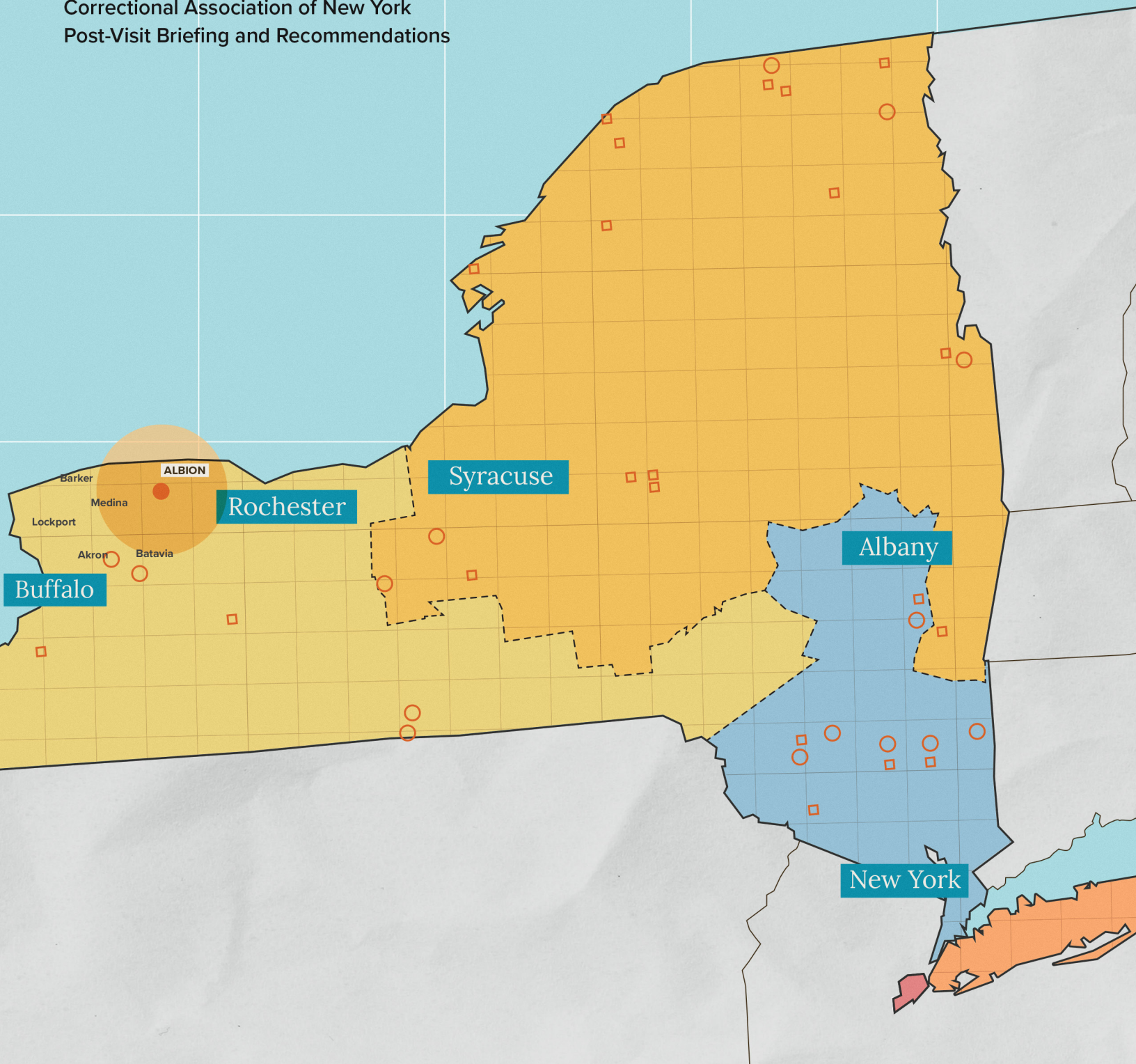


No. 22-08 June 22-23, 2022

Monitoring Visit to Albion Correctional Facility

Correctional Association of New York
Post-Visit Briefing and Recommendations



Background

On June 22 and 23, 2022, the Correctional Association of New York (CANY) conducted a monitoring visit to Albion Correctional Facility, a medium-security women's prison in Albion, NY. CANY's monitoring visit to Albion was conducted as part of its oversight mandate pursuant to Correctional Law §146(3).

The CANY visiting party included nine representatives who carried out a total of 85 interviews with incarcerated individuals: 68 individuals incarcerated in general population housing areas, nine individuals incarcerated in the Residential Rehabilitation Unit (RRU), four individuals incarcerated in the Special Housing Unit (SHU), and four individuals in the Intermediate Care Program (ICP). As of June 22, Albion housed 384 incarcerated people. CANY representatives held meetings with the Department of Corrections and Community Supervision (DOCCS) Executive Team, the head physician and facility health service administrator, and the forensic services program administrator and unit chief from the Office of Mental Health (OMH). CANY also held meetings with the Incarcerated Liaison Committee (ILC) and the Incarcerated Grievance Resolution Committee (IGRC). CANY conducted visual observations of housing units, the infirmary, work release, the library, the mess hall, the academic and vocational programs building, and the industry shops.

CANY representatives deployed a variety of data collection methods. Individual respondents housed in general population and the ICP were interviewed using a 69-question general protocol. Individuals housed in the RRU were interviewed using a 60-question unit-specific protocol. Individuals housed in the SHU were interviewed using a 59-question unit-specific protocol. Meetings with staff and incarcerated groups followed a semi-structured interview guide, and along with visual observations, were documented using a variety of note-taking methods.

Overview of Findings and Recommendations

CANY's monitoring visit to Albion Correctional Facility produced findings in the following areas, listed in general order of prominence as: (1) the basic provision of services; (2) staff behavior and security; (3) medical and dental healthcare; (4) programs; (5) discipline; (6) material conditions and environmental issues; (7) grievances; (8) mental healthcare; (9) food; (10) staffing; and (11) experience of the RRU.

While the facility-specific and system-wide recommendations presented in the following post-visit briefing document are intended to produce near-term solutions to the problems identified, reductions in both the number of people incarcerated and the duration of incarceration would produce the greatest positive impact on the system and on the lives of the people it touches. In other words, further decarceration in conjunction with dramatic improvements to conditions and culture inside prisons are necessary steps for addressing

the problems identified through CANY's monitoring activities. CANY recognizes that, in many cases, the authority to institute facility-specific and system-wide changes rests with multiple agencies and actors. Throughout this document, CANY endeavors to identify those most directly responsible for making decisions regarding the various issue areas discussed.

Key Findings and Recommendations

Basic provision of services

The most prominent findings from CANY's monitoring at Albion concerned the basic provision of services, which includes but is not limited to commissary, packages, visits, phones and tablets, menstrual hygiene products, and ice supply.

Commissary

Items in the commissary are inconsistently available and often unaffordable for incarcerated people.

- The Executive and the Legislature should allocate funds to allow for an increase in incarcerated people's wages.¹
- DOCCS should conduct an assessment into ongoing issues with the number of items that are out of stock, the range of listed items available, and the pricing of items at the commissary.

Incarcerated people frequently reported problems with the quality and accessibility of commissary products. Only 20.6% of respondents in the general data reported that commissary was adequately stocked with items on a regular basis (n=63). Incarcerated people spoke about inadequate stocking of staple food items such as fruit and vegetables, hence being limited to unhealthy items. "They added fruits and vegetables, but the day after the order, they are out of stock," said one person. Incarcerated people also noted the insufficient stocking of hygiene products such as shampoo and soap.

Incarcerated people also reported rising prices: "The prices in commissary are extremely expensive, as the prices are raised every weekend." Incarcerated people linked the high prices to complaints about low wages, which they reported could not keep up with the rising costs of commissary. One person explained that she could not imagine having to survive on state pay without family help. Another person said: "There should be a program for indigent people to be able to get what's needed."

¹ In a 2006 report on Albion, published by CANY's Women in Prison Project, CANY raised concerns with the wages given to incarcerated people, which have remained unchanged in the 16 years since CANY made the following recommendation to DOCCS: "We ask the Department and state policymakers to re-evaluate DOCCS' pay scale and substantially raise the hourly sum paid to incarcerated people."

Incarcerated people spoke of an unhygienic environment in commissary, including reports of rodents, droppings, and spiderwebs in food boxes. Others reported hostile treatment in commissary, as well as strict limitations on the amount of time incarcerated people were allowed to spend shopping.

Most money spent at prison commissaries is for the purchase of essential goods, such as hygiene products and food.² Given the current package restrictions under Directive 4911 and concerns about quality of food from the mess hall as outlined later in this report, it is likely that many incarcerated people are relying even more on the commissary as their primary means of obtaining food.³

System-Wide Recommendation R16.22

DOCCS should conduct an assessment into ongoing issues with the number of items that are out of stock, the range of listed items available, and the pricing of items at the commissary.

Across multiple visits over the course of 2021 and 2022, incarcerated people have emphasized the centrality of the commissary to their experience of incarceration, frequently citing the poor quality of food served in the mess hall and the importance of choice in food selection. With the recent decision to restrict the purchasing of packages to a vendor-based system, the need for an adequate commissary system is now more important.

In 2022, over the course of visits to Bare Hill, Upstate, and Elmira, 64.4% of incarcerated people (n=132) reported that the commissary at their respective prison is not adequately stocked with items on a regular basis, demonstrating the scale of this problem.

According to a call conducted with DOCCS central office in March 2022, CANY understands that DOCCS is currently making changes to the contracting process. These changes will make the central office responsible for commissary provision through a statewide contract instead of relying on facility-based contracts. CANY recommends that DOCCS ensure that the new supplier commits in writing to a series of actions to prevent items from being repeatedly out of stock.

CANY recommends that DOCCS continually track and publish reports on the status of the commissary on its website in a similar manner to monthly COVID-19 updates. This should include a table of established metrics that include the range of items available, the ability to regularly stock listed items, and the affordability of prices. The use of these metrics should be used as the guide for the negotiation of future contracts and the rationale for each contract must be publicly communicated based on these measures.

2 Stephen Raher, "The Company Store: A Deeper Look at Prison Commissaries," Prison Policy Initiative, May 2018. <https://www.prisonpolicy.org/reports/commissary.html>.

3 "Food Access and Quality in New York's Prisons," Correctional Association of New York (2021). <https://static1.squarespace.com/static/5b2c07e2a9e02851fb387477/t/60a83814310e6523b77d491a/1621637141227/CANYFoodAccessQualityinNYPrisons2021.pdf>.

Further, as the ability to afford items in the commissary depends in part on wages, CANY recommends that the Legislature pass a bill to increase the wages earned by incarcerated people to something closer to fair/minimum wage.⁴

Packages

Changes to Directive 4911 have limited the accessibility of packages for incarcerated people and strained their health, financial resources, and connections to home.

- DOCCS should study the implementation of the new restrictions on packages and disclose analysis of the program’s impact on violence in prisons. If there is no demonstrable impact, DOCCS should reinstate the privileges which were reduced under the recent changes to Directive 4911.

Incarcerated people also spoke often of problems with the accessibility of packages. These respondents spoke explicitly about the hardships caused by DOCCS’ new package directive, implemented first in the Wende hub of which Albion is a part. Directive 4911 has since been expanded to the entire New York State prison system.⁵ Incarcerated people described the package directive to have negatively affected their access to healthy and sufficient food. “Packages should not have to come from vendors, but from families who can bring healthy options.” Respondents explained that vendor prices and shipping fees are not affordable, and that delivery is subject to long delays: “Shipping can cost up to \$20,” one woman explained, adding that upon reception, “facilities remove food items from its original packing and sometimes fresh food spoils by the time we can pick them up.” Others noted that they cannot order from discount stores. Alongside the problems with commissary, Directive 4911 has impacted the ability of incarcerated people to access healthy and adequate food and other necessities in prison.⁶

DOCCS has stated that the purpose of implementing changes to Directive 4911 is to curb violence stemming from contraband shipped inside packages sent from friends and family. CANY calls upon DOCCS to study the implementation of the new restrictions on packages and disclose analysis of the program’s impact on violence in prisons. If there is no demonstrable impact, CANY urges DOCCS to reinstate the privileges which were reduced under the recent changes to Directive 4911.

4 There are two bills currently in the New York Legislature that address wages among incarcerated people: S287 and S2104.

5 “DOCCS Directive #4911 “Packages and Articles Sent to Facilities.” <https://doccs.ny.gov/system/files/documents/2022/04/4911a-draft-version.pdf>.

6 Andrea Wang, “New Package Restrictions at NY State Prisons Create Financial and Emotional Hardships,” Now This News, August 15, 2022. <https://nowthisnews.com/news/package-restrictions-at-new-york-state-prisons-create-hardships>.

Visits

Incarcerated people have access to visits, but their ease and frequency is complicated by distance.

- The Legislature should pass a bill that would codify incarcerated people’s access to in-person visits and expand visitation at medium-security facilities to seven days per week.

Incarcerated people at Albion reported problems with the frequency and access to visits from loved ones. Of respondents, 79% reported having some level of access to in-person visits. In the open-ended follow-up question, incarcerated people reported being able to receive visits from their loved ones once or twice a month. Others, however, reported longer durations in between visits, such as spans of two or three months. There were 25 instances of people reporting never or almost never receiving visits. Of those who do not receive visits, most cited the distance from home as the cause. “The distance makes it hard,” one person highlighted. Others noted long drives of up to four to six hours serving to dissuade more frequent visits from family.

To address this issue over the long-term, CANY recommends that the Legislature pass a bill that codifies incarcerated people’s access to in-person visits and expands visitation at medium-security facilities to seven days per week, as is policy for maximum-security facilities.⁷

Phones and Tablets

Access to phones is generally good, despite some concerns about wait times.

Incarcerated people reported higher rates of satisfaction with other basic services, namely phone calls. Of respondents in the general data, 91.6% reported having access to phone calls, either by phone or tablet (n=59).⁸ And 64.3% of respondents reported being able to access the phones more than seven times per week (n=56). Open-ended data qualified this reported success with instances concerning long waits for phone calls and few phones in the dormitories (23 instances). Multiple respondents noted that their dormitory of 40 to 50 incarcerated people relied on as few as three phones.

7 A4250/S2841 and A4362 are bills active in the 2021-2022 New York Legislative Session that would address these suggestions.

8 This rate was comparable to that reported at Elmira in April 2022 (89%, n=47).

Other Basic Services

Access to menstrual hygiene products is good.

Incarcerated people reported high levels of regular and adequate access to menstrual hygiene products (87%, n=61).⁹

Some incarcerated people reported problems with ice supply in hot summer conditions.

Finally, several incarcerated people reported problems with ice supply, which exacerbated hardship in the hot summertime conditions in the dormitories. These incarcerated people noted infrequent distributions of ice insufficient to help them cool down or keep their food cold. Others highlighted that correctional staff had on occasion deprived entire units of ice as a collective punishment measure: “They take ice away from whole unit if it’s too loud.” The frequency or breadth of this practice across units is unclear.

Staff Behavior and Security

Incarcerated people at Albion frequently reported incidents of abusive staff behavior to CANY monitors. Of respondents in the general data, 50% reported having seen or been personally subject to verbal or physical abuse by staff (n=64). The open-ended data yielded many reports of varied incidents of abuse and poor treatment in multiple locations throughout the prison. This abuse took various forms: physical, verbal, sexual, racial, gender-based, and others. And while negative reports of experiences with staff far outweighed positive reports, some people in the open-ended data did report mixed to positive experiences with staff.

Physical and Verbal Abuse and Mistreatment

Incarcerated people reported physical and verbal abuse from staff.¹⁰

9 In 2018, Senate Bill S8821A was signed into law to provide menstrual hygiene products free of charge to incarcerated women across the state.

10 In the past, CANY has reported on general staff abuse at Albion. In a 2006 report published by CANY’s Women in Prison Project, CANY recommended that DOCCS take the following steps to address staff abuse: “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; and 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.”

- DOCCS should expedite the installation of fixed cameras throughout all DOCCS facilities, expand the use of body cameras and their operating times, and make footage readily available to oversight bodies and the public.
- DOCCS should publicly report data on unusual incidents disaggregated by type and outcome; staff uses of force disaggregated by level of injury to incarcerated individuals and staff; and outcome of any discipline or other action taken against staff.¹¹

Respondents reported having been targeted for harassment, verbally abused, or physically assaulted by staff (30 instances). One person reported that correctional officers dumped two garbage cans of trash in her living area, in addition to other negative experiences: “A lot of crooked shit happening here.” One person explained that an officer confiscated her identification card and threw it in the trash, requiring her to purchase a new one. “Feel like I am being mistreated, harassed, and humiliated. Do not feel safe,” said one person. One respondent highlighted the verbal abuse, explaining that she feels that she is treated “less than an animal...They don’t look at us if we’re people,” and that a correctional officer calls her “bitch” at least twice a week. Others spoke to experiences with physical abuse: “I’ve seen females in handcuffs get punched.” One respondent reported that in the SHU, multiple officers enter cells to commit assaults.

The mess hall stood out as an environment notable for reported abuse by staff. Incarcerated people reported experiences of mistreatment at the hands of staff – both correctional officers and civilian staff. “The situation in the mess hall is not good,” one person explained in an interview with CANY representatives. “Officers in the mess hall will yell and demean you. They will also make incidents up on tickets.” Others reported experiences of gender-based or sexual harassment and threats of physical violence against them by staff in the mess hall. There also were several instances reporting a cook inappropriately touching incarcerated people; the respondents alleged that the situation had not been taken seriously by OSI or the administration. Another person told CANY monitors that she felt she was being “worked like a slave” in the mess hall: she reported working there seven days a week, despite being assigned only to work five days.

Incarcerated people CANY interviewed also described poor treatment by staff. One respondent reported that “half the staff is condescending,” and that she is “treated like a second-rate person.” Another described the treatment by staff as demeaning,” and one person explained that “some treat you like meat, some like you’re a number.” In this environment where she is “supposed to be rehabilitated,” one woman asked rhetorically, “how can you have a positive outlook?”

¹¹ S9401, a bill active in the 2021-2022 New York State Legislature, includes this provision in Section 1. Subdivision 3 [f.] G.

Some reports spoke to positive experiences with staff (23 instances). Some incarcerated people reported that correctional officers were responsive, fair, respectful, and that they communicated positively. A smaller subset of people reported mixed experiences with staff, highlighting that while most officers were fair, a select few engaged in abusive behavior that negatively impacted their safety in the environment (14 instances). Speaking about how she had been treated by correctional officers, one person said: “Mostly extremely well. A few stragglers that belittle you.”

CANY repeats the following system-wide recommendation regarding the installation of cameras, made previously at Sing Sing PVB No. 22-05, Bare Hill No. 22-06, and Elmira PVB No. 22-07 Correctional Facilities in 2022:

System-Wide Recommendation R11:22

DOCCS should expedite the installation of fixed cameras throughout all DOCCS facilities, expand the use of body cameras and their operating times, and make footage readily available to oversight bodies and the public.

Comments made by both incarcerated people and staff during CANY visits to numerous prisons suggest that the installation of cameras can contribute to a reduction in violence and tension. Based on the consistency of these findings, and the importance of increasing safety, reducing tension, and improving the culture across facilities, CANY recommends that DOCCS expedite the installation of cameras across all facilities at the scale required to substantially eliminate all blind spots.

Installation of cameras at this scale is necessary to allow DOCCS facilities to conform to Prison Rape Elimination Act National Standard § 115.13 Supervision and Monitoring No. 5, which states that “In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration... All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated).”

Furthermore, DOCCS should expand the use of body cameras across all facilities and ensure that they are worn by all security staff and subject to strictly enforced directives for the cameras to remain switched on at all times when there are interactions between correctional officers and the incarcerated population.

Finally, to maintain an adequate level of transparency and promote accountability, CANY recommends that DOCCS make footage from cameras available as part of any grievance process in which footage is requested and that DOCCS ensures that footage from specific incidents is available to oversight agencies and the public upon request.

In conjunction with the above recommendation, CANY recommends that DOCCS publicly report data on unusual incidents disaggregated by type and outcome; staff uses of force disaggregated by level of injury to incarcerated individuals and staff; and outcome of any discipline or other action taken against staff.

Sexual and Gender-Based Abuse and Harassment

Alleged sexual assault, sexual harassment, and gender discrimination pose risks to incarcerated people at Albion.

- DOCCS should offer trauma-informed practice training to all staff working at Albion.
- The Executive should prioritize investments to Rape Crisis Centers and to community-based reentry resources so that individuals who experience sexual assault or gender-based abuse in prison have access to support post-release.

The September 15, 2020, Prison Rape Elimination Act (PREA) audit of Albion concluded that the prison exceeded 12 standards of compliance, met 33 standards, and did not fail to meet a single standard. Such standards included “Zero tolerance of sexual abuse and sexual harassment,” “Inmate Access to Outside Confidential Support Services,” “Agency protection against retaliation,” and “Criminal and administrative agency investigations,” among others.¹² The PREA audit reviewed 15 investigations conducted into allegations of sexual abuse and sexual harassment at Albion between February 1, 2019, and January 31, 2020. Upon investigation, only two of the fifteen allegations were substantiated. Eight were deemed unsubstantiated and two unfounded, while three investigations were ongoing.¹³

CANY representatives learned of numerous reports of sexual abuse and harassment by staff at Albion, the contents of which complicate the findings of the 2020 PREA audit report. Of respondents in general population, 25.8% reported having seen or been personally subjected to sexual abuse or sexual harassment by staff (n=66). In the open-ended data, incarcerated people spoke of their experiences with sexual harassment from staff. One

¹² Prison Rape Elimination Act (PREA) Audit Report: Adult Prisons and Jails. Albion Correctional Facility, New York State Department of Corrections and Community Supervision. September 15, 2020. Passim. (The PREA Audit Report can be found on the Albion Correctional Facility website under “PREA Audit Reports.” See <https://doccs.ny.gov/location/albion-correctional-facility>).

¹³ PREA Audit Report, p. 8. These figures can be placed in the broader context of DOCCS’ published data on sexual victimization. Of 502 completed allegations of sexual victimization of and by incarcerated people in 2018, DOCCS determined that 5.1% of these allegations - or 26 allegations - were substantiated. DOCCS’ 2018 rate of substantiation was comparable to those of 2014, 2015, 2016, and 2017, respectively. Meanwhile, 69.7% of allegations in 2018 were determined to be unsubstantiated and 23.3% unfounded. See New York State Department of Corrections and Community Supervision, “Annual Report on Sexual Victimization: An Analysis of 2014-2018: Sexual Abuse and Sexual Harassment Data” (June 2021), 8-9. <https://doccs.ny.gov/system/files/documents/2021/06/annual-report-on-sexual-victimization-2014-2018-with-2019-aggregated-data-final.pdf>.

person said: “COs will make lewd, inappropriate comments about your body, and say vulgar, sexual things.”

Others reported experiences with sexual abuse. One person explained a disturbing experience where, at night, an officer circled the dormitory cubicles with his body camera turned off, shining his flashlight into cubicles. She explained that the officer attempted to rape her, causing her to panic, after which the officer threatened to put her in the SHU. Another person also spoke of an officer who shined his flashlight into cubicles and attempted to rape incarcerated people at night. Several people highlighted that there were too many male officers on the housing units, especially at night: “triggering for many.”

Several people highlighted the misuse of cameras by correctional staff, as well as the insufficiency of cameras across the prison. “No cameras in here, men are perverts, women don’t work in dorms,” one person said. The executive team reported that Albion has 450 stationary cameras installed within the grounds and on the perimeter. The team expects the addition of 2,000 more cameras but reported that the installation had not yet been scheduled. Their expected timetable for installation was between two to five years. The executive team also stated that the facility had 10 body cameras in use, but only five deployed per shift while the other five recharge.¹⁴ The team explained that body cameras are distributed to areas needed the most, determined in consultation with PREA representatives. CANY representatives observed signage outside of bathroom and shower areas that directs staff to wear and turn on body cameras when entering those areas. The lack of access to body cameras makes compliance with this signage difficult. Incarcerated people reported that staff observed them as they slept, changed clothes, or showered. These people reported that officers looked over into their cubicles or over curtains in the shower stalls, and that they did not announce their presence.

Meanwhile, 28.6% of respondents reported filing an OSI or PREA report in response to sexual assault or abuse at Albion (n=56). Several people described a lack of response, highlighting that in some cases, the staff person accused of misconduct had not been removed from their position of authority. “Certain COs will disregard the PREA issue,” said one incarcerated person of her experience with the handling of sexual abuse and harassment allegations at the prison. Another person said that she was fired from the mess hall for speaking up about the mess hall cook’s abusive behavior and reported that OSI claimed that “people dropped the ball on speaking up.” Others reported facing or fearing retaliation for speaking up, including disciplinary tickets. As highlighted above, certain disciplinary measures such as loss of phones may restrict incarcerated people’s ability to contact sexual abuse or sexual harassment hotline services: “When you’re on loss of phones, you can’t call OSI or PREA.”

¹⁴ DOCCS Acting Commissioner Anthony Annucci reported that Albion was one of at least seven New York prisons to receive funds from a Federal Bureau of Justice Assistance grant to implement and expand the use of body cameras by security staff and specialized units such as OSI. The initial grant in 2018 from the Federal Bureau of Justice amounted to \$835,196. DOCCS then received an additional grant of nearly \$3 million in September 2019. Body cameras were slated to be deployed across seven prisons: Clinton, Bedford Hills, Great Meadow, Albion, Taconic, Fishkill, and Greene. See New York State Department of Corrections and Community Supervision, “DOCCS Today,” (Fall/Winter 2019), pp. 1-3.

Incarcerated people also highlighted their experiences with gender-based harassment and abuse by correctional staff, namely toward nonbinary and transgender people. “They treat trans folk differently,” one person highlighted. Another explained their perception that correctional staff are intolerant toward transgender people, disregarding their pronouns and stating to the woman in question: “You’re a man.” Others, including members of the ILC and IGRC, noted a lack of access to clothing to match gender identity, which contributed to the broader perception of discrimination against transgender people.

Of respondents, 31.5% reported having experienced sexual or gender-based violence before their current incarceration (n=54). Several of these people directly linked their experiences of sexual abuse as children to their current circumstance of incarceration. In one instance, an incarcerated woman reported that, following her attempted suicide, an officer publicly taunted her about the sexual violence she experienced as a child.

In the past, CANY has reported on sexualized and gendered staff abuse at Albion. In a 2006 report published by CANY’s Women in Prison Project, CANY recommended that DOCCS take the following steps to address sexual and gender-based abuse and harassment: “Improve the identification of and response to officer sexual misconduct. Recommended steps include: (1) increasing DOCCS’ 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 DOCCS Training Academy curriculum.” In the past 16 years, DOCCS has made incremental progress toward these recommendations. For example, the resources available to survivors of sexual assault have expanded through the establishment of the PREA Statewide Rape Crisis Hotline, which connects incarcerated people to community-based rape crisis programs where they may receive counseling, emotional support services, and victim advocacy.

More work remains to be done to provide safe and therapeutic spaces free from sexual violence and abuse. In September 2022, DOCCS was awarded a grant by the Bureau of Justice Assistance for the “implementation of PREA standards, protecting people who are incarcerated, and safeguarding communities.” In their solicitation of this funding, DOCCS proposed to “reduce sexual abuse in facilities, increase staff capacity (ability) for preventing sexual abuse in facilities, the promotion of PREA standards into the day-to-day facility operations and cultures, identify and document innovative and promising practices in order to inform similar efforts across the nation and, most significantly, further reinforce DOCCS’ zero-tolerance stance of sexual abuse in its facilities.”¹⁵

15 Details of the U.S. Department of Justice Bureau of Justice Assistance grant to DOCCS can be found at: <https://bja.ojp.gov/funding/awards/15pbja-22-gg-01649-prea>.

The installation of cameras throughout Albion and the expanded use of body-worn cameras are essential initial steps toward addressing the most egregious abuses alleged by incarcerated people. CANY further recommends that DOCCS prioritize training for staff on trauma-informed approaches, in light of the significant proportion of incarcerated women who have experienced violence and abuse. Additionally, CANY recommends that the Executive expand investments for Rape Crisis Centers statewide, including those that offer services to incarcerated people at Albion, as well as to community-based reentry resources so that individuals who experience sexual assault or gender-based abuse in prison have access to support post-release.¹⁶

Racialized Abuse and Discrimination

Racialized abuse and discrimination are common at Albion.

- DOCCS should publish progress reports on its efforts to implement the initiatives outlined in its Diversity, Equity and Inclusion Five Year Strategic Plan.
- DOCCS must hold staff accountable for racist acts through investigation and enforcement.

Reports from incarcerated people also highlighted the prevalence of race-based abuse at the prison. Of respondents in general population, 43.3% reported having seen or experienced racialized abuse by staff at Albion (n=60).¹⁷ Respondents spoke to their experiences of racialized stereotyping, discriminatory language, and threats of racialized violence.

Incarcerated people reported feelings of racialized discrimination in program enrollment. One person reported that a program supervisor refused Black women's enrollment in his outdoor maintenance program. She also shared her perception that the better programs were reserved for white people, while Black people had to work in the mess hall. Another person reported that there were no Black students in the horticulture or culinary programs, two of the most desirable vocations offered at the prison. Several people spoke about their perception of racialized discrimination in the disciplinary process: "everyone Black is getting done wrong; get more discipline for speaking out."

Others spoke to their experiences of demeaning language, such as being called "nigger," "pig," "porch monkey," or "nappy-headed bitch." One person said: "It's different here. It reminds me of a plantation run by Klansmen."

¹⁶ "Prison Sexual Assault," New York State Coalition Against Sexual Assault. <https://www.nyscasa.org/get-help/prea/>.

¹⁷ This figure is comparable to the response rates at Bare Hill in March 2022 to a similar question. At Bare Hill, 55.1% of respondents reported having seen or experienced racialized violence by staff (n=98). For further context, Elmira recorded a much lower rate of experience or witnessing of racialized violence by staff (19.6%, n=46).

A 2016 investigation conducted by the New York Times revealed findings of systemic racism and discrimination widespread within DOCCS facilities, specifically within the disciplinary process, consistent with CANY's findings at Albion. Following the report's publication in 2016, Governor Cuomo ordered the Inspector General's office to conduct an investigation into racial bias within DOCCS facilities.¹⁸

In its Diversity, Equity and Inclusion Five Year Strategic Plan,¹⁹ DOCCS has articulated comprehensive goals and objectives along with metrics for measuring progress toward establishing a diverse and inclusive workplace. CANY calls upon DOCCS to publish interim progress reports on the impact of these efforts. CANY also recommends that the Office of Special Investigations prioritize investigations into allegations of racial discrimination and racialized abuse and, in partnership with the Civil Rights Task Force²⁰, hold accountable those employees who violate the civil rights of incarcerated people and fellow employees.

Medical and Dental Healthcare

Incarcerated people at Albion face inadequate quality and accessibility of healthcare services, especially medical care.

- DOCCS and OMH should improve the responsiveness to requests for all healthcare.
- The Legislature should pass a bill designating the New York State Department of Health as the oversight entity for all healthcare provided in DOCCS facilities.

The poor quality and accessibility of healthcare was one of the most prominent findings from CANY's monitoring at Albion. Incarcerated people reported long waits for treatment, problems with the quality of care and emergency healthcare responses, harsh treatment by healthcare staff, the interference of correctional staff with healthcare, and tensions between healthcare and work.

Of respondents in general population, 86.6% reported having requested medical care (n=67), and 76.5% reported having requested dental care (n=68). And 71.7% of those who had requested medical care said that they received a response (n=53), while 76.2% of those who

18 Tyler Pager, "Cuomo Ordered an Investigation of Racial Bias in Prisons. Nearly 2 Years Later, It's Not Done." New York Times, September 4, 2018. <https://www.nytimes.com/2018/09/04/nyregion/racial-bias-prisons-cuomo.html>.

19 "Diversity, Equity, and Inclusion Five year Strategic Plan, 2021-2025" New York State Department of Corrections and Community Supervision <https://doocs.ny.gov/system/files/documents/2022/04/diversity-equity-and-inclusion-five-year-strategic-plan-2021-2025.pdf>.

20 As referenced here <https://twitter.com/NYSDOCCS/status/1526626983832178688>

had requested dental care said that they had received a response. Yet 60.7% of respondents reported having unaddressed medical or dental needs (n=56). And of those who had requested medical attention but did not receive a response, 70.8% reported having waited longer than one month (n=24). Of those who had received a response to their medical request, 57.6% reported having waited longer than one month (n=33). Of those who had requested dental but not received a response, 66.7% reported having waited longer than one month (n=21), while of those who had received a response to their dental request, 48.4% reported having waited longer than one month (n=31).

The open-ended data revealed many experiences speaking to long waits for medical treatment, including not receiving care at all (37 instances). One person reported that she had been waiting for five months to biopsy a lump that she feared could be cancerous. One person described how, due to a lack of timely care, she treated a sore on her foot by herself, using hand sanitizer. And another reported slipping on facility grounds because of a lack of salt on walkways, resulting in a torn ACL and bone fractures. In response, she received pain medication and reported waiting a “long time” for her knee replacement.

Incarcerated people also reported problems with the timeliness of dental care: One person reported having waited seven months for her tooth to be pulled; when she followed up, she reported being accused of whining, as she was “on the list.” Another reported still not having been seen for a broken tooth. Another said that she waited five months for a tooth to be pulled.

Those who are seen by healthcare staff reported that inadequate quality of that care. Of those who had received medical or dental care, only 19.7% said that the level of care was adequate (n=61).²¹ This low satisfaction rate was corroborated by numerous open-ended accounts (27 instances). One person explained: “Medical staff does not give us proper treatment and needs to attend to us better. A lot of women here are sickly.” One person reported receiving, at different times, too much medication, not enough medication, or the wrong medication. A physically disabled person reported being unable to receive a wheelchair to navigate the prison grounds.

A major problem with healthcare reported to CANY at Albion concerned the prison’s handling of emergency situations.²² Of respondents, 60.7% reported having experienced or witnessed an emergency medical or mental health situation at the prison (n=61). Various accounts from the open-ended data spelled out the extent of the problem with emergency healthcare responses (49 instances). These accounts described poor or delayed responses to crises such as self-harm, overdoses, chest pains, bone fractures, and most frequently, seizures. One person reported that when an incarcerated woman had a seizure, it took

21 This figure falls well below the rates recently reported by CANY monitoring at Bare Hill in March 2022 (50.6%, n=83) and Elmira in April 2022 (46.5%, n=43).

22 In contrast to this finding, in a 2006 report on Albion published by CANY’s Women in Prison Project, CANY found that most incarcerated people gave “positive reports about staff responding quickly and efficiently to situations that had been clearly identified as medical emergencies.”

nearly half an hour for medical to respond. Another person reported waiting three hours in medical before being treated for an attempted suicide. Two people reported slow responses to emergencies suffered by correctional staff. In one instance in 2020 in the I-Block dormitory, an incarcerated person reportedly saved the life of an officer by performing CPR. In the other instance, it reportedly took medical staff 30 minutes to respond to an officer’s medical emergency.

Incarcerated people frequently reported experiences with harsh treatment from healthcare staff (21 instances). Respondents mentioned disrespectful attitudes among nurses, who reportedly dismissed their ailments. One person reported a nurse dismissively responding to her requests for treatment. That nurse reportedly did not take any vitals and instructed the patient not to return. Later the patient learned that she was suffering from kidney stones that required a stay of six days in the infirmary. Furthermore, numerous patients reported disregard of the seriousness of their medical issues by the head physician at Albion.

Others reported experiences of interference of security staff with healthcare, which in some instances resulted in the denial of access to services (7 instances). One person reported getting into an argument with an officer over her request for a bandage. The officer ultimately refused her access to medical. Another person reported being sent to the SHU for skipping her medication. Some people also reported that staff expected their work responsibilities to take priority over their health while incarcerated. One person reported that incarcerated people are sent back to work or programs almost immediately after surgery, and that refusal leads to discipline.

CANY makes the following system-wide recommendation, repeated from Elmira PVB No. 22-07, as it relates to responsiveness to healthcare needs:

System-Wide Recommendation R20.22	
<p>DOCCS and OMH should improve the responsiveness to requests for all healthcare—medical, dental, and mental health—and ensure that an adequate level of care is provided.</p>	<p>The delivery, accessibility, and quality of care for incarcerated individuals, as well as accurate screening and diagnoses, are of critical importance, especially for those entering the system for the first time. As these screenings and diagnoses impact where people are incarcerated and the kinds of services they have access to while at a specific facility, it is crucial that prison-based healthcare is delivered by a sufficient number of staff who possess the required sensibilities and skills allowing for the appropriate treatment of people with healthcare needs.</p>

CANY also repeats the following system-wide recommendation from Bare Hill PVB No. 22-06 and Elmira PVB No. 22-07:

System-Wide Recommendation R18:22

CANY recommends that the Legislature pass a bill to ensure that health facilities and services within DOCCS and local correctional facilities are overseen by the New York State Department of Health (DOH) and that DOH complete and publicly release its review of DOCCS' COVID-19 health policy.²³

Programs

Albion offers a variety of positive programming experiences whose effectiveness is limited by understaffing, under-enrollment, and punitive experiences.

- CANY recommends that DOCCS take steps to further bolster programming through reviewing current program staff levels and prioritizing recruitment of qualified instructors to fill vacant positions.
- CANY also recommends that DOCCS develop plans to expand successful programs systemwide so that more incarcerated individuals may be engaged in programming.

Incarcerated people at Albion reported rates of programming accessibility comparable to those found at other prisons recently monitored by CANY. Of respondents in the general data, 69.8% said that they had access to the academic and vocational programs they needed (n=63). Albion offered academic training²⁴ as well as vocational training.²⁵

23 A168 is a bill active in the 2021-2022 New York Legislative Session that would codify the Department of Health as the oversight entity for healthcare in prisons.

24 As of June 22, Albion offered academic training through three programs: Adult Basic Education (ABE), High School Equivalency (HSE), and the English as Second Language or Bilingual program (ESL). Albion also partnered with Genesee Community College, Bard College, and Medaille University to offer post-secondary education. According to the executive team, there were no waitlists for college enrollment. The executive team also reported that Albion maintained special programming for the under-21 population.

25 As of June 22, Albion offered vocational training in culinary arts, horticulture, cosmetology, flooring, building maintenance, and custodial maintenance. It also offered training in a series of industry programs: metal working, welding, paint shop, and sign shop.

According to the executive team, Albion's vocational programs included NCCER certification for the incarcerated trainees. In her conversation with CANY monitors in the metal working program, one incarcerated person spoke positively about the value of the four welding certifications she had received. She emphasized that she wanted to continue the work upon release, as she highlighted her contributions to the world outside of prison – including building the grills installed in state parks across New York. She reported receiving a wage of 42 cents per hour.

In the open-ended data, some incarcerated people spoke about their adequate to positive experiences with programming at Albion (14 instances). These respondents reported that programs contributed to their happiness, built their self-esteem, and set them up to overcome substance use issues. One person reported feeling “overly prepared” after her programming experience. Another explained that programming was the best aspect of Albion, while another emphasized her supportive, respectful, and helpful relationship with her program instructor. Others reported adequate to positive experiences with the quality and accessibility of family services programming at Albion. Of respondents in the general data, 71.8% reported having access to family services programs (e.g., parent education, individual or family counseling, or nursery services for those who are pregnant upon admission to DOCCS custody) (n=39).

Incarcerated people – including members of the ILC and IGRC – highlighted problems with programming staffing levels at the prison. Incarcerated people reported that, among other staffing issues, Albion had lost three ASAT counselors within the three months before CANY's monitoring visit. Members of the ILC and IGRC linked these staffing losses to decreases in the quality of ASAT at Albion: they reported that the prison now offers a 90-day ASAT program instead of a 6-month program. The executive team also reported that, as of June 22, Albion lacked a librarian, and that the law librarian comes at 1 p.m. An incarcerated person reported that the library was closed because of this staff vacancy, preventing her from fulfilling her program enrollment as a library clerk.

DOCCS administrative data supported these findings. Albion's recommended total staffing allocation for program services was listed at 79.5 items (positions), spread across guidance activities, academic and general education, vocational education, and various other programs. Of Albion's recommended total staffing allocation, 57.9 positions were filled. This amounts to a program services staff fill rate of approximately 73%. Vacancies were most prominent in guidance activities, where five of 22 recommended staffing items were unfilled; academic and general education, where 4.5 of 13 recommended staffing items were unfilled; and in ASAT, where six of ten recommended staffing items were unfilled. Vocational programs were nearly fully staffed, with only one of nine recommended staffing items remaining unfilled.²⁶

26 CANY accessed this information through a FOIL request to DOCCS for staffing data. In response to the request, CANY received data from the DOCCS Budget and Finance Office on staffing levels in security, program services, and support services, among other areas, across all New York prisons. Data from this FOIL request will henceforth be cited as “DOCCS program data.”

Understaffing may contribute to experiences of long waitlists or delays to program enrollment, which some incarcerated people reported in the open-ended data (9 instances). Some of these respondents highlighted unresponsiveness from program staff to their enrollment requests. One person reported having written “everyone at the facility level” to understand why she had not been enrolled in ASAT despite her requests. She had not received an answer. Others reported that the long waitlists hindered their efforts to secure a timely release: “I am on a waiting list. It takes too long and [I did] not get into the program in time for a parole board hearing.” Another person explained that the backup in ASAT enrollment had delayed her earliest release date.²⁷ By contrast, the Albion executive team reported short wait lists for programs.

There also were several reported problems with selective enrollment or under-enrollment in programs at Albion. Incarcerated respondents explained their experiences of restriction from certain types of programming because of their unit, disciplinary status, or other factors (18 instances). Some people reported disenrollment from or lack of eligibility for programs because of their disciplinary status.

Incarcerated people reported selective enrollment in programs which they attributed to discrimination. Some incarcerated respondents highlighted their perception of racial discrimination in program enrollment, as noted above.²⁸ One person reported that there were no Black students in the horticulture or culinary programs, two of the most desirable vocations offered at the prison. And another reported that a staff member refused Black incarcerated people’s enrollment in his outdoor maintenance crew.

Low program enrollment was most evident in work release, which, as of June 22, maintained an enrollment of only two incarcerated people. This figure was down from eight individuals previously enrolled. A walkthrough of the work release building revealed 20 beds available on one side of the hall on the second floor, opposite of the side that was also empty apart from those two incarcerated enrollees. CANY monitors also found that Albion staff did not provide transport for the incarcerated people to their jobs on the outside. This lack of transportation makes it so that incarcerated people in work release must either arrange to take them to and from work or find employment within walking distance of the prison.²⁹

Some incarcerated people reported harsh treatment by program staff, namely that their program instructors were rude or condescending. “Overbearing, over-controlling, and vindictive,” said one incarcerated person of her experiences with program staff. Another reported feeling like she had to “walk on eggshells to get an education” because she “can get kicked out” of academic programs “for the slightest thing.”

27 The ILC and IGRC also reported low enrollment (15 people) in the Comprehensive Alcohol and Substance Abuse Treatment (CASAT) program at Albion, the only CASAT program in the state.

28 See Section 2: “Staff behavior and security.”

29 The experience of work release at Albion can be compared with that at Orleans, where the executive team reported to CANY monitors that program staff arranged for facility vans to transport incarcerated men to their places of employment. Compared to Orleans and the system-wide figures, Albion maintains a ratio of incarcerated people to correctional staff more favorable to the facility (0.93).

Incarcerated people reported being required to work in facility maintenance at the expense of enrollment in academic and vocational training. “They want you to work for the facility,” said one person of her perception that Albion administration prioritized filling their maintenance needs over placing her in her desired academic and vocational programs. Another person shared this perception, adding her feeling that access to rehabilitative programs was delayed until the end of sentences, in order for incarcerated people to work in facility maintenance first. Another person reported being removed from her pre-GED program to be made a porter. Incarcerated people understood work assignments as a requirement, enforced by the disciplinary process. This requirement to work induced some incarcerated people to work through their health problems. The Albion executive team highlighted the DOCCS rule stipulating that unless an incarcerated individual is under 21 or medically unable, a disciplinary ticket is issued “for no work.”³⁰

Given the value and positive experiences with programming that incarcerated people at Albion described, CANY recommends that DOCCS take steps to further bolster programming through reviewing current program staff levels and prioritizing recruitment of qualified instructors to fill vacant positions. CANY also recommends that DOCCS develop plans to expand successful programs systemwide so that more incarcerated individuals may be engaged in programming.

Discipline

The disciplinary system is perceived as overused and unfair.

- DOCCS should continue to publicly report disciplinary data, disaggregated by type and outcome, and include all relevant demographic categories.³¹

Many incarcerated people reported experiences with an unfair and biased disciplinary process. Only 18.9% of respondents reported considering the disciplinary system fair (n=37), while 57.6% reported having been subject to discipline at Albion (n=59). Several people reported the fabrication or excessive use of ticketing by correctional officers, describing officers as “ticket happy.” One person reported that officers “write tickets for stupid things. They gave me a ticket for laying on my cubicle floor during a panic attack.” She added that OMH helped her get the ticket dismissed. Others described problems at later stages of the disciplinary process, namely hearings: “You can go in with proof and they’ll still slap you with a guilty charge on a technicality. They control the process,” said one person of her perception of unfairness in the disciplinary system. “Lots of injustice going on. Any

30 For the cited DOCCS policy, see Directive #4401, “Guidance & Counseling Services,” IV.C.7 (p. 6). <https://doccs.ny.gov/system/files/documents/2021/11/4401.pdf>.

31 S9401, a bill currently active in the New York State Legislature, includes this provision in Section 1. Subdivision 3 [f.] G.

evidence we bring doesn't matter. Always word of officer, nothing for our defense. Can't use camera footage. It messes us up mentally."

Incarcerated people reported loss of access to services and programming as a frequent disciplinary measure – a measure that people at Albion referred to as “loss of life” (23 instances). Incarcerated people at Albion described “loss of life” as losing access to basic services – including to any or all of phones, tablets, visits, recreation, programs, commissary, ice, or packages. These restrictions appear to be a commonplace disciplinary practice at Albion. Others described other “loss of life” measures, including the confiscation of their already purchased food: “Loss of everything. Sometimes the officers will take your food and throw it out. When they take your ice for two weeks, the food you buy spoils.”

Incarcerated people at Albion frequently spoke to CANY monitors about their perceptions of arbitrariness and unfairness in the disciplinary process (18 instances). “Discipline is the worst part of Albion...they are arbitrary,” emphasized one person of her experience with disciplinary process staff. Incarcerated people described the use of tickets as excessive and harsh – measures that made it hard for them to navigate the prison, address their health needs, or benefit from the rehabilitative elements available. Several people spoke to their perception of racial discrimination in the disciplinary process: “everyone Black is getting done wrong; get more discipline for speaking out.”

CANY recommends that DOCCS publicize disciplinary data, disaggregated by type and outcome, and include all relevant demographic categories.

Material Conditions and Environmental Issues

Albion's physical plant is deteriorating. Extreme heat poses challenges that must be addressed.³²

- DOCCS should prioritize a capital project to renovate shower areas.
- DOCCS must take steps to address inadequate material conditions at Albion and failures to carry out adequate maintenance of aging infrastructure.

32 In a 2006 report on conditions at Albion, published by CANY's Women in Prison Project, CANY recommended that DOCCS conduct an investigation into “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.”

- DOCCS should develop an action plan to address temperature regulation and exposure to extreme temperatures across facilities, including steps to install temperature control systems.
- The Extreme Heat Action Plan Work Group should consider and analyze the impact of extreme heat on incarcerated people, who fit into their criteria for people most vulnerable to extreme heat.

Incarcerated people at Albion frequently expressed problems with material conditions and environmental issues, especially with showers, bathrooms, appliances, and hot temperatures. Only 36% of respondents in the general data reported that the equipment and fixtures in their cells or living areas were working properly (n=64).

Numerous incarcerated people in the general data reported leaking, moldy, or otherwise unusable showers in the housing units (44 instances). Respondents across multiple dormitories described flooded showers due to poor drainage. The presence of mold and mildew in the showers featured as one of the most common complaints in the open-ended data. Other notes about the showers spoke about the poor water pressure, leaking showerheads, insects, and poor ventilation. Incarcerated people reported that these problems contributed to an insufficient number of operable showers available in their housing units, causing long waits. One person reported that the more than 40 women in her dormitory had to use the single operable shower for a span of three months.

During the April 2022 visit to Elmira Correctional Facility, CANY learned of a planned capital project to renovate the shower areas in reception. DOCCS should replicate this capital project in all shower areas at Albion as soon as possible to ensure that incarcerated people are able to shower in hygienic, safe, and dignified environments. In the interim, DOCCS should perform routine maintenance on showers and showers areas to reduce clogging, standing water, and flooding.

Respondents also highlighted the presence of inoperable sinks and toilets in their units. Incarcerated people reported that many sinks overflowed due to clogging or were otherwise inoperable. Others described broken toilets on their units, limiting the number of bathrooms available within each dormitory. Several incarcerated people described an instance in which the sewage pipes on their unit backed up and overflowed. Respondents explained that work orders took weeks or months to fulfill, and that sometimes they were not fulfilled at all.

CANY monitors noticed many dirty sinks and water sinks that had been marked “DO NOT USE” or bagged to prevent use across the facility. Many bathrooms across the facility also had been marked “DO NOT USE.” Some water fountains had dirty brown water sitting on their surfaces, and some of the others that did function had low water pressure. The lack of operable water fountains was particularly noticeable in the programs building.

The incarcerated population at Albion expressed uncertainty regarding the safety of their drinking water supply. Although 83% of respondents in the general data reported having access to clean drinking water (n=59), a significant number of incarcerated people in the open-ended data explained feeling that the drinking water was dirty, hot, or had an unpleasant taste (25 instances). Others shared some or most of these perceptions about water but qualified it by explaining that sometimes, or in certain places, the water is good.

Incarcerated people also highlighted problems with appliances, namely the washers and dryers. Respondents noted the insufficient number of operable washing machines on their housing units. Others noted long waits to repair the broken dryers in the dormitories.

As inadequate material conditions have been uncovered on other monitoring visits to Sing Sing Correctional Facility in February 2022 PVB No. 22-05; Bedford Hills Correctional Facility in November 2021 PVB No. 22-04; Downstate Correctional Facility in October 2021 PVB No. 22-03; Great Meadow Correctional Facility in June 2021 PVB No. 22-01; and Elmira Correctional Facility in April 2022 PVB No. 22-07, CANY escalates the following recommendation, from Sing Sing PVB No. 22-05 and Elmira PVB No. 22-07, to be applied system-wide:

System-Wide Recommendation R21.22	
<p>DOCCS must take steps to address inadequate material conditions and failures to carry out adequate maintenance of aging infrastructure.</p>	<p>Conditions inside living spaces have direct and profound impacts on the overall well-being of incarcerated people. According to DOCCS Directive #4009, there are established minimum standards in place to allow for the continued health, cleanliness, and morale of incarcerated individuals, and that “personal and frequent inspection by the Superintendent and daily supervision by assigned staff shall be carried out to ensure compliance with these standards.”</p>

Respondents in the general open-ended data frequently highlighted problems with hot temperatures (31 instances). And only 17% reported that, in the summer, it was adequately cool inside (n=59). In turn, only 51.9% reported that, in the winter, they had adequate heat inside (n=54). In the summer, however, incarcerated people reported excessive heat in their living spaces as well as poor ventilation, broken or insufficient fans, and not enough ice. As noted above, some people reported that correctional officers restricted the distribution of ice as a collective punishment measure. Others reported that heaters operated into the warmer months. Numerous people emphasized the need for more fans or air conditioning in the units: “Oh my goodness...we need an AC.” One person described the effects of the heat on her physical health: “The summer is really hot and it’s really bad. I feel light-headed because of the heat.”

To effectively address widespread issues regarding temperature, CANY makes the following system-wide recommendation, first made in Elmira PVB No. 22-07:³³

System-Wide Recommendation R19.22

DOCCS should develop an action plan to address temperature regulation and exposure to extreme temperatures across facilities, including steps to install temperature control systems.

CANY urges DOCCS to take additional steps to mitigate the impact of extreme temperature exposure, including but not limited to such measures as³³:

- DOCCS should publish information about the number of facilities that currently lack effective temperature control systems, such as air conditioning and heating, or where maintenance problems (i.e., broken windows) prevent appropriate heating or cooling.
- DOCCS should monitor and more effectively control temperatures inside facilities, especially in housing, program, and industry areas, by establishing a temperature control directive that mandates routine temperature checks and a standard for temperatures inside facilities.
- DOCCS should maintain a list of incarcerated people and staff with medical conditions that make them more susceptible to heat and monitor their wellbeing. Until temperature regulation systems are installed, DOCCS should also immediately move heat-sensitive individuals to air-conditioned housing, unless the individual elects not to move.
- DOCCS should supply personal fans free of charge to all incarcerated people housed in units that are not air conditioned.
- DOCCS should supply ice, bottled water, and additional access to showers during extreme heat events.
- DOCCS should increase rounds and wellness checks during extreme weather.
- DOCCS should provide shade on the exercise yards.
- DOCCS should establish a capital improvement plan that addresses the impact of climate change.

In addition, CANY recommends that the Extreme Heat Action Plan Work Group³⁴, convened by the Department of Environmental Conservation (DEC) and New York State Energy Research and Development Authority (NYSERDA), analyze the impact of extreme heat on incarcerated individuals and people working in prisons and articulate their specific needs in their long-term heat adaptation plan.

³³ Many of these recommendations were made by the New York City Board of Correction in 2019. See: <https://www1.nyc.gov/assets/boc/downloads/pdf/Reports/BOC-Reports/BOC-Heat-Report-and-Recommendations-2019-09-09.pdf>.

³⁴ Extreme Heat Action Plan Work Group, "Interim Recommendations: Preparing for Extreme Heat," Department of Environmental Conservation (2022). <https://www.dec.ny.gov/docs/administrationpdf/ehainterimrecommendationsreport.pdf>.

Grievances

The grievance process at Albion fails to give incarcerated people recourse for their problems.

- DOCCS should assess the scale of failure in the grievance process and take immediate action to improve the scope of the process so that all issues affecting incarcerated people can be addressed through one mechanism.

Incarcerated people expressed dissatisfaction with the fairness and responsiveness of the grievance process at Albion. Of respondents in the general data, 56.9% reported having filed a grievance at Albion (n=65). Respondents in the open-ended data reported various reasons for filing grievances. Some of those reasons outlined by incarcerated people included: the refusal of officers to recognize a transgender individual's pronouns; numerous instances of delays or inattentiveness to a person's medical needs; the new package restrictions; discovery of a rock in a person's food in the SHU; the poor condition of the showers, bathrooms, and laundry machines; and staff harassment and abuse, among others.

Of those who reported filing a grievance, only 34.3% reported that their grievance had been resolved (n=35). And of those who did receive a response to their grievance, 40% reported waiting longer than one month (n=25). The open-ended data offered evidence of incarcerated people's long waits for resolution of their grievances, including not getting resolution at all (7 instances). Some respondents explained that their grievances had disappeared, with no follow-ups or hearings scheduled. "They throw people's grievances in the garbage," one person said of her experience with the process. "My grievances have disappeared, come out missing, never gotten [a] hearing, they never got to Albany," said another. Others described that responses and resolution come too late to be helpful or without consultation with the grievant.

Only 25% of respondents considered the grievance process fair (n=40). The open-ended data added support to this statistic, as numerous incarcerated people described a biased or dysfunctional grievance process (21 instances). One person described the grievance process at Albion as a poor way to solve problems, while another described the system as corrupt. Others emphasized the one-sided handling or resolution of grievances in favor of staff: "They ride out for each other." Others described their experiences with abrupt cancellations of or poorly conducted hearings. Finally, a set of open-ended responses expressed experiences of retaliation, or the fear of retaliation, for filing grievances (6 instances).

As issues around the fairness and clarity of the grievance process are present across facilities, we repeat the following system-wide recommendation from Great Meadow PVB No. 22-01, Clinton PVB No. 22-01, Bare Hill PVB No. 22-06, and Elmira PVB 22-07:

System-Wide Recommendation R1.22	
<p>DOCCS should assess the scale of failure in the grievance process and take immediate action to improve the scope of the process so that all issues affecting incarcerated people can be addressed through one mechanism.</p>	<p>To address the issues around grievances DOCCS should firstly seek to understand the extent of the problem. DOCCS should conduct an assessment to understand why so many people see no value in the grievance process as it currently operates; the amount of time taken to resolve each grievance; whether there are significant numbers of grievances that go missing; and which element of the system is responsible for missing requests. This review should use Directive #4040 Inmate Grievance Program as guidance for measuring this process against timelines.</p> <p>Beyond the directive, this review should assess how many incarcerated individuals cite retaliation as a reason for not to engage with the grievance process and implement measures to protect against retaliation.</p>

Mental Healthcare

Incarcerated people benefit from OMH services at Albion, despite some problems with medication and punitive experiences.

Incarcerated people generally expressed good experiences with the mental healthcare services provided at Albion. Of respondents who reported being on the OMH caseload, 68.5% reported that they were getting the mental health programs that they needed (n=54). Respondents in the open-ended data described OMH services as good, excellent, consistent, “better than medical,” and present, among other terms. One person explained that “OMH is one of the best things” at Albion, and that mental health services there had helped her tremendously. Some people expressed satisfaction with their experiences in one-on-one counseling with OMH staff. Other respondents described OMH staff to be communicative and compassionate, and one person explained that the “whole staff is wonderful.”

Open-ended data somewhat complicated this assessment, particularly regarding problems with medication (16 instances). These respondents described experiences with over-medication; under-medication; insufficient communication about what medications they had been prescribed; and side effects such as weight gain, itchiness, loss of focus, and fatigue.

Others expressed problems with the response to suicide and self-harm at Albion. Of respondents in the general data, 14.8% reported having attempted to hurt themselves in the prison (n=61). Open-ended responses highlighted inappropriate or delayed responses to self-harm emergencies, such as the report mentioned above of the officer taunting an incarcerated person after her suicide attempt. One person reported being held in observation for a full day in an overheated cell after her self-harm attempt, an experience that left her feeling dehumanized. Another also reported being held isolated in a stifling room with the heater on and the window sealed after her suicide attempt.

Numerous incarcerated people spoke to CANY monitors about their varying mental health issues and needs within the relatively high OMH caseload at the prison (72.3% of respondents, n=65).³⁵ People at Albion expressed struggles with anxiety, depression, post-traumatic stress disorder (PTSD), thoughts about suicide and self-harm, troubling sleeping, and bipolar disorders. Many of these people linked their mental health struggles to aspects of life in prison. One person said of their thoughts of self-harm at the prison: “Suicidal thoughts, because this is a wicked place.” Another explained that the sound of a gunshot triggered her PTSD. This gunshot may have been from the firing range located next to the Albion facility grounds, where correctional officers complete their firearm training. CANY monitors heard the discharge of firearms from the range while walking the prison grounds.

Food

Food provisions at Albion are unappetizing, unhealthy, insufficient, or associated with stress and punishment.

- The executive team at Albion should conduct an audit of the quantities of cook-chill meals arriving at Albion each day and ensure that quantities align with “the standard portion list” per menu as documented in the Food Service Operations Manual.
- DOCCS should take a series of comprehensive steps to increase the quality and accessibility of food.

Incarcerated people expressed problems with the quality and accessibility of food at Albion. Of respondents in the general data, 58.6% reported receiving three meals per day in adequate portions (n=58). The open-ended data supplemented this statistic with numerous accounts of problems with food quality (39 instances) and food accessibility (15 instances). Incarcerated people described the food with descriptors such as “terrible,” “inadequate,” “gross,” “not healthy,” “not fresh,” “not very palatable,” or “mostly palatable.”

35 For comparison, 72% of respondents at Elmira in April 2022 reported receiving services from OMH (n=53). Meanwhile, at Great Meadow in June 2021, 48.6% of respondents reported receiving services from OMH (n=105), 43.8% at Clinton in July 2021 (n=153), and 65.2% at Bedford Hills in November 2021 (n=46).

Some respondents explained that the food is served cold or that it exacerbates their health conditions. Others emphasized the lack of healthy options available to them. Another person explained that the milk did not taste fresh and called for more fresh vegetables. She highlighted that the prison has a vegetable garden, but that its produce is not available to the incarcerated population who grow it. CANY monitors learned that the food is donated to a local food bank.

Others spoke about the inadequate provisions. “Enough to fill, but not to be healthy,” one person said. Numerous others reported that the prison often ran out of food, with one person explaining that on at least one occasion the mess hall ran out of chicken and substituted it for a piece of bread and cheese. Another who worked in the mess hall reported that she was not allowed to “give out a lot” in the portions. “Can’t say meals are adequate in portions,” said another. “It’s like they’re feeding a two-year-old,” she continued.

Some people also spoke about the use of food as a means of punishment by correctional staff (4 instances). As highlighted above, incarcerated people highlighted the confiscation of their food items by officers – or the confiscation of ice, which led their food to spoil. One person emphasized the stressful conditions under which incarcerated people were expected to eat their meals in the mess hall. She reported that incarcerated people only had two minutes to leave their housing units for the mess hall, and that if they were late, they were turned back without eating. Others reported being rushed in and out of the mess hall, deterring them from eating enough to feel full. And as highlighted above,³⁶ incarcerated people reported mistreatment by staff in the mess hall. People outlined experiences of verbal and physical abuse by security as well as civilian staff in the space, in addition to instances of gender-based or sexual harassment and assault.

A 2021 CANY survey-based report³⁷ revealed themes and concerns around prison food similar to the above issues described at Albion. CANY uncovered that food available for incarcerated people was unhealthy, inaccessible, and often used as a means of punishment.

To understand why more than 40% of people at Albion alleged that they did not receive three meals per day in adequate portions, and to understand the reasons for the substitution of chicken with other ingredient, the executive team at Albion should conduct an audit of the quantities of cook-chill meals arriving at Albion each day and ensure that quantities align with “the standard portion list” per menu as documented in the Food Service Operations Manual.³⁸

In addition to the aforementioned facility-specific recommendations, CANY makes the following system-wide recommendations to improve the quality and level of access to food:

36 See Section 2: “Staff Behavior and Security.”

37 “Food Access and Quality in New York’s Prisons.” Correctional Association of New York (2021). <https://static1.squarespace.com/static/5b2c07e2a9e02851fb387477/t/60a83814310e6523b77d491a/1621637141227/CANYFoodAccessQualityinNYPrisons2021.pdf>.

38 “Food Service Operations Manual, Directive #4310, January 2022,” NYDOCCS. Office of Nutritional Services, p.4

System-Wide Recommendation R22.22

DOCCS must take comprehensive steps to increase the quality and accessibility of food.

- DOCCS should publish nutritional guidelines to increase transparency about quantities and quality of food provided in state prisons. These guidelines should stipulate both the calorific intake and nutritional breakdown per person per mealtime. These should be included on the DOCCS website within the Food Services Operations Manual, which currently does not identify explicit nutritional or calorific guidelines.
- DOCCS management should take appropriate disciplinary action in cases in which staff members are found to have prevented or restricted access to meals as a form of discipline or harassment.
- DOCCS should take note of the positive examples of food production and preparation, such as the culinary arts program, the now closed program at Downstate, and the horticulture programs, and apply lessons-learned from their application systemwide.³⁹
- DOCCS should take steps towards realizing this objective by:
 - Expanding culinary arts programs systemwide and allowing food produced within culinary arts programs to supplement or replace the centralized cook-chill method of food production.
 - Serving the food produced through these programs to both staff and incarcerated people to improve equity and reduce the distance between the two groups.
 - Expanding the horticulture program to all prisons and ensuring that every incarcerated person who completes the program is supplied with industry-recognized certifications or credentials.

Staffing

The disproportionate ratio of security staff to incarcerated people raised questions about staffing levels at Albion.

Albion houses 384 incarcerated people, with a total capacity for 1,000 individuals. According to DOCCS data, Albion’s recommended overall staffing level for “supervision of inmates” called for 493 items (positions). Of this recommended allocation, 468 items were filled.⁴⁰ This amounts to a fill rate of about 95% for security staff items. This also amounts to a ratio of 0.82 incarcerated people to security staff, well below the DOCCS system-

39 Culinary Arts, NYDOCCS, <https://doccs.ny.gov/culinary-arts>; Horticulture, NYDOCCS <https://doccs.ny.gov/horticulture>

40 These figures were accessed through a Freedom of Information Law (FOIL) request to DOCCS for data on staffing. CANY received data on security staff, program staff, and support staff levels.

wide ratio of 1.88 as of September 1, 2022.⁴¹ Meanwhile, Orleans Correctional Facility, the medium-security prison for men next to Albion, maintained a security workforce of 296 staffers for its 607 incarcerated people – or a ratio of 2.05 incarcerated people to security staff.⁴²

By comparison, the fill rate for program staff items at Albion was lower, at approximately 73%. DOCCS data placed Albion’s recommended program services overall staffing level at 79.5 items. Of this recommended allocation, 57.9 items were filled. As outlined above,⁴³ the largest vacancies were in staffing for guidance activities, academic and general education, and alcohol and substance abuse treatment (ASAT).

Experience of the RRU

In the early stages of implementation of the HALT Solitary Confinement Law, experiences in the Albion Residential Rehabilitation Unit (RRU) were mixed at best.

DOCCS prepared for the implementation of the HALT Solitary Confinement Law (HALT)⁴⁴ at Albion by retrofitting the SHU to remove bedding and other equipment from one half of the unit to reduce the capacity of the unit from 48 to 24 cells and by then utilizing the hallway outside of the closed cells to install restart chairs to provide programs. Other changes made include a conversion of a building formerly used for Keeplock into an RRU with a capacity of 16 people; and installing indoor and outdoor program areas in the basement and in a small, fenced recreation area, respectively.⁴⁵ The program area contained a classroom with RESTART chairs as well as televisions and tables for incarcerated individuals to sit together in a congregate setting.

At the time of CANY’s monitoring visit, the Albion RRU held nine incarcerated people. When asked to compare the RRU to the SHU or otherwise speak to the experience of the RRU, most incarcerated individuals offered negative reports. A smaller subset of incarcerated individuals in the RRU reported that the RRU was better than the SHU. Several individuals

41 “DOCCS Fact Sheet,” New York Department of Corrections and Community Supervision, September 1, 2022. <https://doccs.ny.gov/system/files/documents/2022/09/doccs-fact-sheet-september-2022.pdf>.

42 FOIL data on staffing, p. 37.

43 See Section 4: “Programs.”

44 The Humane Alternatives to Long-Term (HALT) Solitary Confinement Act was implemented on March 31, 2022. Among several mechanisms and procedures, HALT aimed to end long-term isolated confinement of incarcerated people, restrict criteria for placement of incarcerated people in isolated confinement, and ban the use of isolated confinement for special, or more vulnerable, populations. For the full text of the legislation, see: <https://nyassembly.gov/leg/?defaultfd=&legvideo=&bn=A02500&term=2019&Summary=Y&Actions=Y&Committee%26nbspVotes=Y&Floor%26nbspVotes=Y&Memo=Y&Text=Y>.

45 The Albion RRU was located in the C-West building. The indoor program area was in the C-West basement.

noted that the RRU was a cleaner space, and one person highlighted that the RRU felt “a lot more humane” than the SHU: “Helps if you’re depressed to get out of cell.”

Several incarcerated people highlighted the administrative disorganization within the RRU, particularly regarding access to and the regularity of available programs and an arbitrary disciplinary process in the unit. One person explained that while the RRU was better than the SHU for limiting the use of solitary confinement, it was nevertheless a disorganized space with dysfunctional programming where “no one” was “on the same page.” People interviewed emphasized how difficult it was to be shackled during movement to and from programs and recreation. One respondent reported that her hands were restrained behind her back as she moved, and that she was shackled even in transit to and from the shower. She added that this practice was also frustrating for the staff in charge of implementing it. Another person highlighted that incarcerated women being escorted by male officers while shackled were unable to keep their bath robes closed if they came open. She reported that one person was ticketed for her robe coming undone, despite her hands being restrained.

The RRU-wide use of shackling and restraints emerged as the most prominent problem reported in the RRU open-ended data. Incarcerated people reported that their therapy and classes took place while shackled in RESTART chairs. The HALT law does not allow the use of restraints during out-of-cell activities in the RRUs “unless an individual assessment is made that restraints are required because of a significant and unreasonable risk to the necessary for safety and security of other incarcerated persons or staff.” The executive team also reported that levels of violence in the prison had not changed with limits on solitary confinement coming into effect with HALT. The overuse of shackling may negatively affect the physical and mental health of incarcerated women in the RRU, limit the effectiveness of programming, and increase tension in a way that could undermine security.

Incarcerated people reported negative or mixed experiences with programs and recreation. One incarcerated person reported feeling like program staff were just “winging it,” and others highlighted that the limited program offerings (i.e., workbooks and coloring books) did not help them work at their own pace or meet their individual goals. Incarcerated people also reported dissatisfaction with the quality of recreation in the RRU. The outdoor recreation area’s capacity fit four people at a time and contained a single picnic table. One person cited a lack of equipment to provide something to do while outside in the outdoor space as her reason for refusing recreation: “There’s [nothing to do] but sit in the hot sun.” Another person reported spending recreation usually coloring “because it’s hard to do anything else.”

Although the HALT Law specifies that people in the RRU have access to programs comparable to the core programs in general population, none of the respondents reported access to programs consistent with those that they would have in general population (n=6). Four of nine respondents reported having at least six hours of out-of-cell programming per day, and seven of eight respondents reported having at least one hour of out-of-cell recreation per day.

Incarcerated people also spoke about their experiences with arbitrary and unfair disciplinary measures leading to their placement in the RRU, poor experiences with the hearing process, a lack of time cuts and incentives for progress in the RRU, and restrictions to services and programs being used as a disciplinary measure in the unit.



Corrections and Community Supervision

KATHY HOCHUL
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

This is in response to the Correctional Association of New York's (CANY) report on their visit to Albion Correctional Facility on June 22nd and 23rd of 2022. The Department discusses below the programmatic and operational functions raised in their post visit report.

Programing

Albion Correctional Facility is a Medium-Security General Confinement and Work Release facility, which employs a wide range of programs to further the Department's mission of ensuring public safety by operating safe and secure facilities and preparing individuals for release to be successful when they return home. Albion Correctional Facility is an example of the efforts being taken state-wide that provide life-changing academic, vocational, and rehabilitative programs, highlighting opportunities that are not often seen behind prison walls, which also have made the Department a national leader in corrections.

All facilities are continuously examined for programming opportunities in order to maximize the rehabilitative measures implemented throughout the State based on demand and available resources. Incarcerated individuals are assigned Offender Rehabilitation Coordinators (ORC) who meet with them frequently to address a wide variety of needs and to ensure that they are appropriately prioritized to take programs that meet their established goals. All work and program assignments are made without regard to an incarcerated individual's age, race, religion, national origin, sex, sexual orientation, or non-violent political views. The Program Chairman ensures that work assignments reflect, to the extent possible, the demographic composition of the facility's incarcerated individual population. The Program Committee places an incarcerated individual in an assignment deemed most appropriate for the incarcerated individual and the facility. Programming is reviewed, on a monthly basis, to consider some industry and non-industry assignments. Those work assignments are reviewed compared to the Racial and Ethnic balance that is reflective of the facility balance.

Placement in therapeutic, vocational, and academic programs are made based on the incarcerated individual's earliest release date. When at capacity, incarcerated individuals are given a choice of vocational programs and are added to a required program list for their chosen vocational program. Classes for these programs are filled based on an equitable evaluation of the individual's position on the required program list. Below is an overview of the rehabilitative programs currently available to individuals at Albion Correctional Facility:

- Canine Training Program – The People for the Animal Welfare Society (PAWS) shelter in Orleans County provides the dogs for this program. Trainers instruct participants on how to properly care for and train the dogs. The training socializes the canine and teaches basic commands to develop good manners. The canine remains at the facility for 8 to 12 weeks for 7 days a week, 24 hours a day for obedience and socialization training. The goal is to have the canine adopted into their forever home upon completion of the program.
- Counseling - The Department's philosophy embodies a commitment to the development of the whole person. Comprehensive programming is made available to the incarcerated individuals so they may become aware of alternatives and choose to take charge of and assume responsibility for their own lives.
 - Aggression Replacement Training (ART) is a cognitive behavioral intervention program designed to assist individuals in improving social skills, moral reasoning, and coping with and reducing aggressive behavior by utilizing self-regulating exercises and mindfulness. Participants learn to understand what causes them to feel angry and act aggressively, as well as techniques to reduce anger/aggressive behavior, to self-regulate for ending "automatic" aggression, and to build skills that help make better choices.
 - Living Safely and Without Violence program is designed as an intervention for females involved in the criminal justice system who have specifically been charged with violent crimes and/or who have a history of aggressive behavior, including self-harm or violence towards others. Emphasis is placed on exploring how and why individuals use violence and how they can live safely without it. Participants are introduced to an integrated and multi-sensory approach, which focuses on emotional regulation, interpersonal competencies, and mindfulness practices. The program's goals are to assist these women in learning to respond in a healthy, non-violent manner to address adverse life events by examining the relationship between emotions and violence, building self-change along with developing maintenance strategies and utilizing adaptive strategies and social resources to live safely and without violence.
 - Substance abuse treatment is provided in a number of modalities. Alcohol and Substance Abuse Treatment (ASAT), Comprehensive Alcohol and Substance Abuse Treatment (CASAT), Driving While Intoxicated (DWI) Treatment, and Integrated Dual Disorder Treatment (IDDT) are all designed to provide intensive, structured substance abuse treatment that employs elements of the Therapeutic Community model. Each modality offers progress through the early stages of recovery, with the potential for continued treatment upon release. IDDT is specifically designed to provide substance abuse services to address mental health needs of the participant with treatment planning, in conjunction with mental health education. Provider agreements with community-based partners ensure those participating in a temporary release program with substance abuse treatment needs receive continuing services.

- Trauma, Addiction, Mental Health, and Recovery (TAMAR) is a comprehensive curriculum that is available to incarcerated individuals who have experienced trauma. It is easily customized to engage and address the unique needs of special populations as well as to specifically address gender, adolescents, people who identify as LGBTQ+, and people who have been victimized sexually while incarcerated.
- Education – The Adult Basic Education Program is offered to provide individualized instruction. The goal of this program is to provide individuals with skills or competencies necessary to function successfully in contemporary society and to enable the participant to at least function at the sixth grade reading and mathematics level, while the PHSE and GED allow incarcerated individuals to work towards obtaining their Diploma. An Education Counselor is assigned to incarcerated individuals under the age of 21 that have been identified to receive special education and related services.
 - Albion Correctional Facility offers college level credited courses provided by Medaille College as well as Bard College. Qualified incarcerated individuals may obtain an Associate Degree through these programs with the potential of earning a Bachelors.
- Fresh Start – This program is designed for incarcerated youth 21 years of age or younger, and uses the *Forward-Thinking Series* (Change Company), which educates participants about personal accountability, empowerment, enhanced decision-making strategies, effective conflict resolution, building healthy relationships, managing anger, developing enhanced moral reasoning, and improved academic performance.
- Family Works – the Osborne Association offers services for basic/advanced parenting skills classes, healthy relationships classes, and individual counseling services. This program assists incarcerated individuals reuniting or enhancing the relationships between themselves and their children, with the goal of returning to the community with improved family ties. This is an opportunity to become an active member in their children’s lives and be more productive members of society.
 - Family Ties Program - The Osborne Association offers this parenting programming, which includes graduations, special extended family visits and video-visitation. Annually, the Osborne Association offers two 12-week parenting courses. Upon completion of the courses, the women participate in a graduation. Family members are transported to the facility to witness the accomplishments of their loved ones. In addition, each year one extended family visit is conducted, affording children who live far from the facility, the opportunity to visit with their mothers over a two (2) day period.
 - Family Focused Re-entry Workshops – Participants within the Transitional Services Phase III groups engage in virtual workshops facilitated by the Osbourne Association, that address a variety of topics in preparation for reuniting with family. Topics include

impact of incarceration, rebuilding relationships, accepting responsibility, shift of power, roles and more.

- Family Focused Transitional Planning – this Osbourne Association program is designed to: help address family/relationship issues faced by incarcerated individuals prior to their release, which may affect their successful reentry; develop individualized transitional plans for participants with involvement and input from their family; and provide referrals and linkages to family/relationship services available in the community upon release.
- Re-entry computer lab – A designated setting with a focus on re-entry is underway for both participants of temporary release and the general population. This will provide individuals the opportunity to look for employment opportunities and research available community resources.
- Re-entryWorks – Funded by the New York City Mayor’s Office of Criminal Justice, a network of ten (10) Community Based Organizations provide incarcerated individuals individualized transitional plans, aftercare referrals which includes employment, housing, treatment, linkages to family/relationship services and input from their family community upon release.
- Library – The General Library Program offers library services and programs in a manner similar to those offered by public libraries in the community. Materials are selected based on a systematic selection process designed to determine and meet library service standards and educational, informational, vocational, recreational, and re-entry needs of the Albion Correctional Facility incarcerated population.
 - Law Library Program – Provides basic resources for legal research and preparation of legal papers. Legal assistance services are available to incarcerated individuals who are unable to do their own legal work. Incarcerated individuals who are law clerks and have been certified through a Department-sponsored legal research course, provide these legal assistance services or refer individuals to free legal service organizations in the community. Other services usually available through the Law Library Program include notary services, photocopying legal materials for a fee, typing services, and the provision of legal writing supplies. Albion Correctional Facility Law Library is open in the afternoon and evening. When the librarian is absent, the library is otherwise staffed to ensure that incarcerated individuals have adequate access to library resources.
- Recreation – At Albion Correctional Facility there is a trend towards providing more individualized health and fitness for the incarcerated population. In response to the incarcerated individuals’ requests, access to yoga, individual weight training and cardio, and pilates are available.

- Religious Services – Albion Correctional Facility provides incarcerated individuals with the resources to practice any of the 54 religions currently authorized by the state in the interest of helping them spiritually and to apply religious principles in their daily lives. The Facility provides several religious services: access to chaplains, spiritual counseling, education, congregate worship, study of scripture, and Holy Day celebrations.
 - God Behind Bars – A non-profit organization that partners with mega-churches to provide non-denominational Christian services to all incarcerated individuals and their families. However, New York State currently offers the program to women at Albion Correctional Facility. GBB provides volunteers from a local church to come to greet and pray with the incarcerated women. The volunteers then play a religious service on a HD playback device. The same service is available on the GBB website for the incarcerated women’s families to view as well. The goal of the program is to encourage incarcerated women and their families to have positive family discussions and bonding through motivational and inspirational services. GBB began at Albion Correctional Facility in 2019.
- Sex Offender Counseling and Treatment Program (SOCTP) – Is a comprehensive program of counseling and treatment for convicted sex offenders and other incarcerated individuals the Department identifies as likely to benefit from the program based upon a study of their background. The SOCTP is offered to those who have been identified as low, moderate/high, and high risk to reoffend. Individuals are assigned a risk level for treatment using a comprehensive process that utilizes both actuarial tools and clinical assessment. In accordance with established best practice standards and, in compliance with the Sex Offender Management & Treatment Act (SOMTA), individuals will have the opportunity to participate in the program as time permits and according to their assessed risk level. Once a participant is placed in the program, an individualized treatment plan is created based upon static and dynamic risk factors that will guide the individual's treatment.
- Transitional Services
 - Phase One – An introductory phase provided to all entering the state correctional system. The goal is to assist incarcerated individuals with transitioning to incarceration and to begin preparing them for successful reentry to the community as law abiding and productive citizens. This phase consists of the following courses: Relating to the correctional situation; Maintaining significant relationships and positive community ties; Developing work ethics; Decision making; Goal setting and time management; and, socialization skills.
 - Phase Two – Moving On is a gender informed program, designed for women who are involved in the criminal justice system. The program is based on relational theory, motivational interviewing, and integrates strength based and cognitive behavioral strategies that assist women to mobilize and develop personal and social resources

that have been found to mediate the impact of risk for future criminal behavior. The curriculum content is designed to assist females with community reintegration so that they may live as productive, crime-free citizens. This program satisfies Phase II in female facilities. Participants will gain an understanding of how they can lead successful and crime-free lives by practicing new ways of thinking.

- Phase Three – This phase is designed to assist in planning for reentry into society as crime free, productive citizens. Participants receive a "portfolio" to assist in organizing documents, such as birth certificates, social security cards, and resumes. They keep vocation and education certificates in one place, locating reentry strategies and plans, and preserving service referral information and employment related materials. The curriculum calls for them to prepare for Departmental staff to evaluate the following:
 - A release portfolio that will include vital documents, education and vocational training history, and a functional resume.
 - An examination of barriers to family relationships and a written plan that addresses issues likely to arise when returning to their family environment.
 - A "mock job interview" exercise to practice interviewing skills that also involve responding to difficult questions. In addition, they will learn how to dress for success and tailor their resume by matching skill sets acquired to meet the job description, etc.
 - A realistic six-month "job search plan" using their Education Achievement and Employability Profile Report as a tool/resource in preparing functional resumes and responding to an employer's job application.
 - A "recreation plan" to address personal wellness issues and family reintegration concerns.
 - Opioid Overdose prevention and rescue training is provided to all participants and they are offered rescue naloxone kits to take home upon release.
- Temporary Release – This program allows incarcerated individuals who are within two years of their earliest release date to become reintegrated back into their families and communities on a gradual basis. The goals of this program are to assist incarcerated individuals in preparing to return to the community via the strengthening of family ties and obtaining employment and housing and reduce the likelihood of future criminal activity. Incarcerated individuals who are eligible can submit an application to the Temporary Release Chairperson or ORC. After a review of their record and an interview, they will be notified in writing if they qualify to appear before the Temporary Release Committee (TRC) for a review and recommendation.
- Veterans Services – Albion Correctional Facility receives Level 1 Veterans Services, ensuring that veterans obtain a copy of their DD214 Military Discharge papers and that appropriate referrals are made through the Veterans Administration (VA) for ongoing treatment, vocational training, education, housing, and employment, when the veteran is released from incarceration. The Department's Veterans Guidance Specialist continues to

explore community resources for incarcerated female Veterans to assist with transitioning into the community.

- Vocational Programs – There are multiple vocational opportunities at Albion Correctional Facility that consist of Culinary Arts, Cosmetology, Building maintenance, Custodial maintenance, Horticulture, Floor covering, and General Business are available at Albion Correctional Facility. In addition, there are also the Correctional Industry Programs of Metal Fabrication, Metal Assembly, Metal Welding, Metal Painting, and a Sign Shop.
- Volunteer Programs – Volunteers provide several programming opportunities at Albion Correctional Facility for religious practice, higher education, substance abuse, life skills, re-entry, and visitor services. There are approximately 90 qualified community volunteers that work with Albion Correctional Facility to further the Department's mission.
- Women's Initiative Program - This Program was developed to help incarcerated women to examine and consider creating new narratives for their lives, that are based on self-esteem, boundaries, positive relationships, and spirituality. The program addresses the needs of women involved in the justice system in New York State and offers a three-month cycle of workshops on topics, such as, "Who Am I," "Self-Esteem & Self-Worth," "Shame, Grief & Forgiveness," "Relationships & Boundaries" and "Financial Fitness." The workshops are delivered a minimum of two cycles per year at each women's facility.
 - Self-Care Workshops –workshops addressing mind, body, and wellness have been incorporated into the Women's Initiative Program. The intent is to highlight the importance of taking care of oneself while incarcerated and upon release. Workshops provide a wide variety of topics which include, self-advocacy and women's health, spirituality, fitness, healthy and mindfulness eating, shopping tips with a focus on nutrition, hair care, skin care, and dressing for success on a limited budget. Volunteers have provided/will continue to provide virtual workshops. In addition, participants are provided with a suggested list of low-cost resources in their communities which assists in wellness. Participation in the workshop will be strictly voluntary.

Commissary

Albion Correctional Facility makes every effort to ensure the entire population is able purchase all items sold in the Commissary. Stock levels are monitored daily. Commissary items are purchased through contract vendors. Albion Correctional Facility maintains an adequate inventory of hygiene products that are supplied to the housing units. In addition to essential provisions provided upon intake, the facility provides personal hygiene items, such as toothpaste, toothbrush, and soap if the incarcerated individual is in need and makes a request. The commissary store may carry a wider variety of additional items depending on availability. The Department continues to experience the effects of ongoing national and local economic trends, which impact the availability of goods as well as their costs. In

order to mitigate these issues staff continuously work with vendors to ensure timely delivery of products, while always seeking new opportunities for goods through contracts negotiated with various vendors Statewide. In addition, the Department has increased the buy limits for incarcerated individuals from \$75 to \$90.

If a vendor is unable to supply a product, the next lowest bidder(s) is contacted to provide the product. There has been, and continues to be, a supply chain shortage on some items due to vendor distribution as the correctional system is not immune to the global, national, and local supply chain constraints. When items are available, staff continuously works with vendors to ensure timely delivery products. Fresh produce is purchased weekly and made available for purchase to all incarcerated individuals. The Albion Correctional Facility Executive Team and the Incarcerated Individual Liaison Committee (IILC) representatives periodically discuss produce items, evaluate what is being purchased and make changes based on the wants and needs of the Incarcerated population.

Albion Correctional Facility maintains and enforces high standards of cleanliness in all areas, including the Commissary. The Commissary area has a daily cleaning schedule with staff and incarcerated individuals assigned specific duties. Cleaning activities are supervised by staff at all times to ensure the work performed by incarcerated individuals is proper and thorough. All personnel involved in housekeeping are properly trained, and inspections are conducted to ensure compliance with well-defined procedures.

Packages

The goals of the Department's Packages & Articles Sent to Facilities program is to maximize the availability of food and articles for incarcerated individuals from vendors that offer a variety of items at competitive pricing for incarcerated individuals, their families and their friends, while maintaining security, safety, and aiding in achieving the Department's overall mission. In response to the uptick in violent conduct in DOCCS facilities and assaults on staff, a Prison Violence Task Force (PVTF) was created in December, 2021, with the mission to evaluate and develop recommendations to enhance safety and security in New York's prisons. The PVTF includes representatives from correctional facilities and each of the unions representing the Department staff, as well as members from Central Office.

As a part of this continuous battle to prevent contraband from getting into DOCCS' correctional facilities and maintaining security and safety for both staff and the incarcerated population, the Department revised its policy concerning packages and articles received through facility package rooms. The recommendation for this initiative was a direct result of the work of the PVTF. Input was also solicited from several Incarcerated Individual Liaison Committees, while several advocacy organizations were also consulted on the initiative.

In addition to the increase in violence, the Vendor Package Program idea was driven by the increasing number of packages found to contain contraband drugs and weapons. In 2019, 290 packages were found to contain contraband during examination in package rooms. In 2020, that number jumped to

924 packages containing contraband and between January and August 2021, 577 packages were found to be concealing contraband. That is what is being found; however, contraband that is not confiscated further leads to violence and drug issues.

Packages, and articles are only allowed to be received directly from vendors via U.S. Postal Service, FedEx, UPS, etc. The pilot package program went into effect in May 2022 and is now operational statewide. This change has made the system safer and aided in reducing overdoses, violence and overall rehabilitation of the population. Family and/or friends are permitted to send two (2) non-food packages per year, via mail. The number of food packages allowed increased from two (2) to three (3) per month and the total weight increased from 35 to 40 lbs. There are no limits on non-food packages received from vendors, whether ordered by the incarcerated individual or family/friends. The "Receipt Value Record" increased from \$20 to \$30. The maximum value of an allowable item of clothing increased from \$80 to \$90, the mini-calculator max value increased from \$30 to \$50, and the typewriter max value increased from \$350 to \$370.

Incarcerated individuals who are not serving a Loss of Packages sanction continue to order packages and articles utilizing disbursement forms and ordering from vendor catalogs. An incarcerated individual's family members and friends will also be able to order packages and articles from vendors to be delivered via U.S. Postal Service, FedEx, UPS, etc. Families can order from any vendor, limited only by those on the Department's disapproved vendor list due to non-compliance with Department policy. The disapproved vendor list was updated in August 2022 to ensure families and friends have the maximum number of vendors to select from when sending their packages. Family members can also order food from any vendor not on the disapproved vendor list. Lastly, family members are also permitted to send up to two non-food packages per year directly from home.

Visits

The Department encourages visits by family and friends, which can be a positive influence during the time a person spends in prison and after their release. Appropriate participation in the visitor program provides incarcerated individuals an opportunity to maintain relationships with friends and relatives and to promote better community adjustment upon release. Contact with persons from the outside provides all offenders emotional support in adjusting to the prison environment. Research shows that incarcerated individuals who receive regular visits adjust much better once they are released from prison, when the privilege is used to maintain positive relationships.

The Department's policies support the visiting experience to be family friendly and positive. The Department has Visitor Hospitality Centers that provide shelter and respite for visiting families and friends prior to entering the facility. Restrooms, a baby changing station, lockers for storing personal belongings, and information concerning rules and regulations pertaining to visitation, including packages for incarcerated individuals, are available.

Incarcerated individuals housed within medium security facilities are closer to their earliest release date, necessitating them to be more actively engaged in required programs to address their needs and meet

the requirements of early release considerations in a timely manner. Albion Correctional Facility maximizes its ability to provide access for family and friends to visit providing visitation on weekends and holidays between the hours of 8:00 A.M. to 2:30 P.M., including incarcerated individuals housed in a Special Housing Unit. Up to three (3) visitors and one (1) child under the age of five (5) will be allowed to visit.

The Department has taken aggressive action to ensure that the incarcerated population has access to a variety of methods to communicate with family and friends. A video visitation program at Albion Correctional Facility helps build/maintain healthy relationships between incarcerated individuals and their families through increased meaningful contacts made possible through tele-visiting, it is intended to serve as a supplement to in-person visitation. Family members utilize established community-based connection sites located in Bronx County, Erie County, Kings County, Orange County, and Queens County. Additionally, Albion Correctional Facility is equipped with a telephone system that allow calls every day including holidays.

The Department also provides incarcerated individuals with electronic tablets, free of charge, with access to a suite of communication, education, and entertainment applications. These applications help incarcerated users remain connected to their friends and family as well as provide opportunities to learn skills that will help them succeed after their release. Each device is equipped with the Secure Messaging Program that allows for communication between incarcerated individuals and their families and friends by receiving messages, e-cards, photos, and VideoGrams. Similar to the free calls provided through the phone system, the Department has also negotiated with the tablet vendor to provide four free messages (or stamps) each month to all incarcerated individuals. In addition to these opportunities, Albion Correctional Facility offers the following methods for communication: standard postage stamps, in-person visitation on weekends and holidays with safety protocols in place, and access to authorized legal representatives through privileged correspondence, legal calls, and confidential legal visits.

Nutrition

The Department utilizes a standard statewide menu to provide incarcerated individuals with meals that meet their dietary needs, are nutritionally balanced, and provide adequate portions. A cycle menu has been developed with categories of menus accompanied by a standard portion list. Adherence to the standard, statewide menu and portion list assures nutritional adequacy. Menus are designed so that at least three meals (including two hot meals) are provided at regular mealtimes during each 24-hour period, with no more than 14 hours between the evening meal and breakfast meal. The menus are reviewed and approved by a registered dietitian. Alternative diets are available for incarcerated individuals for religious accommodations as well as those who have been identified to have a therapeutic need.

- Kosher Diet – A Kosher menu is available to incarcerated individuals who request kosher dietary consideration. This meal is provided after validation and verification of religious need by the Director of Ministerial Services.

- Therapeutic – Modified menus are designed to address therapeutic diet needs aimed at improving health outcomes. The modified menu is based on the general statewide menu utilizing as many of the same food items as possible. Food items are changed when necessary for therapeutic or production purposes. The modified menu is offered to incarcerated individuals.

Facility Infrastructure

- Water Quality – Albion Correctional Facility, like the surrounding community, obtains its water from the Village of Albion Water System. It is our understanding that the water is primarily supplied from Lake Ontario, which is considered a surface water supply. The supply was thoroughly tested and reported to not violate maximum contaminant levels or any other water quality standards. Copies of the Annual Water Quality Report are available to the public and are also posted in all housing units and the law library, and are shared with the facility ILC.
- Maintenance – Albion Correctional Facility maintenance staff deploys a civilian work crew daily to address the maintenance needs of cells throughout the facility. These work crews fix the issues as received through work orders submitted by staff, after incarcerated individuals report concerns. If an emergency arises after hours, staff are dispatched to address the issue immediately. All housing areas offer standardized cell clean-up each week. Cleaning supplies are also readily available daily in each cell block, if needed by any incarcerated individual. The incarcerated individual is able to request additional supplies as needed. Currently, Albion Correctional Facility has ongoing capital projects to replace an above ground steam line, as well as a condensate line replacement for the Chapel and the Gym. Albion Correctional Facility maintenance and powerhouse crews completed over 1,500 work orders in the past year for maintenance and/or service.
- Temperature – Albion Correctional Facility utilizes all its infrastructure in the most efficient manner possible to provide adequate living temperatures year-round. Facility temperature and ventilation are within American Correctional Association accreditation standards, which Albion Correctional Facility consistently meets. Specifically, circulation is to be at least 10-cubic feet of fresh or recirculated filtered air per minute per occupant for incarcerated individual rooms/cells, officer stations, and dining areas. Temperatures experienced at Albion Correctional Facility indoor living and work areas are appropriate to the summer and winter comfort zones. As equipment ages, it is replaced as issues arise. Work orders are submitted and completed to fix any physical issues that may arise preventing the proper heating or cooling of an area.
- Showers – Albion Correctional Facility provides all incarcerated individuals a minimum of three showers per week. The facility has a total of 165 showers in total, of which 162 are operable. Albion Correctional Facility maintains and enforces high standards of cleanliness in all areas, including the shower. These areas have a prescribed daily cleaning and sanitizing schedule with staff and incarcerated individuals assigned specific duties. Maintenance issues are addressed

daily, no matter the time of day, to ensure that showers may be provided. In addition to the daily schedules, biannual power washes are completed. Cleaning activities are supervised by staff at all times to ensure the work performed by incarcerated individuals is proper and thorough. All personnel involved in housekeeping are properly trained, and inspections are conducted to ensure compliance with well-defined procedures.

- Cameras – The Department supports the deployment of cameras as they provide the opportunity to oversee interactions between staff and the incarcerated population and improve safety and security for all. In accordance with Article 11 of the New York State Finance Law, the Department follows the defined procurement processes to obtain commodities such as cameras, installation services, and the technology required to operate the systems. Capital projects are planned and solicited through fair business models, in order to obtain the most suitable contractors in the most efficient means practical to protect the interests of the taxpayers. Albion Correctional Facility currently has approximately 500 fixed cameras throughout the facility and deploys Body Worn Cameras to staff on a regular basis. As we transition to a new vendor and an updated Body Worn Camera, we will expand the utilization to additional staff.
 - The Department has several safeguards in place to prevent and report misconduct. The incarcerated population has been educated on the many avenues to report allegations of misconduct and incidents of abusive behavior directly to facility staff, the Office of Special Investigations (OSI), or outside agencies. OSI serves as the Department’s investigative body. The primary mission of OSI is to advance the mission and statutory mandates of the Department; vigorously pursue justice through fair, thorough, and impartial investigations; and foster accountability, integrity, and safety within the Department. Their investigations are thorough, objective, and evidence based. Any substantiated case of misconduct by an employee will be referred to the Department’s Bureau of Labor Relations for consideration of disciplinary action, which may include termination of the employee. Further, any misconduct where there is evidence of criminality will be referred to outside law enforcement authorities for potential criminal charges.

Mental Health

The Department partners with the New York State Office of Mental Health (OMH) in providing special programs along a continuum of care for incarcerated individuals with a mental illness. OMH has the statutory responsibility for providing mental health services to incarcerated individuals in our custody pursuant to Correction Law § 401. All mental health services in correctional facilities are provided through the Central New York Psychiatric Center (CNYPC), which is fully accredited by an independent organization, The Joint Commission (TJC). Mental Health Specialized Units are therapeutic in nature and are not operated as disciplinary housing units. The environments are designed to create a balanced approach to the care and treatment of incarcerated patients and the ability to ensure the safety and security for all individuals in the setting. All Department staff assigned to Mental Health Specialized Units are required to attend mandatory annual training that addresses suicide prevention, mental health signs/symptoms, how to work with individuals with serious mental illness, effective

treatment modalities, dispute resolution techniques, Trauma Informed Care, and Restorative Justice for these populations. Incarcerated individuals diagnosed with a mental illness have access to mental health services and for those with serious mental illness, they may have access to the heightened level of care at Albion Correctional Facility below:

- Intermediate Care Program (ICP) - This program is jointly operated by OMH and the Department. It is a therapeutic community-based program designed for Seriously Mentally Ill (SMI) incarcerated individuals who, by virtue of experiencing mental illness, demonstrate difficulty functioning. OMH clinical staff are responsible for identifying incarcerated individuals who meet the criteria for a SMI designation, through a consistent and clinically appropriate assessment process. This unit is a designated housing location within the correctional facility that is a corrections-based therapeutic community providing heightened levels of mental health services and promoting the development of self-regulation, symptom management, trauma, preparing for release, social, recreational, and habilitative skills. In addition to traditional clinic services, the ICP provides case management, crisis intervention, adaptive skills training, self-help, and peer support. Identified curriculums include, but are not limited to, psychiatric rehabilitation program therapy, trauma recovery, individual and group therapy, medication management, recreation therapy, mindfulness, re-entry preparation, task and skill training, education, vocational training, crisis intervention, cognitive behavioral therapy, Integrated Dual Disorder Treatment (IDDT), DBT, Wellness Program, ART, Transitional Services, SOCTP and any other therapeutic groups designed to meet specific needs of current program participants. In addition, Albion offers Trauma, Addictions, Mental Health and Recovery (TAMAR) for those that have experienced trauma and expressed interest in additional programming. This program was created in conjunction with the National Association of State Mental Health Program Directors (NASMHPD) to specifically address those with traumatic history.
- Integrated Dual Disorder Treatment (IDDT) – This program was developed by Dartmouth and Hazelden to treat incarcerated individuals with co-occurring severe mental health and substance abuse disorders. This is a jointly facilitated program with OMH and DOCCS, that generally requires nine to twelve months participation.
- Residential Crisis Treatment Program (RCTP) – This program is intended for incarcerated individuals that are exhibiting signs and symptoms of significant psychiatric decompensation or behavior, that suggest they are at increased risk for self-harming or suicidal behavior. The goal of RCTP is to provide crisis intervention services to evaluate and treat incarcerated patients in need of mental health care. This unit has both observation cells and a dorm area for incarcerated patients in crisis and in need of intensive treatment and monitoring.

Suicide prevention efforts are vigorously undertaken by the Department to mitigate risk factors in all facilities. In 2015, the Department contracted with a national prevention expert to enhance suicide prevention efforts. From their recommendations, the Department implemented several noteworthy changes including:

- The revision of suicide prevention screening and mental health referral forms.
- Requiring correction officer recruits to be presented with 20 hours of mental health training. The course curriculum includes guidance on identifying the signs and symptoms of incarcerated individuals experiencing mental health distress and who may be at risk of suicide.
- The Department developed a mandatory annual two-hour suicide prevention refresher course for all staff.
- Video and pamphlets were created for incarcerated individuals to receive information during their orientation at Reception as well as transfers between facilities.
 - Suicide videos feature incarcerated individuals that the population is able to access from general population tablet. To encourage individuals to download the video, a stamp is provided at no charge to those who do.
 - The Department regularly sends out messages through the tablets regarding suicide prevention and provides information as to how an incarcerated individual may seek assistance.
 - The Department works with outside vendors who monitor an incarcerated individual's messages to monitor and notify DOCCS officials when trigger words are used which may be an indication of a potential suicide risk. This allows the Department to take appropriate responsive measures.
 - All incarcerated individuals receive pamphlets and educational material every time they are transferred to another facility.
 - All incarcerated individuals are seen by medical professionals and a suicide prevention screening is completed on all transfers.
 - Incarcerated Individuals' tablets are pre-loaded with a Suicide Prevention video developed by incarcerated individuals. The Department offered an incentive of earning a stamp for downloading the suicide prevention video.
- All staff in OMH Level 1 & 2 facilities, assigned to SHU and RCTP, receive four (4) hours of annual training in recognizing the signs and symptoms of mental illness and suicide prevention.
- Staff assigned in Residential Mental Health Treatment Units receive eight (8) hours of suicide prevention training annually.
- Staff assigned in Residential Regional Units receive suicide prevention training prior to assignment and annually.
- OMH is notified of every incarcerated individual that will be reviewed by the Parole Board as well as the results of their review.

- Handbook for Family/Friends is available on the Department's website. This provides information for visitors and members of the community, who are in contact with the incarcerated population, to identify signs of suicide risk, and whom to contact if warning signs are noticed.
- Suicide Prevention messages are sent out monthly to all family/friends registered with the secure messaging program (JPAY.) Information includes:
 - Signs of suicide risk
 - Examples of concerning statements individuals might make
 - Information on who to contact with any concerns
- A pre-recorded message is played to recipients accepting calls from an incarcerated individual that states "Preventing suicide is important; if you have concerns during this call, please contact the individual's facility to report them"
- Security has increased the frequency of rounds in ICP and RRU.

In 2018, the Department established an RCTP Directive to create statewide policy for treatment and programming specifically for patients housed within this setting. RCTP dormitories have been approved for use as a step-down unit for ongoing monitoring and treatment of patients in a less restrictive environment. The Department revised forms utilized by nursing staff when an incarcerated individual is transferred to a new facility, admitted to SHU, or received at a Reception Center, to assist staff in further identifying and documenting concerns. Also, it is our understanding that OMH will follow-up with any incarcerated individual within seven-days of being discharged from an RCTP.

Suicide Prevention Steering Committee, comprised of both DOCCS and OMH administration, meets to establish trends and to make recommendations to improve suicide prevention efforts statewide. The recommendations have included sending joint audit teams to a specific facility to look at any contributing factors to suicide risks and how to mitigate them. A Suicide Prevention Workgroup was refocused to identify trends for recent suicides.

In 2020, the Department developed a Peer Supporter Program, which provides support for individuals recently discharged from the RCTP and returning to the general population. This program is currently being expanded at Albion Correctional Facility and among all seven pilot facilities to incarcerated individuals in general population. In 2023, this program is forecast for expansion to other facilities. Also, the Department updated Suicide Prevention posters and placed them throughout the facilities. Suicide Prevention videos are now available on incarcerated individual's tablets that provide information and guidance of how to seek help. A suicide prevention hotline for incarcerated individuals (988) is available with a description of services offered made available to all facilities.

In 2020, a stronger focus was placed on staff wellness in the interest of improving morale and performance, which is projected to also benefit the incarcerated and supervised populations as well. The Department contracted with a vendor to train master trainers for Corrections Fatigue, Correction

Wellness and Trauma. The Department now has 156 master trainers hosting trainings throughout the Department.

In January 2022, a joint workgroup composed of OMH and Department staff conducted a two-day audit at Albion exploring possible trends related to suicide risk. Recommendations were made and changes were implemented by the Albion Facility Executive Team in collaboration with OMH. Changes included identifying additional program space for the ICP program along with additional security staff added for programming escorts, which now allow for early returns if clinically indicated. The ICP Treatment Team meetings are attended by the ADMSH, SORC, ORC, SOCTP SW, Security (Sergeant and regular Officer), and OMH clinicians. A third treatment team day has been added to the weekly schedule. A joint review process is in place, and case reviews are done with incarcerated individuals when they arrive in ICP and every 60 days after. This offers an opportunity for the incarcerated individual to express to the treatment team their functioning in ICP, giving them a voice and a chance for staff to make changes to assigned programming. Cut down tools are provided on every housing unit. Staff assigned to overnight shifts can carry the tool during rounds. An entire block has been utilized to house individuals in the Reception Center that are identified with a need for additional mental health care and assessments. Albion Correctional Facility has received approval to fix electrical conduits in cells per the recommendation of the joint workgroup. Additional computers and printers were added to the Reception Center area to speed up the intake process and obtain additional information related to an incarcerated individual's mental health history that can assist in making a better suicide assessment. Security rounds were increased in high-risk areas, such as the Reception Center and draft processing areas. Members of the Executive Team are conducting rounds daily in the Reception Center to talk to the population and resolve issues. Additionally, joint rounds by OMH Unit Chief and ADSMH are done weekly in high-risk areas.

A Suicide Prevention Steering Committee was organized comprised of both DOCCS and OMH administration staff. This committee meets to recognize trends and to make recommendations that would improve suicide prevention efforts. Subgroups of the committees review all suicides and suicide attempts and create suicide prevention messages during the holidays. Additionally, subgroups of the committees review fear as a precipitating factor for suicide and how to address concerns. A suicide prevention work group, consisting of DOCCS and OMH staff, review all suicides and suicide attempts incidents, looking for trends, patterns and signs of potential suicide for high-risk incarcerated individuals. This committee makes recommendations to a Central Office Committee of high-ranking DOCCS and OMH staff that reviews proposed policy changes, determines what changes to make, and then implements the policy changes statewide. A mortality review of all suicides is conducted to ensure all procedures and practices were adhered to and make recommendations to Central Office to improve suicide prevention efforts. Central Office also conducts administrative reviews of all suicide and self-harm statewide. Following each incarcerated individual suicide, the Department conducts a Mortality Review meeting to review the facts and circumstances surrounding the incident and to identify possible improvements to policies and procedures.

Health Care

The Department is committed to providing quality health care that serves the needs of incarcerated individuals. Albion Correctional Facility medical and dental staff provide compassion and respect for the dignity of every incarcerated individual they provide treatment to. At the time of the CANY visit, Albion Correctional Facility employed: one (1) full time physician, one (1) part time physician, one (1) Nurse Practitioner, one (1) Nurse Administrator, ten (10) Nurses, one (1) Dental Hygienists, and one (1) Dental Assistant. Albion Correctional Facility provides compassionate medical and dental care to all individuals in the Department's custody following community standards of treatment and services.

Every incarcerated individual has access to emergency sick call twenty-four hours a day. For non-emergent care, incarcerated individuals are able to access medical staff through the sick call process. Sick calls are triaged, and the individual is seen based on their medical needs. Albion Correctional Facility received approximately 1,600 sick call encounters within the past year. In addition to sick calls, Albion Correctional Facility provides access to specialized medical services as well as Telehealth services.

Precautionary measures are taken by the Department to protect the life and safety of all incarcerated individuals and staff in response to the COVID-19 pandemic. Every facet of the State's response to COVID-19 outbreak has been guided by facts, scientific data, and guidance of public health experts at the Department of Health (DOH) and the Center for Disease Control (CDC). Each action taken in response to the spread of COVID-19 is done in the best interests of those who work within, or are incarcerated in our facilities, including Albion Correctional Facility. With each confirmed case, the Department works to identify any potentially exposed individuals to provide notifications and to stop the spread of the COVID-19 virus. The testing process is currently the same for those in prison as it is for those in the community. The Department will continue to evaluate all options as this situation unfolds. A multitude of measures have been taken to ensure the safety and well-being of staff and incarcerated individuals include mandating all staff, incarcerated individuals, visitors and contractors to wear face masks while in the facility, which is no longer the case based on DOH guidance, supplying all incarcerated individuals with masks and supplying incarcerated individuals subject to isolation and quarantine with surgical-type masks. Additionally, all visitors are supplied a COVID test that must produce a negative result prior to allowing the visit.

Our physicians, nurse practitioners and physician assistants, working with our nurses, are following the guidance of DOH so that incarcerated individuals are tested when exhibiting symptoms and after a medical evaluation is conducted. Our process identifies those patients who are ill, requiring special monitoring and care, and isolates those who exhibit any symptoms or have a positive test. Additionally, anyone exposed to a patient who has a positive test is placed into quarantine and is subsequently administered a COVID test. A nurse will swab the individual and that swab is then sent to an authorized lab. If an individual's test result is positive, that person is placed in isolation for a minimum of ten (10) days. For those in quarantine who receive a negative test, they remain in quarantine for the ten (10) day period. For individuals who need enhanced levels of care, we access our network of outside hospitals to ensure the population receives the necessary treatment and services. Asymptomatic patients who wear a mask and follow social distancing and hand hygiene guidelines have minimal risk

to others. However, to be proactive, the Department, in consultation with DOH, developed a statewide asymptomatic surveillance program to randomly test the population in every facility on a daily basis. This program began in December 2020 and continues today.

In consultation with DOH, the Department has been vaccinating those staff and incarcerated individuals who wish to be vaccinated, since February 5, 2021. All incarcerated individuals coming into Albion Correctional Facility are screened and evaluated for COVID symptoms and vaccination history. Albion is able to continue a COVID vaccine series if the incarcerated individual has started in the community or at another facility. As vaccination efforts continue, the Department is also focused on ensuring staff thwart the spread of COVID-19 by enforcing the most efficient and mitigating efforts available at the time. The Department provides vaccines when they are available and has made strong efforts to educate the population on the importance of booster shots. To date, Albion has held 14 vaccination clinics where 385 COVID-19 vaccinations were administered to the incarcerated population. Prior to each clinic, medical staff conducts face-to-face education, asks every incarcerated individual if they wish to be vaccinated and provides edification. In addition to these efforts, at every encounter with the incarcerated population in the medical unit, incarcerated individuals were, and continue to be, educated, and encouraged to receive the COVID-19 vaccination, including boosters. The Department offered incentives to encourage interest in the vaccine in the form of a special Christmas meal, a meal purchase from a local vendor, and a commissary care package not to exceed \$75. Staff actively continues to poll the incarcerated population to see who is interested in either the vaccine or the booster shot. When vaccine supplies are received, vaccines are sent out immediately.

The Department, like many institutions, has faced significant staffing challenges when recruiting certain titles. As the Department is an Executive Agency, Albion Correctional Facility had been subject to a Statewide Hiring Freeze pursuant to New York State Budget Bulletin B-1182. The Hiring Freeze was a prohibition on promotions, transfers and new hires unless individually justified in the most extraordinary circumstances and authorized by the Division of the Budget. This included all permanent and temporary positions, regardless of funding source. Nevertheless, staff continued to come to work, when appropriate, to fulfill the Department's mission. Under Governor Hochul's leadership, the Statewide Hiring Freeze was suspended, and the Department is aggressively recruiting for a number of titles, specifically medical personnel. Notwithstanding, the correctional system is not immune to the crisis the community medical field is facing with staff shortages. The Department has expanded its recruitment efforts by utilizing employment websites such as Indeed.com, Targeted Digital Marketing campaigns and attendance at college job fairs. The Department has established a position that is fully dedicated to recruiting qualified medical and dental staff. In addition, facility administrators utilized the resources available to them and creatively filled in cracks as needed. An example of which is utilizing agency nurses to staff the need for medical personnel safely and adequately, when required. Regarding non-medical staffing, the Department is also experiencing the effects of the ongoing national and local economic trends impacted labor markets.

In addition to aggressive recruitment efforts, the Department, by consulting with DOH as well as Albany Medical Center, took similar measures as community hospitals during the pandemic; namely, a priority was accorded to the most critical services. For example, all sick calls are reviewed and triaged from the more serious to the less serious, which, as one might expect, has caused longer delays in

addressing the less serious complaints. Our protocols for addressing staff shortages are in compliance with CDC COVID-19 guidelines.

The Department takes the continued spread of this global health emergency seriously and shares the same concerns as staff, incarcerated individuals, and their loved ones. Our focus is ensuring that the hardworking men and women of this Department, as well as our incarcerated and formerly incarcerated populations, are healthy and safe. Just as we have successfully managed infectious outbreaks in the past, we have emergency protocols in place and have proactively made adjustments in our facilities and Community Supervision offices in an attempt to limit any outbreaks.

The Department made robust efforts to educate the incarcerated population on the COVID-19 virus and the importance of vaccination through educational material, videos, medical staff speaking one-on-one to the population, facility Executive Team members talking to incarcerated individuals on rounds and educating the ILC. Several times the Department medical staff went around to every housing unit and provided educational material and answered any questions cell by cell.

One of many risk-reduction measures taken by the facility to thwart the spread of COVID-19 included physical social distancing plans to protect the incarcerated population and staff from the spread of COVID-19. Due to the facility layout and infrastructure limitations, programming and movement were modified for the safety of all. As a result, policy was crafted to provide access to all incarcerated individuals in an equitable manner. For example, to provide incarcerated individuals that are housed in different settings with the same recreation access, a rotating schedule for access was determined to be the most equitable option. A rotation for the incarcerated individuals to come out of their cells to use amenities for up to five hours a day in addition to utilizing the yard was the narrowly tailored solution available. With correctional security and staffing interest evaluated, a modification of those hours to allow earlier access to amenities such as phones would create a disproportional administrative and security burden. As previously noted, the Department provides incarcerated individuals with electronic tablets free of charge, which include a suite of communication, educational, and entertainment applications that help incarcerated users remain connected to their communities and learn skills that will help them succeed after their release.

Discipline

The Department is committed to holding staff to the highest standards of public service. The Department takes pride in the degree of fairness, professionalism, integrity, and transparency expected of our staff in providing excellent service. As such, all allegations of an employee not meeting those standards are investigated thoroughly. This includes their communications with incarcerated individuals to accomplish care, custody, and control. Staff is trained on how to use focused observations to assess situations; exhibit a command presence, establish rapport with incarcerated individuals, and manage conversation, which allows them to impact the incarcerated individual's behavior. Disciplinary action is one of many essential elements in correctional treatment and is a necessary part of correctional security, which should not be construed as harassment or other malfeasance by staff. To that end, Departmental employees are trained that disciplinary action shall

be taken only in such measures and degree as is necessary to regulate an incarcerated individual's behavior within acceptable limits, assist in achieving acceptable standards of behavior for the entire incarcerated population, and preserve the confidence of all concerned in the administration's commitment to maintaining those standards.

All incarcerated individuals alleged to have violated the standards of behavior for the incarcerated population, are provided with significant due process protections, which include meaningful opportunities to challenge the allegations. The disciplinary system is rooted in fair practices and procedures, that require lawfully obtained and credible evidence. The disciplinary system assists in protection of the health, safety, and security of all persons within a correctional facility, but serves an important role in rehabilitation of incarcerated individuals and maintaining the morale of the facility.

The Department's disciplinary system has several built-in safeguards to ensure due process. Moreover, it is the Department's policy that the disciplinary procedures are conducted in a fair and equitable manner to ensure that decisions are not influenced by stereotypes or biases. Misbehavior reports set forth three (3) tiers of offenses, and the standards for behavior are provided to all incarcerated individuals. In certain cases where an incarcerated individual is charged with serious misconduct, the individual may seek employee assistance to gather additional evidence, and be represented by an attorney, law student, paralegal, or other incarcerated individual at the hearing. The Department's standards of behavior violations are classified based on the severity of the offense and the potential sanctions. The misbehavior reports are tiered as follows:

- Violation Hearing – Tier 1 misbehavior reports are reviewed by a violation officer, who holds the rank of Sergeant or above. An individual may challenge the findings by appealing directly to the Superintendent.
- Disciplinary Hearing – Tier 2 misbehavior reports are reviewed by Hearing Officers who hold the rank of Lieutenant or above. An individual may challenge the findings by appealing directly to the Superintendent.
- Superintendent's Hearing – Tier 3 misbehavior reports are reviewed by the Superintendent, Deputy Superintendent, Captain, Commissioner's Hearing Officer, or a Superintendent's designee. If an incarcerated individual is found guilty of a Tier 3 misbehavior report, the individual may challenge the finding by appealing to the Commissioner, which is thoroughly reviewed by the Office of Special Housing.

Facility staff made extensive efforts to educate the incarcerated population in advance of changes to the disciplinary system as a result of the HALT legislation. The facility Executive Team repeatedly met with the ILC to inform the incarcerated population of the pending changes. Also, several notices explaining the changes were posted in the housing units, general library, and law library. For individuals received through the Reception process, additions were made to the weekly orientation program to include updates to the disciplinary system. Finally, the Executive Team made daily rounds in the facility and informed the incarcerated population about HALT.

As of April 1, 2022, if an incarcerated individual is found guilty after a hearing of an eligible offense, the service of potential confinement sanctions limits the amount of time in segregated confinement to 15 days. Thereafter, the person is transferred to a residential rehabilitative unit (RRU), at which time an individualized rehabilitation plan is implemented, and the individual's confinement sanction runs concurrently while assigned to the RRU, a unit for which Albion has. Under the law, Special Populations are precluded from placement in segregated confinement for any length of time, and must be diverted to other appropriate programming and housing. Individuals serving confinement sanctions are offered mandatory time periods of out-of-cell programming, including rehabilitative programming in a group setting, and have full access to mental health and medical treatment, food, clothing, water, and recreation.

The disciplinary program at Albion Correctional Facility is in compliance with HALT and Department Directive #4932. The Hearing Officers have received 37.5 hours of training prior to conducting hearings to ensure fairness and consistency. All Superintendent and Disciplinary Hearings are digitally recorded to create a permanent record that can be utilized by the Department to ensure that hearings are conducted in a fair and consistent manner. All completed hearing packets are reviewed by executive staff to ensure due process was followed and dispositions are appropriate. The Department provides further administrative due process through an appeal mechanism for an unbiased review by a member of the office of Special Housing and Incarcerated Individual Disciplinary Program. If found guilty, the incarcerated individual is advised of the appellate process before the conclusion of their disciplinary proceeding. Upon appeal, Tier 2 Disciplinary hearings and Tier 3 Superintendents hearings are subject to an unbiased and thorough review by the Superintendent or by a member of the Office of Special Housing and Incarcerated Individual Disciplinary Program, respectively.

Grievance

The Incarcerated Grievance Program (IGP) is designed to provide each incarcerated individual with an orderly, fair, simple, and expeditious method for resolving their concerns. While incarcerated individuals are still expected to resolve problems on their own, through informal communication with staff, the IGP provides a formal structure to help incarcerated individuals peacefully address issues. This process also allows the Department the opportunity to correct problems internally, identify issues in need of administrative attention, and clarify policies and procedures. The IGP is a non-adversarial process designed to allow staff and incarcerated individuals the opportunity to mediate resolutions to problems in the facility. In addition to addressing formal grievances, IGP staff also interact with incarcerated individuals through non-calendared contacts, which assists them in resolving problems without a formal grievance being filed.

The grievance procedure is initiated by the incarcerated individual. If an incarcerated individual is unable to resolve the problem through informal channels, the individual may file a written grievance within 21 calendar days of the incident in question (exceptions may be granted up to 45 days). The IGRC has 16 calendar days in which to attempt to informally resolve the complaint or hold a hearing. The IGRC is comprised of two voting incarcerated individuals, two voting staff members, and a non-

voting chairperson that can either be an incarcerated individual, staff member, or outside volunteer associated with the facility's program. The incarcerated individual has 7 calendar days from the receipt of the IGRC's written response to appeal to the facility Superintendent. The Superintendent has up to 20 calendar days (25 calendar days for staff conduct complaints) to render a decision. If the incarcerated individual wishes to appeal further, the individual has 7 calendar days from the receipt of the Superintendent's decision to appeal to the Central Office Review Committee (CORC). CORC is comprised of Central Office staff who review grievance appeals on behalf of the Commissioner. CORC is the final level of administrative review for grievances filed through the IGP mechanism.

The incarcerated individual grievance program at Albion Correction Facility is in compliance with the aforementioned policies. Albion Correctional Facility staff encourage the incarcerated individuals to resolve their complaints through other existing channels, prior to submitting a grievance. For example, the incarcerated individual can contact security staff, counselors, Executive Team members or a program unit directly affected. Mailboxes are spread throughout the facility where the incarcerated population may submit a grievance complaint. These mailboxes are emptied by the IGP Supervisor. Complaints of misconduct are thoroughly investigated and reviewed by both Deputy Superintendent of Security and the Superintendent. All other complaints received are properly investigated and appropriate action taken.

Sexual Assault Prevention

The Department has a zero-tolerance policy for sexual abuse, sexual harassment, and unauthorized relationships. The Sexual Abuse Prevention & Education Office (SAPEO) is charged with developing and implementing policy regarding sexual victimization, as well as implementing the National Prison Rape Elimination Act (PREA) Standards. The mission of SAPEO is to end custodial sexual victimization and to provide a safe, secure, and humane environment for everyone in our Department. Through prevention, education, and ongoing victim support programs, the SAPEO works to eliminate all forms of sexual violence within the Department, and to provide access to appropriate and meaningful emotional support services for victims of sexual abuse. The Department provides comprehensive education to incarcerated individuals in person and through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Additionally, the Department continues to mandate robust training for all staff, which reinforces to them the requirement to maintain professional boundaries and that no level of sexual misconduct will be tolerated.

PREA furthers safe and secure facility operations, making our facilities safer for all. Moreover, the Department often uses requirements and best practices identified through PREA implementation to increase the level of professionalism expected of our staff. A number of the visiting committee's observations about Albion Correctional Facility are consistent with the commitment undertaken by the Department to keep every staff member, incarcerated individual, and releasee safe from all forms of sexual victimization.

Staff are required to report any allegation of sexual abuse, sexual harassment, unauthorized relationship, or retaliation as reported by an incarcerated individual or releasee. In addition, all employees, regardless of title, are under a duty to report:

- Any knowledge, suspicion, or information regarding an incident of sexual victimization that occurred in a facility, whether or not the facility is part of the Agency, and any unauthorized relationship;
- Any retaliation against an incarcerated individual, releasee, or staff for reporting such an incident or participating in an investigation; and
- Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

The post-visit report references the September 15, 2020, PREA Audit Report for Albion Correctional Facility, including those allegations that were reported and investigated during the audit period. This is a testament that most staff are taking their responsibilities seriously and reporting sexual abuse, sexual harassment, and related matters per policy. The post-visit report did identify concerns that other incarcerated individuals experienced sexual abuse or sexual harassment, attempted to report, and did not experience the required professional response. No timeframes were provided and thus we cannot say if these alleged reporting failures were during the same period. The Department takes claims that staff failed to properly respond to a report seriously. It is noted that a substantiated incident of a staff member failing to properly respond to a report of sexual victimization is a basis for disciplinary action against the employee. Regardless of whether or not the perception that some staff do not properly respond to reports is fair, it still results in a chilling effect and may contribute to individuals deciding not to report misconduct. The Department is currently utilizing federal grant funding to update training, including training for staff working in female-classified correctional facilities. We remain committed to continue addressing the appropriate and required professional response to reports.

The post-visit raised concerns of the treatment of gender diverse incarcerated individuals. Staff are continually trained and provided information regarding sexual orientation, gender identity, and gender expression to increase the understanding of LGBTIQ+ and GNC people, including incarcerated individuals. This training enhances the understanding of the benefits of a respectful agency culture, improves communication with LGBTIQ+ and GNC people, staff, the public, releasees and incarcerated individuals. The training also makes the Department's expectations for respectful treatment of all persons abundantly clear, and provides very specific training on policy with respect to transgender, gender non-conforming, and non-binary (TGNCNB) people. Instruction on the use of proper pronouns or gender-neutral language is provided, and our policy set forth in the Employees' Manual on intentional misgendering is covered. The Department acknowledges that, notwithstanding a training in 2020 and an Office of Employee Relations training in 2021, certain staff continue to struggle in this regard. In recent years, the Department has experienced an increase in the TGNCNB populations, first at Bedford Hills and Taconic, and more recently at Albion. Thus, in addition to incorporation of this material into refresher trainings moving forward, SAPEO is planning to conduct special training sessions at Albion Correctional Facility in early 2023, similar to the trainings held for staff at Bedford Hills and Taconic Correctional Facilities in December of 2021.

A newly developed mandated PREA Refresher training was recently created for all staff. While this training addresses various topics required under PREA, it very directly seeks to reduce staff sexual misconduct. This training program encompasses real experiences from current and formerly incarcerated individuals, and from staff who worked with abusers, to teach employees how to detect the signs of a co-worker experiencing poor boundaries, how to intervene to prevent misconduct, and how to report. The training uses lessons learned on the real reasons staff are sometimes reluctant to get involved to change that behavior.

Incarcerated individuals at Albion Correctional Facility have access to the Statewide Domestic Violence and Sexual Assault Hotline through the Incarcerated Phone System (777). Additionally, the incarcerated population can use 777 or other means to receive services from the local Rape Crisis Center, RESTORE Sexual Assault Services, in Batavia. RESTORE provides counseling and emotional support. Information regarding this service is provided to all incarcerated individuals through orientation on their initial arrival, signage on their housing units and throughout the facility, and brochures available in their Transitional Services programs, Law Library, General Library & Medical, and information in their Orientation Handbook. Additionally, information on community-based programs they can access once they are released is provided. RESTORE Sexual Assault Services as well as the Assistant Deputy Superintendent PREA Compliance Manager and ORCs can also be utilized as a referral source. Incarcerated individuals are able to request phone calls to the PREA hotline through their ORCs regardless of disciplinary sanctions. RESTORE Sexual Assault Services can schedule legal calls for advocacy services regardless of an incarcerated individual's disciplinary status. Further, RESTORE advocates also have the ability to provide services through legal visits.

The Department has established policies for providing gender-affirming state-issued clothing, and through the Directive 4911A pilot, has further expanded access to gender-affirming clothing and other items through the Vendor Package Program. Albion Correctional Facility has established procedures to facilitate compliance with the Department's policy on gender-affirming clothing and honors all requests, accordingly. Further, Albion Correctional Facility also maintains male clothing inventory in the state shop. Male clothing is requested as needed from Orleans Correctional Facility and delivered expeditiously.

The Department achieved full PREA compliance in June 2018 and has maintained compliance even through the COVID-19 Pandemic. DOCCS has successfully completed 123 facility PREA Audits and 18 contract community-based residential program audits. Albion Correctional Facility was audited for the second time in the Summer of 2020 by an independent U.S. DOJ-Certified auditor and was again determined to be in full compliance with the PREA standards. Notwithstanding the successful audits at Albion Correctional Facility and across the Department, staff continuously works to improve its policies and practices to combat sexual victimization and provide meaningful support for survivors who are incarcerated.

All allegations of sexual abuse, sexual harassment, unauthorized relationships, or retaliation for reporting such an incident or participating in an investigation, must be immediately reported and thoroughly investigated. As previously noted, OSI serves as the agency's investigative body. Within

OSI, a specialized Sex Crimes Unit is comprised of highly trained investigators primarily devoted to pursuing justice through fair, thorough, and impartial investigations of sexual victimization. From an investigation perspective, we further endeavor to intervene before abuse occurs. Much of investigative work and training focuses on “unauthorized relationships.” These cases involve breaches of professional boundaries. By intervening at this early stage, the Department can remove the employee who is headed down the wrong path and prevent sexual victimization of the incarcerated individual. OSI further looks for evidence of any other potential misconduct by the accused or other staff, such as falsifying records or failing to report. This includes not only the conduct of the accused abuser, but also anyone who may have engaged in misguided efforts to protect their errant coworker. OSI investigations are thorough, objective, and evidence based. Any substantiated case of misconduct by an employee is referred to the Department’s Bureau of Labor Relations for consideration of disciplinary action, which may include termination of the employee. Further, any misconduct where there is evidence of criminality is referred to the appropriate prosecutor for consideration of criminal charges.

It is important to note that the Department continuously reviews every aspect of its sexual abuse prevention and response program. The Department’s PREA Compliance staff, investigative staff, and sexual abuse prevention and response policies are among the best in the nation. Nevertheless, we recognize that society continues to evolve and new strategies both in the community and in the criminal justice environment are necessary. Our team of dedicated professionals is working to identify new practices, develop new strategies and adopt other existing best practices to raise to a whole new level altogether, our zero-tolerance policy toward any and all forms of custodial sexual victimization.

We certainly cannot say we have achieved the ultimate goal of eliminating all forms of sexual victimization— this is a lofty goal for both corrections and society as a whole. While we are proud of the work we have done to date, we constantly strive to do better. To that end, we welcome the suggestions of the visiting committee, most of which are consistent with ongoing efforts

Conclusion

Albion Correctional Facility is an example of why New York is a leader in the corrections field. The Department is proud of the wide-ranging programs and services provided at Albion Correctional Facility, as well as their dedication to fulfilling the Department’s mission.

It should also be noted that in December of 2020, Albion Correctional Facility received accreditation from the American Correctional Association, signifying compliance with fundamental correctional practices pertaining to all aspects of day-to-day prison operations. The facility was also examined in the September of 2020 by an independent auditor and determined to be in compliance with the Federal Prison Rape Elimination Act standards.

Addendum Part 1: Closed-Ended Data

Each monitoring visit protocols form yields closed-ended responses. This data comes from closed-ended questions employed as part of the General protocols form, the Special Housing Unit (SHU) protocols form, and the Residential Rehabilitation Unit (RRU) protocols form. Closed-ended questions on the protocols forms help gauge incarcerated people’s views and experiences on various aspects of imprisonment, in both general and specific terms. Moreover, closed-ended questions provide the basis for quantitative, generalizable findings about experiences of incarceration across a prison, as well as across the DOCCS facilities. Upon reception of this data, closed-ended responses are tabulated by question, question type, form, and facility (in succeeding order of organization). Closed-ended responses are aggregated, and thus not based on any individual interviewee’s responses. Closed-ended questions are usually expressed in the form of “Yes/No” binaries, sometimes with a “Not applicable” option. Other types of closed-ended questions are tabulated by categorical counts and numeric measurements of time or of instances.

Albion General Quantitative Data Addendum

Question	Yes	No	Total
Have you requested medical care?	58 86.6%	9 13.4%	67 100.0%
Have you requested dental care?	52 76.5%	16 23.5%	68 100.0%
If you have requested medical care, have you received a response?	38 71.7%	15 28.3%	53 100.0%
If you have requested dental care, have you received a response?	37 72.6%	14 27.4%	51 100.0%
Do you have unaddressed medical or dental needs?	34 60.7%	22 39.3%	56 100.0%
Are you on the OMH caseload?	47 72.3%	18 27.7%	65 100.0%
Have you attempted to hurt yourself in this prison?	9 14.7%	52 85.3%	61 100.0%
Have you experienced or witnessed an emergency medical or mental health situation in this prison?	37 60.7%	24 39.3%	61 100.0%
Do you have access to the academic and vocational programs you need?	44 69.8%	19 30.2%	63 100.0%
Have you seen or been personally subject to verbal or physical abuse by staff at this prison?	32 50.0%	32 50.0%	64 100.0%
Have you seen or been personally subject to sexual abuse or sexual harassment by staff at this prison?	17 25.8%	49 74.2%	66 100.0%
Have you experienced a strip search and/or cavity search at this prison?	39 61.9%	24 38.1%	63 100.0%

Question	Yes	No	Total
Have you filed an Office of Special Investigation (OSI) or Prison Rape Elimination Act (PREA) report in response to sexual assault or abuse here?	16 28.6%	40 71.4%	56 100.0%
Did you experience sexual or gender-based violence before your current incarceration?	17 31.5%	37 68.5%	54 100.0%
Have you seen or experienced racialized violence by staff (slurs, stereotyping, discrimination, etc.)?	26 43.3%	34 56.7%	60 100.0%
Have you filed a grievance?	37 56.9%	28 43.1%	65 100.0%
If yes, has your grievance been resolved?	12 34.3%	23 65.7%	35 100.0%
Is the grievance process fair?	10 25.0%	30 75.0%	40 100.0%
Have you been subject to discipline at this prison?	34 57.6%	25 42.4%	59 100.0%
Is the disciplinary system fair?	7 18.9%	30 81.1%	37 100.0%
Have you been fully vaccinated for COVID-19, meaning either two doses of the Pfizer/Moderna vaccine or one dose of the Johnson & Johnson vaccine?	32 50.0%	32 50.0%	64 100.0%
Is the commissary adequately stocked with items on a regular basis?	13 20.6%	50 79.4%	63 100.0%
Are the equipment and fixtures in your cell or living area working properly? (lights, bed, etc.)	23 35.9%	41 64.1%	64 100.0%
Are you receiving three meals per day in adequate portions?	34 58.6%	24 41.4%	58 100.0%
Do you have access to clean drinking water?	49 83.1%	10 16.9%	59 100.0%
Do you have regular and adequate access to feminine hygiene products?	53 86.9%	8 13.1%	61 100.0%
During the winter, do you have adequate heat inside?	28 51.9%	26 48.1%	54 100.0%
During the summer, is it adequately cool inside?	10 16.9%	49 83.1%	59 100.0%
Do you have access to phone calls, either by using the phones or through a tablet?	54 91.5%	5 8.5%	59 100.0%
Do you have access to in-person visits?	45 78.9%	12 21.1%	57 100.0%
Do you have access to family services programs, including parent education programs, individual or family counseling, or a nursery program for mothers pregnant upon admission to DOCCS?	28 71.8%	11 28.2%	39 100.0%
Since March 31 of this year, have you ever been locked inside your cell for more than 17 hours a day?	6 11.5%	46 88.5%	52 100.0%

Question	Yes	No	N/A	Total			
If you have received medical or dental care, was the level of care adequate?	12 19.7%	40 65.6%	9 14.7%	61 100.0%			
Are you receiving medication as prescribed, including schedule and dosage?	31 55.4%	19 33.9%	6 10.7%	56 100.0%			
If yes, are you getting the mental health programs you need?	37 68.5%	11 20.4%	6 11.1%	54 100.0%			
Question	Yes	No	Not Eligible	Total			
If you are eligible for a booster shot, have you taken it?	15 34.9%	25 58.1%	3 7.0%	43 100.0%			
Question	2 Days	1 Week	2 Weeks	1 Month	Longer than 1 Month	Total	
Medical: If no, how long has your request been outstanding?	3 12.5%	1 4.2%	1 4.2%	2 8.33%	17 70.8%	24 100.0%	
Dental: If no, how long has your request been outstanding?	0 0.0%	2 9.5%	2 9.5%	3 14.3%	14 66.7%	21 100.0%	
Medical: If yes, how long did it take to get care?	3 9.1%	3 9.1%	5 15.2%	3 9.1%	19 57.6%	33 100.0%	
Dental: If yes, how long did it take to get care?	1 3.2%	8 25.8%	1 3.2%	6 19.4%	15 48.4%	31 100.0%	
Question	2 Days	1 Week	2 Weeks	1 Month	Longer than 1 Month	I Have Not Received a Response	Total
Grievance: If yes, how long did it take to get a response?	2 5.9%	6 17.6%	4 11.8%	3 8.8%	10 29.4%	9 26.5%	34 100.0%
Question	None	Once	2-3 Times	4-7 Times	More than 7 Times	Total	
How many times per week are you able to access the phones?	4 7.1%	4 7.1%	2 3.6%	10 17.9%	36 64.3%	56 100.0%	

Albion SHU Quantitative Data Addendum

Question	Yes	No	Total
Since March 31 of this year, have you been in a SHU or other form of segregated confinement for longer than 15 consecutive days?	0 0.0%	3 100.0%	3 100.0%
Are you in this unit because of a disciplinary sentence?	2 50.0%	2 50.0%	4 100.0%
Have you been in a SHU or other form of segregated confinement for a total of more than 20 days in the last 60 days?	0 0.0%	2 100.0%	2 100.0%
Besides the SHU unit at Albion, have you been in any other disciplinary units here or at other prisons? (If yes, choose all that apply from the following):	2 100.0%	0 0.0%	2 100.0%
• Residential Rehabilitation Units (RRUs)	0 0.0%	2 100.0%	2 100.0%
• Protective custody	0 0.0%	2 100.0%	2 100.0%
• Administrative segregation	0 0.0%	2 100.0%	2 100.0%
• Keeplock	1 50.0%	1 50.0%	2 100.0%
• Longterm Keeplock	0 0.0%	2 100.0%	2 100.0%
• Step-down program	0 0.0%	2 100.0%	2 100.0%
• Mental health or other alternative to solitary	1 50.0%	1 50.0%	2 100.0%
Were you medically evaluated on arrival?	0 0.0%	2 100.0%	2 100.0%
Did you receive a suicide prevention screening on arrival?	2 100.0%	0 0.0%	2 100.0%
Did you receive clean clothing on arrival?	1 50.0%	1 50.0%	2 100.0%
Did you undergo a mental health assessment within one day of your arrival?	0 0.0%	2 100.0%	2 100.0%
Did you have a hearing where you were sentenced to this current bid in the SHU?	1 50.0%	1 50.0%	2 100.0%
Were you told that you could have representation at your hearing by an attorney, paralegal, law student, or fellow incarcerated person?	1 50.0%	1 50.0%	2 100.0%
Were you provided an opportunity to make a phone call to your family or an attorney, or to speak to a fellow incarcerated person, to request such representation?	1 50.0%	1 50.0%	2 100.0%
Have you received additional disciplinary tickets while in SHU?	0 0.0%	2 100.0%	2 100.0%
Have you received additional punishment in the SHU? (e.g., loss of privileges)	0 0.0%	1 100.0%	1 100.0%
Do you have at least seven hours of out of cell time per day?	0 0.0%	2 100.0%	2 100.0%

Question	Yes	No	Total	
Do you have at least one hour of out of cell congregational recreation per day (i.e., with other incarcerated people)	3 100.0%	0 0.0%	3 100.0%	
Do you have at least six hours of out of cell programming per day? (Can include individual or group programming)	0 0.0%	2 100.0%	2 100.0%	
Have you ever been denied access to a program?	0 0.0%	2 100.0%	2 100.0%	
Have you ever refused to participate in programs?	0 0.0%	2 100.0%	2 100.0%	
Are you able to access phone calls, either through the tablet or other means while in the SHU?	2 100.0%	0 0.0%	2 100.0%	
If you have requested medical care, have you received a response?	0 0.0%	2 100.0%	2 100.0%	
If you have requested dental care, have you received a response?	0 0.0%	2 100.0%	2 100.0%	
If you received medical or dental care, was the level of care adequate?	0 0.0%	0 0.0%	0 100.0%	
If you are on the OMH caseload, are you getting the mental health programs you need?	1 100.0%	0 0.0%	1 100.0%	
Have you seen or been personally subject to verbal, physical, or sexual abuse by staff in the SHU?	0 0.0%	2 100.0%	2 100.0%	
Have you seen or experienced racialized abuse by staff (slurs, stereotyping, discrimination, etc.) in the SHU?	1 50.0%	1 50.0%	2 100.0%	
Have you heard about the HALT Solitary Confinement Act?	2 66.7%	1 33.3%	3 100.0%	
Have you heard about any plans or changes being made at Albion related to implementation of HALT, including any new construction or other changes?	0 0.0%	1 100.0%	1 100.0%	
Has the administration distributed any information regarding the HALT law?	0 0.0%	2 100.0%	2 100.0%	
Question	Up to 1 Week	Up to 2 Weeks	Up to 1 Month	Total
How long have you been incarcerated in this unit?	2 50.0%	1 25.0%	1 25.0%	4 100.0%
How long is your total disciplinary sentence?	0 0.0%	1 100.0%	0 0.0%	1 100.0%
If you were previously in some form of segregated confinement, how long were you in such confinement for?	0 0.0%	0 0.0%	1 100.0%	1 100.0%
What is the total amount of time you have spent in the SHU during your current bid?	0 0.0%	1 100.0%	0 0.0%	1 100.0%
Question	Yes	No	Total	
If yes, did that hearing happen before or after you were placed in SHU?	0 0.0%	1 100.0%	1 100.0%	

Question	With a Disability	
Are you a member of any of the following populations? (Check all that apply)* *Respondents were able to select more than one option	1	
Question	Restart Chairs	Ankle Shackles
During programs, are any of these restraints used:*\br/>*Respondents were able to select more than one option	1	1

Albion RRU Quantitative Data Addendum

Question	Yes	No	Total
Were you in the SHU or another form of segregated confinement before being transferred to this RRU?	7 77.8%	2 22.2%	9 100.0%
Did you have a hearing where you were sentenced to this current time in the RRU?	7 87.5%	1 12.5%	8 100.0%
Were you told that you could have representation at your hearing by an attorney, paralegal, law student, or fellow incarcerated person?	7 87.5%	1 12.5%	8 100.0%
If yes, did you have a representative at your hearing?	1 14.3%	6 85.7%	7 100.0%
Were you provided an opportunity to make a phone call to your family or an attorney, or to speak to a fellow incarcerated person, to request such representation?	3 32.5%	5 62.5%	8 100.0%
Do you have a rehabilitation plan for your time in the RRU?	6 85.7%	1 14.3%	7 100.0%
If yes, does it include goals, programs, treatment, and services you are to be offered, and a timeframe?	4 57.1%	3 42.9%	7 100.0%
Have you had a periodic review of your status in the RRU?	1 14.3%	6 85.7%	7 100.0%
Do you have at least seven hours of out of cell time per day?	2 22.2%	7 77.8%	9 100.0%
Do you have at least one hour of out of cell congregational recreation per day (i.e., with other incarcerated people)	7 87.5%	1 12.5%	8 100.0%
Do you have at least six hours of out of cell programming per day? (Can include individual or group programming)	4 44.4%	5 55.6%	9 100.0%
Have you ever been denied access to a program?	2 33.3%	4 66.7%	6 100.0%
Have you ever refused to participate in programs?	3 42.9%	4 57.1%	7 100.0%
Do you have access to programs consistent with those you would have in general population?	0 0.0%	6 100.0%	6 100.0%

Question	Yes	No	Total			
Do you have access to services consistent with those you would have in general population? (Commissary, packages, property, etc.).	2 33.3%	4 66.7%	6 100.0%			
Do you have access to trauma-informed therapeutic programming?	2 40.0%	3 60.0%	5 100.0%			
Have you ever been forced to choose between getting a tablet and going to programming or recreation?	0 0.0%	6 100.0%	6 100.0%			
Do you have access to all of your property in the RRU?	3 37.5%	5 62.5%	8 100.0%			
Are you able to access phone calls, either through the tablet or other means while in the SHU?	7 87.5%	1 12.5%	8 100.0%			
If you have requested medical care, have you received a response?	5 71.4%	2 28.6%	7 100.0%			
If you have requested dental care, have you received a response?	6 85.7%	1 14.3%	7 100.0%			
If you received medical or dental care, was the level of care adequate?	2 28.6%	5 71.4%	7 100.0%			
If you are on the OMH caseload, are you getting the mental health programs you need?	4 66.7%	2 33.3%	6 100.0%			
Do you have any unaddressed mental health needs?	5 62.5%	3 37.5%	8 100.0%			
Have you received disciplinary tickets while in the RRU?	2 40.0%	3 60.0%	5 100.0%			
If yes, did you receive a hearing for those disciplinary tickets received while in the RRU?	2 100.0%	0 0.0%	2 100.0%			
Have you received additional punishment in the RRU? (e.g., loss of privileges)	2 40.0%	3 60.0%	5 100.0%			
Have you seen or been personally subject to verbal, physical, or sexual abuse by staff in the RRU?	2 28.6%	5 71.4%	7 100.0%			
Have you seen or experienced racialized abuse by staff (slurs, stereotyping, discrimination, etc.) in the RRU?	4 50.0%	4 50.0%	8 100.0%			
Question	21 and Younger	55 and Older	Pregnant	New Mother	With a Mental Health Need	With a Disability
Are you a member of any of the following populations (check all that apply):* *Respondents were able to select more than one option	1	1	0	0	5	5

Question	Restart Chairs	Cages	Hand Shackles	Ankle Shackles	Waist Chain				
During programs, are any of these restraints used:*	8	0	2	7	1				
*Respondents were able to select more than one option									
Question	Up to 1 Week	Up to 2 Weeks	Up to 1 Month	Up to 2 Months	Up to 3 Months	Up to 6 Months	Up to 1 Year	Don't Know	Total
How many days per week do you go outside for recreation?	2 25.0%	1 12.5%	2 25.0%	3 37.5%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	8 100.0%
How many days per week are you able to use a tablet?	1 12.5%	0 0.0%	1 12.5%	0 0.0%	1 12.5%	3 37.5%	1 12.5%	1 12.5%	8 100.0%
Question	1 Week	60 Days	I Have Not Been Reviewed Yet	Total					
If yes, how long were you in the RRU before that review?	2 50.0%	1 25.0%	1 25.0%	4 100.0%					
Question	14 Days	15 Days	Total						
If yes, how long were you in the SHU or segregated confinement before transfer to the RRU?	2 40.0%	3 60.0%	5 100.0%						
Question	1 Module	2 Modules	3 Modules	Total					
For how many modules per day are you outside of your cell for programs?	1 16.7%	2 33.3%	3 50.0%	6 100.0%					
Question	1 Ticket	Total							
If you have received disciplinary tickets while in the RRU, how many?	2 100.0%	2 100.0%							

Question	4 to 5	6 to 7	8	Total
If yes, how long were you in the SHU or segregated confinement before transfer to the RRU?	4 66.7%	1 16.7%	1 16.7%	6 100.0%
Question				Average
On a scale of 1 to 10, with 1 being the lowest, how would you rate the quality of programming?				3.17
On a scale of 1 to 10, with 1 being the lowest, how would you rate the quality of program staff?				4.80

Addendum Part 2: Open-Ended Data

Each monitoring visit protocols form yields open-ended responses. This data comes from open-ended questions employed as part of the General protocols form, the Special Housing Unit (SHU) protocols form, and the Residential Rehabilitation Unit (RRU) protocols form. This data is either directly quoted or paraphrased in the third person from oral responses. Open-ended questions on the protocols forms help gauge incarcerated people's views and experiences on various aspects of imprisonment, in both general and specific terms. Moreover, open-ended questions provide incarcerated respondents the ability to describe the nuances of their experiences in ways valuable to data collection and analysis. Upon reception of this data, open-ended responses are tabulated by question, protocols form, and facility (in succeeding order of organization). Responses are then coded using emergent inductive and open coding approaches: a list of themes are developed based on the responses to questions asked of all interviewees, and not based on any individual interviewee's responses. Thus, the open-ended responses are inherently aggregated. All this data is coded by hand. The data from each question has been coded into an overarching list of themes and then into subthemes. Within this document, the numbers next to each theme and subtheme refer to the number of responses (instances) coded within them. These numbers should not be construed as observations from unique incarcerated people; rather they are a tally of each time an incarcerated person spoke to that theme during their interview.

Albion General Form Open-Ended Data Addendum

1. Basic provision of services	234 Total
a. Problems with commissary	61
b. Frequency of visits	43
c. Problems with water	25

d.	Problems with visits/Isolation from loved ones	19
e.	Problems with feminine hygiene product provision	16
f.	Problems with packages	15
g.	Problems with phones	15
h.	Problems with appliances	13
i.	Problems with ice provision	6
j.	Adequate experience with phones	5
k.	Adequate experience with feminine hygiene product provision	5
l.	Inadequate basic services and equipment	3
m.	Adequate experience with visits	3
n.	Do not rely on DOCCS for feminine hygiene products/Do not need	3
o.	Adequate experience with commissary	1
p.	Adequate experience with water	1
2.	Staff behavior and security	205 Total
a.	Poor treatment by staff/Abuse of authority/Dehumanizing treatment	33
b.	Sexual abuse or harassment	33
c.	Race-based abuse	32
d.	Reported violence and abuse by prison staff	30
e.	Adequate experience with staff	23
f.	Mixed experience with staff	14
g.	Gender-based abuse	13
h.	Abusive environment in mess hall	7
i.	Fearful and retaliatory environment	6
j.	Use/misuse/lack of cameras	5
k.	Collective punishment/Retaliation	3
l.	Religion-based abuse	2
m.	Tense environment/Try to stay out of trouble	2
n.	Lack of staff accountability	1
o.	Lack of care	1
3.	Mental and dental healthcare	187 Total
a.	Problems with emergency healthcare response	49
b.	Long waits for treatment, if at all	37
c.	Substandard quality of care	27
d.	Harsh treatment	21
e.	Variety of medical and dental issues and needs	19
f.	Problems with medication	11

g.	Interference of correctional staff with healthcare	8
h.	Adequate experience	7
i.	Problems with MAT	6
j.	Tension between healthcare and work	2
4.	Programming	176 Total
a.	Programs currently enrolled in	42
b.	Dissatisfaction/Failure to meet programming needs/Long waitlists	21
c.	Restrictions because of unit or status	18
d.	Desire for more educational programming	14
e.	Desire for career preparation/vocational programming	14
f.	Adequate experience with programs	14
g.	Enrollment in family services programming	8
h.	Desire for more substance abuse programming	8
i.	Harsh treatment	7
j.	Perception of being program-satisfied	6
k.	Other programming desires	6
l.	Desire for family services programs	4
m.	Prioritization of prison labor over rehabilitative programs	4
n.	Positive experience with family services programming	3
o.	Perception of race-based restrictions on program access/Racialized environment	3
p.	Staffing problems	2
q.	Under-stimulation	2
5.	Disciplinary process	91 Total
a.	Unfair and biased disciplinary process	26
b.	Loss of access to services and programming as disciplinary measure	23
c.	Use of SHU/Keeplock as disciplinary measure	20
d.	Arbitrary and unfair disciplinary measures	18
e.	Experience with HALT implementation	3
f.	Neutral experience	1
6.	Material conditions and environmental issues	89 Total
a.	Problems with showers and bathrooms	44
b.	Problems with hot temperatures	31
c.	Problems with cold temperatures	12
d.	Adequate experience with temperature	2

7. Grievance system	79 Total
a. Reasons for filing grievances	42
b. Biased or dysfunctional grievance process	21
c. Long waits for resolution, if at all	7
d. Retaliation or fear of retaliation for filing grievances	6
e. Do not see value in filing grievances	2
f. No grievance filed	1
8. Mental healthcare	78 Total
a. Adequate experience	23
b. Problems with medication	16
c. Variety of mental health issues and needs	11
d. Problems with responses to suicide and self-harm	10
e. Long waits for treatment, if at all	6
f. Substandard quality of mental healthcare	5
g. Harsh treatment	4
h. Coping with prison experience	1
i. Have not needed care	1
j. Interference of correctional staff with mental healthcare	1
9. Food	60 Total
a. Issues with food quality	39
b. Issues with food accessibility	15
c. Food as punishment	4
d. Adequate experience with food	2
10. COVID-19	53 Total
a. Reasons for vaccine hesitancy	36
b. Inadequate COVID-19 mitigation procedures from DOCCS/Lack of rule-following	10
c. Adequate COVID-19 mitigation procedures	3
d. Aggravated isolation and restrictions	2
e. Effects on services and operations	1
f. Effects on physical health	1
11. Experience of incarceration	17 Total
a. Poor experience of incarceration	10
b. Adequate experience of incarceration	4
c. Dehumanizing experience/Mental anguish	3

12. Custody	4 Total
a. Problems with transfer or release process	3
b. Problems with parole	1

Albion SHU Form Open-Ended Data Addendum

1. Experience of solitary confinement	11 Total
a. Poor experience in the SHU	4
b. Previous experience in the SHU	3
c. No information about HALT	2
d. Impact of HALT implementation	2
2. Staff behavior and security	9 Total
a. Race-based abuse	2
b. Fearful and retaliatory environment	2
c. Reported violence and abuse by prison staff	1
d. Poor treatment by staff	1
e. Tense environment/Try to stay out of trouble	1
f. Gender-based abuse	1
g. Adequate experience with staff	1
3. Disciplinary process	6 Total
a. Arbitrary and unfair disciplinary measures	3
b. Reasons for placement in the SHU	2
c. Problems with time cuts and incentives	1
4. Programming and recreation	6 Total
a. Location of recreation	2
b. Description of programming	2
c. Reasons for refusing recreation	1
d. Under-stimulation	1
5. Medical and dental healthcare	5 Total
a. Long waits for treatment, if at all	2
b. Substandard quality of care	1
c. Interference of correctional staff with healthcare/Harsh treatment	1
d. Variety of medical and dental issues and needs	1

6. Basic provision of services	4 Total
a. Inadequate provision of clothing	1
b. Problems with showers	1
c. Problems with library	1
d. Problems with phones and tablets	1
7. Medical healthcare	1 Total
a. Interference of correctional staff with mental healthcare	1
8. Custody	1 Total
a. Problems with transfer or release process	1

Albion RRU Form Open-Ended Data Addendum

1. Disciplinary process	40 Total
a. RRU sentence for:	10
b. Arbitrary and unfair disciplinary measures	7
c. Experience with rehabilitation plan and review	6
d. Poor experience with hearing process	5
e. Problems with time cuts and incentives	4
f. Restrictions to access to services and programming as disciplinary measure	3
g. Adequate experience with hearing process	2
h. Experience with solitary confinement	2
i. Neutral experience with hearing process/Do not know	1
2. Programming and recreation	36 Total
a. Location of recreation	9
b. Description of programming	8
c. Dissatisfaction/Failure to meet programming and recreation needs	7
d. Reasons for not going to recreation	6
e. Reason for denial of programs	3
f. Reasons for refusing programs	2
g. Adequate experience with programs	1
3. Experience of RRU	33 Total
a. Poor experience in the RRU/Similar to or worse than the SHU	13
b. Excessive shackling and restraints	10
c. Neutral experience/No desire to elaborate	6
d. Better than the SHU	4

4. Mental healthcare	23 Total
a. Variety of mental health issues and needs	9
b. Coping with prison experience	5
c. Have not needed care	3
d. Interference of correctional staff with mental healthcare	2
e. Substandard quality of mental healthcare	2
f. Adequate experience with mental healthcare	1
g. Long waits for treatment, if at all	1
5. Staff behavior and security	19 Total
a. Reported violence and abuse by prison staff	5
b. Mixed experience with staff	4
c. Poor treatment by staff	3
d. Adequate experience with staff	2
e. Race-based abuse/Racial discrimination	2
f. Tense environment/Try to stay out of trouble	1
g. Fearful and retaliatory environment	1
h. Use/Misuse/Lack of cameras	1
6. Medical and dental healthcare	14 Total
a. Variety of medical and dental issues and needs	7
b. Long waits for treatment, if at all	5
c. Interference of correctional staff with healthcare/Harsh treatment	1
d. Problems with MAT	1
7. Basic provision of services	7 Total
a. Problems with phones and tablets	2
b. Inadequate provision of feminine hygiene products	2
c. Problems with property	1
d. Problems with commissary	1
e. Problems with packages	1

CANY Post-Visit Briefing and Recommendations

Monitoring Visit To Albion Correctional Facility

No.22-08: June 22-23, 2022

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