If there is no change in this staff member's conduct, we ask the Superintendent to work towards either removing or reassigning him to a non-contact position.

19) Transitional Services

At the time of our visit, Albion had implemented Phase One and Phase Three of DOCS' Transitional Services Program.⁶⁸ Phase Two was not operating. The Transitional Services staff we spoke with informed us that DOCS had indicated that they were working on implementing Phase Two at Albion and other facilities, but had not yet established a timeline for putting the program into action. Albion's Phase One program consists of a two-week orientation for inmates when they first come to the facility. After completing Phase One, inmates have access to the "resource center" in the transitional services office. At the time of our visit, the office had just one computer – available only for staff members and IPAs – and a few typewriters.

The next time inmates are given formal transitional services is when they are nearing their parole or conditional release date.⁶⁹ At this time, inmates are enrolled in Phase Three, a program that, like Phase One, lasts for a total of two weeks. Inmates in Phase Three receive help with resume writing, and interview and goal setting skills, and are given a resource packet which we were told includes information on obtaining housing and employment. Staff members also informed us that they often mail letters for inmates requesting various types of information from outside organizations. Inmates in Phase Three are not given a formalized discharge plan or assistance in filing applications to enroll in post-release health insurance programs. The Transitional Services staff informed us that they would soon assume responsibility for helping inmates gather identification documents – at the time of our visit, this task was the responsibility of individual inmates' correction counselors.

As previously mentioned, Albion's total population was 1,134. DOCS estimates that 72% of the inmates at Albion are less than two years away from their earliest release date and

⁶⁸ The Department states that every prison is supposed to have a three-phase transitional services program, with Phase One consisting of "adjustment to incarceration, developing a plan to address program needs, maintaining relationships with family members, making good decisions and beginning the process of obtaining documents that will be necessary for re-entry such as a birth certificate and social security card;" Phase Two consisting of "courses on health, self-development, communication skills and conflict management;" and Phase Three consisting of "career development, transition to ex-offender status, money management and family reintegration." *Prison Safety in New York: "Working Together for Public Protection,"* State of New York Department of Correctional Services, April 2006, at 36.

⁶⁹ As discussed in Section 4 of this report, inmates who are HIV positive receive additional transitional services from Rural Opportunities, Inc.

nearly 55% are less than one year away.⁷⁰ In 2004, 552 women were released from Albion; in 2005, 599 women were released. Eleven months into 2006, 483 women had been released. Notwithstanding these large numbers, at the time of our visit, there were only two correction counselors and 13 peer counselor IPAs assigned to coordinate the facility's entire transitional services operation.

It was clear to our visiting team that Albion's transitional services department is severely understaffed and under-resourced and that, because of this reality, the transitional services that the facility provides are woefully insufficient. Unfortunately, we have found similarly deficient transitional services in other facilities – both men's and women's – that we have visited. Without effective transitional services, state prisons will continue to release many women and men who are ill-prepared to make a smooth and productive return to their families and communities.⁷¹ To reduce recidivism, enhance public safety, save taxpayer dollars and build productive individuals and families, DOCS must revamp its transitional program and make the provision of comprehensive re-entry services to inmates across the system a top priority.

We also recommend that the Superintendent launch an effort to enhance the re-entry services that Albion provides, including the following components:

- (1) Significantly expanding staff – both employees and IPAs – working in the facility's transitional services department.
- (2) Increasing the length of Transitional Services Phase Three to at least one month.
- (3) Expanding the facility's transitional services resource center, including adding up-to-date resource guides and other informational materials related to various areas of re-entry.
- (4) Purchasing additional computers and permitting staff and IPAs to use the internet to conduct research relating to transitional services. Allowing staff to use the internet to perform this function is critical, especially in light of the substantial increase in the number of websites devoted to re-entry issues over the past few years.⁷²
- (5) Providing additional training for transitional services employees and IPAs about innovative and effective ways to provide gender-specific transitional services.
- (6) Requiring that staff and IPAs create an individualized discharge plan for each inmate before she leaves prison. This plan should include referrals to agencies that can assist with employment, job training, housing, medical care, mental health care, family reunification and child care, education, public assistance, and other services where appropriate, such as drug treatment, domestic violence,

⁷⁰ Figures based on percentages derived from *DOCS Hub Report 2005*, *supra* note 1, at 43.

⁷¹ According to DOCS, 29% of women released from state correctional facilities in 2000 returned within three years. For men, the rate of return was 41%. *2000 Releases: Three Year Post Release Follow-up*, State of New York Department of Correctional Services (December 2004), at 9.

⁷² The website <http://www.reentry.net/ny> is a perfect example. Reentry.net is a "clearinghouse of materials for attorneys, social service providers, and policy reform advocates on reentry...."

immigration, and Lesbian, Gay, Bisexual and Transgender (LGBT) and general peer support.

- (7) Requiring staff and IPAs to help each inmate obtain personal identification documents and file applications for health care coverage before her release.
- (8) Strengthening partnerships with organizations that provide community-based re-entry services and inviting these and other agencies to host monthly workshops – either on site or via DOCS’ videoconferencing system⁷³ – focusing on various aspects of re-entry.
- (9) Inviting formerly incarcerated women who have successfully returned to their communities and who have been appropriately screened by DOCS to conduct presentations for inmates nearing release about effective ways to navigate the re-entry process from a peer-based perspective.

⁷³ DOCS maintains a video conferencing system where individuals can communicate in real time on video screens with inmates and staff inside the correctional facilities that have the necessary technology.

Key Recommendations – Albion Correctional Facility
Women in Prison Project, Correctional Association of New York

The following is a summary of the Correctional Association's key recommendations for reform at Albion Correctional Facility. We recognize that, in many cases, the authority to institute facility-specific and system-wide changes rests with multiple agencies. We have nevertheless made an effort to pinpoint the institutions that are most directly responsible for making decisions regarding the various issue areas addressed in our report.

1. Physical Plant

Albion Correctional Facility

- Implement necessary repairs and improvements to ensure that inmates have access to clean, working showers and that all areas of the facility have adequate heat and ventilation.
- Install stable ladders in every double bunk bed unit.
- Initiate discussions with the Inmate Liaison Committee (ILC) and Inmate Grievance Review Committee (IGRC) to explain the proposed camera system structure at Albion, including the way in which recordings will be stored and monitored.
- Ensure that camera footage is saved for a significant period of time and reviewed by a female officer not only after an inmate or staff member verbally complains, but also when footage may be applicable to written grievances or complaints.

2. Medical Services

Albion Correctional Facility

- Ensure timely access to physician care.
- Ensure respectful treatment and quality medical evaluation by physicians and nurses.
- Take proactive steps to evaluate and monitor medical providers who inmates report do not provide adequate care. Recommended steps include: (1) conducting regular meetings with the ILC and IGRC focused on medical issues; (2) administering an anonymous patient satisfaction survey among the inmate population; and (3) tracking and following-up on relevant grievances and informal complaints.
- Ensure that inmates have timely access and follow-up to specialty care appointments.
- Allow inmates to wear weather-appropriate clothing during transportation to and from outside medical appointments.
- Require doctors to (1) document their decisions about whether to follow an outside specialist's recommendation to allow the Facility Health Services Director to review them; (2) explain their decisions clearly and thoroughly to patients; and (3) give each patient a written document summarizing the information.
- Require officers and medical staff to document the medical complaints they receive during evening and weekend shifts, including whether a call was placed to medical staff, the time of the call, whether the inmate was seen by medical staff, and the amount of time between the initial complaint and the face-to-face meeting.
- Ensure that inmates receive medical and gynecological test results – normal by mail and abnormal by meeting with a physician in person – in a timely fashion, and ensure that inmates receive timely follow-up care for abnormal test results.
- Further develop Albion's medical Quality Improvement (QI) program. Recommended steps include: (1) creating specific QI tools to complement those used by DOCS Division of Health Services' (DHS) Quality Improvement Program that evaluate performance and measure various standard quality indicators; (2) setting specific timeframes for evaluations and implementation of needed improvements; (3) increasing

Key Recommendations – Albion Correctional Facility

Women in Prison Project, Correctional Association of New York

the frequency of QI meetings; and (4) enhancing coordination between DHS' QI Program and Albion's facility-based QI program.

- Work with the Department to use HIVQUAL, the HIV-specific quality improvement program developed by the New York State Department of Health AIDS Institute, to create quality assessment tools specifically for HIV care provided to Albion inmates.
- Create an internal tracking system to record the health status and appointment schedule of inmates with chronic care conditions and to ensure that these inmates are seen by a physician at least once every three months.
- Work toward ensuring that inmates with serious or chronic conditions are assigned to one primary care provider who regularly sees them to treat their medical needs.
- Re-evaluate inmates with HIV and Hepatitis C to determine whether they are appropriate candidates for treatment.
- Expand HIV/AIDS outreach and education efforts and create an incentive program to encourage inmates to agree to voluntary HIV testing and counseling.
- Increase education efforts and outreach to inmates about the possibility and potential benefits of getting re-tested for HCV.
- Make sure that all inmates receive annual mammograms after turning 40 years old.
- Take steps to (1) identify inmates who have experienced medication delays and ensure that they receive their medication promptly; (2) implement a system to track and evaluate delays, and (3) take necessary steps to minimize the chance of delays occurring in the future.
- Require all doctors to clearly explain to their patients the name, dosage, potential side-effects of, and proper method for taking medication they prescribe.
- Establish a system – either computer-based or manual or both – to check for contraindications for inmates who are taking both medical and mental health medication.
- Ensure that inmates are able to see the dentist for conditions that are considered non-emergencies in a timely fashion.
- Make sure that all inmates and staff are aware of Albion's medical translation telephone line and the process by which inmates can request to use it.
- Actively recruit Spanish-speaking medical staff.
- Work with the ILC, IGRC and the Nurse Administrator to improve the medical grievance process and to ensure impartial and fair resolutions in all cases.
- Re-implement specialized seizure training for all correction and civilian staff.

New York State Governor, State Legislature, and Department of Correctional Services

- Allocate funds to enable Albion to (1) significantly expand its nursing staff and (2) hire an additional dental hygienist.
- Increase salaries for prison medical staff positions to facilitate DOCS' ability to recruit and retain qualified professionals.
- Establish a linguistic ability pay differential to aid correctional administrators in recruiting Spanish-speaking medical staff.
- Designate two additional Automatic Electronic Defibrillators for Albion's medical department.
- Require DOCS Central Pharmacy, along with all prison-based pharmacies, to generate standardized Consumer Medication Information (CMI) leaflets – in English and Spanish – that meet the CMI standards recommended by the U.S. Department of Health and Human Services' Food and Drug Administration, and require prison doctors to give CMIs to patients.

3. Personal Hygiene

Albion Correctional Facility and Department of Correctional Services

- Re-evaluate DOCS' current personal hygiene item policy and increase the number of sanitary napkins and rolls of toilet paper given to women inmates each month.

4. Food/Nutrition

Albion Correctional Facility

- Investigate issues regarding insufficient meal portions and discriminatory serving practices, and take necessary action to ensure that inmates receive enough food at each meal.

New York State Governor, State Legislature, and Department of Correctional Services

- Re-evaluate the quality of DOCS' cook-chill meals and make necessary changes to ensure that the cook-chill menu meets women's specific nutritional needs.
- Make the part-time dietician at Bedford Hill Correctional Facility a full-time position and require the dietician to visit other women's facilities, including Albion, on a rotating basis.

5. Mental Health

Albion Correctional Facility, Department of Correctional Services and Office of Mental Health

- Actively recruit Spanish-speaking mental health staff.
- Designate at least one mental health staff member to cover night and weekend shifts at the facility and reassign the distribution of psychotropic medications during those shifts from medical nurses to mental health nurses.
- Require mental health staff to clearly explain the side-effects of mental health medication to inmates who receive prescriptions.
- Evaluate whether the Intermediate Care Program (ICP) has a capacity large enough to meet the needs of the mentally ill population at Albion.
- Re-evaluate whether one clinical meeting per month is adequate to meet the needs of inmates with serious mental illnesses.
- Offer additional mental health training for all correction and civilian staff, and special training about working with mentally ill inmates to staff assigned to Albion's ICP.

New York State Governor, State Legislature, and Department of Correctional Services

- Allocate funds to increase Albion's mental health staff so that the facility can expand mental health coverage on night and weekend shifts.

6. Officer-Inmate Relations

Albion Correctional Facility

- Ensure rigorous, impartial and timely investigations into allegations of staff verbal, physical and sexual misconduct.
- Closely monitor those officers about whom a large number of inmates complain and, where appropriate, work to either remove or reassign them to non-contact positions.
- Initiate regular meetings between representatives of both the new and more experienced correction staff and the ILC under executive team supervision.

Key Recommendations – Albion Correctional Facility

Women in Prison Project, Correctional Association of New York

- Require correction officers to participate in ongoing training about proper pat frisk procedures and post the *Hamilton v. Goord* pat frisk guidelines in clear and accessible places throughout the facility.

New York State Governor, State Legislature, and Department of Correctional Services

- Improve the identification of and response to officer sexual misconduct. Recommended steps include: (1) increasing DOCS' ability to remove or reassign problematic officers in a timely fashion, even in the absence of physical proof or witness corroboration; (2) expanding psychological counseling services for sexual assault victims; and (3) establishing an anonymous, free telephone hotline in women's correctional facilities that allows inmates to call a neutral, outside agency to report incidents of sexual assault.
- Offer additional and ongoing gender-specific training for civilian and correction staff on working in women's facilities, appropriate staff-inmate interaction, and the pervasive histories of abuse among the female inmate population and the far-reaching effects of that abuse, and integrate this training into the DOCS Training Academy curriculum.

7. Disciplinary Confinement

Albion Correctional Facility

- Initiate a special investigation into allegations of officer abuse in Albion's Special Housing Unit (SHU).
- Institute a policy that requires (1) nurses to notify inmates about the option to use a confidential room during each sick call round in SHU, and (2) officers to maintain positions during sick call rounds from which they can see but not hear nurse-inmate conversations.

Albion Correctional Facility and Department of Correctional Services

- Create an alternative disciplinary program, based on Bedford Hills Correctional Facility's Therapeutic Behavioral Unit, where seriously mentally ill inmates who commit disciplinary offenses can serve their SHU time while receiving more intensive mental health services in a less punitive setting.

8. Grievance System

Albion Correctional Facility

- Eliminate retaliation against inmates by officers in response to filing grievances.
- Designate a more senior official to conduct investigations into grievances related to staff misconduct instead of the direct supervisor of the staff member against whom the grievance was filed, which is the facility's current practice.

9. NYSCOPBA, PEF, and CSEA

Albion Correctional Facility

- Hold a training session for correction and civilian staff about HIV/AIDS, Hepatitis C, Tuberculosis and other communicable diseases to alleviate anxiety about handling inmates who are ill.
- Establish a more effective process for receiving input from correction officers about prison policy changes before they are implemented.

Key Recommendations – Albion Correctional Facility
Women in Prison Project, Correctional Association of New York

- Implement a non-financial rewards program for staff who perform their jobs especially well.
- Create a formal mentoring program where veteran correction officers train and advise less experienced officers about ways to effectively and respectfully communicate with inmates and peacefully resolve situations.

New York State Governor, State Legislature, and Department of Correctional Services

- Expand correction counseling staff at Albion and require counselors to assume additional duties. Responsibilities should include (1) helping inmates to maintain contact with their families; (2) facilitating communication between inmates and various parties involved in Family Court cases and ensuring that inmates are produced for Family Court hearings; and (3) assisting inmates make all necessary preparations for their release.
- Develop incentives for correction officers to continue working after 25 years on the job.

10. Substance Abuse Treatment Programs

Albion Correctional Facility

- Hold a meeting with counselors assigned to and inmates participating in Alcohol and Substance Abuse Treatment (ASAT) to discuss ideas for program improvement and implement needed programmatic reforms.
- Create a voluntary aftercare program for women who have completed one of Albion's substance abuse treatment programs.

New York State Governor and Legislature, and Department of Correctional Services

- Allocate funds to enable Albion to expand its substance abuse treatment program capacity to accommodate the current need and to shorten the lengthy waiting list.

11. Academic Programs

Albion Correctional Facility

- Update Albion's academic book collection and educational computer software packages.
- Re-implement appropriate class breaks and creative activities in academic classes for inmates with learning disabilities and mental illnesses.
- Establish a program where inmates can enroll in Genesee Community College classes for credit and earn college degrees.
- Increase peer and civilian staff tutoring services for inmates.
- Actively recruit qualified academic staff who are fluent in Spanish.

New York State Governor and Legislature, and Department of Correctional Services

- Allocate funds to enable Albion to expand the number of academic classes and to hire necessary additional teaching staff.
- Reinstigate college programs in all state prisons.

12. Vocational/Industry Programs

Albion Correctional Facility

- Remove the automatic vocational program proscription on women with GEDs or higher degrees.

Key Recommendations – Albion Correctional Facility

Women in Prison Project, Correctional Association of New York

- Take necessary steps to fill all available Corcraft program slots and expand Corcraft to include additional components, such as work related to construction.
- Expand the number of IPA positions at Albion.
- Actively recruit Spanish-speaking vocational program staff and encourage current vocational program staff to learn basic Spanish communication skills.
- Increase partnerships with outside agencies and civilians who can supplement Albion's vocational programs with volunteer classes that teach useful trades and skills.

New York State Governor and Legislature, and Department of Correctional Services

- Allocate funds to enable Albion to significantly expand the number of slots in its existing programs and to implement additional vocational programs, including programs that focus on computer skills and auto mechanics/repair.
- Substantially raise the hourly sum paid to inmates in both industrial and non-industrial jobs.

13. Work Release

Albion Correctional Facility

- Add resume assistance and computer skills training to the orientation for inmates accepted into Albion's work release program.
- Work with local transportation officials to explore whether certain buses can reorganize their routes to include a stop closer to the facility.

New York State Governor and Legislature, and Department of Correctional Services

- Reform current work release policy and practice to spur a substantial increase in DOCS' work release population, including lifting the ban on work release eligibility for inmates convicted of violent offenses.

14. General Library

Albion Correctional Facility

- Establish a health section in Albion's general library with informational materials on general and gender-specific health care issues.

15. Law Library

Albion Correctional Facility

- Order and install bookshelves and additional computers.
- Purchase updated books, CD-ROMs and Spanish legal materials to supplement the law library collection.
- Expand the law library's size – either by designating an additional space nearby for legal materials and computers or by moving the law library to a larger room in the facility.
- Expand the number of Inmate Law Clerk positions.

Department of Correctional Services

- Allow inmates to use the internet in a supervised setting for the purpose of carrying out legal research.

Key Recommendations – Albion Correctional Facility
Women in Prison Project, Correctional Association of New York

16. Commissary

Albion Correctional Facility

- Ensure that staff assigned to Albion’s commissary treat inmates with respect and courtesy.

17. Transitional Services

Albion Correctional Facility

- Increase the length of Transitional Services Phase Three to at least one month.
- Provide additional training for transitional services employees and IPAs about innovative and effective ways to provide gender-specific transitional services.
- Require that staff and IPAs create an individualized discharge plan for each inmate before she leaves prison.
- Require staff and IPAs to help each inmate obtain personal identification documents and file an application for health care coverage before her release.
- Purchase additional computers and permit staff and IPAs to use the internet to conduct research relating to transitional services.
- Expand the facility’s transitional services resource center, including adding up-to-date resource guides and other informational materials related to various areas of re-entry.
- Strengthen partnerships with organizations that provide community-based re-entry services and invite these and other agencies to host monthly workshops – either on site or via DOCS’ videoconferencing system – focusing on various aspects of re-entry.
- Invite formerly incarcerated women who have successfully returned to their communities and who have been appropriately screened by DOCS to conduct presentations for inmates nearing release about effective ways to navigate the re-entry process from a peer-based perspective.

New York State Governor and Legislature, and Department of Correctional Services

- Allocate funds to enable Albion to expand staff assigned to its transitional services department.

18. Visiting Program

Albion Correctional Facility

- Significantly expand the capacity of the Children’s Center to allow more inmates to have meaningful interaction with their children.
- Increase the number of clean, working toys, books, games and other activities for mothers and children in the Children’s Center.
- Add at least one supplementary formal visiting day at the facility and assign sufficient correction staff to monitor visits during these additional hours.
- Require additional training on child development and respectful interpersonal interaction and communication for correction officers assigned to posts with a high level of visitor contact.
- Take necessary steps to expedite visitor processing.
- Create a larger inside waiting area and a more comfortable outside waiting area that allows visitors the option to stand under a roof or cover during inclement weather.
- Create a user-friendly packet for visitors and inmates that includes DOCS Directive 4911 and facility-specific regulations regarding visiting policies and procedures.

New York State Governor and Legislature, and Department of Correctional Services

- Establish a Family Reunion Program at Albion.