

Prisons in Alabama

- Currently there are 4 maximum security prisons, 12 medium security prisons, 1 "in and out" work release prison as well as 18 other work release camps in Alabama
- 1 prisons house male death row inmates and 1 prison houses female death row inmates
 - Death row inmates are in solitary/segregation aka "closed custody"

* UPDATE

Prisons around Alabama

Alabama Prison Statistics

Alabama prisons are generally "down style" prison camps

Alabama is at approx. 33-50% corrections officer capacity

Alabama has the 5th highest rate of incarceration amongst the U.S. states per capita. Mississippi is highest

14,000 New prison admissions in 2018. Highest number of admission in a single year in ADOC history

Average corrections officer starts at \$14-15 per hour





Dorm style Prison




Alabama Segregation Cell

Corruption

 Alabama prison guard was paid by inmates to smuggle contraband into lockup, ADOC says – July 2019, St Clair Correctional Facility

 Former ADOC officer faces drug charges as Alabama prison system struggles to combat contraband – October 2018, St Clair Correctional Facility

 5 Alabama prison guards arrested in corruption probe – May 2017, St Clair Correctional Facility

Corruption

- New York Times anonymous information Article
- SPLC received a thumb drive with over 2000 photos of St. Clair Correctional facility in early 2019
 - Beginning statement said it was from a corrections officer and was a collection of photos from 3 years
 - Described in detail tales of abuse, violence, turning a blind eye - "The day-to-day treatment of these men does nothing but foster anger and despair"
 - Contained separate folders for photos of "murders" and "dead men".

New York Times March 2019

Description of over 2000 photos received by the NY Times in early 2019

"The contraband is scary enough: Homemade knives with grips whittled to fit particular hands. Homemade machetes. And homemade armor, with books and magazines for padding. Then there is the blood: in puddles. In toilets. Scrawled on the wall in desperate messages. Bloody scalps, bloody footprints, blood streaming down a cheek like tears. And the dead: a man kneeling like a supplicant, hands bound behind his back with white fabric strips and black laces. Another, hanging from a twisted sheet in the dark, virtually naked, illuminated by a flashlight beam. These were ugly scenes from inside an American prison, apparently taken as official documentation of violence and rule violations."

New York Times March 2019

- The photos show a message painted on the wall in blood, with letters about the height of a cinder block. "I ask everyone for help," it read in part
 - The man who painted the blood on the wall, referred to in the lawsuit as M.P., had schizophrenia and bipolar disorder and repeatedly tried to kill himself. He testified that he had been held in solitary confinement for six years, allowed to exercise one hour a day in ankle shackles.
- The photos show dozens of wounded men. One had been stabbed at least 10 times. Another had a hole in his lip you could stick a pencil through. A pair of handcuffed wrists displayed 15 precise slashes. There was a recurring palette of pale red and sickly, Mercurchrome yellow. One man's back had a shiv at least an inch wide still buried in it, right between the shoulder blades.
- There were three individuals pictured in a folder called "Dead men" and seven in a folder called "Murders," all of whom could be identified through news reports, press releases and booking photographs.



Corruption

- May 2022 - Two Officers charged in connection with death of inmate on segregation unit (criminally negligent homicide for failing to render aid to a mentally ill inmate) (Death was July 2021)
- Dec 2020 – Inmate died in segregating housing cell...core temp of inmate was 109 degrees
- June 2020 – Inmate died while on suicide watch after having cell sprayed with chemical irritant
- October 2019 – Inmate died after being struck in the head of an Officer.

**Current state of Alabama Prisons /
Lawsuits**

- In 1995 Alabama became the first state in 30 years to reintroduce the “chain gang” which after a lawsuit the state agreed to drop the practice
- In 2002 U.S. Supreme Court ruled ADOC could not “chain prisoners to a hitching post”

Hitching post

Prisoners in standing position, chained to a horizontal bar 4-5ft off the ground – can last 1-7 hours



Current state of Alabama Prisons / Lawsuits

- 2013 DOJ determined that Tutwiler Prison (females) had a two decade history of “unabated staff-on-prisoner sexual abuses and harassment” with open sex and abusive contact including a forced strip show by staff on inmates. From 2009 – 2013 there were 18 cases of sexual misconduct involving 30 corrections employees

Current state of Alabama Prisons / Lawsuits

- 2014 – Southern Poverty Law Center filed a federal lawsuit against ADOC for ignoring inmates medical and mental health needs
- 2016 – DOJ opens investigation into ADOC for overcrowding, violence and rape
- 2017 (related to SPLC lawsuit) – Judge Myron Thompson issues his ruling in favor of SMI patients against ADOC
 - Instituted changes with regards to suicidal evaluations
- 2019 – DOJ investigation concludes that ADOC violates constitution against “cruel and unusual punishment” due to excessive violence and death, overcrowding and understaffing
 - Alabama has the highest rate of homicide in the nation inside state prisons – 24 murders in the 2017-2018 fiscal year
- 2020 – DOJ lawsuit...Alabama Mens State Prisons are “unsanitary and unsafe conditions violate the constitution”
 - DOJ alleges that the State of Alabama has continued to show deliberate indifference to “each of the serious and systemic constitutional problems present”
- Trial between State of Alabama and DOJ in November 2024

Why should we care?

- Why should we care if prisoners live in squalor, face violence and have untreated mental health issues?

Because Prisoners Get Out

- 95% of prisoners will be released at some point
 - 67.8% arrested within 3 years and 76.6% arrested within 5
- Prisoners are released via EOS (end of sentence), split sentence release (part time served with rest of sentence suspended with inmate released on probation to return to prison to complete rest of sentence if probation violation), or parole
- Parole has lowest rate or recidivism

Work Release

- In Alabama several camps (Childersburg, Hamilton) have work release programs
 - IMs must have MH code of A or B to be included on work release camp
- Childersburg – Farming, teaching (Substance Use, educational, re-entry programs), and industrial/manufacturing (leave camp, hired by private industry at prevailing wage...often hired full time after release)
 - Employers get tax credit
 - Federal bonding offered to protect employer against employee "crime" / "dishonesty" at work place or outside of work place
- Hamilton – Prisoners work on painting, kitchen, laundry, janitorial duties...can develop skills for after prison or long term offenders can then transfer to other camps to perform duties - get paid \$2 a day

Work Release

- WOTC – Work Opportunity Tax Credit
 - Employ a convict 120-400 hours a calendar year receive \$2500 annual federal tax credit
 - \$9000 for new hire (paid over 2 years) for long term family assistance recipient
- Many municipalities around prisons employ former convicts as part of re-entry program

Mental Health Care in Prison

- Alabama has approx. 3400 prisoners on its mental health caseload (13.6% of inmate population)
- 56% of state prisoners nationally have a mental health illness of one kind or another
- 302 page ruling by Judge Thompson in 2017
 - ADOC failed to identify prisoners with SMI and classify their needs
 - Failed to set up individual treatment plans
 - Failed to provide qualified and properly supervised mental health staff
 - Failed to identify and treat inmates at risk for suicide
 - Placed SMI inmates into seclusion without considering for their illness
- Judge Thompson – “Simply put, ADOC’s mental-health care is horrendously inadequate.

Mental Health Care Process

- Inmates are received at Kilby which is receiving and processing facility. They have a mental health intake at that point and are given a MH code (A-D) which determines if they need medications, to be on the caseload or residential care
- Once on a caseload IMs receive a TPR (treatment plan review) q 90 days to discuss adherence, classes needed, coping mechanisms, therapy, etc.

Mental Health Care

- Different prison camps offer different services
 - Grief counseling, interpersonal skills development
 - MH educational classes
 - TC program – Therapeutic Community – honor program where IMs teach classes, take classes, participate in SAP (substance use treatment) and graduate from freshman -> seniors for which they get early EOS or parole hearing
 - Sadly ineffective due to drug use
 - SAP – substance use treatment – wholly inadequate as most camps are riddled with MJ, meth, brown clown, roach killer, etc
 - Offered at 7 camps
 - \$500k given in early 2019 by Governors office for increased access and improved treatment

Mental Health Codes

- **MH-A Not on caseload** Indicates that the inmate is not currently receiving ongoing mental health services and is not on the caseload.
- **MH-B Outpatient (Major/CWC/ WR)** Indicates that the inmate requires outpatient mental health services at intervals of ninety (90) to one-hundred-twenty (120) days as designated by the provider. Inmate should demonstrate appropriate coping skills for period of six (6) months. The Psychiatrist at his/her discretion can permit an MH-B to be housed in facilities that do not provide daily on-site Mental Health staff.
- **MH-C Outpatient (Major Facility)** Indicates that the inmate requires outpatient mental health services at intervals of thirty (30) to sixty (60) days. May have a diagnosed mental disorder (excluding substance use disorders) associated with an impairment in psychological, cognitive, or behavioral functioning. Must be housed in a major facility providing routine on-site mental health services.
- **MH-D Residential** Indicates that the inmate is receiving chronic or acute mental health services due to psychological, cognitive or behavioral functioning that substantially interferes with the inmate's ability to meet the ordinary demands of living. Requires placement in a specialized mental health housing unit.

Mental Health Codes

- MH-D indicates an IM has an SMI and is currently unstable, requiring a higher level of care
 - Donaldson (formerly W. Jefferson) – maximum security
 - Houses segregated prisoners, has death row.
 - Has RHU
 - Bullock – Medium security
 - Primary "inpatient" psychiatric unit
 - Has RHU, RSU

RHU / RSU

- RHU – Residential Housing Unit – IMs with need for higher level of care. Can leave cells to go to groups and interact in milieu.
 - Daily psych visits
- RSU – Residential Stabilization Unit – IMs with need for higher level of care. Cannot leave cells to coningle. Essentially locked individual cell inpatient psychiatric unit.
 - Daily psych visits.

SMI Definition

- ADOC defines SMI as Psychotic DO, Bipolar DO, Major Depressive DO and any diagnosed mental disorder (excluding substance induced) currently associated with serious impairment in psychological, cognitive or behavioral functioning
 - Includes Neurodevelopmental and Neurocognitive Disorders

Statewide Psychiatric Beds

- Mental Health Beds – Intensive and Residential stabilization unit beds
 - Bullock – 280
 - Donaldson – 138
 - Tutwiler (female) – 52
 - Limestone – 8
 - Other – 24
 - TOTAL - 502

ADOC Mental Health Care

- Approx. 2900 inmates receiving mental health care
 - 2400 considered “outpatient” i.e. receiving care on caseload at individual camps
 - 478 – inpatient / intensive residential care
- 444 group therapy sessions each month on RSU/RHU
- 183 group therapy sessions each month at other out pt. facilities

Mental Health Care

- Within the prisons there is a restricted formulary
- Common medications difficult to use
 - Benzos, Stimulants – Have never used stimulants. Only use benzos for legitimate detox and PRN for agitation
 - Wellbutrin – Can use SR or XL for ADHD or antidepressant but often crushed to snort
 - Seroquel – Highly diverted for mixed substance concoction and post stimulant use
 - Gabapentin (essentially all inmates switched to Cymbalta for neuropathic issues) – Only prescribed by medical if neuropathic, failed other meds and >85% adherence

Mental Health Care

- Inmates are commonly on SSRI, SNRI, TCA, Buspar, Risperdal, Haldol, Zyprexa, Abilify
- Many inmates given LAI
- Adherence is easier given access to the medications however pill call times difficult given lock-downs, early pill calls, work release times
 - Can instantly access % adherence report
 - Many IMs skip pill call due to threat of violence waiting in lines and when paranoid

Suicidal Precautions

- Any inmate reporting suicidal thoughts is placed on Acute Suicidal Watch
 - Suicidal smock, sandwich without tray, boat safety bed, safety blanket
 - 1:1 direct observation by PCT (some states use honor dorm IMs)
- After evaluation by a SW and confirming with a physician, inmates can be dropped to Non-Acute Suicide Watch
 - Q15 min direct observation
- IMs requiring single cell for med changes/awaiting transfer etc. can be placed on MHO (mental health obs.)
 - Prison whites, normal bed, food tray, book

Suicidal Precaution Cell



Suicidal Precautions

- Suicidal rule change
- Rule enacted by judge Thompson
 - IMs in segregation (for disciplinary action...often 30, 60, 90, 180 day sentence) who claim suicidal statement go to crisis cell...upon release from crisis cell cannot go back to seg and must go to a stepdown unit or gen pop
 - This led to extreme abuse of overuse of crisis cells, staff frustration, large exodus of MHP (SWs) and nurses due to overwork

Suicide

- Suicide rates in prisons nationally are similar to civilian free world rates = approx. 14 per 100,000
 - Jails have 3x rate of suicide compared to prisons
 - Both Jails and Prisons have declined substantially since mid 80s where Jails were 129/100,000 and Prisons 34/100,000
- Highest time risk for suicide is the first 24 hours of incarceration
 - Additional risks are segregation, substance withdrawal, after disciplinary hearings/parole denial
- Hanging is the most common method of suicide
- Alabama (Feb 2019) 60 per 100,000 which is increased from 37 per 100,000 at time of 2017 trial

Prison Homicide /Safety

- Fiscal year 2019 (ended September) saw 11 inmate on inmate homicides in Alabama prison system
- September end of year statewide prison sweep found over 600 contraband weapons
- IMs talk via cell phones within camps and outside to different camps

Future

- State of Alabama has allocated \$900 million to building 3 new regional prisons which will replace 11 older facilities
 - Two 4,000 inmate prisons in Escambia and Elmore counties
- \$509 million will come from a bond sale
- \$400 million from COVID-19 relief funds
- \$135 million from the state’s general fund

What can Improve Prisons?

- Increase use of video surveillance cameras
- Implement internal classification of mental health
- Increase access to volunteer and faith groups inside the prison

What Can Improve Prisons?

- Alabama 2019 budget allowed for \$40 million spending to increase ADOC correctional officers by 500 positions and increase pay by 20%
 - Southern Poverty Law Center lawsuit / Federal judge order...Alabama increase number of correctional officers by 2200 by end of 2022.
 - Update...this order was extended to October 2024.

Surprises to me about corrections

- The amount of drugs
 - Methamphetamine, Heroin, Fentanyl, Synthetics
- The amount of deaths
 - Suicides, Violence, ODs
- The end of life supportive counseling/therapy
 - Cancer, Old Age/Medical, "Tired"
- Inmates do not participate in their parole hearings

Examples of Cases

- Generically most cases are situational depression re incarceration, anxiety re incarceration or correctional risk factors (i.e. drugs, debt, extortions)
- Worst case inmate scenarios...severe physical assault, sexual assault, death of mother.

Examples of Cases

- Cases that stand out
 - Finger eater – 37 yowm w/ dx of MDD w Psych fx serving 17yrs for terroristic threats
 - Cut off leg – 48 yoaam w/dx of Schizophrenia serving life with parole for cocaine trafficking
 - Blood gang leader turmoil – 41 yoaam w/ dx of PTSD serving life without for 5 murders
