



Auburn Correctional Facility: 2011

Auburn Correctional Facility is a maximum security prison located in Auburn, Cayuga County, New York. The facility is the second oldest prison to be built in New York State, after New York City's Newgate. The facility was finished in 1816 and received its first prisoner in 1817. Auburn Prison, as it was known until 1970, when it was renamed Auburn Correctional Facility, was the first prison to implement the "Auburn System," a system of incarceration in which prisoners worked in groups during the day, were housed in solitary cells during the night, and lived in enforced silence. Today, Auburn Correctional Facility operates as a maximum security prison for males ages 21 and older committed to the New York State Department of Corrections and Community Supervision (DOCCS).

The Prison Visiting Project (PVP) of the Correctional Association of New York (CA) visited Auburn on June 15-16, 2011. The purpose of our visit was to assess programs, physical facilities, and conditions for prisoners and staff within the prison. At the time of our visit, the facility had a capacity for 1,821 prisoners and confined 1,724 individuals, 1,533 of whom were housed in general population. Auburn also has a Special Housing Unit (SHU) for prisoners in disciplinary confinement. Auburn's SHU has the capacity for 83 individuals and housed 76 prisoners at the time of our visit. Auburn is categorized as an Office of Mental Health (OMH) Level 1 facility, providing 24-hour mental health services to patients on the OMH caseload. At the time of our visit, 20%¹ of the population was currently receiving mental health treatment.

Auburn is also one of seventeen facilities in New York State that operates programming under the Department of Corrections and Community Supervision Division of Industries or Corcraft. Prisoners at Auburn manufacture all the license plates for New York State and also make state issued furniture.

Prisoners at Auburn are housed in five blocks: A, B, C, D, and E. A-block is the largest block with over 200 prisoners housed on each of five tiers. All individuals are housed in single-cells; however, there is one double-cell per company, and prisoners are either assigned to be double-celled or volunteer. The CA observed that D-block was extremely dirty, and many individuals pointed out exposed pipes, large holes in the concrete of their cells, cockroaches and

¹ There were 353 inmates on the OMH caseload at the time of our visit.

extensive leaks. The CA suggests that facility administrators look into repairing the damage in this and any other housing area.

METHODOLOGY

In order to accurately assess the services and conditions of the prison, the CA obtained surveys from 382 prisoners about general prison conditions, 18 surveys from prisoners in OMH program areas, 18 surveys from individuals in voluntary or involuntary protective custody, and 28 surveys from prisoners in disciplinary housing. To acquire survey participants, the Visiting Committee obtains informed consent from each individual that he would like to participate in this voluntary process. The surveys are then mailed to each prisoner who provides us with identifying information. The CA assures each participant that the information they provide is treated by the CA as confidential and that the CA maintains "privileged mail status," permitting the Department to inspect the mail in order to search for contraband, but not to read the contents, as it can with regular mail.

This report is based on findings from data supplied by the facility and DOCCS prior to our visit; prisoner surveys; conversations with the superintendent, executive team, program staff and prisoners; meetings with the staff union representatives and members of the Inmate Liaison Committee (ILC) and the Inmate Grievance Resolution Committee (IGRC). We appreciate the cooperation of the facility's administration during our visit and the extensive information staff provided to us during and after our visit. We would also like to thank all the individuals confined at Auburn who participated in our survey.

After providing a draft of this report to DOCCS and Auburn officials, we had a conference call on May 17, 2012 with the Superintendent to discuss our findings and recommendations. We appreciate the Superintendent's input during that conversation and his response to our request for updated information about recent prison operations. We have included this information in the report.

SUMMARY OF FINDINGS AND KEY RECOMMENDATIONS

During our two-day visit to Auburn, the CA was pleased to find several positive aspects about the facility. Prisoners were extremely enthusiastic about, and satisfied with, the Cornell Prison Education Program. We were also glad to learn that prisoners were working to bring additional volunteer and educational forums to the prison. The CA also commends both DOCCS and OMH for the array of services available to individuals in need of mental health treatment.

Unfortunately, despite the aforementioned positive aspects, the Visiting Committee was extremely concerned to find that survey participants reported an alarming frequency of threats, retaliation, and verbal harassment by staff. Survey participants at Auburn also reported significant levels of both gang activity and drug use, which is exacerbating the tension both among prisoners and between prisoners and staff. We were also concerned by the number of individuals currently on the OMH caseload who are housed in the SHU and the efficacy of the services provided to those individuals. Auburn has a significant portion of its population who

reported being idle and many survey participants had significant concerns about the quality of the academic services provided to them other than the Cornell Prison Education Program.

As with many facilities throughout the State, due to the fiscal environment, Auburn is missing staff from many of its key programs, which due to the size and needs of the prisoner population is adversely affecting the ability of the remaining program staff to provide adequate services. We strongly encourage the Department to fill vacant program positions at Auburn and throughout the State.

Our principle recommendations to relevant state, DOCCS, and prison officials include:

- Repair any damage to cells in the housing area, especially those in D-Block.
- Provide cell-study and vocational program materials in Spanish.
- Expand recreation programs so that more prisoners have access to physical activities.
- Hire a Spanish-speaking mental health staff person.
- Hire additional correction counselors to lessen the caseload of current staff.
- Coordinate with ILC and IGRC members on how to implement measures to decrease gang activity and drug use through non-punitive measures.
- Insert video cameras throughout the facility to decrease excessive use of force by staff, including in the yard where there were numerous reports of confrontations between staff and prisoners.
- Review all allegations of physical abuse and sexual misconduct by staff, and if allegations are substantiated, implement swift disciplinary actions.
- Encourage line-staff to engage prisoners in positive interactions to decrease harassment.
- Implement education, therapeutic or vocational programs and services for people in Protective Custody.
- Provide additional training to OMH and security staff on mental health confidentiality.
- Provide training to security staff on the OMH program areas on best practices for working with individuals suffering from a mental illness.
- Fill all medical staff vacancies and consider expanding the medical staff.
- Improve the quality of sick call and clinic call-outs and relocate sick call to the clinic area.
- Re-evaluate patients with hepatitis C to determine their eligibility for treatment.
- Hire a law library civilian staff person to increase access to legal research and writing, and supply existing law library clerks with additional training.
- Expand the children's play area in the visiting room by expanding the physical space and adding additional interactive play items.
- Expedite the process of having prisoners called down to the visiting room so that they may spend more time with their visitors.
- Clarify any confusion in regards to the rules and regulations governing the allowance of certain items in the mail/package room.
- More adequately determine the recipient of mail/packages so that items are delivered to the right individual.
- Implement a program to track the number of participant removals, and reason for removals, for each substance abuse program.

GENERAL INMATE POPULATION AND CORRECTIONAL STAFF DATA

Auburn has a capacity for 1,821 prisoners and confined 1,724 individuals at the time of our visit. The CA conducted a visit to Auburn in 2005, since which the demographics of the prison population have changed slightly. According to data provided to us by the facility for 2011, 27% of the population was under the age of 30 and 29% were 45 or older, and the median age was 37. Although this data is similar to system-wide data,² between 2005 and 2011, the percentage of prisoners under the age of 30 had decreased slightly and the percentage of the population that was 45-years old or older had increased 52.6%, consistent with Departmental data that highlights a growing percentage of the prison population who are older.³ The median minimum sentence at Auburn, as of 2010, was 13 years, comparable to DOCCS system wide data for maximum security prisons for the same time period. At the time of our visit, 80% of individuals incarcerated at Auburn had been convicted of a violent felony, which is significantly higher than the Department's system-wide average of 63% and an increase of 3.8% since 2005, and only 7% had been convicted of a drug offense, much lower than the 15% system-wide and a 46% decrease since 2005.

The median time survey participants had spent at Auburn was 12 months, and the median time survey participants had been in DOCCS custody was 6.4 years, which is significantly longer than the average of 2.08 years prisoners have been in DOCCS custody system wide. The median time prisoners have spent at Auburn is similar to other DOCCS facilities, although prisoners at Auburn have been in DOCCS custody longer.⁴ Fifty-four percent of the population identified as African-American, 20% identified as White, and 23% identified as Hispanic. This demographic break down is similar to system-wide data, though there are a slightly higher number of individuals who identify as African-American.⁵ Fifty-eight percent of the population had their high school diploma, General Equivalency Diploma (GED) or a higher education degree, which is similar to the system-wide average of 57%.⁶ Less than 1% of the population, or 11 individuals, were identified as Spanish-speaking with limited or no proficiency in English.

Auburn currently employs 556 correction officers, 11 of whom identify as African-American, four who identify as Hispanic and 18 who are female. In part due to the drastic racial disparities between the corrections officers and prison population, many prisoners we interviewed expressed concerns about the level of racial tension present at the facility. We recommend that facility administrators and DOCCS central office staff examine ways of recruiting a more diverse staffing population and increase opportunities for diversity training.

²According to DOCCS system-wide data as of April 2010, 32% of inmates are under the age of 30, 27% are 45 or older and the median age is 36

³ In 2005, the median age was 36-years old, 30% of the population was under the age of 30 and 19% was 45 years or older.

⁴ According to data obtained from DOCCS in 2010, the median time prisoners have spent at Auburn is 8.4 months, while the median time prisoners system-wide have spent at their current facility is 7.3 months. As of mid-2011, the median time prisoners at Auburn have spent in DOCCS custody is 4.3 years, while the median time prisoners system-wide have spent in DOCCS custody is 2.1 years.

⁵ DOCCS January 2011, *Profile of Inmate Populations*, indicates that 22.4% of prisoners identify as White; 50.5% as African-American; and 24.9% as Hispanic.

⁶ According to DOCCS system-wide data as of April 2010.

The CA Visiting Committee had the opportunity to meet with union representatives, who raised concerns about the population at Auburn and the impact of budget cuts on staffing across all sectors of the facility. Union representatives expressed staff's concern with what they felt were the number of younger, more violent individuals being transferred to Auburn. This shift, the staff felt, resulted in Auburn becoming a more "hard-core" prison that no longer emphasized rehabilitation. Staff also expressed concern in regards to the number of prisoners who were older and serving long or life sentences. Staff felt that they had little to offer this population and felt burdened by their inability to adequately counsel the lifers and long-termers. As highlighted above, system-wide there has been a significant increase in the past six years in the number of older prisoners, who may require specialized services and programs, which many facilities do not have the resources to provide.

The second largest area of concern that was raised by union representatives was the budget cuts. At the time of our visit, Governor Cuomo had laid out his plan to close five facilities within the DOCCS system, but had not specified which facilities would be closing. The union representatives felt that this uncertainty surrounding prison closures had greatly affected staff morale and many were concerned about the safety of their jobs. Staff mentioned that a number of vocational programs were being cut, and that the number of volunteers had also decreased. Staff expressed grave concern that with vocational programs being cut, more prisoners would find themselves idle, which staff felt was already a significant problem and resulted in the high level of gang activity currently at Auburn. Another noteworthy issue was that correction counselors felt overburdened by their duties and managing a caseload of 160 individuals. This concern seemed to be an overarching theme, with many staff feeling significantly strained by the demands of a higher need prison population, but shrinking fiscal resources.

SAFETY

During our visit, both the prisoners and staff categorized Auburn as a disciplinary prison. The CA received a number of reports, through surveys and letters from individuals incarcerated at Auburn, concerning incidents of racial and verbal harassment by security staff. Most disturbing were the letters that outlined prisoner-on-prisoner violence that was encouraged or not stopped by security staff. The CA ranks facilities, according to survey participants' answers, from the best facility to the worst and our analysis of prisoner surveys revealed that Auburn ranks worse than two-thirds of the 31 CA-visited facilities for its high level of verbal harassment, threats, and retaliation by staff. Auburn also has a high level of gang activity and drug use, and has the second highest rate within the system of Unusual Incident Reports (UIRs) for prisoner-on-prisoner assault.

Prisoner-Staff Relations

Prisoners at Auburn expressed mostly negative views about their relationship with security staff. Fifty-nine percent of individuals who responded to our survey rated relationships between prisoners and security staff as "very bad" or "somewhat bad." This places Auburn in the middle of all CA-visited prisons for prisoner-staff relations. According to DOCCS data, there

were 345 UIRs filed for calendar year 2010, and according to the facility, 360 filed for 2011. Auburn ranked eleventh worst out of the 16 maximum security prisons for rate of assault-on-staff UIRs for 2007-2010.⁷ Of the 345 UIRs filed in 2010, 23 were incidents of assault-on-staff, and of those filed in 2011, 20 were incidents of assault-on-staff.

The CA met with members of the Inmate Liaison Committee (ILC) and Inmate Grievance Representative Committee (IGRC) who reported incidents of security staff using excess force on individuals while performing pat-frisks or other security measures during recreation. Prisoners at Auburn estimated that a median of 60% of officers engaged in serious misconduct and 30% do a good job.⁸ Individuals, both in their survey comments and in personal interviews, overwhelmingly held the opinion that administrative staff did not hold the security staff accountable and that correction officers would often make up their own rules without the administration’s awareness or approval. Eighty-seven percent of survey respondents felt that administrative staff did little or nothing to prevent abuse. During our visit, it did appear that the Superintendent himself made regular rounds of the facility, and during our follow-up call with the Superintendent, he reiterated that he visited the housing and program areas everyday to interact with the prisoner population. Despite these efforts, survey respondents felt that the administration did very little to prevent abuse.

Prisoners also felt that racial tension was extremely high in part because of the security staff being predominately White. Fifty-four percent of survey respondents felt that racial tension was “widespread” or “fairly common,” ranking Auburn worse than two-thirds of all CA-visited facilities for the level of racial tension. When asked if racial discrimination contributes to abuse, 78% of survey respondents felt that it did a lot or somewhat. **Table A- Survey Responses in Regards to Physical Assault, Verbal Harassment and Ranking at Auburn** summarizes the responses from survey participants in regards to issues of safety, physical assaults, and verbal harassment.

Table A- Auburn Survey Responses and Raking about Physical Assault and Harassment

	Very Frequently	Frequently	Once in a while	Once	Never	Ranking*
How often do you feel unsafe?	28%	23%	29%	2%	16%	20
	Very unsafe	Somewhat unsafe	Only a little			
How unsafe do you feel?	41%	36%	22%			15
	Most common	Common	Not common			
How common are physical assaults?	38%	41%	21%			23
How common is verbal harassment?	75%	22%	2%			30
How common is racial harassment?	44%	36%	19%			31

* CA-visited facilities are ranked from the best to the worse with one being the best and 31 being the worst.

⁷ This is based on DOCCS system-wide data for UIRs for incidents of assault on staff from 2007-2010.

⁸ Compared to a median of 50% who engage in serious misconduct and 30% who do a particularly good job at other CA-visited prisons.

As **Table A** illustrates, surveyed individuals reported an extremely high level of verbal and racial harassment. Ninety-seven percent of survey respondents reported that verbal harassment was at least “common” and over 80% said that racial harassment was “most common” or “common.” This reported level of verbal harassment ranks Auburn as the second worst facility among the 31 CA- visited prisons for verbal harassment, the worst being Attica; however, Auburn surpasses Attica and is ranked worst among CA-visited facilities for the high level of racial harassment that individuals feel is “common.” Prisoners participating in our survey and those who were interviewed reported that verbal and racial harassment occurred throughout the facility, but a number of individuals were especially concerned that it occurred in the visiting room, directed at them and sometimes at their visitors.

Seventy-nine percent of survey participants reported that physical assaults by staff were at least “common,” ranking Auburn in the bottom third of all CA-visited facilities for how commonly physical assaults by staff occur.⁹ Similarly, 26% of survey participants reported experiencing an incident of physical abuse by staff at least once while at Auburn, again ranking the facility worse than two thirds of CA-visited facilities. Survey participants reported that physical abuse happened anywhere in the facility that was not monitored by a video camera, but especially on the 7am-3pm, 3pm-11pm shifts, and in the yard. Eighty percent of survey participants felt that video cameras would reduce the amount of abuse.

Although the Visiting Committee did not hear of any reports of sexual misconduct by security staff during our visit to Auburn, we were very disturbed to find that 82% of survey participants reported that abusive pat-frisks were at least “common” throughout the facility, and over half of all survey respondents had experienced an abusive pat-frisk at least once while at Auburn.¹⁰ Fifty-two percent of survey participants reported that abusive pat-frisks were not the only type of sexual abuse and 36% reported hearing of sexual abuse that went beyond an abusive pat-frisk at least once. The prevalence of abusive pat-frisks and sexual abuse by staff ranks Auburn in the bottom third of all CA-visited prisons for how often individuals hear about sexual abuse throughout the prison; how often they themselves have experienced an abusive pat-frisk; and how common sexual abuse and abusive pat-frisks are within the facility. According to data collected in accordance with the Prison Rape Elimination Act (PREA), Auburn ranked 15th out of all New York State prisons for its rate of sexual abuse by staff with a rate of 11.53 incidents per 1,000 prisoners for the three year period of 2008-2011. We are very concerned that there was a substantial increase in the number of allegations of sexual abuse by staff in 2011. There were 16 reported incidents of sexual abuse by staff in 2010 and 28 reported incidents in 2011.

ILC and IGRC members, and other individuals with whom we spoke, were also concerned by the amount of retaliation prisoners experienced for filing grievances or having their families contact the facility regarding issues with security staff. **Table B- Threat and Retaliation at Auburn** outlines responses to questions pertaining to retaliation and the facility’s ranking on each question.

⁹ See Table A- Auburn Survey Responses about Physical Assault, Verbal Harassment and Ranking at Auburn. Thirty-eight percent of survey participants responded that physical assaults by staff were most common, and 41% of survey participants responded that such assaults were common.

¹⁰ Sixty-four percent of survey participants had experienced an abusive pat-frisk at least once while at Auburn.

Table B-Threat and Retaliation at Auburn and the Ranking for each Indicator

	Most Common	Common	Not Common	Ranking
How common are threats and intimidation?	65%	27%	7%	30
How common is turning off lights or water?	51%	32%	15%	30
How common is retaliation for complaints?	60%	29%	9%	30
How common are false tickets?	66%	26%	7%	31
How common is the destruction of property?	47%	34%	17%	31

As **Table B** indicates, prisoners at Auburn experience significant levels of retaliation and intimidation by security staff. These responses rank Auburn as the worst of the 31 CA-visited facilities for destruction of inmate property and false tickets. Attica is the only facility with a higher level of retaliation for complaints, turning off lights or water, threats, and intimidation. This level of intimidation and retaliation is extremely concerning to the CA and adds to the overall tension between prisoners and staff at the facility. We suggest facility administrators review all allegations against staff to determine whether there is a discernable pattern.

Prisoner-Prisoner Relations

The Visiting Committee was pleased to witness some very positive interactions between prisoners during our visit, but we were also concerned by the number of prisoner fights that were reported by staff and prisoners.

A significantly higher percentage of survey participants reported prisoner-on-prisoner conflicts compared to other CA-visited facilities, ranking Auburn worse than two-thirds of CA-visited facilities. Twenty-seven percent of Auburn survey participants reported that fights between prisoners occurred “very frequently” and 38% reported that fights occurred “frequently” compared to an average of 13% and 27% at all CA-visited prisons. Also concerning to the CA is that 34% of survey participants reported that staff were “very frequently” or “frequently” involved in confrontations between prisoners, a significantly higher percentage than the 21% of survey participants at all CA-visited facilities who responded similarly. These survey responses rank Auburn the third worst facility for the reported frequency of staff involvement in prisoner-on-prisoner confrontations. According to the surveys we received, some of the ways in which security staff were involved in prison confrontations were by revealing criminal charges, encouraging theft of property or starting a conflict with a prisoner and encouraging another individual to continue it.

There were 69 UIRs filed in 2010¹¹ for prisoner-on-prisoner assaults. According to updated data supplied by the facility in June 2012, the facility had a total of 52 UIRs for prisoner assault-on-prisoner for 2011, slightly fewer than the number reported in 2010. Auburn ranks

¹¹ Data collected by DOCCS for report on UIRs for January – December 2010.

second among all maximum-security prisons for the highest rate of UIRs filed for prisoner-on-prisoner assault for 2007-2010 at a rate of 31.95 incidents per 1,000 prisoners.¹² There was also a 51% increase in the number of UIRs filed for prisoner-on-prisoner assault from 2009 to 2010, although there was a 24% decrease in the UIRs filed for prisoner-on-prisoner assault from 2010 to 2011. Survey responses indicate that the major contributors to prisoner-on-prisoner violence at Auburn are personal conflicts and the stress of being in prison. **Table C- Factors in Inmate Conflicts at Auburn** further outlines survey responses and prison ranking regarding causes of prisoner-on-prisoner conflict at Auburn.

Table C: Factors in Prisoner Conflicts at Auburn

	Not Common	Common	Most Common	Rank ¹³
Personal Conflicts	7%	44%	48%	31
Gangs	12%	36%	50%	31
Drugs	19%	45%	34%	31
Theft of property	37%	41%	21%	26
Gambling	23%	44%	33%	31
Stress of being in prison	13%	39%	47%	30

Gangs and Drugs

As **Table C** indicates, additional significant factors in prisoner-on-prisoner conflicts at Auburn were drug use and gang activity. Incarcerated individuals we interviewed felt that the level of perceived gang activity by security staff was a major contributing factor in the level of tension between prisoners and security staff. Prisoners believed the level of gang activity led security staff to assume that “every young black man was a member of a gang.” Prisoner surveys indicated that gang activity was extremely prevalent at Auburn. Seventy-seven percent of survey respondents rated gang activity at Auburn as “very common;” this is significantly higher than an average of 52% of survey participants at all CA-visited prisons, and ranks Auburn the second worst facility for gang activity. Fifty-six percent of survey participants reported that gang activity contributed to violence “a lot” and 28% reported that it did “somewhat.” These responses are higher than the 34% and 27% averages at all CA-visited facilities, ranking Auburn in the bottom four of CA-visited facilities. Drug use was also a significant problem for prisoners at Auburn; 86% of individuals surveyed reported that drug use was “very common” or “common.” This high level of drug use is substantially higher than the 63% average for all CA-visited facilities and ranks Auburn as the third worst facility among CA-visited prisons. Indeed, during our follow-up call with the Superintendent, he reported that a major concern at Auburn was the level of drug use by the population. According to data provided by the facility, 41% of all tickets for contraband throughout the Elmira Hub, which includes eight prisons, were issued at Auburn. In addition, according to data provided by the facility, 209 out of the 360 Unusual Incidents at Auburn were for contraband.

¹² This is also based upon DOCCS system-wide data for rate of UIRs for inmate on inmate assault from 2007-2009.

¹³ Ranking of 31 prisons with higher ranking representing the factor is not common and lower ranking representing the factor is more common or most common.

We are concerned by the high level of gang activity and drug use at Auburn and are apprehensive that these activities are undermining the positive work some individuals may be engaging in, and decreasing the opportunity for many more to do so. We strongly urge the facility to look into non-punitive ways to decrease gang violence and drug use.

Protective Custody

Protective Custody (PC) is used to house those members of the prison population who feel they are vulnerable, or may be potential victims while in general population. Individuals may be placed in PC due to a number of factors such as the particular nature of their criminal case, or conflict with other prisoners and gangs. Auburn has two different sections of protective custody: those individuals in voluntary PC, who have elected to be placed in PC, and those who the Department determines are at risk in general population and are therefore placed in involuntary protective custody (IPC). Prisoners in PC have minimal contact with the general population and are typically housed together in a particular area of the facility. Auburn's protective custody prisoners are housed on E-Block, the PC and IPC are separated by a moveable wall, and the total capacity for both areas was 50 beds.

At the time of our visit, there were approximately 30 inmates housed in voluntary PC, and 20 inmates housed in IPC. The CA received 18 surveys from inmates in the PC unit; ten from individuals in voluntary PC and eight from individuals in IPC. Fifty-three percent of PC survey respondents reported feeling "much safer" or "somewhat safer"¹⁴ in Auburn's PC than in general population. Unfortunately, that also means that 33% of respondents did not feel safer in Auburn's PC than in general population and 13% said it was about the same as being in general population. When asked how unsafe they felt, 50% of survey respondents felt "very unsafe." This response is of great concern to the CA, considering individuals are placed in PC for their own protection and should feel safer in PC than in general population.

According to the surveys we received from individuals in protective custody, the relationship between prisoners and staff in PC is tenuous and a number of individuals expressed concerns as to the behaviors displayed by PC security staff. Fifty percent of PC survey respondents named one officer, who they felt engaged in extensive verbal harassment, used homophobic language, and threatened individuals who looked to issue a formal complaint. Prisoners also reported that security staff encouraged theft of personal property and altercations between inmates in PC and IPC. Fifty-six percent of surveyed PC residents rated prisoner-staff relations as "very bad" or "somewhat bad" and these prisoners estimated that 64% of staff engaged in serious misconduct. **Table D- Individuals in Protective Custody Responses to Prisoner-Staff Relations** summarizes survey responses to questions regarding prisoner-staff relations on the PC unit.

¹⁴ Thirteen percent of PC survey respondents reported feeling "much safer," while 40% reported feeling "somewhat safer." These percentages are much lower than the other facility for which we have comparable data, where 42% reported feeling "much safer" and 50% reported feeling "somewhat safer."

Table D- Individuals in Protective Custody Responses to Prisoner-Staff Relations

	Not Common	Common	Most Common
How common is verbal harassment?	6%	12%	81%
How common is racial harassment?	21%	35%	42%
How common are threats?	21%	14%	64%
How common is retaliation for complaints/grievances?	20%	20%	60%
How common are false tickets?	23%	20%	60%
How common is destruction of property?	20%	13%	66%
Is sexual abuse during a pat-frisk the only type of sexual abuse you've heard about in this PC?	18%- YES	81%- NO	

Table D illustrates that individuals in Auburn’s protective custody assert they are subjected to high levels of verbal and racial harassment, retaliation for filing complaints or grievances, destruction of property, and false tickets. The percentage of prisoners in PC who report this level of officer misconduct is significantly higher than responses from prisoners at the other PCs we have visited.¹⁵ We are also extremely concerned that 81% of PC survey participants report that abusive pat frisks are not the only kind of sexual abuse inmates are subjected to in PC.

Given the extensive issues survey participants reported with services and staff in protective custody, it is concerning that the only available avenue for filing complaints appears to be ineffective. Sixty-six percent of PC survey respondents also reported retaliation for filing grievances and 90% felt that the grievance system’s effectiveness was poor.

“The most significant issue that I see is the sense of psychological isolation and lack of programs/jobs. Twenty-one hours of the day are spent in a cell, leaving prisoners dependent on themselves to fill the time.” -Anonymous

Similar to individuals confined in disciplinary confinement, individuals in voluntary PC and IPC spend the majority of their time in their cells; they are allowed three hours out-of-cell time per day for recreation, showers, phone calls, or visits. Eighty-one percent of PC survey respondents at Auburn were without a program, 75% were not involved in any educational programs and 66% did not have a job. PC survey participants were extremely frustrated with the lack of programming available to them. As indicated by the numbers, a large percent of individuals in protective custody are completely idle with nothing to break up the monotony of their days. Although we recognize that delivering programs and services remotely can pose an administrative challenge, PC prisoners are not on the unit for punitive reasons and we urge the prison administration to make every effort to

¹⁵ Attica is the other maximum security facility for which we have comparable data. Forty-four percent of PC inmates at Attica reported that verbal harassment was most common; 33% reported that racial harassment was “most common” or “common;” 50% reported that threats were “most common” or “common;” 50% reported that retaliation was “most common” or “common” and 44% reported false tickets were “most common” or “common.”

ensure that PC prisoners receive all essential services at rates comparable to the general population.

Although 70% of survey respondents indicated that they do attend recreation either “frequently” or “once in a while,” survey respondents were also frustrated by the limited activities available to them in the PC recreation yard. During our follow-up conference call with the Superintendent, he agreed to assess the PC yard to determine whether additional equipment might be available to increase activities for PC individuals during their recreation.

Seventy-six percent of PC survey respondents indicated that they had a serious medical condition and 77% indicated that they could access sick-call when they needed. Half of all PC survey respondents rated the nurses as fair; however, 68% rated the doctors as poor. According to survey respondents, most PC residents felt that nurses did a decent job, but that there were long delays to see a doctor and the doctors did not care about the patient’s well-being. In terms of mental health care, 64% of PC survey participants used the mental health services provided to them and 53% of respondents were currently on the mental health caseload. Forty-four percent of survey participants rated the mental health services as “fair.” Sixty-two percent of PC prisoners had also been to the RCTP during their incarceration, which is much higher than the other facility for which we have comparable data on individuals in protective custody.¹⁶

SPECIAL HOUSING UNIT (SHU)

Auburn operates a Special Housing Unit for those individuals serving a disciplinary sentence. Auburn’s SHU has a capacity for 83 prisoners and housed 76 at the time of our visit. Sixty-one percent of surveyed Auburn general population prisoners reported that they had received a misbehavior report while at Auburn, compared to an average of 55% at other CA-visited facilities. Twenty-eight percent of general survey participants also reported having been in Auburn’s SHU, which ranks Auburn worse than two-thirds of CA-visited SHUs for the number of general population individuals who have spent time in the special housing unit. We received 28 surveys from individuals currently housed in Auburn’s SHU. SHU survey respondents reported that they had spent a median of two months in the SHU and had a median SHU sentence of nine months.

SHU Prisoner-Staff Relations

SHU survey participants, like those in general population, reported high levels of racial and verbal harassment, threats, retaliation, false tickets, and destruction of property. **Table E-Common Forms of Abuse of SHU Prisoners by Staff** summarizes the percentage of SHU survey participants who concluded the following forms of abuse by security staff within Auburn’s SHU were common.

¹⁶Auburn PC data is compared to data from Attica’s PC, in which only 27% of PC inmates had been to the RCTP.

Table E- Common Forms of Abuse of SHU Prisoners by Staff

How common are:	Most Common	Common	Not common	Ranking*
Physical assault	29%	41%	29%	15
Sexual assaults	14%	27%	57%	23
Verbal harassment	67%	29%	4%	26
Racial harassment	39%	44%	17%	24
Threats	61%	35%	4%	26
Pat-frisks	38%	48%	14%	23
Retaliation	60%	30%	10%	29
False tickets	67%	25%	8%	28
Destruction/theft of inmate property	64%	27%	9%	28

* CA-visited SHUs are ranked from the best to worst with one being the best and 30 being the worst.

As indicated in **Table E**, the majority of SHU survey participants believe they are subjected to significant levels of verbal harassment, false tickets, threats, and retaliation. The level of verbal abuse reported by individuals in the SHU ranks Auburn fourth worst among the 30 CA-visited SHUs. Ninety percent of SHU survey respondents reported that retaliation for filing complaints or grievances was at least “common.” This is significantly higher than the 69% average for all CA-visited SHUs and ranks Auburn as the second worst SHU for this level of retaliation. Twenty-six percent of surveyed SHU prisoners reported that incidents of staff confrontations happened “very frequently” or “frequently,” ranking Auburn at the bottom of CA-visited SHUs. Over thirty percent of surveyed individuals in Auburn’s SHU also reported feeling unsafe “very frequently” or “frequently” and when asked how unsafe they felt, 45% said that they felt “very unsafe.”

Forty-three percent of surveyed individuals reported that sexual abuse by staff was “most common” or “common” ranking Auburn in the bottom third of all CA-visited SHUs. When asked how frequently individuals hear of sexual abuse by staff in the SHU, 53% of survey respondents reported that they heard about it at least one in a while.¹⁷ When asked whether the sexual abuse was limited to abusive pat frisks, 52% said that it was not. Eighty-six percent of SHU survey participants reported hearing of abusive pat frisks in the SHU at least once in a while, and 54% had personally experienced an abusive pat frisk in the SHU.¹⁸

The one avenue for individuals to address issues they may be having is to file a complaint, and while 64% of surveyed inmates had filed a grievance while in SHU, 95% rated the effectiveness of the grievance system as “poor.” We are concerned by the perceived ineffectiveness of the complaint system in the SHU.

¹⁷ Eleven percent of individuals had heard of sexual abuse by staff very frequently, 26% had heard of sexual abuse frequently and 16% had heard of sexual abuse once in awhile.

¹⁸ Twelve percent of survey participants reported hearing about abusive pat frisks very frequently, 35% frequently, and 39% once in awhile. Eight percent reported experiencing abusive pat frisks very frequently, 8% frequently, and 38% had been subjected to an abusive pat frisks once in a while.

Forty-two percent of SHU survey participants reported that they had received a deprivation order since being in Auburn's SHU. Deprivation orders are placed on individuals who have displayed significant behavioral issues while in disciplinary housing. The number of individuals reporting being subjected to a deprivation order at some point in Auburn's SHU is higher than the average for all CA-visited SHUs, ranking Auburn worse than two-thirds of CA-visited SHUs for the number of individuals subjected to a SHU deprivation order.¹⁹ Of those individuals who indicated having a deprivation order, six had been given the "loaf," a mix of vegetables, grains, and meat blended together that can be eaten without utensils. According to our analysis of data provided by the facilities we have visited, Auburn uses the loaf at a significantly higher frequency than most other CA-visited facilities. Although there was a substantial decrease in the number of prisoners on a restrictive diet from 2009 to 2010, according to data provided by the facility in June 2012, the number of individuals who were subjected to a restricted diet in 2011 quadrupled the 2010 figure.²⁰ The number of individuals subjected to a restricted diet at Auburn over the past few years continues to raise significant concerns. We believe that the use of the loaf is ineffective and inhumane, and should be eliminated throughout DOCCS as a form of punishment. Furthermore, we are concerned about the high percentage of inmates who reported having experienced a deprivation order at Auburn and suggest that facility administrators examine other more effective and less degrading forms of discipline.

During the Visiting Committee's tour of the SHU, a number of prisoners raised concerns about the amount of time they were allotted to shower and shave. SHU survey respondents reiterated this concern. These prisoners informed us that individuals in Auburn's SHU are only allowed five minutes to shower and shave. We raised this concern to the administration at the end of our visit, and were told that this claim was not the case; however, due to the number of surveys we received that raised this complaint, we encourage the administrative staff to look into this assertion to determine whether there is a discrepancy between policy and practice.

SHU Programs

Individuals in disciplinary housing are locked in their cells for 23-hours per day, with one hour a day allotted to out-of-cell recreation. Twenty-eight percent of survey participants reported utilizing recreation frequently, placing Auburn in the top half of all CA-visited SHUs, indicating that individuals in Auburn's SHU are utilizing recreation more frequently than at other CA-visited SHUs. We commend the facility for ensuring that prisoners are able to access recreation if they choose to do so. Prisoners in SHU may also engage in a cell-study program, and although 13 individuals at Auburn were enrolled at the time of our visit, 88% of SHU survey participants were not satisfied with the program. Surveyed individuals felt that the materials provided for the cell-study program were out-of-date and that the instructor was not consistent in providing materials or making rounds. Individuals in SHU also expressed disappointment that prisoners in the SHU were not allowed to take the GED examination. During our follow-up conference call, the facility indicated that making the GED exam available to individuals in the SHU is under consideration. The CA is pleased with this development and encourages the facility to make such

¹⁹ The average for all CA-visited SHUs is 30% of SHU survey respondents who had been on a deprivation order.

²⁰ In 2009, Auburn had 21 individuals on a food deprivation order. That number decreased to 12 in 2010. According to data provided by the facility, 48 individuals were subjected to a restricted diet in 2011.

a change. The CA was also informed during the same call that individuals in the SHU now have access to an Aggression Replacement Training (ART) workbook, which models the class provided in Transitional Services. The workbook became available to those in the SHU in March of 2012, and provides an opportunity for participants to receive time-cuts in their SHU sentence.

Fifty-nine percent of individuals reported having access to the law library materials, and 65% had access to their mail, response rates that rank Auburn in the top half of all 29 CA-visited SHUs.

SHU Mental Health

Given the large number of Auburn prisoners on the OMH caseload, it is not surprising that many prisoners with mental illness are sent to the Auburn SHU. We are concerned that these prisoners may deteriorate in the SHU or not receive appropriate mental health care. According to the SHU Exclusion Law, which went into effect in July 2011, DOCCS is required to divert prisoners with a serious mental illness (SMI) and a SHU sentence of 30 days or more from the SHU to a Residential Mental Health Treatment Unit (RMHTU), a separate mental health unit where patients will receive intense mental health services.²¹ Unfortunately, Auburn does not have an RMHTU, and prisoners on the OMH caseload sent to Auburn's SHU do not receive the mental health services specified in the SHU Exclusion Law. Although we have no information that Auburn SHU prisoners meet the criteria for SMI, often mental health patients deteriorate in the SHU and many of the SHU prisoners on the OMH caseload could benefit from the services available in an RMHTU.

At the time of our visit, 43%²² of the individuals in SHU were on the OMH caseload. During our subsequent follow-up call with the Superintendent on May 17, 2012, we were informed that of the 80 prisoners in the SHU only 17 were on the OMH caseload. This represents a significant drop in the number of prisoners in the SHU who are on the mental health caseload from 43% in June of 2011 to 21% in May of 2012. To the extent that this decrease is an indication that people on the OMH caseload have been diverted from the SHU or not placed in the SHU in the first place, the CA is pleased that there are significantly fewer individuals on the OMH caseload in the SHU and we encourage Auburn's staff to continue to decrease the number of individuals in the SHU who are in need of mental health care.

The Visiting Committee met with Auburn's OMH staff and was pleased to learn that a social worker makes rounds five days a week to the unit to see OMH patients in the SHU. OMH staff informed the Visiting Committee that all individuals are screened for suicide risk within 24-hours of entering the SHU. Individuals who are currently on or deemed appropriate for the OMH caseload receive one private interview with a social worker and a meeting with the OMH Nurse Practitioner (NP) for medication management each month. These one-on-one interviews with OMH staff usually happen in a private interview room, though if the individual refuses, these

²¹ Individuals with a serious mental illness who are sentenced to more than 30 days of disciplinary housing are eligible for placement in Residential Mental Health Units, where they daily receive four hours of mental health treatment and can earn time-cuts to their disciplinary sentence with positive behavior.

²² At the time of our visit, there were 74 inmates in SHU, 32 of which were on the mental health caseload.

meetings may also be conducted cell-side. Meetings with the OMH-NP to discuss medication are conducted cell-side. OMH staff estimated that, on average, about three to five interviews each month are conducted with individuals who are not on the OMH caseload; these interviews are conducted cell-side.

One third of those who responded to our SHU survey reported currently being on the OMH caseload, and about half of all SHU survey participants reported that they had sought out or received mental health treatment at some point during their incarceration. Three quarters of the SHU survey participants who reported receiving medication had problems obtaining their mental health medication. Sixty-three percent of survey respondents reported that prisoners in the SHU attempted acts of self-harm “very frequently” or “frequently.”²³ One survey respondent also reported that he was in the SHU due to an act of self-harm. In addition, we received reports of individuals in the SHU who reported feeling suicidal being stripped of their belongings and property and being placed back in their SHU cells. The CA is concerned that individuals who commit acts of self harm are being placed in the SHU instead of in the more appropriate RCTP. As one prisoner aptly pointed out, SHU cells are not adequate housing for individuals experiencing a mental health crisis. We strongly recommend that the facility transfer individuals who may be experiencing a crisis to the RCTP; if the RCTP is full, than prisoners should be placed in the infirmary until they can be transferred to a nearby facility’s RCTP.

Fifty-eight percent of SHU survey participants also reported being in the Residential Crisis Treatment Program (RCTP) at some point during their incarceration. The RCTP is used to house individuals who are currently experiencing a mental health crisis and are in severe distress. The RCTP can typically hold individuals who have committed acts of self-harm until they are stabilized and a place on an OMH program is located. The number of individuals in the Auburn SHU who had been sent to an RCTP correlates with the high number of SHU residents who have been on the OMH caseload. According to data obtained from OMH, Auburn admitted 9 and 10 individuals from SHU to Central New York Psychiatric Center (CNYPC) in 2008 and 2009, respectively. The number of individuals transferred from Auburn’s SHU to CNYPC in 2008 and 2009 is almost twice the number of patients sent to CNYPC from the ICP for the same time period, demonstrating that Auburn’s SHU housed individuals with significant mental health needs that were not adequately addressed while in the SHU.

We must reiterate that 23-hours of isolation and limited access to mental health staff is extremely detrimental to individuals with a mental illness and often results in more extreme behavioral issues and mental health decompensation. We strongly suggest that facility administration look into placing these individuals in OMH programs such as an RMHTU.²⁴ Sixty-six percent of survey respondents also reported that when acts of self-harm occurred, the facility did not discuss it with the SHU prisoners. Witnessing a suicide or severe act of self-harm

²³ Twenty-six percent reported that inmates in SHU commit acts of self-harm “very-frequently,” and 37% reported that inmates commit acts of self-harm “frequently.”

²⁴ Residential Mental Health Treatment Units are OMH program areas specifically for inmates with a disciplinary sentence. Within these programs inmates will receive an additional 4-hours of out of cell time for therapeutic interventions.

can be extremely traumatic, and we strongly suggest that if such acts occur, OMH and DOCCS staff initiate discussions with SHU residents in order to adequately address the traumatic event.

In terms of their individual therapy and access to mental health staff, 66% of SHU survey participants reported that they did not have enough time to discuss what they needed with a therapist. Seventy-three percent rated the quality of their individual therapy as “poor,” and 78% reported that they did not feel that their conversations with mental health staff were confidential, which is 10% higher than the average response for all CA-visited SHUs.²⁵ Although we understand that OMH and DOCCS must work closely together to ensure the safety of both prisoners and staff, we are concerned that the majority of prisoners do not feel as though their meetings with OMH staff are confidential. We strongly recommend that the OMH administration review confidentiality protocols with all OMH staff and inform DOCCS staff of those protocols.

The CA is very concerned by both the number of individuals in the SHU who are on the OMH caseload and the mental health services provided. We strongly recommend that OMH and facility administration review whether or not any individuals currently housed in the Auburn SHU are eligible for special OMH programs such as an RMHTU. We also recommend that OMH staff enhance mental health services provided to individuals in the SHU and implement measures to decrease the prevalence of self-harm.

SHU Medical Care

SHU survey participants confirmed that a nurse conducted rounds to the SHU everyday, consistent with state law requirements.²⁶ Sixty-eight percent of SHU survey respondents reported having a serious medical condition, 25% said they requested sick-call frequently, and 61% stated they could access sick-call when they needed it. Forty-nine percent of respondents felt that nurses did a “fair” job, with several commenting that nursing care was “decent.” A majority of SHU survey participants, however, reported experiencing extensive delays to see a doctor, with 50% of respondents stating that they “frequently” experienced such delays. This ranks Auburn as the 25th worst SHU out of the 30 CA-visited SHUs for the length of delay SHU prisoners experience in seeing a clinical provider. Sixty-four percent of SHU survey respondents also rated the doctor as “poor.” Survey comments by individuals in the SHU highlighted concerns that the clinical staff exhibited an attitude of not caring about individuals’ medical problems. This perceived lack of concern for the prisoner’s medical conditions, combined with the long delays in seeing a doctor, resulted in 53% of SHU survey participants rating medical care as “poor,” which ranks Auburn in the middle of the CA-visited SHUs.

INMATE GRIEVANCE PROGRAM

The Visiting Committee met with inmate grievance representatives (IGRs) and the civilian grievance officer. At the time of our visit, the Inmate Grievance Program at Auburn consisted of one civilian staff, two IGRs who had institutional passes in order to access most

²⁵ The average response, for CA-visited SHUs, for which we have comparable data, is 68% of survey participants felt that their meetings with OMH staff were not confidential.

²⁶ The median for “how many times a week does a nurse conduct rounds in the SHU” was seven.

areas of the facility, and one inmate program assistant (IPA). One of the IGRs spoke Spanish and therefore helped grievants write their grievances and translated at the time of the grievance hearing, if a translator was necessary.

Prisoners can submit their grievances during recreation and all grievances, whether formal or informal, are logged in a computer system. An IGR also makes rounds to the SHU and protective custody once a week. Individuals in disciplinary housing are not permitted to attend grievance hearings, and IGRs are also not permitted to investigate grievances within disciplinary housing.

The grievance officer typically attempts to informally resolve grievances; however, if such resolution is not possible, the grievance is reviewed by staff and department heads, and then heard by the grievance committee made up of inmate-representatives and staff. Grievances related to staff abuse are not investigated by the grievance committee; rather, they are directly referred to the superintendent who passes them along to the department heads for investigation.

Auburn prisoners filed a total of 2,322 grievances in 2010²⁷, a 20% increase from the previous year. Staff conduct (Code 49) received the highest number of grievances, with 502 filed in 2010, a 51% increase from 332 in the previous year. In ranking prisons for staff misconduct grievances, Auburn ranks as the fifth worst facility for the number of grievances filed for staff misconduct for 2008-2010. Medical, prisoner property, and package room were the next highest grieved areas in 2010. Medical (Code 22) received 342 grievances, a 32% increase from 2009, which ranks Auburn the eighth worst facility for grievances filed against medical staff for 2008-2010. Prison property received 167 grievances, which is a 5% decrease from the 176 filed in 2009. The package room was the third highest grieved area at Auburn and had 114 grievances filed against it in 2010, a 34% increase from the 85 filed in 2009. We are concerned by the increase in the number of grievances filed, and especially concerned by the large increase in grievances filed about staff conduct.

Due to the grievance system being an area of considerable concern system-wide, the majority of survey participants at all CA-visited facilities rated the effectiveness of the grievance system as poor. Fifty-two percent of survey participants had filed a grievance while at Auburn, and 69% of survey participants rated the effectiveness of grievance system as poor, only slightly better than the 73% average of survey participants at other facilities who rate the effectiveness of the grievance system as poor.

PROGRAMS

The Visiting Committee toured Auburn's academic, vocational, industry and transitional services programs. We observed various class sessions and spoke with staff and prisoners about the programs. According to information provided by the facility, approximately 60% of the prison population was programmed full-time, meaning they participated in programs two modules per day, nearly 20% had one program module per day, and 20% was idle. At the time of

²⁷ All grievance data is according to data from DOCCS Annual Report for 2010 on the Inmate Grievance Program.

our visit, Auburn employed 173 or 10% of the population as porters, where individuals conduct cleaning and maintenance tasks and typically do not learn productive skills for post-release. The percentage of individuals Auburn has assigned to porter positions is lower than other facilities; for example, Coxsackie employs 24% of its population in porter positions and Attica employs 13% of its prisoner population in porter positions. We commend Auburn for employing the majority of its prison population in more meaningful work.

Academic Programs

Auburn offers Adult Basic Education (ABE), pre-GED, GED and English as a Second Language (ESL). DOCCS requires that all prisoners without a high school diploma or equivalent be placed in academic programming; school is available at every prison, though the quality and accessibility of academic programming varies by facility. In 2008, Auburn launched a secondary education program with Cornell University called the Cornell Prison Education Program (CPEP), which enrolled 85 individuals at the time of our visit, and offers a chance to obtain an associates degree. CPEP also provides GED prep and college course tutoring. The Cornell College program was recently expanded to offer college courses for Auburn’s staff, who can take the courses for free at a local community college. Prison administrators informed the Visiting Committee that there were a few officers enrolled in the program at the time of our visit. Auburn is among the few maximum-security prisons that offer secondary education to its residents. The benefit of providing prisoners the opportunity to further their education can not be underestimated, and both staff and prisoners we interviewed were enthusiastic and appreciative of the program.

The general education classrooms we visited were well-lit, though sparsely decorated. All prisoners enrolled in educational classes have access to a computer, and the computer lab had twenty computers. At the time of our visit, Auburn employed 10 academic teachers, although the facility was authorized for 12 full-time equivalent positions. We were informed that the two vacant educational positions had been unfilled since 2009. According to data provided by the facility in June 2012, the facility had only nine teachers and had two vacant items, which means that the facility was down an additional item and had lost authorization for one teaching position.

At the time of our visit two of the academic teachers spoke Spanish, but at the time of our visit, one was on temporary leave. Auburn offers academic programming year round, though summer classes are contingent on funding. **Table F- Auburn’s Academic Program Capacity, Enrollment and Waiting List** summarizes the capacity, enrollment and waitlist for the four academic courses offered to prisoners at Auburn.

Table F- Auburn’s Academic Program Capacity, Enrollment and Waiting List

Course	Capacity	Enrollment	Waiting List	Total Enrolled + Waiting List
ABE	160	133	85	218
Pre-GED	150	119	50	169
GED	40	39	17	56
ESL	20	17	25	43
Total	370	308	177	486

Individuals housed in SHU, keeplock, and PC are offered the option of participating in a cell-study program. The cell-study program is run by one academic instructor who makes rounds each week to bring materials to those participating in the cell-study program. At the time of our visit, 13 prisoners in SHU were participating in the cell-study program and 35 SHU residents were on the waitlist. The CA is concerned that cell-study materials are not offered in Spanish, as this denies individuals in restricted housing areas who speak Spanish from participating in meaningful academic work.

Auburn also offers a specific academic class for those individuals currently in the OMH Intermediate Care Program (ICP) or Transitional Intermediate Care Program (TrICP). The class is conducted twice a week on the ICP housing block and offers regular academic classes. At the time of our visit, 13 OMH patients were enrolled in classes, and the program had a capacity for 15 students.

“The waiting list in this facility is crazy; before you get into school you'll wind up in the box.”
- Anonymous

Forty-two percent of the prison population at Auburn is without their GED, which is comparable to the system-wide average. Of those individuals who responded to our survey, 38% had no degree. In 2010, 77 prisoners took the GED test, and 31 passed, which is roughly 40%; at the time of our visit in 2011, 22 individuals had taken the test and 14 had passed. This is a much lower passing rate than at other CA-visited facilities and ranks Auburn in the bottom half of CA-visited facilities for which we have comparable data. The capacity of the GED class at Auburn is only 40 students; with 42% of the population without their GED and only 5.4% of those without a GED enrolled in a GED class, Auburn has a low capacity to place those without a degree.

The CA was informed during a follow-up conference call that students from Syracuse University are now running a GED tutoring program to help those individuals preparing to take the GED. The program was first offered in 1996, was terminated and is now operational again. According to data from June 2012, the program had 25 participants. We were also informed that for GED graduations, the ILC raises money to help have the graduates' family members attend the graduation.

The Cornell Prison Education Program (CPEP) began in 2008, and is a collaborative effort among Cornell University, DOCCS, and Cayuga Community College. The courses are taught by PhD candidates, professors or second year students in professional programs. The courses are similar to those found on the Ithaca campus and some of the courses offered were: World Literature, Intro to College Mathematics, Survey of Criminal Law in the US, Gender and Politics, and Intro to Sociology. The program enrolled 85 prisoners at the time of our visit. The entrance examination is given once a year, and although the head of the academic program was hoping to add a second examination date, as of June 2012 the program still offered only exam. One hundred and fifty inmates took the entrance exam in the year prior to our visit, and 15-20 were admitted to the program. The credits earned through CPEP are transferable to the SUNY community college system and upon completion of 62 credit hours, prisoners may earn their Associate of the Arts degree from Cayuga Community College. Both the prisoners and the staff

we spoke to were pleased by the success of CPEP, and the prison administration felt that it gave prisoners an incentive for good behavior and improved academic participation. The CA received 29 surveys from individuals enrolled in a CPEP course and out of the 29 surveys, 26 rated the program as good. Survey comments reveal that prisoners greatly appreciated the opportunity to further their education and felt that the Cornell teachers were sincere and interested.

The CA was pleased to learn during a follow-up call with the facility that on June 5, 2012 the CPEP held its first graduation during which 15 prisoners were presented with their Associates degree. We were also pleased to learn that there are discussions about the possibility of implementing a bachelors degree program that would allow prisoners to earn a Bachelors Degree by continuing in the Cornell Prison Education Program. Cornell University is currently pursuing this option with SUNY Cortland.

Sixty-four percent of survey respondents reported at least some satisfaction with the general educational program, ranking Auburn in the middle of all CA-visited facilities. Survey participants reported that some teachers were highly motivated to help prisoners get their GED, while others were disappointed with their teacher's lack of enthusiasm.

According to the surveys the CA received, 12 individuals reported being in the ABE class and out of those 12, six rated the program as good, two as fair and four rated it as poor. Individuals enrolled in the ABE class estimated that the class was cancelled a median of two times per month. Thirty-three survey participants reported being enrolled in a pre-GED class and 30% of those enrolled rated it as good and 42% rated it as fair. Survey participants estimated that the pre-GED class was cancelled a median of three times per month. Thirty-six survey participants reported being enrolled in a GED class, and 72% of those enrolled reported their GED class as good or fair. Survey participants estimated that their class was cancelled a median of four times per month.

Although the majority of survey respondents enrolled in academic programming reported some satisfaction with the program, survey comments in general revealed that survey participants were very concerned by the academic instructors' lack of enthusiasm, harsh disciplinary attitudes, and disengagement during classroom hours. Individuals may appreciate the opportunity to be engaged in academic work, but are concerned by the individual instruction provided. Survey participants also reported that there were not enough supplies, long waitlists and cramped classrooms.

Vocational Programs

Auburn has nine vocational staff and runs nine vocational programs, in addition to the seven industry programs. At the time of our visit, one vocational staff member had been on temporary leave since September 2010. Because vocational programs were ending for the summer when we visited in June, it was difficult to fully assess the conditions of the program areas. We met with the head of the vocational program and toured the vocational area and found the building to be well maintained, well-lit and clean. The CA was disappointed to hear that none of the vocational staff spoke Spanish, and that prisoners must rely on another student to translate

the class proceedings. **Table G- Auburn’s Vocational Program Capacity, Enrollment and Waiting List** outlines the vocational programs offered, capacity, enrollment and waiting list for each program.

Table G- Auburn’s Vocational/Industry Program Capacity, Enrollment and Waiting List

	Capacity	Enrollment	Waiting List	Total Enrolled + Waiting List
Building Maintenance	34	31	67	98
Building Maintenance 2	24	19	67	86
Electrical Trades	34	31	25	56
Floor Covering	28	25	32	57
Computer Repair	34	34	60	94
Drafting	34	25	9	34
Masonry	34	29	27	56
Welding	30	28	39	67
General Business	34	29	28	57
Total	286	251	354	665
	Capacity	Enrollment	Waiting List	Total Enrolled + Waiting List
Industry				
Business Office	As Needed	2	All	
Industry Maintenance	As Needed	8	All	
Industry Yard	As Needed	4	All	
Asbestos	As Needed	0	All	
Plate Shop	As Needed	125	All	
Industry Messhall	As Needed	17	All	
Wood (Furniture)	As Needed	77	All	

Individuals engaged in the vocational programs at Auburn may choose to change their vocational programming within 90 days of starting a class. The head of the vocational program informed the Visiting Committee that inmate program assistants (IPA) are used in every classroom and there are a total of 36 IPAs working in the vocational classes. The facility offers Department of Labor (DOL) apprenticeships in eight areas of vocational programs, industry and the library. Five inmates attained their DOL certification in 2009 and four in 2010.

“In the 18 years I’ve been in prison, they have denied me vocational programs. I have no skills at all. I’m 42 years old; what I’m supposed to do at home?”
 - Anonymous

Only 26% of survey participants reported having a vocational program at Auburn. Sixty-six percent of surveyed individuals who had a vocational program reported being satisfied with their vocational program at least “sometimes,” ranking Auburn in the middle of all CA-visited facilities for satisfaction with vocational programming. Survey participants who were satisfied with their vocational program reported liking learning new skills and several praised some instructors who they felt were providing individual attention and making an effort to ensure that

participants' skills were fully developed. Individuals who were not satisfied with the vocational programming reported that there was a lack of updated materials, program options, and long waitlists. We were concerned that 52% of survey participants reported that their classes were cancelled. Of those reporting class cancellations, participants estimated that their vocational class was cancelled a median of three times per month. A number of survey participants were frustrated that they could only enroll in one vocational program during their incarceration, and many had taken a vocational program years ago, which they felt was no longer applicable to the changing skill set needed in today's society.

Fifty-four percent of survey participants currently held a job at Auburn, 38% of whom reported being satisfied and 32% reported being sometimes satisfied with their job. Prisoners' rating of job satisfaction ranks Auburn in the bottom third of all CA-visited facilities for job satisfaction. The biggest concern for prisoners was the amount of pay they received for their work. The average pay for individuals involved in the vocational program is \$ 0.45 cents per hour. Individuals employed in the industry's furniture program can earn up to \$1.43 an hour.

According to our surveys, individuals reported a high turnover in mess hall employment. There were numerous complaints about the treatment of individuals by the security staff in the mess hall, as well as reports of civilian staff using demeaning language towards prisoners and issuing tickets for minor infractions.

Prisoners were also concerned that the skills they were developing in both their work and vocational program would not translate into gainful employment within the community. We encourage DOCCS to look into ways of providing more meaningful vocational programming and job training so that prisoners may be released with relevant skills to join the workforce.

Volunteer Programs

Auburn offers an extensive array of volunteer programs for individuals to participate in while incarcerated. There are 21 volunteer programs with over 1,000 prisoner participants. Volunteer programs include a number of religious tutoring and study groups, as well as writing workshops, an alternative to violence program, a parenting class, and a theater class. The CA was also impressed that on our visit we witnessed a group of individuals from the lifers-group, ILC and veterans group, loosely supervised by an ART counselor, putting together an initial workshop on domestic violence awareness that was going to be hosted by Vera House, a coalition to end domestic violence. The working group was very proud of their accomplishments and was excited to share their work with the CA. There were 25 individuals signed up for the workshop at the time of our visit, which was scheduled to take place in September 2011. Although that original workshop did not take place because Vera House had to cancel, another date was proposed in May 2012 and the facility was still waiting for final approval at the time of our follow-up conference call. The CA is very pleased to see that the facility is allowing prisoners to take the initiative in bringing educational workshops to the population.

Transitional Services

At the time of our visit, Auburn operated all transitional service (TS) programs, including Phase I, Thinking for a Change (T4C), Phase III and ART. The TS program employs three corrections counselors, who supervise Phase I, ART, T4C and Phase III, and 12 IPAs who assist the correction counselors in teaching. The Visiting Committee was able to tour the TS program area, which is in the basement, and we observed that it was very noisy in the classroom, apparently due to the classes having one wall completely open. To provide some relief from the excessive heat in the area, fans were used, but these further increased the noise level. **Table H- Auburn’s Transitional Services, Capacity, Enrollment and Waiting List** summarizes the capacity, enrollment and waitlist for each TS program.

Table H- Auburn’s Transitional Services, Capacity, Enrollment and Waiting List

Program	Capacity	Enrollment	Waiting List	Completed 2009	Completed 2010	Completed 01/11-05/11
Phase I	50	40	0	1229	1344	533
T4C	45	45	1272	102	132	44
Phase III	40	40	1438	159	158	47
ART	90	90	1019	213	183	103
Total	225	215	3,729	1,703	1,817	727

Phase I is a general introduction to DOCCS policies, life in prison and facility specific protocols. Auburn operates Phase I Monday through Friday for a period of two weeks. Phase I is facilitated by three IPAs, since the TS staff felt that they were most well equipped to outline the procedures of the facility. The TS staff expressed the view that having Phase I for two weeks was very important because many of the new arrivals at Auburn were coming from long sentences in SHU and therefore having time to acclimate to being with other prisoners was an important transition. Thinking for a Change (T4C) is a relatively new program implemented by DOCCS and was started at Auburn two years prior to our visit. Two of the TS staff at Auburn train other correction counselors on how to facilitate T4C at her/his facility. The CA Visiting Committee was able to observe one T4C class, which was led by a correction counselor with the help of one IPA. There were 12 men in the class, and they all seemed engaged in the material. All individuals enrolled in T4C receive a work book with homework assignments and additional material. Only 20% of survey respondents had taken T4C while at Auburn and of those 20% who had taken T4C, 63% were at least “somewhat” satisfied with the program. This satisfaction level is slightly higher than the average of 60% of survey participants reporting some satisfaction with T4C at all CA-Visited facilities.

Phase III is a six-week program for individuals preparing to return to their communities. The program offers information on resume building, and each participant receives a hard-copy of their resume upon completion of the program. Staff also help individuals obtain a birth certificate and social security card. Birth certificates take between 6-8 months to obtain and social security cards take 90 days. The Phase III classroom was equipped with a resource table with information on jobs, healthcare, mental health care and other reentry programs. According to the surveys we

received, only 10% of survey participants had taken Phase III, which is offered to individuals who are within six months to a year of their release. Of those who had taken Phase III at Auburn, 51% reported being at least somewhat satisfied with the program. This ranks Auburn seventh highest for satisfaction with Phase III out of the 19 facilities for which we have comparable data.

Auburn runs four Aggression Replacement Therapy (ART) classes all facilitated by IPAs with one ART supervisor. ART runs Monday-Friday, and the class we observed had 20 individuals participating. Twenty-four percent of survey participants had been enrolled in ART at Auburn, 43% of survey participants reported being satisfied with the program, and 21% reported being satisfied "sometimes." This ranks Auburn in the middle of the 18 CA-visited facilities for which we have comparable data.

Overall, individuals who responded to CA surveys had mixed reviews of Auburn's TS program. Some individuals felt that the services provided were helpful and the staff was informative and engaged. Other individuals felt that there were limited resources and that the program was a waste of time; however, individuals did repeatedly express their frustration with the length of time they were on the waitlist for transitional services. Individuals also expressed frustration that due to their long sentences, they may not be enrolled in ART for many months and sometimes years, even though it is a required program and could help them cope with the prison environment.

SUBSTANCE ABUSE TREATMENT PROGRAM

The Visiting Committee toured Auburn's Alcohol and Substance Abuse Treatment (ASAT) program, Residential Substance Abuse Treatment (RSAT) program and Integrated Dual Disorder Treatment (IDDT) program. The IDDT program is specifically for prisoners who are suffering from a dual diagnosis of a mental illness and substance abuse and is conducted in the ICP program area. The ASAT program has a capacity for 120 individuals and was operating at its maximum capacity at the time of our visit. The RSAT program has a capacity for 40 individuals and was also operating at its maximum capacity. These two programs have a combined waitlist of over 1,400 prisoners. The IDDT program has the capacity for 17 participants and had 16 enrolled with three on the waitlist at the time of our visit. All individuals participating in ASAT or RSAT are housed in C-Block; IDDT program participants are housed in the ICP program area.

The Visiting Committee met with two of the RSAT/ASAT counselors, who informed the Visiting Committee that staffing levels have been very low due to administrative changes. Two counselors retired in the last year and one program assistant (PA) was transferred. At the time of our visit, the ASAT staffing consisted of two full-time counselors and two full-time program assistants, none of whom were certified as alcohol and substance abuse counselors (CASAC). The RSAT program was staffed by one full-time RSAT counselor who is certified as a CASAC and one RSAT program assistant; there had been one RSAT program assistant vacancy since December 2009 at the time of our visit. Treatment staff informed us that there was little training for RSAT/ASAT staff and the last time they had a therapeutic community training was in 2008. Staff also expressed concerns that there were few reentry resources for individuals involved in

the ASAT/RSAT program, and the information they did have was from Phase III of the TS Program.

Upon their entry into DOCCS custody, prisoners are screened for their need for substance abuse treatment. If it is deemed that the individual is in need of treatment, the program is added to his recommended program list and the prisoner is placed on a wait-list until space in an ASAT program becomes available. Individuals usually attend ASAT/RSAT programming within 6-12 months of their earliest release date. Many of the individuals who responded to our survey were frustrated with the amount of time they had to wait for a placement in the ASAT/RSAT program, because they may be required to be enrolled in a substance abuse program in order to participate in other programs, such as the Family Reunion Program (FRP). Moreover, some individuals who are actively struggling with substance abuse while in prison or just prior to their admission, could benefit from prompt enrollment in a treatment program. Only 24% of survey participants were currently in, or had ever taken, the RSAT/ASAT program, which is lower than the 32% average at all CA-visited facilities. Given that drug use seems to be a significant problem at Auburn, we strongly encourage the facility to look into ways of expanding this program. Forty-nine percent of survey participants felt that participating in a substance abuse program was important to them, and 34% of survey respondents were currently on the waiting list for substance abuse treatment. Although there is a lower percent of the population participating in the ASAT/RSAT program, 58% of individuals surveyed were satisfied with the program, ranking Auburn in the top third of all CA-visited facilities for satisfaction with the prison's substance abuse program.

At the time of our visit, there were five ASAT groups of 25 individuals and each group met once a day either in the morning or in the evening four days a week, Monday-Thursday. There were also two RSAT groups of 20 individuals who also met once a day either in the morning or in the evening, Monday-Thursday. Friday is used as a time for the counselors to catch up on paper work or complete individual meetings and/or assessments. The staff estimated that the ratio of prisoners to staff is 20-1 for the ASAT/RSAT program and 17-1 for the IDDT program.

Although it was unclear whether the ASAT or RSAT program is designed to operate under a Therapeutic Community (TC) model, program participants are required to sign a behavioral contract prior to their entrance into the program. Survey participants expressed the view that the ASAT/RSAT program did not operate as a TC, except for the fact that everyone was housed in the same block. There were no meetings or community interventions. Survey participants reported mixed reviews in terms of the substance abuse treatment they were receiving. There seemed to be one instructor individuals felt was doing a particularly good job and created a safe space in which participants had the opportunity to share their stories and be heard. Individuals also appreciated that this counselor could approach the material more personally, since he himself had struggled with many of the issues participants felt they were struggling with themselves. Participants also reported that they appreciated that the counselor addressed environmental or psychological issues that may have contributed to substance use/abuse. We commend this individual for creating a safe space in which individuals feel inspired and educated.

In contrast to the assessment of this instructor’s class, most other survey participants reported that other ASAT classes were often cancelled and when the classes took place, participants reported sometimes being shown a movie having nothing to do with substance abuse. The CA is concerned by this allegedly inappropriate use of program time, which denies individuals the important opportunity to engage in learning about and working through their substance abuse issues. We recommend that ASAT program staff address any inconsistencies in programming and work together to create a more comprehensive curriculum that addresses the multiple aspects of substance abuse.

The CA was extremely concerned to learn that both the ASAT and RSAT programs had more removals from the program than it did participant graduates in 2009, 2010 and 2011. Individuals can be removed from the program due to (1) a disciplinary removal, when an individual is convicted of violating important prison or program rules and/or is given more than 30 days keeplock; (2) an inadequate program performance removal, e.g., if the individual fails to participate in the program or receives more than two negative program evaluations; or (3) an administrative removal, e.g., if an individual is discharged or transferred to another facility unrelated to his performance in the program. **Table I – Number of ASAT/RSAT/ IDDT Completions and Program Removals** shows the number of graduates and the number of removals for Auburn’s ASAT, RSAT, and IDDT programs.

Table I- The Number of ASAT/RSAT/IDDT Completions and Program Removals

<i>ASAT</i>	2009	2010	2011
Number of Individuals Completing the Program	76	96	149
Number of Disciplinary Removals	36	67	77
Number of Administrative Removals			99
Total Removals:	160	119	176
<i>RSAT</i>			
Number of Individuals Completing the Program	88	29	20
Number of Disciplinary Removals	36	15	22
Total Removals:	86	43	29
<i>IDDT</i>			
Number of Individuals Completing the Program	6	7	3
Number of Disciplinary Removals	1	0	0
Number of Inadequate performances	1	0	0
Total Removals:	3	3	1

As indicated in the above table, the ASAT and RSAT programs at the facility had as many, if not more, people removed from the program than graduated and the IDDT, though lower, had half as many participants removed as graduated. The ASAT and RSAT staff reported that they do not keep internal data records of the removals from each program, but they speculated that most are for program performance or administrative reasons. According to the facility, due to reductions in staffing and therefore class capacity, a number of individuals have been transferred from the program, which account for some portion of the large number of removals for 2009 and 2010. We encourage the facility to implement a system to keep track of the number of removals from each program and the reason for their removal. This data could

then be analyzed to determine the reason why such a high percentage of individuals are not graduating from the program. We were pleased that after our follow-up conference call with the facility, the administration provided us in June 2012 with the number of ASAT participants who were removed for administrative reasons and disciplinary reasons in 2011. To the extent this breakdown indicates an enhanced attempt at monitoring the program, we hope that the facility continues to track the numbers and reasons for program removals.

The Correctional Association was very concerned to learn that Auburn lost funding for an RSAT position on May 17, 2012 and the position had been vacated on June 18, 2012. Given that many of the survey participants reported being satisfied with the RSAT program and the high amount of drug use reported at Auburn, we are very concerned that this vacancy leaves a much needed service unavailable to the population. We strongly urge DOCCS Central Office to reassess this decision.

MENTAL HEALTH CARE

Auburn is an Office of Mental Health (OMH) Level 1 facility, which means that the facility has the capability of treating a “person diagnosed with a major mental illness and/or severe personality disorder[s] with active symptoms and/or history of psychiatric instability.”²⁸ OMH Level 1 facilities provide access to residential mental health care and have full-time mental health staff available at the facility. All mental health services within the DOCCS system are provided by OMH staff rather than DOCCS staff. The Visiting Committee met with OMH staff during our visit, and we appreciate the extensive information that was provided by the facility’s staff prior to our visit, and during our meeting and tour of the program areas.

The OMH program area at Auburn was completely redone and expanded in 2008. Auburn OMH staff operates three program areas for individuals on the OMH caseload, a ten-bed Residential Crisis Treatment Program (RCTP), a 50-bed Intermediate Care Program (ICP) and a 36-bed Transitional Intermediate Care Program (TrICP). OMH mental health staff also provides out-patient mental health services for individuals in disciplinary housing and general population. At the time of our visit, there were 353 individuals on the OMH caseload, which is 20% of the Auburn population. Forty-seven percent of general population survey respondents had been recommended for, or received, mental health treatment at some point during their incarceration. This is higher than the average of 38% at all CA-visited facilities. Forty-two percent of general survey participants rated mental health services at Auburn as “fair” and estimated that they had seen a mental health staff person a median of three times in the past year. This data is similar to the 31 CA-visited facilities for which we have comparable data.²⁹

²⁸ *When a Person with Mental Illness Goes to Prison: How to Help*, a 2010 guide published by the Urban Justice Center’s Mental Health Project (MHP) and the National Alliance on Mental Illness-New York State (NAMI-NYS) Appendix A

²⁹ Forty percent of all general population survey participants at all CA-visited prisons rated mental health services as “fair” and the median number of times these survey respondents had seen a mental health provider during the past year was three encounters with their mental health provider.

OMH staff informed the Visiting Committee that the mental health staffing level at Auburn has remained relatively stable during the past few years, and includes five OMH nurses, three social workers for the ICP, two social workers for the TrICP, one social worker for the RCTP, and one social worker for the SHU. There was also one full-time psychiatrist and an additional psychiatrist, located in the Capital District, who is available for case consultation eight hours per week, via teleconference. OMH staff meetings are conducted five days a week from 11-12 pm, when specific cases may be discussed. Quality improvement meetings are conducted quarterly with Central New York Psychiatric Center³⁰ and treatment-team meetings between DOCCS and OMH staff are conducted bi-weekly. OMH staff informed us that there is no Spanish-speaking mental health staff. This is concerning to the CA because individuals who have limited English proficiency may not be receiving the mental health treatment they require due to the language barrier.

Residential Crisis Treatment Program (RCTP)

The Residential Crisis Treatment Program at Auburn is used to temporarily house individuals who are experiencing a mental health crisis and may be a danger to themselves or others, or those who exhibit serious psychological problems and are in need of assessment to determine an appropriate level of mental health treatment. The Visiting Committee toured the RCTP, which consists of six observation cells and four dormitory beds. At the time of our visit, there were six individuals receiving mental health services in the RCTP. We were informed that the median length of stay for individuals in the RCTP is four days, after which they return to their original housing area or are transferred to an appropriate treatment center. OMH staff at Auburn places all individuals who have been housed in the RCTP on the mental health caseload, if they are not already, at a Level-3 or 4³¹ for a minimum of two months after their stay in the RCTP in order to monitor their mental health status.

Due to the fragile state of individuals in the RCTP, the CA did not conduct extensive interviews or receive any surveys from patients currently housed there. However, surveys from patients on the OMH caseload, who had spent time in the RCTP, indicated that most individuals felt that it was an extremely uncomfortable and isolating environment. Individuals did not like being stripped of all their clothing, and not being given eating utensils.

Intermediate Care Program (ICP)

The Intermediate Care Program (ICP) is a residential treatment program for prisoners with a serious mental illness (SMI). Patients in the ICP are housed in a 50-bed unit separate from Auburn's general population and attend special programs in a program area located on the housing unit. The goal of the ICP is to provide individuals with sufficient mental health treatment and support so that they may eventually return to general population; however, some patients may suffer from such persistent and debilitating symptoms that they may spend the

³⁰ Central New York Psychiatric Center is the headquarters of the Office of Mental Health (OMH) forensic unit.

³¹ OMH assigns levels of needed care to individuals based on a 1-6 point scale, with 1 requiring the most intensive services and 6-meaning no mental health care is required. There is no Level-5.

duration of their sentence in the ICP. At the time of our visit, the Auburn ICP was operating at its maximum capacity.

We conducted 28 oral surveys and received 18 written surveys from patients in the ICP. Of those who responded to our written surveys, these ICP patients had spent a median of 10.5 years in DOCCS custody and a median of 13 months in Auburn’s ICP. Fifty percent of survey participants rated ICP services as “good” and 36% rated ICP services as “fair.” This ranks Auburn’s ICP in the middle of all CA-visited ICPs for level of satisfaction with ICP services. According to patients’ surveys, most individuals felt that the OMH staff supported them and made time for their individual needs. Sixty-seven percent of ICP survey respondents saw an individual therapist, and 57% rated their individual therapy as “good,” responses that are slightly higher than the 56% and 50% average satisfaction rating at all CA-visited ICPs. Ninety-two percent of survey respondents had also met with the ICP treatment team about their treatment plan and prognosis. This is significantly higher than the 42% average reported by survey participants at all CA-visited ICPs. Ninety percent of Auburn survey participants reported feeling more safe in the ICP than they had in general population, ranking Auburn’s ICP the third highest program out of the 13 CA-visited ICPs for how safe individuals feel on the unit. Survey respondents reported that they enjoyed being around people who were more similar to them and that the ICP was quieter than general population. We commend the ICP-OMH staff for creating an environment in which individuals feel supported and safe.

Although nearly all patients in the ICP reported feeling more safe in the ICP than in general population, ICP residents expressed some significant issues with security staff. Fifty percent of survey participants reported frequently feeling unsafe, and the majority reported that when they felt unsafe, it was “a little unsafe.” Thirty-percent of patients reported that prisoner-staff relations were “very bad.” **Table J- Common Forms of Abuse by Staff Reported by ICP Patients** outlines ICP survey participants’ responses to the most common forms of staff abuse.

Table J- Common Forms of Abuse by Staff Reported by ICP Patients

	Most Common	Common	Not Common
Physical Assaults	30%	50%	20%
Sexual Assaults	0%	11%	89%
Verbal Harassment	80%	10%	10%
Racial Harassment	33%	22%	44%
Threats and Intimidation	70%	10%	20%
Abusive Pat Frisks	44%	11%	44%
Turn off Lights, Water, or Deny Services	22%	22%	56%
Retaliation for Complaints or Grievances	56%	22%	22%
False Tickets	40%	40%	20%
Destruction of Property	33%	22%	44%

Table J illustrates, similar to survey respondents from other areas of the facility, that patients in Auburn’s ICP experience significant levels of verbal harassment, threats, intimidation and retaliation by security staff. According to survey participants’ comments, there have been incidents of security staff referring to individuals in the ICP as “retarded” and quite a few survey

participants reported that security staff often commented on, or discussed, their mental illness in front of other patients or security staff. Sixty-one percent of survey participants did not feel that their meetings with OMH staff were confidential. Although we understand that OMH and DOCCS staff must work together in order to create a safe environment for both patients and staff, sharing confidential information with security staff, who then use it to mock the patients, seriously undermines the therapeutic relationship between the patient and his therapist.

While we commend OMH staff for creating an environment in which patients feel safe, we are concerned that the level of verbal harassment, threats and retaliation reported by ICP patients is seriously undermining the therapeutic environment. We are also concerned that security staff is using confidential mental health information to verbally harass patients. Individuals suffering from a mental illness often feel stigmatized by their illness and security staff use of mental health information as a form of harassment can only further that stigma. We strongly suggest OMH administrative staff review confidentiality protocols with OMH and security staff and provide additional training to security staff assigned to mental health units on how best to work with individuals with mental illness.

OMH staff informed the CA Visiting Committee that they may issue misbehavior reports to ICP residents, but also utilize positive and negative information reports in order to moderate patients' behavior. According to OMH staff, seven negative and three to five positive information reports were issued to individuals in the ICP the month prior to our visit. Negative information reports usually result in a loss of some privilege for seven days, and if the offense is repeated, that privilege may be taken away for 14 days and then 21 days. OMH staff told us that most negative information reports are given for smoking, which then results in a loss of tobacco products for the ensuing timeframe. OMH staff also informed us that smoking had now become a ticketed offense.

During our visit, a number of patients the Visiting Committee interviewed reported receiving tickets and a number of individuals reported that those tickets were for smoking on the unit. According to the surveys we received, 78% of survey participants had received a ticket while in the ICP. Survey participants estimated that they had received a median of 2.5 tickets while in the ICP, and had been in keeplock a median of three times with a median stay of eight days. Eighty-three percent of survey respondents also reported that at some point they had been keeplocked while in Auburn's ICP. Although we understand that patients on the ICP must comply with DOCCS rules and regulation, we are disappointed that this many ICP patients report receiving a disciplinary sanction. DOCCS and OMH staff should explore ways of implementing more therapeutic measures in response to disciplinary infractions. Individuals in keeplock are denied the important opportunity to engage in programming and having so many individuals in keeplock does not foster a therapeutic environment.

The CA was informed that programming on the ICP is tailored to the ICP social worker's expertise and individuals are assigned to different programs through a case review, which is done after the individual's initial week in the ICP. The ICP OMH staff informed the Visiting Committee that there is no chronological order to ICP programming; instead, individuals are assigned to classes based on their needs and level of functioning. ICP residents can participate in

a number of groups, the most popular being “wellness and self-management,” and psychiatric rehabilitation groups that are diagnosis specific. ICP survey participants indicated that they participate in a median of two ICP programs. Survey respondents were pleased with their programs and felt that the programs allowed them a safe place to speak about issues and taught them valuable information about certain topics, such as: substance abuse, current affairs or reentry. However, 67% of survey respondents reported that they do not have a program; this is significantly higher than the average of 40% of residents who report not having a program at other CA-visited ICPs. Although both interviewed patients and survey participants seemed pleased with their ICP programming, we are concerned that there are a large number of individuals in the ICP who are idle.

OMH staff explained that individuals who are extremely low functioning may participate in an Activities of Daily Living (ADL) program, which provides more intensive care and attention to hygiene. Inmates in this group are taught basic hygienic and daily living skills. At the time of our visit, six individuals were in this group. OMH staff makes daily rounds to each of these individuals and uses a teaching technique to encourage personal hygiene. The inmates in the ADL group are also provided with hygienic products and encouraged to take showers to avoid retaliation by other patients in the ICP. Inmate porters may also assist these individuals in their morning cell cleanup, though no one is individually assigned to offer assistance. The CA is pleased that OMH staff have recognized and addressed some of the issues facing the low functioning portion of the ICP population and are providing them staff and peer support.

OMH staff informed the Visiting Committee that only one person had been transferred from the ICP to Central New York Psychiatric Center in the year prior to our visit, and on average, about three to five individuals are transferred to the RCTP from the ICP each month. Survey participants estimated that they had gone to the RCTP a median of one time since being in this ICP. However, according to information obtained from OMH Annual reports, seven individuals were transferred from Auburn’s ICP to CNYPC in 2009 and five in 2010. Based on this OMH Annual data, Auburn ranks higher than two thirds of all ICPs for the number of individuals hospitalized. Although the CA does not have facility specific data on the number of individuals admitted to the RCTP from the ICP in 2009 and 2010, there has been a system-wide 14% increase in RCTP admission from the ICP.

Transitional Intermediate Care Program (TrICP)

The Transitional Intermediate Care Program (TrICP) at Auburn is a 36-bed transitory unit for prisoners with a mental illness whose purpose is to help these individuals be reintegrated into general population. Individuals placed in the TrICP may have “graduated” from an ICP program either at Auburn or at a different facility or may require a short stay in a more supportive environment than general population. At the time of our visit, 35 patients were in the TrICP. On average, individuals spend about a year in the TrICP, and a majority are programmed off the unit with general population. In addition to regular programming, residents of the TrICP can participate in two groups, “wellness” and “kicking it,” which run two times per week, either on Monday and Wednesday or Tuesday and Thursday. According to OMH staff, most individuals are discharged from the TrICP to general population at other facilities, but if they are discharged

to Auburn's general population, they are immediately placed on the general population social worker's caseload. On average, OMH staff estimated that two to three TrICP residents are transferred to the RCTP each month and in the last year four inmates were transferred to Central New York Psychiatric Center.

The CA Visiting Committee conducted 14 oral surveys and received nine written surveys from individuals currently in the TrICP. Most individuals we interviewed were pleased with their placement in the TrICP. Those individuals we interviewed felt more safe being somewhat separated from the general population and enjoyed being around individuals with similar needs. A number of these individuals enjoyed feeling that there was always someone they could speak to if they needed assistance. We commend the Auburn OMH staff of the TrICP for creating an environment in which individuals feel they have access to mental health staff when needed.

MEDICAL CARE

The Visiting Committee toured the medical area and met with the nurse administrator and a registered nurse about medical services at the facility. We appreciate the detailed information provided prior to our visit and during our tour. The medical area at Auburn has a 15-bed infirmary separated into five rooms, three of which are isolation rooms. The infirmary houses, on average, about five to six individuals, and the average length of stay is about three days. Auburn also operates its own pharmacy.

Auburn's medical staff, unlike at most other facilities, conducts sick call in small rooms on the housing blocks. The CA toured two sick call rooms on the housing blocks; the room on C-Block did not include an exam table, but had two chairs and one small locked cabinet that contained basic medication and medical equipment such as, a thermometer, stethoscope, first aid supplies, scale, cough syrup, Tylenol, allergy meds, Motrin, and antihistamines. Many of the prisoners we interviewed were concerned that their sick call meetings were not confidential because security staff and other patients were immediately outside the room and only some of the sick call nurses shut the sick call room's doors, while others left it open. The Visiting Committee also toured a sick call room on A-Block, which was much smaller than the sick call room on C-Block and was extremely filthy and in bad condition.

Auburn survey participants were generally dissatisfied with the prison's medical care. Responses to questions regarding both access and satisfaction with medical care rank the prison in the bottom third of all 31 CA-visited facilities for the adequacy of health services. **Table K-Summary of Auburn Survey Participants' Response about Prison Medical Care** summarizes this data, along with the prison ranking.

Table K- Summary of Auburn Survey Participants' Response about Prison Medical Care

Medical Service	Yes	Sometimes	No	Rank	Good	Fair	Poor	Rank
Can you see RN when needed	44%	37%	19%	28				
Rate Nursing care					11%	34%	55%	24
Do you experience delays in seeing a clinic provider*	56%	21%	8%	29				
Rate Physician care					7%	29%	65%	27
Experience delays in specialty care	52%	16%	32%	24				
Good follow-up to specialists	33%		67%	25				
Problems getting medication	42%	20%	39%	24				
Rate Overall Healthcare					7%	32%	61%	27

* The three categories for this variable are: Yes=Frequently; Sometimes=Once or once in a while; and No=Never.

Medical Staffing

Auburn has authorization for two full time equivalent (FTE) doctors, one nurse practitioner (NP), and 15 registered nurses (RN). At the time of our visit, the facility had one vacant physician assistant (PA) position, which had been vacant since August 2010 and for which the facility was not authorized to fill. According to information provided by the facility after our visit, as of June 2012, the facility employed one full time (FT) and one part time (PT) clinical physician, but was employing two NPs. There were also two RN vacancies at the time of our visit, which the facility also was not authorized to fill, and according to the data provided in June 2012, the number of RN vacancies had increased to three. We were told that the failure to authorize replacing these staff members was in part due to the pending relocation of DOCCS staff following the then upcoming closure of five facilities pursuant to the state's prison downsizing plan. To temporarily accommodate for the staffing vacancies, at the time of our visit the facility was utilizing one per diem nurse and one extra service nurse about one to two days per month. The nurse-patient staffing levels at Auburn were about one nurse to every 120 patients, which is higher than the department-wide average of about one nurse to every 80 to 100 patients. We strongly encourage DOCCS Central Office administrators to grant authorization to Auburn's medical department to fill the vacant nursing items in order to decrease the nurse to patient ratio. With only three or three and a half clinic providers (two FTE doctors and one NP at the time of our visit and one FT doctor, one PT doctor, and two NPs in June 2012), Auburn had a ratio of one provider for every 575 patients at the time of our visit and one provider for every nearly 500 patients as of June 2012; either figure is significantly higher than the department-wide average of 1:400. We strongly urge the Department to grant Auburn the authorization to fill the vacant PA position and then evaluate whether additional clinical staff is needed.

Sick Call

Sick call is conducted on the housing units in very small rooms. During our visit, we inspected two of the sick call rooms on A and C Block and found them inadequate for proper

medical examinations. The rooms were small with inadequate lighting, minimal furniture, no examination tables and limited medical equipment. The rooms were also very dirty and not well maintained. Although we understand that it may be difficult to ensure privacy without compromising on safety in the sick call rooms, prisoners consistently raised concerns about the lack of confidentiality during sick call because often the door of the sick call room was open and security staff and other patients remained in close proximity to the area and could overhear the patients' conversations with the sick call staff. Survey participants were also concerned that security staff interfered with their access to treatment, sometimes dictating who could access sick call or who was eligible for emergency sick call. We urge the facility to consider conducting sick call in the clinic area, but if the current block sick call rooms are used, we recommend that the prison renovate the sick call rooms, re-examine the protocol of conducting sick call on the housing units and assess whether modifications can be made to ensure confidential sick call encounters.

Sick call is conducted four days a week on Monday, Tuesday, Thursday, and Friday, from 6:00am to about 7:00am or until complete. Individuals must request to be seen for sick call the night before and sick call nurses see on average about 950 patients for sick call each month. Auburn also operates a 24-hour emergency sick call (ESC). Patients who are in need of emergency sick call notify a corrections officer and then are escorted down to the medical clinic to be seen by nursing staff. Medical staff estimated that on average, 85 patients are seen for emergency sick call per month. Medical staff estimated that about five tickets were issued in the past year for abuse of emergency sick call.

As summarized in **Table K** above, Auburn survey participants were dissatisfied with the sick call process and the care provided by the nursing staff. Over half of survey respondents reported that they experienced delays or could not access sick call when needed. This ranks Auburn the fourth worst of CA-visited facilities for prisoners' access to sick call. Fifty-five percent of survey respondents also rated the sick call service they received as "poor." Patients' rating of sick call nurses ranks Auburn in the bottom third of all CA-visited facilities for adequacy of sick call care. Patients reported that there were long delays to access sick call and often they had to put in multiple sick call requests before they were seen. Some survey respondents who rated sick call poorly reported that the sick call nurses were unprofessional, rude, dismissive towards prisoners' medical concerns, and did not complete thorough medical examinations. We recommend that the prison medical staff administrators conduct an assessment of the care provided by sick call nurses in order to ensure that each sick call nurse is performing an adequate, thorough, and effective examination.

Clinic Call-Outs

Auburn had only three clinic providers at the time of our visit, two full-time equivalent doctors and one nurse practitioner. Clinical call-outs are conducted five days a week from 7:30am until 3:00pm and the medical staff estimated that about 340 patients are seen per month in the clinic.

Auburn survey participants had very low ratings of Auburn’s clinical staff. Fifty-six percent of survey respondents reported that they frequently experienced delays in seeing a doctor, and an additional 28% reported experiencing delays at least once. This reported level of inaccessibility to clinical staff ranks Auburn as the third worst prison³² of all CA-visited prisons for delayed clinic care. Moreover, survey participants also reported high dissatisfaction with the clinical staff. Sixty-five percent of survey respondents rated the clinical staff as poor. This is considerably higher than the average of 51% who rate medical staff as poor for all CA-visited facilities and ranks Auburn in the bottom fourth for quality of clinical care.

The long delays individuals experience in seeing clinical staff can be attributed to the unacceptably high clinical staff to patient ratio that is more than 40% higher than the system-wide average. Given these delays, it is crucial that the prison fill the vacant physician assistant position and DOCCS consider hiring additional clinical staff. Survey participants estimated that they spent a median of 30 days waiting to see a clinical provider after being referred by a sick call nurse. The median amount of delay for the 31 CA-visited facilities is 21 days. Survey participants often reported that a patient had to exhibit serious medical symptoms before he would be seen by a clinician. Other issues individuals raised regarding the medical staff were that the clinical staff did not listen to inmates’ concerns, displayed a lack of compassion, and were rude to patients. Several prisoners also reported that one doctor at Auburn often refused to touch patients during clinical exams. We urge facility administrators to investigate any pattern of complaints.

Care for Patients with Chronic Medical Problems

Auburn, like most other facilities in the DOCCS system, had a significant portion of its prison population suffering from a chronic medical condition. **Table L-Summary of Auburn Inmates with Chronic Medical Conditions** details the prevalence of chronic medical conditions, number of infected patients, percentage of the prison population with the condition, and the number of patients receiving treatment at the time of our visit. Individuals at Auburn who suffer from a chronic condition are not assigned to a particular practitioner; instead, they are regularly seen at chronic care clinics which are run by nurses for each disease. There are chronic care clinics for all of the following conditions: HIV, hepatitis C (HCV), diabetes, asthma, hypertension and TB. The nurse assigned to each chronic care clinic coordinates the medical care for patients, ensuring proper patient education and medication management. Patients infected with HIV are generally seen every three months by the HIV specialist.

Table L-Summary of Auburn Inmates with Chronic Medical Conditions at the Time of Our Visit

	HIV	AIDS	HCV	HIV & HCV	Asthma	Diabetes	Hypertension
Infected	44	22	115	12	186	79	204
% Infected	2.5%	1.3%	6.6%	0.7%	10.8%	11.8%	4.6%
Treated	31		1		158	79	179

³² Auburn ranks 29th out of the 31 CA-visited facilities for how often inmates experience delays in seeing medical staff.

Auburn has one doctor who is certified by DOCCS as an HIV specialist. Individuals infected with HIV may also see one of the four outside HIV specialists available for consultation. The facility estimated that the in-house HIV specialist sees about 5-10 patients each month. The four outside HIV specialists conduct an average of three infectious disease clinics each month, during which time they see about 19 individuals for infectious disease specialty appointments. The percentage of Auburn patients infected with HIV (2.5%) is significantly lower than the estimated 5% to 6% of the entire DOCCS population who are believed to be infected with HIV based upon NYS Department of Health studies.

At the time of our visit, Auburn confined 115 individuals infected with hepatitis C (HCV), representing 6.6% of the prison population. Based on information provided by the facility after our conference call, as of June 2012, the number of known HCV infected individuals dropped to 96. According to studies done by the Department of Health (DOH), 11.2% of the prison population in 2007 was infected with HCV. Although Auburn has a slightly lower percentage of the population who are infected compared to system wide data, the number of individuals in need of treatment still places a significant burden on staff. Auburn had only one individual, out of 115 HCV-infected patients, undergoing treatment at the time of our visit, which is less than 1% of the infected population and significantly lower than the system-wide treatment average of about 5% of HCV-infected patients at all DOCCS facilities. According to information provided in June 2012, there were no patients receiving HCV treatment at that time. We urge the facility's medical staff to review the population of HCV-infected individuals in order to determine whether any of those currently not receiving treatment may be appropriate candidates for therapy.

Specialty Care

Patients who require specialty care while at Auburn are taken to the Walsh Medical Center at Mohawk Correctional Facility, seen at the facility by a specialist who comes to the facility for a periodic special care clinic, or taken to the SUNY Upstate Medical Center for specialty care. Thirty-one percent of Auburn survey participants indicated that they had seen a specialist in the past two years, which is slightly less than the 34% average of survey participants at other CA-visited facilities who reported seeing a specialist in the past two-years. Sixty-eight percent of survey participants reported experiencing delays in seeing a specialist at least sometimes, and patients estimated that the median number of days they had to wait to see a specialist was 90 days. The amount of days individuals wait to see a specialist at Auburn is significantly higher than that reported by survey participants from all CA-visited prisons, where the average median is 60 days, and ranks Auburn in the bottom 20% and equal with the five worst CA-visited facilities for the length of time it takes to see a specialist. Only 33% of survey participants reported that the medical staff at Auburn did a good job of following-up with specialists' recommendations. This ranks Auburn in the bottom third of all CA-visited facilities. The main concern according to survey participants was that specialists' recommendations were not followed through and there were long delays after a certain treatment was recommended.

Medication

Auburn operates as the regional pharmacy for individuals incarcerated at Auburn, Cayuga, and Butler Correctional Facilities. The Auburn pharmacy is staffed by one supervising pharmacist, two regular pharmacists and three pharmacist technicians. Sixty-two percent of survey participants reported that they at least sometimes experienced problems receiving their medication. This is slightly higher than the average of 57% of individuals who experience delays in receiving their medication at all CA-visited facilities. Some of the concerns expressed by survey participants were that there were long delays in receiving their medication, that medication refills were not refilled in a timely manner, and that medications prescribed by specialists were changed by the doctors at the facility without the individuals' consent.

Quality Improvement Program

Auburn's Quality Improvement (QI) Committee meets quarterly and consists of medical staff (facility health service director, and nurse administrator), security staff and additional invited guests. We were informed by the facility that some of the topics covered by the QI committee for 2011 included: HCV, men's health and diabetes. Medical staff informed us that 10 charts are reviewed during each QI meeting. We did not review the records of the QI committee, so we cannot comment on the thoroughness of these reviews.

DENTAL CARE

The Visiting Committee toured the dental area, which has four dental chairs, and spoke with the dental staff. Auburn employs two full-time dentists, one part-time dentist, two dental assistants and one full-time hygienist. The dental staff informed us that they see approximately 230-240 patients per month, estimating that 30% of the dental work is restorative, 15-20% is extractions, 25% are emergencies, which are seen within 24-hours, and 30% are routine cleanings. The dental staff estimated that there is on average a 6-week wait for routine dental care and most patients are scheduled within 4-6 weeks of submitting a request. Dental staff also estimated that they perform 4-6 oral surgeries and have 4-5 appointments with patients seeking dentures per week. The dentist informed the visiting committee that it takes about 6-8 weeks to complete the process for dentures.

Survey participants had a mostly positive assessment of the dental services they received; 35% rated dental services as good, 39% rated them as fair, and 26% rated them as poor. These ratings rank Auburn in the top 40% of the 16 facilities for which the CA has comparable data. Survey respondents estimated that they waited a median of 56 days to see the dentist, which is slightly lower than the 60 day median at the 16 other facilities for which the CA has dental service data. According to survey responses, survey participants' main concern was the long wait to see a dentist, though once they were seen, they reported the service they received was good and they felt that the dental staff addressed the individual's concerns and was polite and professional.

ADDITIONAL SERVICES

Recreation

Auburn has two yards, the Main Yard and the South Yard. The Main Yard is the larger of the two, has a basketball court and soccer goal posts, and is where individuals participate in team sports such as basketball, soccer, softball, and football. The Main Yard is also the main telephone area and has eleven phones for prisoner use. The South Yard is the smaller of the two and has televisions, an assortment of weights, a handball court, and a few phones.

During the Visiting Committee's meeting with ILC and IGRC members, individuals expressed concerns that security staff was using excessive force on prisoners during recreation. According to survey respondents, recreation was one of the main areas in which security staff engaged in the most physical abuse. We strongly encourage administrative staff to look into placing cameras throughout the facility and especially in areas such as the yard.

The indoor gymnasium is located off the Main Yard and is accessible to anyone in the Main Yard. The gymnasium's floor had recently been replaced, and the space was clean and had a mural painted by one of the prisoners hanging on the wall. Individuals have access to lockers and showers in the indoor gymnasium, and may also sign-out sports equipment for use in the gymnasium or the Main Yard. The indoor gymnasium has five indoor basketball hoops and has one fitness class per day with a capacity of 50 participants. This is a popular class and has a very long waitlist. We encourage Auburn administrative staff to expand the fitness class so that more inmates may participate in this program.

General Library

The Visiting Committee toured Auburn's general Library, which has a capacity to accommodate 25 inmates at a time and is usually full. The general library is staffed by one full-time senior librarian and nine inmate clerks. The library is open Monday-Friday from 1:00pm-4:30pm and again from 7:00pm-8:30pm and on Saturdays and Sundays from 1:00pm-3:30pm. Prisoners have access to the general library during their recreation period in the Main Yard. They may check-out a maximum of two books at a time and have a maximum of four books checked-out at once. Prisoners must come to the library in order to renew a book, and they can renew a book an unlimited amount of times unless it is a popular book. Individuals are responsible for books that are destroyed or misplaced. The general library maintains a collection of about 14,000 books, about a ninth of which are in Spanish. The Auburn general library also participates in the interlibrary loan system and provides books on tape, which individuals must listen to on their own audio equipment.

The librarian informed the Visiting Committee that books are sent to the PC and SHU every 60 days and that individuals in those housing areas may choose from a list of 185 books. ICP patients also have access to the general library, and there is a cart of books that is maintained on the ICP housing area for use by its patients. Periodicals are regularly sent to the PC and SHU areas.

Fifty-one percent of Auburn survey respondents were satisfied with the general library, which is higher than the average of 39% at all CA-visited facilities, ranking Auburn in the top third of all surveyed facilities. We commend Auburn's library staff for meeting prisoners' needs and providing meaningful reading materials.

Law Library

The Visiting Committee also toured the law library, which was staffed by 10 inmate clerks and one correction officer; there was no civilian law library staff at the time of our visit. The law library is open seven days a week from 9:00am-11:00am, 1:15pm-4:30pm, and 7:00pm-9:30pm. The library is often full, and although walk-ins are welcomed, individuals may have to wait a day or two to gain access to the law library. Individuals who are within 30 days of a court deadline for submission of legal materials and have valid proof of this deadline are given priority for library admission. Auburn's law library updated its research system to a computerized research system in November 2010, which the law clerks felt improved the prisoners' access to research materials; however, we were told the most recent information in the computer-based system is about three months behind, limiting some individuals' ability to get recent legal decisions and other current research materials. The computer system does not allow for individuals to save search results, though they are allowed to print out cases. Individuals in disciplinary housing can request materials from the law library, but they cannot go to the library and law clerks are not permitted to visit SHU inmates. Two of the law library clerks conduct research for individuals in the SHU and then print cases free of charge. Individuals in the SHU may request up to four cases at one time. The law library tries to hire Spanish-speaking inmate clerks in order to be able to translate the materials for those individuals with limited English proficiency. The law library clerks we interviewed said that the number of individuals using the law library had increased since the computerized system was installed, which allows prisoners to access information faster. Prisoners recommend that the system could be substantially improved by installing a word processing system so that individuals doing research could copy language from the cases, take notes or draft documents while researching cases.

Auburn survey participants had mixed ratings of the law library. Twenty-nine percent of survey participants reported that they were satisfied with the law library, 37% were "sometimes or somewhat" satisfied and 34% were not satisfied with the law library. This ranks Auburn in the middle of all CA-visited facilities. Prisoners reported that their biggest concern with the law library was that some of the inmate clerks and the correction officers were not adequately trained to help individuals conduct legal research. We encourage Auburn's administrative staff to look into hiring a civilian law librarian in order to help the inmate clerks.

Mess Hall

The Visiting Committee toured Auburn's mess hall, which recently received a new heating system and six new ovens. There were 170 prisoners working in the mess hall at the time of our visit. The mess hall has a room in which prisoner mess hall workers can stay during breaks between meals so they do not have to be escorted back to the housing area. Auburn serves

breakfast at 7:30am; lunch is served at 11:30am, and dinner at 5:30pm. The mess hall serves about 800-1,200 individuals per day and prepares about 500 meals for individuals eating remotely. At the time of our visit, there were about 100 individuals currently on the Kosher Alternative Diet (KAD), and 148 on medical diets.

The majority of the food served is processed at DOCCS centralized Cook-Chill program; however, frozen and canned foods are purchased from Sysco Foods, produce is obtained from a local vendor and dairy is bought from an upstate vendor. Incarcerated individuals are given about 10-15 minutes to eat and the average cost of food is \$3.20 per individual per day. Meals are on an eight-week menu rotation and each housing unit receives a menu with each rotation.

Auburn survey participants had generally negative opinions of food services within the facility, with 77% of respondents stating that they were not satisfied with food services. Prisoners reported less satisfaction than the system-wide averages relating to the cleanliness of the trays and utensils, whether they had enough time to eat, and the nutritional value of the food.³³ According to survey participants, Auburn ranks as the second worst facility in terms of prisoners' satisfaction with food services.³⁴ Comments provided by survey respondents noted that prisoners were not given adequate time to eat, the food was often cold, the portions were decreasing, and the utensils and trays were often dirty. Prisoners were also generally concerned about the lack of fresh fruits and vegetables available with meals.

Commissary

The Visiting Committee toured the commissary, which is open Tuesdays-Fridays from 2:00pm-10:00pm. Each housing area visits the commissary once every two weeks, and prisoners must submit a buy sheet the day before their commissary purchase, at which time the amount they wish to spend in the commissary is frozen in their account. The commissary is run by five civilian staff and seventeen inmate clerks. Items on the commissary buy sheet are updated by the ILC about once or twice a year. The commissary had an assortment of fresh fruits and vegetables such as tomatoes, bananas, green peppers, plantains, onions and garlic, as well as canned foods and dry goods. All non-food items are marked up 5%, except for stamps. Signs indicating price increases for that month, as well as upcoming price changes are posted throughout the facility, and the signs are in both English and Spanish. Forty-one percent of survey respondents were at least somewhat satisfied with Auburn's commissary, which ranks Auburn in the middle of all CA-visited facilities. Individuals who expressed dissatisfaction with the commissary felt that the commissary often ran out of things quickly and that there was not enough of a variety. Individuals were also concerned by the rising prices for items in the commissary. Prisoner wages have remained the same since the 1970's, although the prices of goods have changed with inflation.

³³ Sixty-five percent of Auburn survey respondents were not satisfied with the cleanliness of the utensils and trays compared to a system-wide average of 56%. Fifty-three percent of survey respondents were not satisfied with the amount of time they had to eat compared to a system-wide average of 48%, and 75% were not satisfied with the nutritional value of the food compared to an average of 65%.

³⁴ Five Points is the only CA-visited facility where inmates reported a lower satisfaction with food services.

Visiting Room

The Visiting Committee also toured the visiting room, which is located off the main reception area, open seven days a week from 9:00am-3:00pm, and staffed by three corrections officers. The visiting room consisted of an upper and lower level, has a capacity for 275 people, and operates on a first-in-first-out basis, which means that if the visiting room reaches capacity, visitors who have been there the longest are asked to leave to accommodate people who have yet to meet with their loved one. There was one non-contact room on the bottom level, which was also used for legal visits, though the visiting room correction officer reported that the non-contact rooms are not used very frequently. There was also a room with five non-contact seats, which was being used as storage at the time of our visit. The visiting room had five vending machines with snack-foods, ice cream and beverages. The Auburn program includes "Click-Click" which is a photography program held every visit day that inmates can use to take pictures with their loved ones. At the time of our visit, a bus from New York City traveled every 3rd Sunday to the prison and three buses also came from different areas of the state each Sunday. Since our visit to Auburn, the State has ceased to fund the free bus service to prisons. We strongly recommend the restoration of the free bus services across the state because the majority of individuals are incarcerated in facilities far away from their families and it is difficult and expensive for visitors to come to the prison by other means of transportation.

The Special Housing Unit (SHU) visits are conducted in the disciplinary housing unit, and SHU visitors may bring a tray of vending machine items with them to the SHU area.

There was also a small children's area in the back of the visiting room with a rug, three high-chairs, and a chest with toys and books. Staff informed us that only the individual and his child are allowed to play in the children's area, there are no other visitors allowed in this space. Prisoners who responded to our survey were disappointed in the children's area, stating that it was very small and sparse and there was little to use to play with their children. We urge administrative officials to expand the children's area and allow for more interactive materials such as books or additional toys.

Fifty-seven percent of survey participants reported not being satisfied with the visiting room, ranking Auburn in the lower third of all CA-visited facilities for satisfaction with the visiting process. The Visiting Committee heard from both interviewed individuals and survey participants that there were often long delays between when the individual's visitors arrived and when the prisoner was called down to see them, unnecessarily shortening the time the prisoner could spend with his visitors. This is particularly frustrating for prisoners whose visitors had to travel long distances to see them. Prisoners also reported that correction officers could be very disrespectful to the prisoner and his visitors.

Auburn also has a Family Reunion Program (FRP), which is a program that allows individuals and their families to visit together for a weekend in a separate private area. Both staff and prisoners were pleased with this program and staff felt that it was an important incentive for prisoners. The facility reported to us that 190 individuals had participated in the program so far in March, April and May of 2011.

Mail and Packages

Individuals at Auburn were generally frustrated by the mailroom/package room services with 65% of survey participants expressing dissatisfaction with those services. Fifty-five percent of survey respondents reported experiencing delays or not having mail that they sent delivered to the recipient, and 79% reported experiencing delays or not receiving the mail that was sent to them. Seventy-eight percent of survey participants also reported that items were often missing from packages that were sent to them.

According to individuals with whom we had contact, the rules for what was allowed into the facility appeared arbitrary and changed depending on which correction officers were working in the mail room. Individuals also raised the concern that security staff played favorites with the prisoners, allowing certain individuals to have items that were disallowed for others prisoners. Surveyed individuals reported that in addition to the long delays they experienced in getting their mail or packages, sometimes these items were given to the wrong individual. Prisoners also objected to the confiscation of pictures of family members or friends based upon the prison's assertion that individuals' hand gesture in the picture was gang related, although prisoners claimed these pictures contained harmless peace signs or other non-descript hand gestures. Auburn's prison population also raised concerns that items which were confiscated from their packages as contraband and would therefore have to be mailed back to the sender (at the prisoners' expense), destroyed or donated, were often donated to the security staff's communities, even though the prisoners would prefer they were donated to their own communities.

Recommendations

We recommend that state policy makers work with DOCCS Central Office administrators and facility officials to implement the following measures:

- Repair all damage to cells in D-Block

Safety and Inmate Grievance Program

Safety

- Assess the level and causes for tension between staff and prisoners, and develop a plan to reduce tension and incidents of verbal harassment, including additional training for staff regarding how to interact with individuals with significant mental health needs.
- Review Unusual Incident Reports, grievances and misbehavior reports to assess whether there are patterns of violence within the prison, whether specific staff members are more frequently involved in prison-staff confrontations, and whether certain areas within the prison are more frequent locations for violence. Following this review, develop a plan, including additional staff training, to continue to reduce violence between prisoners and staff.
- Encourage line staff to engage prisoners in more positive interactions and vigorously investigate any allegations of harassment, threats or excessive use of force and implement prompt disciplinary action if substantiated.

- More closely monitor allegations of sexual abuse and abusive pat frisks by staff and meet with the ILC and IGRC members to explore measures to reduce sexual abuse and to promptly identify and respond to staff sexual misconduct or abusive pat frisks.
- Develop and implement additional measures to reduce gang participation and drug usage in the prison through non-punitive methods.
- Increase supervision during shifts and yard duty to reduce the level of violence and inappropriate staff-prisoner interactions during this tour.
- Meet with the ILC and IGRC members to discuss how to improve the effectiveness and credibility among prisoners of the grievance system.
- More closely monitor allegations of retaliation by staff in response to inmate grievances and assertions that staff are filing false misbehavior reports.

Protective Custody

- Explore methods of bringing additional therapeutic, educational, and vocational programming and materials to the PC unit.
- Add additional equipment to the PC yard such as weights and sports equipment and implement additional recreational activities so that PC prisoners have stimulation during recreation hours.
- Investigate any pattern of complaints against a particular officer and implement disciplinary action if those complaints are substantiated.

Special Housing Unit

- Review the provision of services in the SHU, with a focus on medical care, reading materials, library services and the cell study program, to ensure that all SHU prisoners promptly receive required services.
- Assess the level and causes for tension between SHU staff and prisoners, and develop a plan to reduce perceived and actual incidents of verbal harassment, physical confrontations and sexual abuse by staff.
- Explore ways to add additional mental health support to individuals on the OMH caseload who are currently serving time in the SHU and look into methods to divert individuals on the mental health caseload from the SHU to more therapeutic programs.

Programs

- Consider methods of increasing available programs for all prisoners, including potentially hiring additional staff or changing program times.
- Provide more meaningful prison job opportunities that will permit individuals to develop skills and experiences that enhance their ability to find employment upon release.
- Increase the rate of pay for individuals at all DOCCS facilities to reflect increases in the cost of items in the commissary.
- Fill all vacant educational and vocational positions and prioritize the hiring of teachers and instructors who are bilingual to meet the needs of Spanish-speaking prisoners.
- Decrease the number of individuals on the waiting list for academic classes, particularly by increasing the number of academic classes.

- Initiate additional vocational programs and Department of Labor and NCCER apprenticeships.
- Provide program participants with educational and vocational materials in Spanish.
- Ensure that transitional services reentry resources are up-to-date and relevant to individuals being released to a variety of locations.
- Examine ways for more prisoners to have greater access to the indoor gymnasium as a means of reducing both idleness and violence in the outdoor yard, and to give individuals more significant opportunities for exercise

Substance Abuse Treatment Programs

- Fill the Program Assistant vacancy in the RSAT program and reinstitute the RSAT counselor position.
- Carry out a program to track the number of removals, and reason for removals, for each substance abuse program, and use this information to assess policies and practices in order to increase the amount of individuals who graduate and decrease the number of inmates removed from the program.
- Develop meaningful implementation of the Therapeutic Community model.
- Assess the frequency with which classes are cancelled and reduce the regularity of cancellation.
- Review curriculum and implement additional training to treatment staff so that participants will receive more active treatment and there will be reduced use of videos, some of which are not integrally related to substance abuse.
- Enhance efforts by treatment staff to assist program participants in developing effective discharge plans for continuing treatment in the community if needed.

Mental Health Care

- Review patient-clinician confidentiality protocols with OMH staff and DOCCS security staff and ensure that proper protocols are followed, investigating any complaints of confidentiality breaches or misuse of sensitive information.
- Increase training of all security staff working on a mental health unit on how to properly manage and interact with individuals with mental health care needs and remove from these units any staff who fails to perform their job duties properly.
- Hire a Spanish-speaking mental health provider so that individuals with limited English proficiency are provided with opportunities to receive mental health services.
- Increase programming opportunities for patients in the ICP to decrease idleness and provide additional opportunities for therapeutic engagement.
- Explore ways to add additional mental health support to patients currently serving time in the SHU and implement measures to divert individuals on the mental health caseload from the SHU to more therapeutic programs.

Medical and Dental Care

- Fill all vacant medical positions and investigate whether additional nursing and clinic provider positions should be allocated to the prison to ensure that all prisoners get prompt access to sick call and clinic call-outs.
- Review the adequacy of the sick call rooms utilized in the housing areas and either (a) obtain additional furniture and equipment and make physical plant modifications to make these rooms suitable for sick call encounters, or (b) relocate sick call to the medical clinic area in the prison.
- Institute measures to improve patient confidentiality during sick call encounters.
- Review the quality of care provided by all sick call nurses and clinic providers to ensure that medical conditions are properly diagnosed and promptly treated.
- Enhance efforts to reduce the delay in getting patients seen for medical call-outs.
- Implement measures to ensure that HCV-infected patients are thoroughly evaluated to determine if they are appropriate candidates for treatment.
- Review the utilization of specialty care services to determine if all patients are getting prompt access to all needed specialty care services.
- Review the delays dental patients experience in accessing dental care and institute measures to provide prompt access to such care.

Other Services

- Improve access to the law library by expanding its hours of operation, and hiring a civilian law librarian.
- Enhance the quality of legal research and writing assistance.
- Make sure all trays and eating utensils in the mess hall are clean before services, and ensure that food is adequately heated and the serving temperature maintained throughout the meal.
- Review the processing and treatment of visitors to ensure courteous and professional treatment by the visiting staff.
- Expedite the process of calling prisoners down for their visits so that individuals may spend the maximum amount of time with their loved ones.
- Expand the children's area by increasing the physical space, as well as adding additional toys or play items, so that prisoners have enhanced opportunities to play and interact with their children.
- Implement measures to prevent delays in outgoing mail, improve the delivery of mail and packages to prisoners, and ensure that all staff are operating under the same rules for confiscating materials in mail and packages sent to prisoners.
- Investigate ways of having disallowed package items be donated to a community program selected by the prisoner making the donation.