

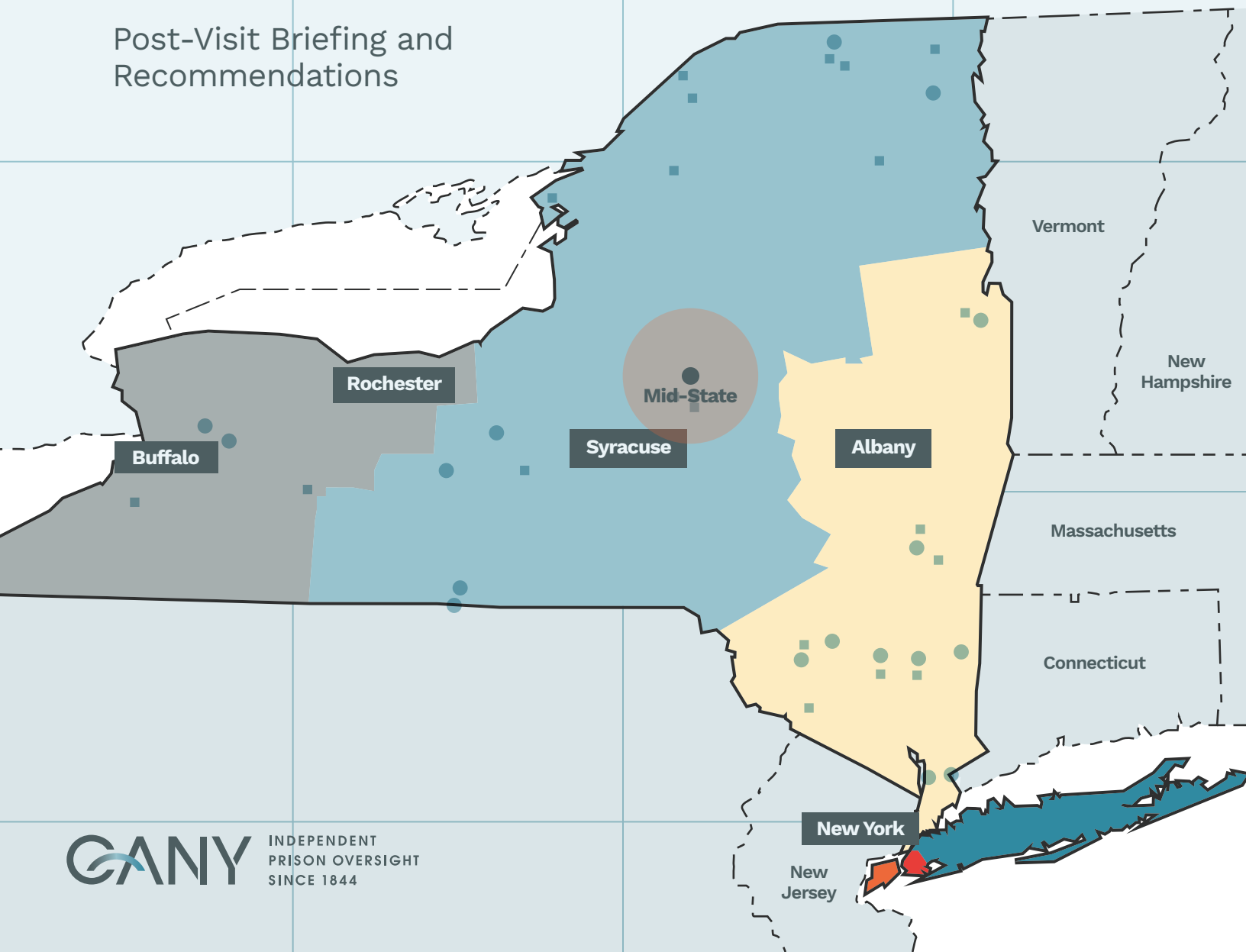
No. 22-11

October 13-14, 2022

Monitoring Visit to Mid-State Correctional Facility

**Correctional Association
of New York**

Post-Visit Briefing and
Recommendations



INDEPENDENT
PRISON OVERSIGHT
SINCE 1844

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Executive Summary

On October 13 and 14, 2022, the Correctional Association of New York (CANY) conducted a monitoring visit to Mid-State Correctional Facility, a medium-security men’s prison in Marcy, NY. CANY’s monitoring visit to Mid-State was conducted as part of its oversight mandate pursuant to Correctional Law §146(3). CANY representatives held meetings with prison staff and interviews with incarcerated individuals. The CANY visiting party carried out a total of 122 interviews with incarcerated individuals in general population housing areas, the Special Housing Unit (SHU), the Step-Down to General Population program (SDP), the Sex Offender Treatment program (SOP), the Intermediate Care Program (ICP), and protective custody and involuntary protective custody (PC/IPC). CANY developed findings and recommendations from its analysis of interviews conducted, observations, and conversations with both incarcerated individuals and staff during its monitoring of Mid-State. A detailed account of each of the findings can be found in the full report below.

Background

On October 13 and 14, 2022, the Correctional Association of New York (CANY) conducted a monitoring visit to Mid-State Correctional Facility, a medium-security men’s prison in Marcy, NY. CANY’s monitoring visit to Mid-State was conducted as part of its oversight mandate pursuant to Correctional Law §146(3).

The CANY visiting party included 12 representatives¹ who carried out a total of 122 interviews with incarcerated individuals: 54 individuals incarcerated in general population housing areas, 12 individuals incarcerated in the Special Housing Unit (SHU), 32 individuals in the Step-Down to General Population program (SDP)², 17 individuals in the Sex Offender Treatment program (SOP), five individuals in the Intermediate Care Program (ICP), and two individuals in the protective custody and involuntary protective custody (PC/IPC) unit. As of October 13, Mid-State had a total capacity to incarcerate 1,501 people and housed 1,196 people. See Appendix B, Snapshot of Demographics at Mid-State, for additional information about the characteristics of incarcerated people at Mid-State and the characteristics of the individuals CANY interviewed.

1 The CANY visiting party included two members from the office of State Senator Julia Salazar, Chair of the Senate Committee on Crime and Correction. Those two members included Senator Salazar.

2 Mid-State operates a 75-bed, single cell Step-Down to general population (SDP) program. According to DOCCS, the SDP is a “SHU-alternative program where the goal is to offer behavioral modification programming to long-term SHU incarcerated individuals with a violent behavioral history and the capacity to benefit from programming with the aim of returning those incarcerated individuals who successfully complete the program back to general population.”

Findings

Basic Provision of Services

- Incarcerated people reported concerns with commissary. Items in commissary are inconsistently available and sometimes unaffordable.
- Access to phones for those in the general population at Mid-State is good when compared to other facilities CANY has monitored recently. People in the SHU and SDP, however, described inconsistent access to tablets, which are used to make phone calls in those units.
- Incarcerated people in the general population units at Mid-State have access to visits, but visiting policies were burdensome for people in the SDP and their families, including due to denials of contact visits and shackling of people in the SDP during visits.
- Incarcerated people reported changes to NYS Department of Corrections and Community Supervision's (DOCCS) Directive 4911A1 and mismanagement in the package room have limited the accessibility of packages, straining their food options and financial resources.
- Incarcerated people reported food provisions at Mid-State are unappetizing, unhealthy, insufficient, or associated with stress.
- People in the SHU and SDP expressed a need for more cleaning supplies and other hygiene services like haircuts.

Medical and Dental Healthcare

- Incarcerated people reported medical care across the general population units, SHU, SDP, and SOP Mid-State was negatively affected by long wait times.
- Incarcerated people reported dental services at Mid-State were overburdened and limited to extractions instead of preventative or restorative care; people across units described a lack of confidence in dental care.
- Mid-State showed similarly satisfactory levels of COVID-19 response to other DOCCS facilities.

Mental Health

- Incarcerated people in the general population units reported mixed experiences with OMH services at Mid-State, with problems related to medication and coping with daily life.

- People reported struggles with their mental health in the SHU and SDP and problems accessing satisfactory care from OMH.

Programs and Recreation

- The variety of current and planned program offerings for those in the general population units showed promise and demonstrated DOCCS' commitment to rehabilitation. Long waitlists for enrollment and staffing vacancies complicated the success of Mid-State's programming.
- People reported the Mid-State SHU was not offering the required out-of-cell time for congregate programs and recreation.
- In the SDP, incarcerated people reported insufficient out-of-cell time, unengaging curriculum, and overuse of shackling during programs.

Staff Behavior

- There were numerous allegations of staff abuse of and retaliation toward incarcerated people across the general population units, the SHU, and the SDP.
- Some incarcerated people alleged abusive staff behavior in the SDP, while others described decent experiences or relaxed relationships with correctional staff in the SDP.

Discipline

- Incarcerated people in the general population units expressed little confidence in the fairness of the disciplinary process at Mid-State.
- Some people had been held for more than 15 days in the Mid-State SHU.
- Some people in the SDP reported feeling unfairly placed in the SDP. DOCCS seemed to be operating the SDP outside of the requirements of HALT.

Grievances

- Incarcerated people reported delays and inattentiveness to grievances, as well as fear of retaliation for filing grievances in the Mid-State general population units.
- CANY met with the grievance supervisor who provided helpful context about the challenges in resolving grievances, particularly for individuals held in SDP.

Material Conditions and Environmental Issues

- Some incarcerated people in the general population units and the SDP expressed concern over the safety of the drinking water supply.

- Some incarcerated people in the general population units and the SDP described problems coping with temperature extremes in the warmer and colder months.
- Some incarcerated people in the general population units reported outstanding maintenance needs.
- Incarcerated people in SDP reported some showers did not function properly.

Recommendations

Basic Provisions of Services

- The administration at Mid-State should ensure that portions are sufficient.³
- CANY plans to review food policy concerns systemwide and provide recommendations to improve food accessibility and quality and health of those incarcerated in NY state prisons.
- DOCCS should conduct an assessment into commissary availability to identify items out of stock, the range of listed items available, and the effects of inflation on the pricing of items at the commissary.
- The administration at Mid-State should ensure that people in the SHU and SDP receive the necessary cleaning supplies for their cells and for personal use as required under DOCCS directive #4009.⁴

Medical and Dental Healthcare

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

Programs and Recreation

- DOCCS should continue to develop meaningful program opportunities for people in SHU and SDP that inspire robust participation.
- DOCCS should provide people in SHU and SDP with the required level of out-of-cell time and group programming, including access to at least four hours of daily out-of-cell programming in the SHU and at least seven hours of daily out-of-cell group programming and activities in SDP, as required under the HALT law.

Staff Behavior

- DOCCS should investigate and address the reports of abuse of incarcerated people by staff.

3 See "Food Service Operations Manual, Directive #4310, January 2022," NYDOCCS. Office of Nutritional Services, p.4.https://doccs.ny.gov/system/files/documents/2022/02/fsom-01-22_0.pdf

4 See <https://doccs.ny.gov/system/files/documents/2022/07/4009.pdf>

- DOCCS should implement the recommendations made by the New York State Inspector General in the November 2022 report entitled “Racial Disparities in the Administration of Discipline in New York State Prisons.”⁵

Discipline

- DOCCS should incorporate procedural justice principles into all aspects of the due process for SDP and SHU. Research has shown that individuals are more likely to cooperate with law enforcement when processes are fair, and they perceive they have been treated fairly.⁶ DOCCS should ensure individuals understand the process and how decisions are made, and facilitate people’s access to legal representation.
- DOCCS should ensure that no one who is on the OMH caseload or who has a physical or cognitive disability is placed in segregated confinement.
- DOCCS should ensure that no one is kept beyond 15 consecutive days in SHU. DOCCS should conform operations of the SDP to requirements under HALT.
- DOCCS should ensure that no one is sent to the SHU or SDP unless their actions fit within the HALT law’s sanction criteria of what conduct can result in segregated confinement or Residential Rehabilitation Units (RRUs).

Material Conditions and Environmental Issues

- DOCCS should make water testing results easily available to incarcerated people, staff, and the public to resolve concerns about the safety of drinking water.
- The Department should create an annual heat mitigation plan to ensure incarcerated individuals and staff have options available to stay cool, hydrated and safe during high heat temperatures. The plan should include access to industrial fans, water, ice, and additional access to showers. Commissaries should be fully stocked with personal fans prior to the beginning of summer. Additional measures such as monitoring temperatures in housing, program and industry areas; maintaining a list of incarcerated people and staff with medical conditions that make them more susceptible to heat and monitor their well-being; increasing rounds and wellness checks; and providing shade on the exercise yards.
- The Extreme Heat Action Plan Work Group of the New York Department of Environmental Conservation (DEC)³⁸ should analyze the impact of extreme heat on incarcerated individuals and people working in prisons and articulate their specific needs in their long-term heat adaptation plan.

5 Lucy Lang, “Racial Disparities in the Administration of Discipline New York Prisons,” State of New York Offices of the Inspector General, November 2022. <https://ig.ny.gov/system/files/documents/2022/12/oig-doccs-racial-disparities-report-12.12.22.pdf>.

6 See TOM.R.TYLER, WHY PEOPLE OBEY THE LAW (2006) and Lorraine Mazerolle et al, Procedural Justice, Routine Encounters and Citizen Perceptions of Police: Main Findings from the Queenstand Community Engagement Trial (QCET), 8J. Experimental Criminology 343 (2012).

Post-Visit Briefing

Background

On October 13 and 14, 2022, the Correctional Association of New York (CANY) conducted a monitoring visit to Mid-State Correctional Facility, a medium-security men’s prison in Marcy, NY. CANY’s monitoring visit to Mid-State was conducted as part of its oversight mandate pursuant to Correctional Law §146(3).

The CANY visiting party included 12 representatives⁷ who carried out a total of 122 interviews with incarcerated individuals: 54 individuals incarcerated in general population housing areas, 12 individuals incarcerated in the Special Housing Unit (SHU), 32 individuals in the Step-Down to General Population program (SDP)⁸, 17 individuals in the Sex Offender Treatment program (SOP), five individuals in the Intermediate Care Program (ICP), and two individuals in the protective custody and involuntary protective custody (PC/IPC) unit. As of October 13, Mid-State had a total capacity to incarcerate 1,501 people and housed 1,196 people. See Appendix B, Snapshot of Demographics at Mid-State, for additional information about the characteristics of incarcerated people at Mid-State and the characteristics of the individuals CANY interviewed.

Methodology

CANY representatives held meetings with the Department of Corrections and Community Supervision (DOCCS) Executive Team, the head physician and facility health service administrator, and staff from the State Office of Mental Health (OMH). CANY also held meetings with the Incarcerated Liaison Committee (ILC) and the Incarcerated Grievance Resolution Committee (IGRC), as well as representatives from the New York State Public Employees Federation (PEF) and the New York State Correctional Officers and Police Benevolent Association (NYSCOPBA). CANY conducted visual observations of housing units; the infirmary; OMH programs including the Residential Crisis Treatment (RCTP) unit, Intermediate Care Program (ICP) and Transitional Intermediate Care Program (TrICP); vocational and academic programs; and the industry shops.

CANY representatives deployed a variety of data collection methods. Individual respondents housed in general population were interviewed using a 54-question general protocol. Individuals housed in the SHU were interviewed using a 59-question unit-specific protocol. Individuals housed in the SDP, SOP, ICP, and PC/IPC units were interviewed using a 14-question open-ended unit-specific protocol. Meetings with staff and incarcerated groups

⁷ The CANY visiting party included two members from the office of State Senator Julia Salazar, Chair of the Senate Committee on Crime and Correction. Those two members included Senator Salazar.

⁸ Mid-State operates a 75-bed, single cell Step-Down to general population (SDP) program. According to DOCCS, the SDP is a “SHU-alternative program where the goal is to offer behavioral modification programming to long-term SHU incarcerated individuals with a violent behavioral history and the capacity to benefit from programming with the aim of returning those incarcerated individuals who successfully complete the program back to general population.”

followed a semi-structured interview guide and visual observations were documented using various note-taking methods.

Discussions of monitoring visit open-ended data often include numerical counts in parentheses that refer to the number of responses (instances) in the open-ended data that referred to the issue in question.⁹ These counts of instances are different from the sample sizes from individual questions presented in the monitoring visit closed-ended dataset.¹⁰

Acknowledgements

CANY thanks the leadership and staff of the NYS Department of Correction and Community Supervision, State Office of Mental Health, and incarcerated individuals for their knowledge and assistance in supporting our visit.

We also acknowledge and thank CANY staff, Board members, and designees who devoted many hours to this report and monitoring visit.

Basic Provision of Services

Commissary

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

⁹ Each monitoring visit protocols form yields open-ended responses. This data comes from open-ended questions employed as part of the General protocols form, the Special Housing Unit (SHU) protocols form, and the Residential Rehabilitation Unit (RRU) protocols form. This data is either directly quoted or paraphrased in the third person from oral responses. Open-ended questions on the protocols forms help gauge incarcerated people's views and experiences on various aspects of imprisonment, in both general and specific terms. Moreover, open-ended questions provide incarcerated respondents the ability to describe the nuances of their experiences in ways valuable to data collection and analysis. Upon reception of this data, open-ended responses are tabulated by question, protocols form, and facility (in succeeding order of organization). Responses are then coded using emergent inductive and open coding approaches: a list of themes are developed based on the responses to questions asked of all interviewees, and not based on any individual interviewee's responses. Thus, the open-ended responses are inherently aggregated. All this data is coded by hand. The data from each question has been coded into an overarching list of themes and then into subthemes. Within this document, the numbers next to each theme and subtheme refer to the number of responses (instances) coded within them. These numbers should not be construed as observations from unique incarcerated people; rather they are a tally of each time an incarcerated person spoke to that theme during their interview.

¹⁰ Each monitoring visit protocols form yields closed-ended responses. This data comes from closed-ended questions employed as part of the General protocols form, the Special Housing Unit (SHU) protocols form, and the Residential Rehabilitation Unit (RRU) protocols form. Closed-ended questions on the protocols forms help gauge incarcerated people's views and experiences on various aspects of imprisonment, in both general and specific terms. Moreover, closed-ended questions provide the basis for quantitative, generalizable findings about experiences of incarceration across a prison, as well as across the DOCCS facilities. Upon reception of this data, closed-ended responses are tabulated by question, question type, form, and facility (in succeeding order of organization). Closed-ended responses are aggregated, and thus not based on any individual interviewee's responses. Closed-ended questions are usually expressed in the form of "Yes/No" binaries, sometimes with a "Not applicable" option. Other types of closed-ended questions are tabulated by categorical counts and numeric measurements of time or of instances.

General Population Units	Yes	No	Total
Is the commissary adequately stocked with items on a regular basis?	24 62%	15 38%	39 100%

- Although the Mid-State data showed a higher rate of satisfaction with the commissary than other prisons recently monitored by CANY,¹¹ incarcerated people reported problems with the quality and accessibility of goods in the commissary in the qualitative data derived from interviews (26 instances). People reported that the commissary was frequently out of stock of basic or staple items such as coffee creamer, fruit, and tobacco. Others reported that prices for commissary goods were unaffordable and that price rises were out of proportion with incarcerated people’s wages.

Recommendation

- DOCCS should conduct an assessment into commissary availability to identify items out of stock, the range of listed items available, and the effects of inflation on the pricing of items at the commissary.

Phone Calls and Tablets

Incarcerated people reported access to phones at Mid-State is good compared to other facilities recently monitored by CANY. People in the SHU and SDP described inconsistent access to tablets, which is how people in those units are afforded access to phone calls.

General Population Units	Yes	No	Total
Do you have access to phone calls, either by using the phones or through a tablet?	38 97%	1 3%	39 100%

General Population Units	Once	2-3 Times	4-7 Times	7+ Times	Total
How many times per week are you able to access the phones?	4 12%	4 12%	3 9%	22 67%	33 100%

Special Housing Unit	Yes	No	Total
Are you able to access phone calls, either through the tablet or other means while in the SHU?	4 67%	2 33%	6 100%

¹¹ For comparison, at Bare Hill in March 2022 only 28% of respondents reported that the commissary was adequately stocked with items on a regular basis (n=82). At Elmira in April 2022, the figure was 52% (n=44). At Albion in June 2022, the figure was 21% (n=63). At Coxsackie in July 2022, the figure was 41% (n=58).

- Respondents explained that tablets in the SHU often did not work. One person said there were no law library tablets. Another said that although he does get a tablet for phone calls, some days they take it to give to others.
- People in the SDP reported problems with the quality and accessibility of tablets (6 instances). All six respondents explained that they did not have access to the law library tablets.

Visits

Incarcerated people in the general population at Mid-State have regular access to visits. People in the SDP expressed frustration with the protocols surrounding visits, including the denial of contact visits and shackling during visits.

Special Housing Unit	Yes	No	Total
Do you have access to in-person visits?	31 91%	3 9%	34 100%

- People in the general population units reported access to visits.
- People in the SDP expressed hardship with the protocols surrounding their visits (5 instances). People interviewed in the SDP reported that, regardless of phase in the program, they were not allowed contact visits and were always shackled during visits, even though they did not have any non-contact visit sanctions. People reported that those in phase one of the program had their legs shackled, a waist chain, and handcuffs during visits.
- Respondents were frustrated that visits with loved ones were non-contact and were upset to be shackled in front of family members. “I don’t want to see my four-year-old daughter like that,” explained one person about his refusal to go to visits while shackled.

Packages

Changes to Directive 4911A and reported mismanagement in the package room have limited the accessibility of packages for incarcerated people, straining their food options and financial resources.

- Incarcerated people raised problems with packages at Mid-State (9 instances). Respondents reported delays in package reception leading to spoiling of perishable goods, denial of packages for unclear reasons, and abuses of authority by correctional officers in charge of the package room. Several people reported that their packages went missing, and one person said that he faced retaliation for filing a grievance because of the problem. Another person described the package room as a “disaster”

with no checks and balances. Some respondents specifically blamed Directive 4911A,¹² the new package policy, for slowing down deliveries and increased strain on families. Respondents highlighted what they deemed to be arbitrary application of rules in the package room.

Property

People in the SDP expected to receive all their property under HALT provisions, which require that any person in an RRU alternative to segregated confinement have access to all of their property “unless an individual determination is made that having a specific item would pose a significant and unreasonable risk” to safety or security.

- People in the SDP noted problems with their access to personal property (5 instances). These respondents expressed confusion at the withholding of their property, as they believed this contravened the language of HALT.

Food

Food provisions at Mid-State are characterized as unappetizing, unhealthy, insufficient, or associated with stress.

- Incarcerated people in general population reported problems with food quality in the mess hall (11 instances). Respondents reported that the food tasted bad, was not fresh or nutritious, and exacerbated health issues. Some respondents reported avoiding the mess hall because of the poor food quality (5 instances).¹³
- Some respondents also reported problems with food quantity and accessibility (5 instances). They noted that the portions were small, leaving them hungry. “A kid can eat more than they give us;” one person said. Respondents reported relying on packages for food, but they explained that problems in the package room complicated their overall access to food.

Recommendation

- The administration at Mid-State should ensure that portions are sufficient.¹⁴

¹² See DOCCS Directive 4911A at <https://doccs.ny.gov/system/files/documents/2022/04/4911a-draft-version.pdf>. DOCCS Directive #4911: “Packages and Articles Sent to Facilities.” <https://doccs.ny.gov/system/files/documents/2022/04/4911a-draftversion.pdf>. The ILC and IGRC also raised concerns with the package policy in their meeting with CANY representatives, naming it as one of the biggest causes of grievance at Mid-State. Members described the package policy as the source of the problem and expressed confusion at the scrutiny and denial of package goods despite items coming through vendors. See also, Andrea Wang, “New Package Restrictions at NY State Prisons Create Financial and Emotional Hardships,” NowThis News, August 15, 2022. <https://nowthisnews.com/news/package-restrictions-at-new-york-state-prisons-create-hardships/>

¹³ See CANY’s 2021 report on food quality and accessibility in New York prisons: https://static1.squarespace.com/static/5b2c07e2a9e02851fb387477/t/60a83814310e6523b77d491a/1621637141227/CANY_FoodAccessQualityinNYPrisons_2021.pdf.

¹⁴ See “Food Service Operations Manual, Directive #4310, January 2022,” NYDOCCS. Office of Nutritional Services, p.4. https://doccs.ny.gov/system/files/documents/2022/02/fsom-01-22_0.pdf

Hygiene Products & Services

People in the SHU and SDP expressed a need for more cleaning supplies. Individuals in the SDP reported inconsistent access to cleaning products and other hygiene services.

- Respondents in the SHU noted that their cells were often unclean because they did not regularly receive cleaning supplies. One person said that he got cleaning supplies immediately before CANY’s visit.
- People in the SDP also highlighted their inability to access hygiene or cleaning supplies. Respondents said the commissary cart was frequently out of soap, toilet paper, clippers, or other relevant items.

Recommendation

- The administration at Mid-State should ensure that people in the SHU and SDP receive the necessary cleaning supplies for their cells and for personal use as required under DOCCS directive #4009.

Medical and Dental Healthcare

Medical

Access to medical care at Mid-State was negatively affected by long wait times in general population and SHU units. People in the SDP were dissatisfied with the quality and timeliness of healthcare services.

General Population Units	Yes	No			Total
(Medical) If you have requested medical or dental care, have you received a response?	29 74%	10 26%			39 100%
Wait Times					
General Population Units	2 Days	1 Week	1 Month	Longer Than 1 Month	Total
(Medical) If no, how long has your request been outstanding?	0 0%	0 0%	0 0%	2 100%	2 100%
(Medical) If yes, how long did it take to get care?	6 40%	4 27%	1 7%	4 27%	15 100%
Quality of Care					
General Population Units	Yes	No			Total
If you received medical care, was the level of care adequate?	11 41%	16 59%			27 100%

- The ILC and IGRC reported problems with healthcare to be one of the most prominent issues faced by incarcerated people at Mid-State.¹⁵
- Incarcerated people in general population at Mid-State reported long wait times for healthcare treatment, and some reported their requests for care going unanswered (24 instances). People reported slow responses to requests for medication and routine prescriptions, check-ups, and more specialized needs like blood tests, dental work, eyeglasses, and complications from heart attacks, diabetes, and seizures, among other conditions. “They need to improve wait times and the way they treat people,” one person said.
- Respondents in general population also reported their perception of a substandard quality of healthcare at Mid-State (14 instances). Some people considered Mid-State to be an inappropriate facility for them given their healthcare needs, and others explained that their medical conditions made the walk from their housing areas to the infirmary too burdensome.

Special Housing Unit	Yes	No	Total
If you have requested medical care, have you received a response?	2 67%	1 33%	3 100%
If you have requested dental care, have you received a response?	2 67%	1 33%	3 100%
If you received medical care, was the level of care adequate?	0 0%	1 100%	1 100%
Special Housing Unit	Yes	No	Total
If you received dental care, was the level of care adequate?	1 50%	1 50%	2 100%
Do you have unaddressed medical or dental needs?	1 100%	0 0%	1 100%

- People in the SHU reported long waits for healthcare, with some explaining that they had not been seen at all, and/or a substandard quality of care.
- People in the SDP reported problems accessing timely healthcare services (11 instances). Various respondents told CANY monitors that they had gone weeks or months without responses to their requests for medical care.
- Some people in the SDP explained that when they had been able to access healthcare, the quality was lacking (5 instances). These respondents reported experiences with incorrect diagnoses, their refusal of substandard care, and a lack of disability accommodations.

¹⁵ Other issues named were problems with packages, commissary, staff assaults on incarcerated people, and denial of recreation time.

- People in the Sex Offender Treatment Program (SOP) reported a range of medical and dental issues and needs. These ailments included dental problems, complications from a past stroke, herniated discs, and diabetes. Respondents reported experiencing long waits to be seen by healthcare staff. Some people said they refused to see the dentist because of lack of confidence in the quality of care.

Recommendation

- At minimum, the Legislature should pass a bill designating the New York State Department of Health as the oversight entity for all healthcare provided in DOCCS facilities.

Dental

Dental services at Mid-State were overburdened and reportedly limited to extractions instead of preventative or restorative care.

General Population Units	Yes	No	Total		
(Dental) If you have requested medical or dental care, have you received a response?	13 50%	13 50%	26 100%		
General Population Units	2 Days	1 Week	1 Month	Longer Than 1 Month	Total
(Dental) If no, how long has your request been outstanding?	1 20%	0 0%	0 0%	4 80%	5 100%
(Dental) If yes, how long did it take to get care?	0 0%	0 0%	0 0%	2 100%	2 100%
General Population Units	Yes	No	N/A	Total	
If you received dental care, was the level of care adequate?	1 8%	6 50%	5 42%	5 100%	
General Population Units	Yes	No	Total		
Do you have unaddressed medical or dental needs?	21 57%	16 43%	37 100%		

- Most respondents reported poor experiences and perceptions of dental care; the common complaint was that the Mid-State dental staff only pulled teeth rather than give preventative or restorative care. “They don’t ever have anyone to clean our teeth,” one person said. “The dentist only pulls teeth,” said another.
- The facility dentist estimated in his conversation with CANY monitors that 75% of the work in his office was extractions. He noted that Mid-State had an oral

surgeon, who had left for another prison. He also noted that the dental office was down to one full-time hygienist. The facility dentist reported that his priority, given the limited resources, was to alleviate pain when it arose in patients.

- The facility health services director told CANY monitors that Mid-State had two positions for full-time physicians, including herself. A second physician was set to begin working on October 31. The health services director noted a nursing staff shortage at the prison, which caused other staff to work overtime, led to backups in sick call, and increased the prison’s reliance on agency nurses.

COVID-19

Mid-State showed similarly satisfactory levels of COVID-19 response to other DOCCS facilities. People in the SDP sought more support against COVID-19, including vaccines and cleaning supplies.

General Population Units	Yes	No	Total
Have you been fully vaccinated for COVID-19, meaning either two doses of the Pfizer/ Moderna vaccine or one dose of the Johnson & Johnson vaccine?	21 55%	17 45%	38 100%
If you are eligible for a booster shot, have you taken it?	10 29%	24 71%	34 100%

- The COVID-19 vaccination data at Mid-State general population units showed a vaccination rate comparable with that of most prisons recently monitored by CANY, and comparable to the DOCCS-reported system-wide incarcerated vaccination rate (53%).
- Some incarcerated people in the general population reported their perception of inadequate COVID-19 mitigation efforts at Mid-State (6 instances). Respondents noted inconsistent testing procedures, improper diagnoses of COVID-19 as common cold, and delays in delivering booster shots to the incarcerated population.
- Some respondents in the SDP reported problems with the handling of COVID-19 in the Mid-State SDP (6 instances). Mainly, respondents sought the vaccine but had not received it. Others expressed a desire for cleaner classroom facilities and hygiene products to clean their cells.

Mental Health

Incarcerated people in the general population units reported mixed experiences with mental health services at Mid-State, with problems related to medication and coping with daily life. People in the SHU reported struggles with their mental health and accessing satisfactory mental health treatment. People in SDP reported the unit’s environment strained their mental health.

General Population Units	Yes	No	Total	
Are you on the OMH caseload?	18 44%	23 56%	41 100%	
Have you attempted to hurt yourself in this prison?	1 3%	30 97%	31 100%	
Have you experienced or witnessed an emergency medical or mental health situation in this prison?	6 21%	22 79%	28 100%	
General Population Units	Yes	No	N/A	Total
Are you getting the mental health programs you need?	6 24%	10 40%	9 36%	25 100%

- Incarcerated people in general population reported a range of experiences with mental health services at Mid-State. Some respondents reported problems with mental health medication (8 instances). Some reported stopping their medication because of side effects. Others expressed a need for medication.
- Respondents described adequate experiences with mental healthcare (5 instances), explaining that individual and group therapy was beneficial for them.
- Others expressed difficulties coping with the experience of prison (4 instances), namely the high-stress environment and a lack of regular mental health support. “This place makes you miserable,” one person said.
- OMH staff reported to CANY monitors that 583 people were on the OMH caseload at Mid-State, including in the ICP, TrICP, RCTP, SHU, and SDP. According to OMH staff, patients in general population are to receive individual or group therapy based on their individual needs.
- According to OMH, the ICP functions as a therapeutic community staffed by DOCCS and OMH. Respondents in the ICP generally reported positive experiences with mental health treatment and overall operations in the unit. Respondents also reported positive experiences with programs, typically with access to participating twice a day in group settings.
- People in the TrICP program are reported to receive two group meetings per week and to see their therapist once per month. In the RCTP, patients are reportedly seen daily.

Special Housing Unit	Yes	No	Total
Are you on the OMH caseload?	5 83%	1 17%	6 100%
Are you getting the mental health programs and services you need?	1 25%	3 75%	4 100%
Have you attempted to hurt yourself in this prison?	1 50%	1 50%	2 100%

- People in the SHU explained that they were struggling with their mental health. Some respondents reported problems with the provision of mental health treatment from OMH. They explained that their OMH level changed without explanation, or that they were taken off the OMH caseload against their wishes. Others said they needed to get back on mental health medication, or that their suicide assessment was not thorough. One person explained his experience with OMH: “I have been in boxes where mental health take you out to sessions. They don’t do that here. They don’t really come around. There is no one to talk to.”
- Many people in the SDP told CANY monitors that they do not interact with mental health staff (9 instances). Some explained that they were not on the OMH caseload. Others, meanwhile, said that they did not engage with OMH counselors during the walkthroughs that they conducted throughout the SDP.
- People in the SDP spoke about the negative impact the unit was having on their mental health (4 instances). Respondents described the effect of their confinement on their mental health as “toxic,” “stressful,” and “inhumane.” One respondent said that the cumulative experience of segregated confinement had made him suicidal – citing the lack of out-of-cell time, the non-contact visits, shackling when out of cell or on visits, and the lack of a therapeutic environment.

Programs and Recreation

The variety of current and planned program offerings in the general population at Mid-State showed promise and demonstrated DOCCS’ commitment to rehabilitation. Long waitlists for enrollment and staffing vacancies seemed to prevent these programs from having the full impact.

The Mid-State SHU was not offering incarcerated people the required out-of-cell time for congregational programs and recreation at the time of CANY’s visit. Insufficient out-of-cell time, unengaging curriculum, and perceived overuse of shackling impeded the success of programs in the SDP.

General Population Units	Yes	No	Total
Do you have access to the academic and vocational programs you need?	26 65%	14 35%	40 100%

- The executive team reported that Mid-State has 11 vocational programs, seven of which were operational as of October 13. Mid-State offered National Center for Construction Education and Research (NCCER) certificates in trades such as masonry, custodial maintenance, electrical trades, building maintenance, floor covering, horticulture, small business, and the barbershop. The executive team told CANY monitors that Mid-State was set to launch an automotive technology program in spring 2023. Mid-State also offered some training in asbestos abatement, for which incarcerated people worked outside of prison under supervision.
- The executive team reported that about 170 people were enrolled in the seven operational vocational programs. The waitlist for programs contained 346 people overall. The executive team explained that there was not an explicit cap on the number of programs that incarcerated people can do, but that the administration prioritizes enrolling people in at least one program over allowing multiple enrollments by one person across the term of their incarceration.
- The executive team also reported that Mid-State offers academic programs at a variety of levels, including Adult Basic Education (ABE), pre-High School Equivalency (pre-HSE), High School Equivalency (HSE), English as a Second Language (ESL), and college. Mid-State partnered with Herkimer County Community College to offer post-secondary education through two associate degrees, in general studies and psychology, respectively. The prison maintains a separate waitlist for community college. The college program had 33 students enrolled.
- The executive team highlighted its partnership with the Freedom Reads initiative to install four libraries across four housing units.¹⁶ The libraries will be double-sided shelves, with three shelves for each unit, stocking 300 to 400 books for incarcerated people and staff to borrow.
- Incarcerated people in the general population reported various problems with programs at Mid-State (19 instances). Most of these problems stemmed from a set of factors: long waitlists, delays and denial of entry into mandatory programs such as Alcohol and Substance Abuse Treatment (ASAT) and Aggression Replacement Training (ART), removal from programs for what they viewed as arbitrary reasons and perceptions of unfair program assignments.
- DOCCS data from a February 27, 2022, Freedom of Information Law (FOIL) request showed that the program service staffing level was 78% filled. Mid-State had a recommended allocation of 118.7 program staffers; 93 positions were filled. Within the category of guidance activities, 23.5 positions out of a recommended staffing level of 29 positions were filled. In academic and general education, 9.5 out of the recommended staffing level of 15.2 positions were filled. Meanwhile, the ASAT program had a recommended staffing level of 16, out of which 12 positions were filled.

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See more about the Freedom Reads program here: <https://freedomreads.org/>.

- The Sex Offender Treatment Program (SOP) includes a half-day of required programs for those incarcerated in the unit. The other half of the day could be spent in general modules. The executive team explained that the program committee tries to schedule people in the SOP for two modules per day. Most respondents described adequate to positive experiences with programs. This impression applied to both general programs as well as the specialized SOP module.

Special Housing Unit	Yes	No	Total
Do you have at least three hours of out of cell programming per day? (Can include individual or group programming)	0 0%	7 100%	7 100%
Do you have at least one hour of out of cell congregational recreation per day (i.e., with other incarcerated people)	1 17%	5 83%	6 100%
Special Housing Unit	RESTART Chairs		Total
Do you have at least three hours of out of cell programming per day? (Can include individual or group programming)	1 100%		1 100%

- People in the SHU explained to CANY monitors that they were not receiving programs consistent with the requirements under HALT.
- Others noted that when there were programs, they were shackled to RESTART chairs. The executive team reported that the programs for people in the SHU took place with RESTART chairs single file down a tier.
- Both the executive team and respondents reported that recreation took place either alone in the recreation pen at the end of the SHU tier or alone in the pen behind their individual cell in SHU overflow, and that it was for approximately one hour.
- According to both the Mid-State administration and people incarcerated in the SDP, people in the SDP received at most four or four and a half hours of out-of-cell time on a given day and sometimes less out of cell time on Fridays, Saturdays, and Sundays. The administration and incarcerated people also reported that all people in the SDP are always shackled during out-of-cell programming and visits.
- While some people interviewed in the SDP program reported that they were glad they got to have some out-of-cell programming, the most prominent problem identified by people in the SDP was the quality and accessibility of programming (22 instances). Many respondents spoke at length about their difficulties with the use of shackling in program areas and on visits (7 instances). Others reported that they were not getting the required seven hours of out of cell time under HALT. Some reported that they were being let out of their cell only once per day and for only three hours at a time. Others reported that they never leave their cell,

with some people indicating that they are not allowed to go out for out-of-cell programming.

- Others explained that the quality of programming was lacking. For some, the only available DOCCS programs were ART and a pre-ASAT program that, according to the executive team, does not satisfy the program requirement; no academic or vocational programs were available.
- Some respondents reported that programs in the SDP were sometimes cancelled for everyone because of the actions of one individual. Others reported that they decided not to attend programs. Others claimed that they had been arbitrarily required to start the SDP program from the beginning again (3 instances).

Staff Behavior

There were numerous allegations by incarcerated people that staff carried out abuse and retaliation in general population, SHU and SDP units.

General Population Units	Yes	No	Total
Have you seen or been personally subject to verbal, physical, or sexual abuse by staff at this prison?	23 56%	18 44%	41 100%
Have you seen or experienced racialized abuse by staff (slurs, stereotyping, discrimination, etc.) at this prison?	8 22%	28 78%	36 100%

- The most prominent open-ended finding for people in the general population was that of violence and abuse by security staff against incarcerated people at Mid-State (33 instances), in addition to poor or dehumanizing treatment of staff and abuse of authority (16). Incarcerated people reported physical assaults, threats, and treatment by staff, in addition to day-to-day experiences of poor treatment and dehumanization in interactions. People described their interactions with staff as demeaning and fearful.
- CANY monitors learned about and directly observed a fearful and retaliatory environment at Mid-State. Incarcerated people were afraid to share details about staff treatment with CANY monitors for fear of retaliatory abuse by staff (7 instances). Several people told CANY monitors that they wanted to speak up but felt they could not.
- Incarcerated people also reported experiences of racialized abuse by staff, including discrimination in access to services such as the mess hall, as well as racial slurs and derogatory language.
- The executive team reported that as of October 2023, only the facility perimeter, the SHU and SDP had cameras. Mid-State is scheduled for installation of 1,500 to 1,700 stationary cameras, but the date of installation was unknown. Mid-State had

a supply of 250 body cameras, but the executive team reported that the facility only used 30 at a time, and only issued them to sergeants. Incarcerated people and staff emphasized their need for more cameras.

- The executive team told CANY monitors that they needed more security staff, reporting that recruitment has always been a challenge, that there was a COVID hiring freeze that was lifted, that DOCCS has the longest process for hiring of any state agency, and that the lengthy process leads to difficulties in hiring, with those who provide a reason for not accepting a job offer usually stating that they took a job elsewhere. The executive team specifically requested more correctional officers. As of October 13, 2022, they reported a workforce of 459 correctional officers and sought a staffing level of 474 correctional officers.

Special Housing Unit	Yes	No	Total
Have you seen or been personally subject to verbal, physical, or sexual abuse by staff in the SHU?	1 33%	2 67%	3 100%
Have you seen or experienced racialized abuse by staff (slurs, stereotyping, discrimination, etc.) in the SHU?	1 33%	2 67%	3 100%

- Open-ended data indicated that the most prominent issue in the SHU was also alleged abuse by staff (11 instances). Respondents described an environment in which verbal and physical abuse was regular and expected. One person described the environment: “You are at the whims of the guards. They can aggressively search you, beat you up and ignore you when you try to get their attention. If you try to talk to them, they ignore you. You may have to wait hours until food comes and the window opens to get attention.” Another expressed his fear in the SHU: “I need to get transferred out of this facility as soon as possible. This SHU is not safe. There is no surveillance. Staff getting away with assaulting us. They are denying us food and access to necessities and the law library.”
- Some respondents hesitated to talk openly with CANY monitors because of fear of retaliation by staff.
- Some respondents also described at length the racialized aspects of their abuse, including slurs and discrimination.
- People in the SDP reported experiences of poor treatment by staff, including abuses of authority and other forms of treatment that left them feeling dehumanized (10 instances). Respondents explained that staff verbally harassed incarcerated people. “COs don’t follow the rules,” one person said. “We don’t get the things to which we’re entitled,” he continued. “Bad treatment, no respect, they put hands on you,” another person explained.

- Others reported adequate experiences with staff (8 instances). These respondents explained that staff did not bother them with excessive discipline or other forms of abuse, and they positively compared the Mid-State SDP to other prisons they had experienced. “Staff here try to do their job,” one person said. “I haven’t gotten any tickets here.”
- Some people in the Sex Offender Treatment Program (SOP) generally expressed adequate or positive experiences of the unit. Respondents noted that it was a more relaxed unit than other places they had been. Some described the unit as respectful and calm. Others expressed neutral experiences of the SOP, explaining that the environment still felt punitive and not fully rehabilitative. Reasons given for neutral or poor experiences in the unit included verbal harassment by staff, boredom, and medical and dental needs.
- Some people in the SOP generally reported fair treatment by staff. Some qualified their positive impression by noting that while relations with staff were good in the SOP, the same did not apply in the rest of the prison. A smaller group of respondents reported experiences of physical and verbal abuse in the SOP.

Recommendation

- DOCCS should investigate and address the reports of assaults by staff on incarcerated people and other staff abuse of incarcerated people.
- DOCCS should implement the recommendations made by the New York State Inspector General in the November 2022 report entitled “Racial Disparities in the Administration of Discipline in New York State Prisons.”¹⁷

Discipline

Incarcerated people expressed little confidence in the fairness of the disciplinary process at Mid-State. Some people in the SHU reported receiving additional discipline while in the SHU. People in the SDP reported feeling unfairly sentenced to the SDP, including feelings of unfair resolution of their disciplinary hearings and incidents leading to further discipline within the SDP.

General Population Units	Yes	No	Total
Have you been subject to discipline at this prison?	8 19%	34 81%	42 100%
Is the disciplinary system fair?	3 30%	7 70%	10 100%
Since March 31 of this year, have you ever been locked inside your cell for more than 17 hours a day?	2 7%	28 93%	45 100%

¹⁷ Lucy Lang, “Racial Disparities in the Administration of Discipline New York Prisons,” State of New York Offices of the Inspector General, November 2022. <https://ig.ny.gov/system/files/documents/2022/12/oig-doccs-racial-disparities-report-12.1.22.pdf>.

- The proportion of respondents in general population reporting experiences with the disciplinary process was lower than other prisons recently monitored by CANY¹⁸. Some incarcerated people in general population did highlight what they perceived to be arbitrary or unfair disciplinary measures at Mid-State (5 instances).
- Some people in general population and SHU reported that staff carried out collective punishment against an entire unit.
- All four of the people in SHU who responded to the question reported they had been placed in SHU prior to having a disciplinary hearing.

Special Housing Unit	Yes	No	Total
Have you received additional disciplinary tickets while in the SHU?	0 0%	3 100%	3 100%
Have you received additional disciplinary confinement time and/or additional punishment in the SHU? (e.g., loss of privileges)	0 0%	2 100%	2 100%

- Four out of the five people in the SHU who responded to the question of why they were in the SHU reported they had been assaulted by staff, with three of the four specifically reporting they were then given false tickets for assaults on staff. This allegation was repeated in the SDP.
- Some people expressed confusion and frustration with their SDP placement (6 instances). Several of these respondents explained to CANY monitors that they did not know why they had been transferred from other specialized units such as the RRU or Regional Medical Unit (RMU) to the Mid-State SDP.
- Administrators at Mid-State expressed their own frustration that the profile of the individual now being sent to the SDP has changed since the HALT law, making programming more challenging to implement in what they previously had viewed as a successful program, which was designed to address the needs of incarcerated people with histories of assaults on staff.
- Respondents also highlighted poor experiences with the disciplinary hearing process (3 instances). Some of these respondents explained that they had won their appeal and should have had their disciplinary status re-evaluated, but that they were still in the SDP.
- The administration and incarcerated people reported that all people in the SDP are required to stay in the program for at least nine months, are not afforded mechanisms of release, and instead may have their time in the SDP extended through negative information reports without the due process afforded for disciplinary tickets. Respondents also noted their perception that staff abused their

¹⁸ At Albion in June 2022, 58% of respondents said that they been subject to discipline at that prison (n=59). When asked a similarly worded question at Elmira in April 2022, 43% of respondents said that they had been subject to discipline (n=46). And 58% of respondents at Bare Hill in March 2022 said that they had been subject to discipline (n=96).

discretion to restart incarcerated people’s SDP progression status as an abuse of the disciplinary process.

Recommendation

- DOCCS should incorporate procedural justice principles into all aspects of the due process for SDP and SHU. Research has shown that individuals are more likely to cooperate with law enforcement when processes are fair, and they perceive they have been treated fairly.¹⁹ DOCCS should ensure individuals understand the process and how decisions are made and facilitate people’s access to legal representation.
- DOCCS should ensure that no one who is on the OMH caseload or who has a physical or cognitive disability is placed in segregated confinement.
- DOCCS should ensure that no one is kept beyond 15 consecutive days in SHU and ensure that the SDP is in compliance with HALT.
- DOCCS should ensure that no one is sent to the SHU or SDP unless their actions fit within the HALT law’s sanction criteria of what conduct can result in segregated confinement or Residential Rehabilitation Units (RRUs).

Periods of Time Spent in the SHU and SDP

People were regularly held for more than 15 days in the Mid-State SHU, and held for several months, and beyond, in the SDP.

Special Housing Unit	Yes	No	Total
Since March 31 of this year, have you been in a SHU or other form of segregated confinement for longer than 15 consecutive days?	7 88%	1 13%	8 100%
Did you have a hearing where you were sentenced to this current bid in the SHU?	4 80%	1 20%	5 100%
Special Housing Unit			
Special Housing Unit	Before	After	Total
If yes, did that hearing happen before or after you were placed in the SHU?	0 0%	4 100%	4 100%
Special Housing Unit			
Special Housing Unit	Yes	No	Total
Were you told that you could have representation at your hearing by an attorney, paralegal, law student, or fellow incarcerated person?	5 83%	1 17%	6 100%
Were you provided an opportunity to make a phone call to your family or an attorney, or to speak to a fellow incarcerated person, to request such representation?	3 50%	3 50%	6 100%

¹⁹ See TOM.R.TYLER, WHY PEOPLE OBEY THE LAW (2006) and Lorraine Mazerolle et al, Procedural Justice, Routine Encounters and Citizen Perceptions of Police: Main Findings from the Queenstand Community Engagement Trial (QCET), 8J. Experimental Criminology 343 (2012).

- Respondents reported complicated circumstances that led them to SHU. These circumstances included what some alleged to be false allegations of assault on staff by staff. Others explained that they were in the SHU because of fights with other incarcerated people.
- The executive team reported to CANY monitors that people were routinely being held for longer than 15 days in the SHU. According to information provided by DOCCS, at the time of CANY’s visit, 70% of the 20 people in the traditional SHU had been held for longer than 15 consecutive days, half had spent more than 20 days, over a third had spent more than 35 consecutive days, and 30% had spent more than 50 days, with multiple people spending over 60 consecutive days. The administration attributed these lengths of stay to a scarcity of RRU beds across DOCCS facilities.
- According to records provided by the administration at Mid-State, on October 13, 2022, the median length of time people had already spent in the SDP of the 70 people in the SDP at the time was 174 days, nearly six months. Roughly 19% of people in the SDP had been there for over 200 days, and five people had been there for over a year, including two people who had been there for over a year and a half.

HALT Implementation

People in the SHU expressed awareness of HALT, and some described the law’s positive impacts. At the same time, CANY’s visit to Mid-State showed the prison was not in compliance with some of the HALT provisions.²⁰

Special Housing Unit	Yes	No	Total
Have you heard of the HALT Solitary Confinement Act?	5 100%	0 0%	5 100%

- As discussed above, the executive team told CANY monitors that people were regularly being held in the SHU for longer than 15 days. They attributed these prolonged stays to a shortage of RRU beds across New York state prisons.
- Five of the six people in the SHU who responded to the question reported that they were on the Office of Mental Health caseload, even though HALT prohibits the placement of people with diagnosed mental health needs in SHU.
- As discussed above, CANY monitors found several areas in which the SDP was not in compliance with HALT, including holding people in the SDP past 15 days despite people being in segregated confinement conditions, not providing people with the required out-of-cell congregate programming and activities to the extent that the

²⁰ CANY’s HALT report found prisons across the state to have numerous departures from basic adherence to the HALT Solitary Confinement Law. See CANY report: https://static1.squarespace.com/static/62f1552c1dd65741c53bbcf8/t/641a1aa0c4f82202db41fcf0/1679432372691/2023_ImplementationofHALT.pdf

SDP is considered an alternative to SHU, and automatically shackling people during programming.

- Reports from people interviewed in the SHU and SDP raised questions about whether people, including people in administrative segregation and people with disciplinary sanctions, are being placed in those units without meeting the conduct sanction criteria under HALT for placement in segregated confinement and RRUs.

Grievances

Delays and inattentiveness to grievances, as well as fear of retaliation, inspired a lack of confidence in the grievance process at Mid-State.

General Population Units	Yes	No	Total
Have you filed a grievance at this prison?	10 22%	35 78%	45 100%
If yes, has your grievance been resolved?	1 20%	4 80%	5 100%
Is the grievance process fair?	1 8%	11 92%	12 100%

General Population Units	Within 2 Days	Within 1 Week	Within 2 Weeks	Within 1 Month	Longer than 1 Month	I have not received a response	Total
If you filed a grievance at this prison, how long did it take to get a response?	0 0%	0 0%	1 20%	0 0%	2 40%	2 40%	5 100%

- CANY monitors found through conversations with incarcerated people a general lack of confidence in the grievance process.²¹ Respondents explained that they did not file grievances because they did not see a value in it (5 instances). “Nothing positive ever comes from filing grievances,” one person said.
- The biggest concern with the grievance process at Mid-State was the reports of retaliation or fear of retaliation affecting the intended function of the system (9 instances). Respondents explained that retaliation by staff for filing grievances was all but guaranteed, so they avoided filing. “It’s in your best interest, your health, not to file,” one person explained. “If you file, they will take you out to [the] hall and assault you,” he continued. Another person explained his avoidance of the grievance system: “I’m just trying to go home” – suggesting that grieving his current problems in prison would negatively impact his release from prison as soon as possible.

²¹ Incarcerated people at Mid-State shared a perception of unfairness in the grievance process with incarcerated populations at other prisons recently monitored by CANY. At Bare Hill in March 2022, only 15% of respondents reported that the grievance process was fair (n=48). The figure was 24% at Elmira in April 2022 (n=17), and 25% at Albion in June 2022 (n=40).

- People in the SDP reported filing grievances for a variety of problems in the SDP, including health concerns, lack of access to law library tablets, lack of compliance with HALT provisions, lack of access to the property, inability to complete mandatory programming, and a lack of hygiene supplies.
- Respondents reported delays or breakdowns in the response and resolution of their grievances (4 instances). “They definitely don’t respond within 16 calendar days,” one person explained of the grievance process.
- CANY monitors spoke with the grievance program supervisor who offered helpful perspectives on the challenges faced by incarcerated people’s use of the grievance process. He cited the SDP as a key source of grievances within the facility.

Material Conditions and Environmental Issues

Drinking Water

Some incarcerated people expressed concern over the safety of the drinking water supply in the general population and SDP units.

General Population Units	Yes	No	Total
Do you have access to clean drinking water outside of the commissary?	33 87%	5 13%	38 100%

- Although the closed-ended data reported a generally high level of satisfaction with the drinking water supply at Mid-State, some open-ended data complicated this finding (12 instances). Incarcerated people told CANY monitors that they found the water from sinks to be dirty and warm. One person reported that because the water pressure at the drinking fountain was low, he got his water from a slop sink. Others explained that they boil their water as a precaution.
- Some respondents in the SDP highlighted problems with drinking water (2 instances). These respondents explained that the water from their in-cell sinks tasted too bad to drink. One person said he tried to save milk from the mess hall to drink instead.

Recommendation

- DOCCS should make water testing results easily available to incarcerated people, staff, and the public, to resolve concerns about the safety of drinking water.

Temperature

Incarcerated people in general population and SDP units described problems coping with temperature extremes in the warmer and colder months.

General Population Units	Yes	No	Total
Does this prison have adequate temperature controls for each season (i.e., cooling in the summer, heat in the winter)?	28 76%	9 24%	37 100%

Recommendation

- The Department should create an annual heat mitigation plan to ensure incarcerated individuals and staff have options available to stay cool, hydrated and safe during high heat temperatures. The plan should include access to industrial fans, water, ice, and additional access to showers. Commissaries should be fully stocked with personal fans prior to the beginning of summer. Additional measures such as monitoring temperatures in housing, program and industry areas; maintaining a list of incarcerated people and staff with medical conditions that make them more susceptible to heat and monitoring their well-being; increasing rounds and wellness checks; and providing shade on the exercise yards.
- The Extreme Heat Action Plan Work Group of the New York Department of Environmental Conservation (DEC)38 should analyze the impact of extreme heat on incarcerated individuals and people working in prisons and articulate their specific needs in their long-term heat adaptation plan.

Equipment and Fixtures

Some incarcerated people reported outstanding maintenance needs. Some showers did not function properly in the SDP. Numerous capital projects were reportedly planned or underway.

General Population Units	Yes	No	Total
Are the equipment and fixtures in your cell or living area working properly? (toilet, lights, bed, etc.)	31 76%	10 24%	41 100%

- Overall, incarcerated people in general population units reported positive experiences with DOCCS meeting their maintenance needs, though some respondents reported needing maintenance of cooktops, sinks, microwaves, and other kitchen appliances.
- People in the SDP reported problems with the quality and accessibility of showers (4 instances). One person explained that incarcerated people in the unit received only two showers per week. Others explained that the showerhead water varied uncomfortably from hot to cold, and that the water pressure cut in and out. Another reported that his neighbor’s shower did not work altogether.



Corrections and Community Supervision

KATHY HOCHUL
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

This responds to the Correctional Association of New York's (CANY) report on their visit to Mid-State Correctional Facility on October 13th and 14th of 2022. The Department discusses below the programmatic and operational functions raised in their post visit report.

Programing

Mid-State Correctional Facility is a Medium-Security General Confinement facility, which provides a wide range of programs to further the Department's mission of preparing individuals for release to be successful when they return to their communities. Mid-State is yet another example of the efforts being taken state-wide to provide the population life-changing academic, vocational, and rehabilitative programs, highlighting opportunities that are not often seen behind prison walls. This approach has made the Department a national leader in corrections.

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

Placement in therapeutic, vocational, and academic programs are made based on the incarcerated individual's earliest release date. When a program is at capacity, incarcerated individuals are given a choice of other vocational programs and are added to the program list for their chosen vocational program. Classes for these programs are filled based on an equitable evaluation of the individual's position on the required program list. Incarcerated individuals that are required to take certain programming are prioritized when such programming may have an impact on their liberty interests. Below is an overview of the rehabilitative programs currently available to individuals at Mid-State Correctional Facility:

- Counseling - The Department's philosophy embodies a commitment to the development of the whole person. Comprehensive programming is made available to the incarcerated individuals so they may become aware of alternatives and choose to take charge of and assume responsibility for their own lives.
 - Aggression Replacement Training (ART) is a cognitive behavioral intervention program designed to assist individuals in improving social skills, moral reasoning, and coping with and reducing aggressive behavior by utilizing self-regulating exercises and mindfulness. Participants learn to understand what causes them to feel angry and act aggressively, as well as techniques to reduce anger/aggressive behavior, to self-regulate for ending "automatic" aggression, and to build skills that help make better choices.
 - Sex Offender Counseling and Treatment Program (SOCTP) is a comprehensive program of counseling and treatment for convicted sex offenders and other incarcerated individuals the Department identifies as likely to benefit from sex offender counseling and treatment based upon a study of their background. The SOCTP is offered to those who have been identified as low, moderate/high, and high risk to reoffend. Individuals are assigned a risk level for treatment using a comprehensive process that utilizes both actuarial tools and clinical assessment. Utilizing established best practice standards, an individualized treatment plan is created based upon static and dynamic risk factors that guide the individual's treatment.
 - Substance abuse treatment is provided in a number of modalities, including an Alcohol and Substance Abuse Treatment (ASAT). This program provides intensive, structured substance abuse treatment employing elements of the Therapeutic Community model. General population participants progress through the early stages of recovery with the potential for continued treatment upon release. Prescribed services are for a minimum of six (6) months and maximum of twelve (12) months provided twelve (12) hours of direct service hours are received each week and treatment planning supports such completion. An Integrated Dual Disorder Treatment (IDDT) is available to provide substance abuse services to address mental health needs of the participant with treatment planning, in conjunction with mental health education. This program provides intensive, structured substance abuse treatment that employs some or all elements of the Therapeutic Community model. Each modality offers progress through the early stages of recovery, with the potential for continued treatment upon release. Additionally, a Medication for Addiction Treatment (MAT) program allows eligible individuals to voluntarily complement their substance abuse treatment and commitment to recovery. MAT falls under the purview of Health Services.
 - Veterans Program – this program is designed to help incarcerated veterans become aware of their entitlements, benefits, and community resources, and provide

counseling to address service-related problems. Programs ensure that veterans obtain a copy of their DD214 Military Discharge papers and that appropriate referrals are made through the Veterans Administration (VA) for ongoing treatment, vocational training, education, housing, and employment when the veteran is released from incarceration. Therapeutic programs are provided to address readjustment issues with a focus on continuing substance abuse recovery, anger and aggression management, PTSD, and personal enhancement. Veterans are provided with community and VA referrals and contacts for re-entry planning. Veterans meet on a regular basis providing education, camaraderie, and support to each other. Mid-State Residential Veteran Program offers veterans the opportunity to be housed together in residential settings as they engage in a six (6) month therapeutic program. This program is designed to address readjustment issues with a focus on continuing substance abuse recovery, anger and aggression management, PTSD, and personal enhancement. Providing incarcerated veterans contact with community providers allows for meaningful referrals and contacts for re-entry planning. When nearing release from incarceration, referrals are made through the VA to appropriate levels of care as determined in the program.

- Education – The Adult Basic Education Program is offered to provide individualized instruction. The goal of this program is to provide individuals with skills or competencies necessary to function successfully in contemporary society and to enable the participant to at least function at the sixth grade reading and mathematics level, while the PHSE and GED allow incarcerated individuals to work towards obtaining their Diploma. An Education Counselor is assigned to incarcerated individuals under the age of twenty-one (21) that have been identified to receive special education and related services. Incarcerated individuals under the age of twenty-one (21) are provided an individual assessment of their academic needs and if warranted, the development of an Individualized Education Program (IEP). If they possess an IEP, their individual goals are met with appropriate individualized instruction.
 - Mid-State Correctional Facility offers college level credited courses through the Herkimer County Community College Prison to College Program - Mohawk Consortium. Qualified incarcerated individuals may obtain an Associate Degree. This program has been a positive attribute towards enhancing the student experience and supporting academic growth.
- Library – The General Library Program offers library services and programs in a manner similar to those offered by public libraries in the community. Materials are selected based on a systematic selection process designed to determine and meet library service standards and educational, informational, vocational, recreational, and re-entry needs of the Mid-State Correctional Facility incarcerated population. General library services are available to all incarcerated individuals.

- Law Library Program – Provides resources for legal research and preparation of legal papers. Legal assistance services are available to incarcerated individuals who are unable to do their own legal work. Incarcerated individuals who are law clerks and have been certified through a Department-sponsored legal research course, provide these legal assistance services or refer individuals to free legal service organizations in the community. Other services usually available through the Law Library Program include notary services, photocopying legal materials for a fee, typing services, and the provision of legal writing supplies.
- Marriage Program – Mid-State Correctional Facility provides assistance to qualified incarcerated individuals who wish to become married. This program fosters ties to the community that help create stability in the incarcerated individual's personal life. With an individual's confinement causing impediments to the contracting of a marriage, Mid-State Correctional Facility conducts facility marriages for incarcerated individuals and their intended spouses with the assistance of local officials, who issue the marriage licenses.
- Recreation – At Mid-State Correctional Facility there is a trend towards providing more individualized health and fitness for the incarcerated population.
- Religious Services – Mid-State Correctional Facility provides incarcerated individuals with the resources to practice any of the 54 religions currently authorized by the state in the interest of helping them spiritually and to apply religious principles in their daily lives. The Facility provides several religious services: access to chaplains, spiritual counseling, education, congregate worship, study of scripture, and Holy Day celebrations.
- Transitional Services
 - Phase One – An introductory phase provided to all entering the state correctional system. The goal is to assist incarcerated individuals with transitioning to incarceration and to begin preparing them for successful reentry to the community as law-abiding and productive citizens. This phase consists of the following courses: Relating to the correctional situation; Maintaining significant relationships and positive community ties; Developing work ethics; Decision making; Goal setting and time management, and socialization skills.
 - Phase Two – Thinking for a Change (T4C) Program -- is an integrated, cognitive behavioral change program designed for incarcerated individuals and delivered by trained staff in small group (12-15 participants) settings. The program is closed-ended and intended for the general population. It includes cognitive restructuring and developing social and problem-solving skills. Participants learn how to take change of their lives by taking control of their thoughts and feelings. T4C is a close-ended program consisting of three major components:
 - Cognitive Self Change – Participants learn that by paying attention to their thoughts and feelings, they can discover which ways of thinking and feeling

- cause trouble for them and others. In addition, they learn that their core beliefs and attitudes impact how they think and feel.
- **Social Skills** – Participants learn skills that are used in situations involving interaction with other people. Good social skills get people what they want, as well as maximize positive responses and/or minimize negative responses from other people. Through role play, participants practice social skills and new ways of thinking that can steer them away from trouble.
 - **Three Steps of Problem Solving:**
 - **Stop and Think** – Keeping control of situations by thinking rather than by acting on emotions. Participants learn to identify thoughts, emotions and physical reactions that tell them they are in a problem situation (warning signs), and it is time to be quiet, calm down and get some space to stop and think.
 - **Problem Description** – Participants learn to describe problems in objective terms and identify their risk reaction to those situations. They identify how their thoughts, feelings and physical sensations pose a risk of reacting in a way that makes the problem worse.
 - **Getting Information** – Setting goals, participants practice gathering information about a situation by considering the objective facts, others' thoughts and feelings, and their own beliefs and opinions. They use the information to state goals and to determine the preferred outcome of those situations.
- Phase Three – This phase is designed to assist in planning for reentry into society as crime free, productive citizens. Participants receive a "portfolio" to assist in organizing documents, such as birth certificates, social security cards, and resumes. They keep vocation and education certificates in one place, locating reentry strategies and plans, and preserving service referral information and employment related materials. The curriculum calls for them to prepare for Department staff to evaluate the following:
- A release portfolio that will include vital documents, education and vocational training history, and a functional resume.
 - An examination of barriers to family relationships and a written plan that addresses issues likely to arise when returning to their family environment.
 - A "mock job interview" exercise to practice interviewing skills that also involve responding to difficult questions. In addition, they will learn how to dress for success and tailor their resume by matching skill sets acquired to meet the job description, etc.
 - A realistic six-month "job search plan" using their Education Achievement and Employability Profile Report as a tool/resource in preparing functional resumes and responding to an employer's job application.
 - A "recreation plan" to address personal wellness issues and family reintegration concerns.

- Opioid overdose prevention and rescue training is provided to all participants, and they are offered rescue naloxone kits to take home upon release.
- Vocational Programs – There are multiple vocational opportunities at Mid-State Correctional Facility that provide marketable skills. The vocational programs offer a variety of disciplines for participants to obtain occupational titles in a trade that may bring value to themselves, their families, and to their returning communities. The following programs which are offered at Mid-State Correctional Facility include masonry, building maintenance, custodial maintenance, printing, general business, small engines, and horticulture.
- Volunteer Programs – Volunteers provide several programming opportunities at Mid-State Correctional Facility for health, religious practice, higher education, substance abuse, life skills, re-entry, and visitor services. The volunteers that work with Mid-State Correctional Facility are helpful in furthering the Department's mission.

Nutrition

The Department utilizes a standard statewide menu to provide incarcerated individuals with meals that meet their dietary needs, are nutritionally balanced, and provide adequate portions. A cycle menu has been developed with categories of menus accompanied by a standard portion list. Adherence to the standard, statewide menu and portion list assures nutritional adequacy. Menus are designed so that at least three meals (including two hot meals) are provided at regular mealtimes during each 24-hour period, with no more than fourteen (14) hours between the evening meal and breakfast meal. The food that is served at Mid-State follows a statewide eight (8) week cycle menu. This menu is created within the Nutritional Service office and approved by a registered dietician. Food is randomly sampled monthly at the Office of Nutritional Services to ensure quality and consistency. Produce is delivered fresh two days a week and inspected to ensure quality. The menus are reviewed and approved by a registered dietitian.

Alternative diets are available for incarcerated individuals for religious accommodations as well as those who have been identified to have a therapeutic need.

- Kosher Diet – A Kosher menu is available to incarcerated individuals who request kosher dietary consideration. This meal is provided after validation and verification of religious need by the Director of Ministerial Services.
- Therapeutic – Modified menus are designed to address therapeutic diet needs aimed at improving health outcomes. The modified menu is based on the general statewide menu utilizing as many of the same food items as possible. Food items are changed when necessary for therapeutic or production purposes. The modified menu is offered to incarcerated individuals.

The General Confinement Menu, when served according to the Department's approved standard portion chart, meet and/or exceed the Recommended Dietary Allowances and are nutritionally

adequate for healthy adults. Sodium levels are closely monitored and must adhere to established product specifications before being purchased and placed on menus.

The Department strives to provide a variety of foods on all available menus, in relation to visual appeal, nutritional requirements, preference, and religious concerns. In most cases, when a meat entrée item is served, a non-meat alternative is also offered. Due to supply chain issues in the food industry, there have been occurrences where unavailable products have been temporarily substituted with available products. These isolated instances can have limited impact of variety for the duration of the product shortage.

To ensure that incarcerated individuals' concerns are heard, the Office of Nutritional Services conducts monthly QI meetings. As a result of these meetings, such changes as adjusting recipes based on feedback, removing unpopular items, and adding requested items have been made. In making these decisions, the broader impact of nutritional and religious considerations is taken into account for the macro facility population. The Regional for Correctional Food Service (RCCFS) conducted a site visit in April of 2023. The food was observed to be stored, prepared, and served correctly, with correct utensils and portion sizes.

Commissary

The commissary store is a privilege that provides incarcerated individuals the means to supplement the meals and personal items provided by the Department. Commissary vendors are selected via a competitive bid process. Mid-State Correctional Facility makes every effort to ensure the entire population is able to purchase all items sold in the commissary. Stock levels are monitored daily. Mid-State Correctional Facility maintains an adequate inventory of hygiene products that are supplied to the housing units. In addition to essential provisions provided upon intake, the facility provides personal hygiene items, such as toothpaste, toothbrush, and soap if the incarcerated individual is in need and makes a request. The commissary store may carry a wider variety of additional items depending on availability.

Unfortunately, commissary vendors and the Department have experienced the effects of ongoing national and local economic trends, inflationary forces, and supply chain pressures, that have impacted the economy as a whole. These obstacles have impacted the availability of goods as well as their costs. Mid-State Correctional Facility staff take active measures to identify items from alternate vendors when certain items may remain "out-of-stock" for an extended period of time. In order to mitigate these issues, and in compliance with New York State Finance Law, staff continuously work with vendors to ensure timely delivery of products, while always seeking new opportunities for goods through contracts negotiated with various vendors Statewide. In addition, the Department has increased the buy limits for incarcerated individuals from \$75 to \$90.

There has been a change in supplier and a new contract signed. As of the past few months, supplies have greatly increased and out of stock items are at minimum. Fresh fruits and vegetables supplies are readily available. The Mid-State Correctional Facility Executive Team and the Incarcerated Individual Liaison Committee (IILC) representatives periodically discuss produce items by evaluating

what is being purchased and make changes based on the wants and needs of the incarcerated population.

Packages

The goals of the Department's Vendor Package program are to maximize the availability of food and articles for incarcerated individuals from vendors that offer a variety of items at competitive pricing, while maintaining security and safety in the facility. In response to the uptick in violent conduct in DOCCS facilities and assaults on staff, a Prison Violence Task Force (PVTF) was created in December 2021, with the mission to evaluate and develop recommendations to enhance safety and security in the prisons. The PVTF includes representatives from correctional facilities and each of the unions representing the Department staff, members from Central Office and, at times, advocates.

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

In addition to the increase in violence, the Vendor Package Program idea was driven by the increasing number of packages found to contain contraband. In 2019, 290 packages were found to contain contraband during examination in package rooms. In 2020, that number jumped to 924 packages, and 710 packages were found to be concealing contraband in 2021. Since the implementation of the Vendor Package Program, 30+ packages were found to have contained contraband. In addition, overdose deaths have dropped from fourteen (14) in 2021 to eight (8) in 2022 with the implementation of the Vendor Package Program. Incarcerated individuals who are not serving a Loss of Packages sanction continue to order packages and articles utilizing disbursement forms and ordering from vendor catalogs.

The Vendor Package program has made the system safer and aided in reducing drug overdoses and violence. Family and/or friends are permitted to send two (2) non-food packages from home per year by mail. The number of food packages allowed increased from two (2) to three (3) per month and the total weight increased from 35 to 40 lbs. There are no limits on non-food packages received from vendors, whether ordered by the incarcerated individual or family/friends. The "Receipt Value Record" increased from \$20 to \$30. The maximum value of an allowable item of clothing increased from \$80 to \$90, the mini-calculator max value increased from \$30 to \$50, and the typewriter max value increased from \$350 to \$370.

All incarcerated individuals are advised of the package process and their ability to inquire at their orientation. Directive #4911, "Packages & Articles Sent to Facilities," outlines the procedures for processing, issuing, and returning packages, as well as a listing of allowable items that can be received through the package room. Directive #4911 is available for incarcerated individuals through the law

library. The Department has a well-established process to file claims for any item(s) declared missing. Claims are then investigated thoroughly, and the incarcerated individual is notified of the determination in writing. Additionally, executive staff discuss with the IILC at their scheduled meetings all package room complaints. All complaints are thoroughly investigated, and findings are supported with documentation.

Visits

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

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

Mid-State provides access for family and friends to visit weekends and Holidays between the hours of 8:00 A.M. to 3:00 P.M., including incarcerated individuals housed in segregated confinement.

In addition to in-person visitation, Mid-State Correctional Facility provides opportunities for incarcerated individuals to communicate with their families and communities by telephone. Mid-State has a telephone system with over 95 physical phones that allow daily calls. The Department also provides incarcerated individuals with electronic tablets with access to a suite of communication, education, and entertainment applications. These applications help incarcerated users remain connected to their friends and family, as well as provide opportunities to learn skills that will help them succeed after their release. Each device is equipped with the Secure Messaging Program that allows for communication between incarcerated individuals and their families and friends by receiving messages, e-cards, photos, and VideoGrams. Similar to the free calls provided through the phone system the Department has also negotiated with the tablet vendor to provide four free messages (or stamps) each month to all incarcerated individuals. In addition to these opportunities, Mid-State Correctional Facility offers the following additional methods for communication: standard postage stamps and access to authorized legal representatives through privileged correspondence, legal calls, and confidential legal visits.

Facility Infrastructure

Mid-State Correctional Facility utilizes all its infrastructure in the most efficient manner possible to provide adequate living temperatures year-round. Facility temperature and ventilation are within American Correctional Association accreditation standards, which Mid-State Correctional Facility consistently meets. Specifically, circulation is to be at least 10-cubic feet of fresh or recirculated filtered

air per minute per occupant for incarcerated individual rooms/cells, officer stations, and dining areas. Temperatures experienced at Mid-State Correctional Facility indoor living and work areas are appropriate to the summer and winter comfort zones. Ventilation is provided through a combination of operable windows and mechanical ventilation. Mechanical ventilation provides 100% outside air in combination with exhaust fans and operable windows to provide comfort during periods of extreme heat. During periods of extreme outdoor temperatures, fans are provided in various locations, including housing units within the facility, to provide further comfort of the staff and occupants. As equipment ages, it is replaced as issues arise. Work orders are submitted and completed to fix any physical issues that may arise preventing the proper heating or cooling of an area.

Drinking water is provided and available to all staff, visitors, volunteers, and incarcerated individuals to maintain hydration, and temperature-controlled showers are available in all housing units. Potable water is provided by connection to the Mohawk Valley Water Authority, a municipal water source that supplies both the facility and the general public. Annual water quality reports are provided to the Mid-State Correctional Facility. Upon receipt, the reports are posted conspicuously in several locations that are viewable by the facility occupants, staff/volunteers, and visitors. The water quality reports are available for viewing at all employee time clocks, in the law library/visit room, each entrance to the facility, and in the powerhouse. Water quality postings are placed on bulletin boards in these locations.

The Department uses the Integrated Health Alerting and Notification System (IHANS) to notify superintendents when Excessive Heat Warnings or Heat Advisories are issued. These notifications include a summary of the event, results of an increased risk of heat stress and heat-related illness, a list of people more susceptible to heat related illnesses, notification for staff and incarcerated individuals to remain hydrated, signs and symptoms of heat-related illnesses, and evaluating the necessity for outside assignments. In addition, watch commanders at each facility monitor for the most up-to-the-moment information and the information is reiterated at all line-ups for 72 hours following issuance. The Department continues to actively participate and engage in the Extreme Heat Action Plan Work Group. The Work Group is comprised of more than 70 NYS agency and authority staff serving a wide range of populations.

Mental Health

Mid-State Correctional Facility is classified as a Mental Health Level 1 facility, as defined in Correction Law § 2(27). The Department partners with the New York State Office of Mental Health (OMH) in providing special programs along a continuum of care for incarcerated individuals with a mental illness. OMH has the statutory responsibility for providing mental health services to incarcerated individuals in our custody pursuant to Correction Law § 401. All mental health services in correctional facilities are provided through the Central New York Psychiatric Center (CNYPC), which is fully accredited by an independent organization, The Joint Commission (TJC). Mental Health Specialized Units are therapeutic in nature and are not operated as disciplinary housing units. The environments are designed to create a balanced approach to the care and treatment of incarcerated patients and the ability to ensure the safety and security for all individuals in the setting. All Department staff assigned to Mental Health Specialized Units are required to attend mandatory annual training that addresses suicide prevention, mental health signs/symptoms, how to work with individuals with serious mental

illness, effective treatment modalities, dispute resolution techniques, Trauma Informed Care, and Restorative Justice for these populations. Incarcerated individuals diagnosed with a mental illness have access to mental health services and a heightened level of care is available at Mid-State Correctional Facility in the following programming:

- Intermediate Care Program (ICP) - The ICP offers twenty (20) beds designed for incarcerated individuals who, by virtue of experiencing mental illness, demonstrate difficulty functioning in the least restrictive general population environment. This program is jointly operated by OMH and the Department. OMH clinical staff are responsible for identifying incarcerated individuals who meet the criteria for a Serious Mental Illness (SMI) designation, through a consistent and clinically appropriate assessment process. This unit is a designated housing location within the correctional facility that is a corrections-based therapeutic community providing mental health services and promoting the development of self-regulation, symptom management, social, recreational, and habilitative skills. In addition to traditional clinic services, the ICP provides case management, crisis intervention, adaptive skills training, self-help, and peer support. Incarcerated individuals are offered four (4) hours of structured, out-of-cell programming five (5) days a week. Identified curriculums include, but are not limited to, psychiatric rehabilitation program therapy, trauma recovery, individual and group therapy, medication management, recreation therapy, task and skill training, education, vocational training, crisis intervention, IDDT, ART, Transitional Services, SOCTP and any other therapeutic groups designed to meet specific needs of current program participants.
- Transitional Intermediate Car Program (TrICP) – The TrICP offers thirteen (13) beds within designated housing location with OMH case management services for incarcerated individuals designated a Mental Health Service Level of 1 and 1S in a general population setting. In addition to mental health outpatient services, incarcerated individuals participate in two groups each week aimed at assisting their adjustment to the general population prison environment. Identified curriculums include, but are not limited to, case management, crisis intervention, adaptive skills training, self-help, peer support, psychiatric rehabilitation program therapy, trauma recovery, individual and group therapy, medication management, recreation therapy, task and skill training, education, vocational training, ART, and Transitional Services.
- Residential Crisis Treatment Program (RCTP) – The RCTP offers six (6) beds intended for incarcerated individuals that are exhibiting signs and symptoms of significant psychiatric decompensation or behavior that suggest they are at increased risk for self-harming or suicidal behavior, who are in need of short-term crisis intervention, medication adjustment, or mental health respite. The goal of RCTP is to provide short-term clinical services to evaluate and treat incarcerated patients in need of mental health care. This unit has both observation cells and a dorm area for incarcerated patients in crisis and in need of intensive treatment and monitoring.

The Department staff and OMH conduct daily rounds to address any issues. Additionally, OMH staff see all incarcerated individuals in RRU and SHU settings within 24-hours of their admission; the seventh day post admission, and then every 30 days thereafter. Rounds are made on these units several times a week by OMH supervisors.

There is a well-established OMH grievance process that allows their incarcerated patients to write OMH staff, or their Risk Management Office, with any complaints regarding their treatment. Any complaints/grievances regarding OMH that are received by the Department from the incarcerated population are expeditiously forwarded to OMH to handle accordingly. An individual's placement within the RMHU does not impact their access to the grievance process.

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

- The revision of suicide prevention screening and mental health referral forms.
- Requiring correction officer recruits to be presented with 20 hours of mental health training. The course curriculum includes guidance on identifying the signs and symptoms of incarcerated individuals experiencing mental health distress and who may be at risk of suicide.
- The Department developed a mandatory annual two-hour suicide prevention refresher course for all staff.
- Video and pamphlets were created for incarcerated individuals to receive information during their orientation at Reception as well as transfers between facilities.
 - Suicide videos feature messages from incarcerated individuals, that the population is able to access from their general population tablets. To encourage individuals to download the video, a stamp is provided at no charge to those who do.
 - The Department regularly sends out messages through the tablets regarding suicide prevention and provides information as to how an incarcerated individual may seek assistance.
 - The Department works with outside vendors who monitor an incarcerated individual's messages to notify DOCCS officials when trigger words are used, which may be an indication of a potential suicide risk. This allows the Department to take appropriate responsive measures.
 - All incarcerated individuals receive pamphlets and educational material every time they are transferred to another facility.
 - All incarcerated individuals are seen by medical professionals and a suicide prevention screening is completed on all transfers.

- All staff in OMH Level 1 & 2 facilities, assigned to SHU and RCTP, receive four (4) hours of annual training in recognizing the signs and symptoms of mental illness and suicide prevention.
- Staff assigned in Residential Mental Health Treatment Units receive eight (8) hours of suicide prevention training annually.
- Staff assigned in Residential Regional Units receive suicide prevention training prior to assignment and annually.
- OMH is notified of every incarcerated individual that will be reviewed by the Parole Board as well as the results of their review.
- Handbook for Family/Friends is available on the Department's website. This provides information for visitors and members of the community, who are in contact with the incarcerated population, to identify signs of suicide risk, and whom to contact if warning signs are noticed.
- Suicide Prevention messages are sent out monthly to all family/friends registered with the secure messaging program (JPAY.) Information includes:
 - Signs of suicide risk
 - Examples of concerning statements individuals might make
 - Information on who to contact with any concerns
- A pre-recorded message is played to recipients accepting calls from an incarcerated individual that states "Preventing suicide is important; if you have concerns during this call, please contact the individual's facility to report them"
- Security has increased the frequency of rounds in ICP and RRU.

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

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

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

In 2020, a stronger focus was placed on staff wellness in the interest of improving morale and performance, which is projected to also benefit the incarcerated and supervised populations as well. The Department contracted with a vendor to train master trainers for Corrections Fatigue, Correction Wellness and Trauma. The Department now has 156 master trainers hosting trainings throughout the Department.

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

Health Care

The Department is committed to providing quality and timely health care that serves the needs of incarcerated individuals. Mid-State Correctional Facility medical and dental staff provide compassion and respect for the dignity of every incarcerated individual they provide treatment to. At the time of the CANY visit, Mid-State Correctional Facility medical and dental resources included one (1) Medical Doctor; one (1) Nurse Administrator; six (6) Nurses; one (1) Radiologic Technician; one (1) Office Assistant; one (1) Dentist, and one (1) Dental Assistant. Mid-State Correctional Facility provides compassionate medical and dental care to all individuals in the Department's custody following community standards of treatment and services.

The health care and security staff in all of the Department's facilities receive initial and on-going training to respond to healthcare emergencies. Staff are trained on a variety of elements including, but not limited to, the recognition of signs and symptoms and knowledge of actions required in potential

emergencies; administration of first aid, CPR and AED; and administration of Narcan to unresponsive persons. Additionally, to ensure staff can respond to a healthcare emergency anywhere in a facility within three minutes of being notified, each facility is required to conduct an annual emergency response drill on each shift. Response time to health care emergencies is a key component of operational readiness. Accordingly, security and health care staff are trained to respond immediately upon encountering a health care emergency, and all local procedures and resources shall be designated to ensure that an emergency response can be achieved anywhere in a facility within three minutes.

Every incarcerated individual has access to emergency sick call twenty-four hours a day. For non-emergent care, incarcerated individuals are able to access medical staff through the sick call process. Sick calls are triaged, and the individual is seen based on their medical needs. Mid-State Correctional Facility received approximately 5,100 sick call and 3,100 emergency sick call encounters in 2022. Mid-State is a medical service level 1 facility, with 24-hour access to emergency medical care. Routine medical care is taking place regularly through scheduled sick call process, which is available four (4) days a week along with on-site clinical services five (5) days a week. The percent of physical exams overdue averages around five (5) percent. All incarcerated individuals in SHU settings have access to medical care through daily sick calls. No medical call outs are affected by staffing levels as the Department utilizes agency nurses and overtime scheduling to ensure all areas are staffed as required.

There is a well-established process in place for incarcerated individuals to request reasonable accommodations, as well as a thorough review process for those who raise concerns related to their medical placement. Cumulative data from 2022 shows that medical complaints accounted for approximately fourteen (14) percent, and dental complaints accounted for one (1) percent of the total Mid-State Correctional Facility grievances. Additionally, it should be noted that in accordance with Department policy, all oral and written communication by employees to incarcerated individuals shall be accomplished in a professional, courteous, and dignified manner. It is the expectation that all medical staff are in compliance with this code of conduct. With regards to survey questions related to medical and dental call out times for the general population, it should be noted that the sample sizes were extremely small in comparison with the population size, approximately four (4) percent. The sample size of the survey questions for SHU was two (2) incarcerated individuals, which therefore should not be considered a representative sample.

Mid-State Correctional Facility receives pharmaceuticals from the Mohawk Hub Pharmacy. Controlled substances are sourced through vendors. The timeframe requirements for submitting refill requests to the pharmacy are reviewed at facility orientation with each incarcerated individual. The expectation is that individuals will submit their refill requests within the specified timeframe to ensure refills are completed in a timely manner.

Precautionary measures are taken by the Department to protect the life and safety of all incarcerated individuals and staff in response to the COVID-19 pandemic. Every facet of the State's response to the COVID-19 outbreak has been guided by facts, scientific data, and guidance of public health experts at the Department of Health (DOH) and the Center for Disease Control (CDC). Each action taken in response to the spread of COVID-19 is done in the best interests of those who work within, or are

incarcerated in our facilities, including Mid-State Correctional Facility. With each confirmed case, the Department works to identify any potentially exposed individuals to provide notifications and to stop the spread of the COVID-19 virus. The testing process is currently the same for those in prison as it is for those in the community. The Department will continue to evaluate all options as this situation unfolds. A multitude of measures have been taken to ensure the safety and well-being of staff and incarcerated individuals include mandating all staff, incarcerated individuals, visitors, and contractors to wear face masks while in the facility, which is no longer the case based on DOH guidance, supplying all incarcerated individuals with masks and supplying incarcerated individuals subject to isolation and quarantine with surgical-type masks. Additionally, all visitors are supplied a COVID test that must produce a negative result prior to allowing the visit.

Our physicians, nurse practitioners and physician assistants, working with our nurses, are following the guidance of DOH so that incarcerated individuals are tested when exhibiting symptoms and after a medical evaluation is conducted. Our process identifies those patients who are ill, requiring special monitoring and care, and isolates those who exhibit any symptoms or have a positive test. Additionally, anyone exposed to a patient who has a positive test is placed into quarantine and is subsequently administered a COVID test. A nurse will swab the individual and that swab is then sent to an authorized lab. If an individual's test result is positive, that person is placed in isolation for a minimum of ten (10) days. For those in quarantine who receive a negative test, they remain in quarantine for the ten (10) day period. For individuals who need enhanced levels of care, we access our network of outside hospitals to ensure the population receives the necessary treatment and services. Asymptomatic patients who wear a mask and follow social distancing and hand hygiene guidelines have minimal risk to others. However, to be proactive, the Department, in consultation with DOH, developed a statewide asymptomatic surveillance program to randomly test the population in every facility on a daily basis. This program began in December 2020 and continues today.

In consultation with DOH, the Department has been vaccinating those staff and incarcerated individuals who wish to be vaccinated, since February 5, 2021. All incarcerated individuals coming into Mid-State Correctional Facility are screened and evaluated for COVID symptoms and vaccination history. Mid-State is able to continue a COVID vaccine series if the incarcerated individual has started in the community or at another facility. As vaccination efforts continue, the Department is also focused on ensuring staff thwart the spread of COVID-19 by enforcing the most efficient and mitigating efforts available at the time. The Department provides vaccines when they are available and has made strong efforts to educate the population on the importance of booster shots. Mid-State has held vaccination clinics where to date, five-hundred-three (503) vaccinations were administered to the incarcerated population. Prior to each clinic, medical staff conducts face-to-face education, asks every incarcerated individual if they wish to be vaccinated and provides edification. In addition to these efforts, at every encounter with the incarcerated population in the medical unit, incarcerated individuals were, and continue to be, educated, and encouraged to receive the COVID-19 vaccination, including boosters. The Department offered incentives to encourage interest in the vaccine in the form of a special Christmas meal, a meal purchase from a local vendor, and a commissary care package not to exceed \$75. Staff actively continues to poll the incarcerated population to see who is interested in either the vaccine or the booster shot. When vaccine supplies are received, vaccines are sent out immediately.

The Department, like many institutions, has faced significant staffing challenges when recruiting certain titles. Nevertheless, the Department is aggressively recruiting for a number of titles, specifically medical personnel. The Department has expanded its recruitment efforts by utilizing employment websites such as Indeed.com, Targeted Digital Marketing campaigns and attendance at college job fairs. The Department has established a position that is fully dedicated to recruiting qualified medical and dental staff. In addition, facility administrators utilized the resources available to them and creatively filled in cracks as needed. An example of which is utilizing agency nurses to staff the need for medical personnel safely and adequately, when required. Regarding non-medical staffing, the Department is also experiencing the effects of the ongoing national and local economic trends impacting all labor markets. Mid-State Correctional Facility continues to canvass and recruit.

In addition to aggressive recruitment efforts, the Department, by consulting with DOH as well as Albany Medical Center, took similar measures as community hospitals during the pandemic; namely, a priority was accorded to the most critical services. For example, all sick calls are reviewed and triaged from the more serious to the less serious, which, as one might expect, has caused longer delays in addressing the less serious complaints. Our protocols for addressing staff shortages are in compliance with CDC COVID-19 guidelines.

The Department takes the continued spread of this global health emergency seriously and shares the same concerns as staff, incarcerated individuals, and their loved ones. Our focus is ensuring that the hardworking men and women of this Department, as well as our incarcerated and formerly incarcerated populations, are healthy and safe. Just as we have successfully managed infectious outbreaks in the past, we have emergency protocols in place and have proactively made adjustments in our facilities and Community Supervision offices in an attempt to limit any outbreaks. The Department made robust efforts to educate the incarcerated population on the COVID-19 virus and the importance of vaccination through educational material, videos, medical staff speaking one-on-one to the population, and facility Executive Team members talking to incarcerated individuals on rounds and educating the ILC. Several times the Department medical staff went around to every housing unit and provided educational material and answered any questions cell by cell.

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

Staff

The Department is committed to holding staff to the highest standards of public service. The Department takes pride in the degree of fairness, professionalism, integrity, and transparency expected of our staff in providing excellent service. As such, all allegations of an employee not meeting those standards are investigated thoroughly and are taken very seriously. The Department has several safeguards in place to prevent and report misconduct. The incarcerated population has been educated on the many avenues to report allegations of misconduct and incidents of abusive behavior directly to facility staff and the Office of Special Investigations (OSI), as well as outside agencies. The Mid-State Correctional Facility Executive Team conducts daily rounds to observe facility operations and speak with staff and the incarcerated population by engaging with them directly. This is to ensure the Department's policies are administered in a fair, equitable and consistent manner, with compliance and quality, and to spot issues.

OSI serves as the Department's investigative body. The primary mission of OSI is to advance the mission and statutory mandates of the Department; vigorously pursue justice through fair, thorough, and impartial investigations; and foster accountability, integrity, and safety within the Department. The incarcerated population may write to any facility supervisory staff to report complaints. All complaints that are received by the facility are documented and investigated. This includes staff communications with incarcerated individuals. The incarcerated population have unrestricted access to OSI via the hotline and can report all alleged abuse. The Department has zero tolerance for violence within our facilities and anyone engaged in misconduct is disciplined, and if warranted, incidents will be referred for outside prosecution. When facts establish that staff have acted unprofessionally, cases are forwarded to the Department's Office of Labor Relations for appropriate disciplinary measures.

Allegations made regarding discrimination or racialized abuse are delegated to the Office of Diversity and Inclusion for review. It is the policy of the Department to eliminate, mitigate, and respond to allegations of racial disparities. A fair and equitable distribution of benefits and burdens in the placement of incarcerated individuals in housing unit assignments, institutional work assignments, and programs is safeguarded. Moreover, any administrative processes associated with incarcerated individuals who may be subject to discipline and grievances are conducted fairly, to ensure that decisions are not influenced by stereotypes or bias based on age, race, religion, national origin, sex, sexual orientation, disability, marital status, veteran's status, or non-violent political views.

Additionally, the Department has invested millions of dollars to implement a pilot program to improve safety within its facilities that includes deployment of body-worn cameras and accompanying policies for their use. The Department is currently working to upgrade our existing body-worn cameras and significantly expand the deployment of these devices. Mid-State Correctional Facility currently utilizes body-worn cameras and is in line to expand its fixed camera system. These systems bolster the efforts of investigators through objective and evidence-based examinations. Any substantiated case of misconduct by an employee is referred to the Department's Bureau of Labor Relations for consideration of disciplinary action, which may include termination of the employee. In addition, any misconduct, where there is evidence of criminality, will be referred to outside law enforcement authorities for

potential criminal charges. The Department maintains a zero-tolerance policy regarding verbal or physical abuse. Furthermore, allegations made regarding discrimination or racialized abuse are delegated to the Office of Diversity and Inclusion for review.

All Unusual Incidents and Uses of Force are wholly documented incidents, which are thoroughly reviewed by executive staff. Any cause for concern that an application of force is inconsistent with Department policy is expeditiously referred to OSI for examination. Further, all staff involved in an incident are required to provide written documentation of their involvement in the incident and supervisors are also required to provide written documentation of their independent investigation of the incident. All video footage that is available is made part of the record along with photographs of the incident to include incarcerated individuals and staff. Since the inception of Humane Alternatives to Long Term (HALT) Solitary Confinement Law, assaults on staff by incarcerated individuals have dramatically increased. Moreover, assaultive behavior amongst the incarcerated population has also increased. This behavior is directly related to gang activity, owed debts, and may be used as a tool by the incarcerated population to be transferred to another facility.

Regarding security staffing levels, the Budget Fill Level (BFL) for the Supervision of Incarcerated Individuals as of October 2022, called for four-hundred-seventy-four (474) Correction Officers; thirty (30) Sergeants; eleven (11) Lieutenants, and two (2) Captains for a total of five-hundred-seventeen (517). At that time, Mid-State Correctional Facility was actually staffed with four-hundred-fifty-nine (459) Correction Officers; thirty-three (33) Sergeants¹; eleven (11) Lieutenants, and no Captains for a total of five-hundred-three (503). The Department has been actively recruiting to fill vacancies within security and civilian items throughout the agency, with the Albany Training Academy continuing to run and prepare security staff to enter its workforce.

Incarcerated Discipline

Incarcerated individuals in correctional settings are expected to abide by published rules of conduct, which are established to protect all individuals from potential harm, either as a result of injury to their person, or loss or damage of their property. Rules of conduct also serve to establish standards for behavior, which are both reasonable and consistent. When discipline is applied reasonably and with fairness, it not only assists in protection of the health, safety, and security of all persons within a correctional facility, but also is a positive factor in rehabilitation of incarcerated individuals and the morale of the facility.

Persons vested with responsibility for disciplinary measures in facilities of the Department are expected to consider each situation individually. The Department believes that disciplinary action must be administered in a fair, impersonal, impartial manner, and must be as consistent as possible. Disciplinary measures should not be overly severe and must never be arbitrary or capricious, or administered for the purpose of retaliation or revenge. Staff is trained on how to use focused observations to assess situations; exhibit a command presence, establish rapport with incarcerated

¹ Three Sergeants were out on leave or detached assignment during this time period.

individuals, and manage conversations, which allows them to impact the incarcerated individual's behavior. Additionally, all staff assigned to a Special Housing Unit, Residential Rehabilitation Unit, Step-Down Program, Residential Mental Health Unit, Therapeutic Behavioral Unit, Behavioral Health Unit, Correctional Alternative Rehabilitation, or Diversion Unit and their supervisors, received training prior to working those units - and annual training thereafter to include the following topics: The Non-Punitive Therapeutic Environment, Trauma-Informed Care, Restorative Justice, and Dispute Resolution.

Disciplinary action is one of many essential elements in correctional treatment and is a necessary part of correctional security, which should not be construed as harassment or other malfeasance by staff. To that end, Department employees are trained that disciplinary action shall be taken only in such measures and degree as is necessary to regulate an incarcerated individual's behavior within acceptable limits, assist in achieving acceptable standards of behavior for the entire incarcerated population, and preserve the confidence of all concerned in the administration's commitment to maintaining those standards.

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

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

- Violation Hearing – Tier 1 misbehavior reports are reviewed by a violation officer, who holds the rank of Sergeant or above. An individual may challenge the findings by appealing directly to the Superintendent.
- Disciplinary Hearing – Tier 2 misbehavior reports are reviewed by Hearing Officers who hold the rank of Lieutenant or above. An individual may challenge the findings by appealing directly to the Superintendent.

- Superintendent's Hearing – Tier 3 misbehavior reports are reviewed by the Superintendent, Deputy Superintendent, Captain, Commissioner's Hearing Officer, or a Superintendent's designee. If an incarcerated individual is found guilty of a Tier 3 misbehavior report, the individual may challenge the finding by appealing to the Commissioner, which is thoroughly reviewed by the Commissioner's designee in the Office of Special Housing.

Review officers are expected to utilize the lowest appropriate tier level designation. Additionally, hearing officers must ensure they are progressive with the imposition of sanctions, dependent on articulable facts for the specific incident and circumstances at issue. The disciplinary program at Mid-State Correctional Facility is in compliance with HALT and Department Directive #4932. The Hearing Officers have received 37.5 hours of training prior to conducting hearings to ensure fairness and consistency. All Superintendent and Disciplinary Hearings are digitally recorded to create a permanent record that can be utilized by the Department to ensure that hearings are conducted in a fair and consistent manner. All completed hearing packets are reviewed by executive staff to ensure due process was followed and dispositions are appropriate. The Department provides further administrative due process through an appeal mechanism for an unbiased review by a member of the office of Special Housing and Incarcerated Individual Disciplinary Program. If found guilty, the incarcerated individual is advised of the appellate process before the conclusion of their disciplinary proceeding. Upon appeal, Tier 2 Disciplinary hearings and Tier 3 Superintendent's hearings are subject to an unbiased and thorough review by the Superintendent or by a member of the Office of Special Housing and Incarcerated Individual Disciplinary Program, respectively.

SHU confinement guidelines were modified to be in compliance with HALT. Those changes reflected the elimination of "Keeplock," the elimination of prehearing confinement and confinement sanctions for Tier II incidents, and reduced confinement penalties for certain Tier III proceedings. Where an incarcerated individual is subject to a Superintendent's Hearing, they are permitted to be represented by an attorney or law student, or by a paralegal or incarcerated individual, contingent upon the representative satisfying the requirements established by the Department's objective criteria. To ensure incarcerated individuals have the ability to contact their representative, directions have been issued to all facilities to accomplish this in an efficient and timely manner.

If an incarcerated individual is found guilty after a hearing of an eligible offense, the service of potential confinement sanctions limits the amount of time in segregated confinement to fifteen (15) days. All incarcerated individuals that have received a disciplinary sanction of SHU receive privileges such as property, commissary, and static tablets. They may elect to stay in their cells and decline all out of cell time, in part, to utilize the static tablets. This is documented daily. After the fifteenth (15) day, the person is transferred to a residential rehabilitative unit (RRU), at which time an individualized rehabilitation plan is implemented, and the individual's confinement sanction runs concurrently, while assigned to the RRU. Individuals serving confinement sanctions are offered seven hours out-of-cell, which includes rehabilitative programming in a group setting. They also have full access to mental health and medical treatment, food, clothing, water, and recreation. An incarcerated individual in an RRU setting receives meaningful periodic reviews conducted every sixty (60) days. If upon completion of this review the incarcerated individual is not discharged, program and mental health staff shall specify the reason for such determination and the corrective action required to attain a future discharge.

Incarcerated individuals serving a loss of privileges sanction are entitled to the minimum provisions for health and morale, which permits showers at least three times a week, and exercise outside of their cell for at least one hour daily, except if a new arrival is waiting to be interviewed by a supervisor within 17 hours, or they received a loss of recreation status and have a program assignment. Individuals that are housed within Residential Rehabilitation Units are permitted with personal property within 72 hours of admission. This does not include the General Population tablet the incarcerated individual was issued in population, as this is not the property of the incarcerated individual. However, that tablet is stored in long term storage pending their sanction. Incarcerated individuals have access to their personal property, unless an individual determination is made that such possession creates a significant and unreasonable risk to the safety of staff or incarcerated individuals on the unit.

Also, Mid-State Correctional Facility has a Step-Down Program (SDP), which is a three (3) phase, progressive alternative to SHU. This program is designed for incarcerated individuals who are serving a minimum of nine (9) months of confinement sanctions², who would likely benefit from structured programming to aid in their custodian adjustment. Programming in the SDP is based on the principles of cognitive behavioral therapy to improve the individual's behavior and reduce the risk of future disciplinary infractions. Incarcerated individuals will progress through the phases of the SDP, earning fewer restrictions and increased incentives, as they meet their intended benchmarks and individual goals. Incarcerated individuals receive incentives for each phase of the program. Upon their successful program completion, an individualized review of their programming needs and behavioral plans is conducted to ensure that the individual is placed within a setting that maximizes the safety and security of both the individuals and the facility.

Grievance

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

The grievance procedure is initiated by the incarcerated individual. If an incarcerated individual is unable to resolve the problem through informal channels, the individual may file a written grievance within twenty-one (21) calendar days of the incident in question (exceptions may be granted up to 45 days). The IGRC has sixteen (16) calendar days in which to attempt to informally resolve the complaint

² This includes consecutive sanctions that exceed nine (9) months.

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

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

Conclusion

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

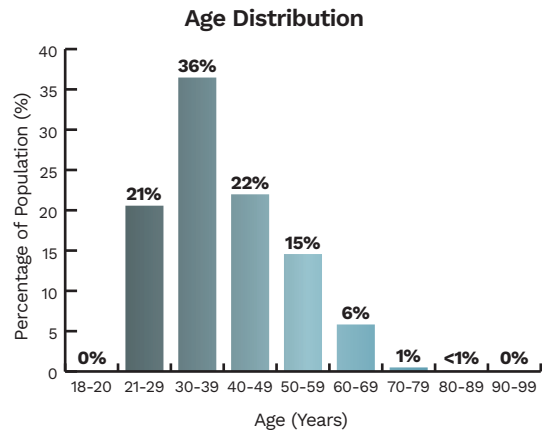
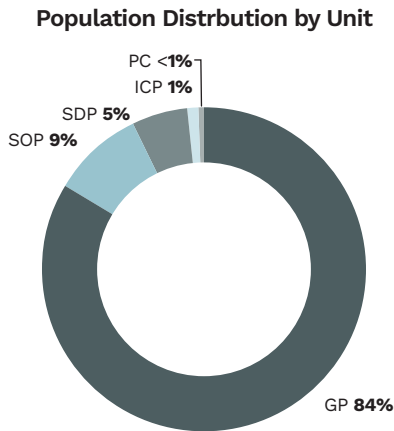
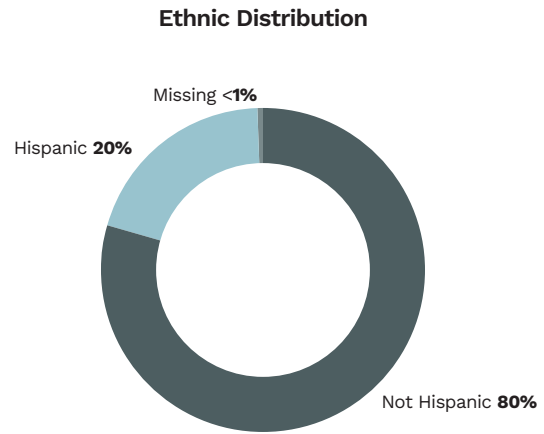
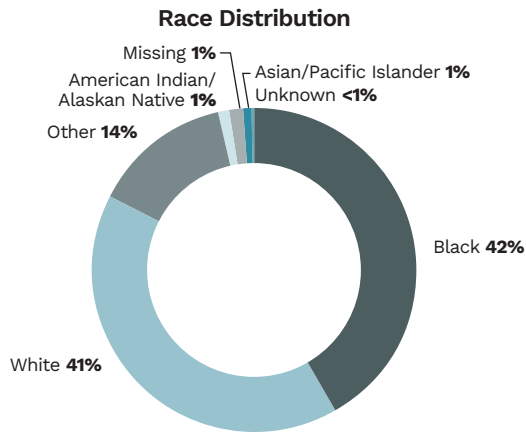
It should also be noted that in August of 2022, Mid-State Correctional Facility received accreditation from the American Correctional Association, signifying compliance with fundamental correctional practices pertaining to all aspects of day-to-day prison operations. The facility was also examined in November 2021 by an independent auditor and determined to be in compliance with the Federal Prison Rape Elimination Act standards.

Appendix A: Additional SHU Tables

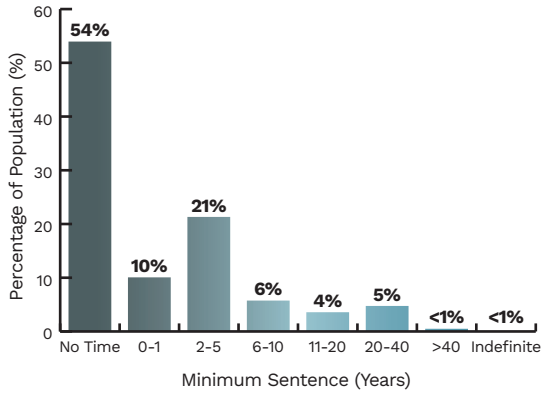
Special Housing Unit	Yes	No	Total
Are you in this unit because of a disciplinary sentence?	7 100%	0 0%	11 100%
Have you been in a SHU or other form of segregated confinement for a total of more than 20 days in the last 60 days?	4 80%	1 20%	5 100%
Besides the SHU unit at Mid-State, have you been in any other disciplinary units here or at other prisons? (If yes, choose all that apply from the following):	1 67%	2 33%	3 100%
Residential Rehabilitation Units (RRUs)	0 0%		
Protective custody	1 33%		
Administrative segregation	1 33%		
Keeplock	1 33%		
Longterm Keeplock	1 33%		
Step-down program	0 0%		
Mental health or other alternative to solitary	0 0%		
Were you medically evaluated on arrival?	3 75%	1 25%	4 100%
Did you receive a suicide prevention screening on arrival?	2 50%	2 50%	4 100%
Did you receive clean clothing on arrival?	3 75%	1 25%	4 100%
Did you undergo a mental health assessment within one day of your arrival?	1 25%	3 75%	4 100%
Special Housing Unit		With a Mental Health Need	Total
Are you a member of any of the following populations? (Check all that apply)		6 100%	6 100%

Appendix B: Snapshot of Demographic Data

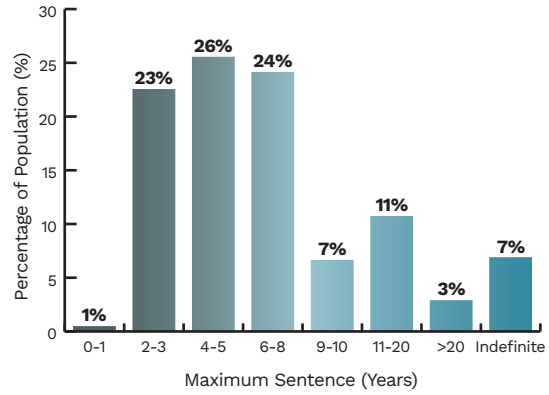
Population Demographics as of October 1, 2022 Mid-State Correctional Facility



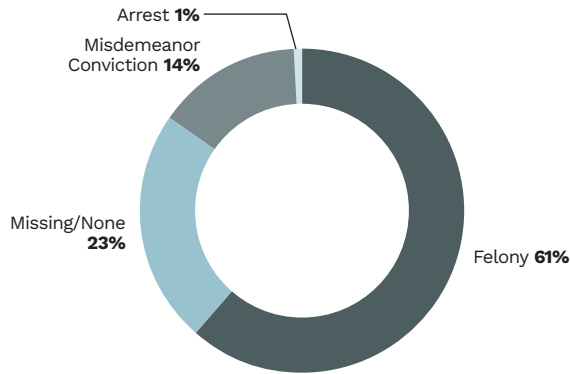
Population Distribution by Minimum Sentence



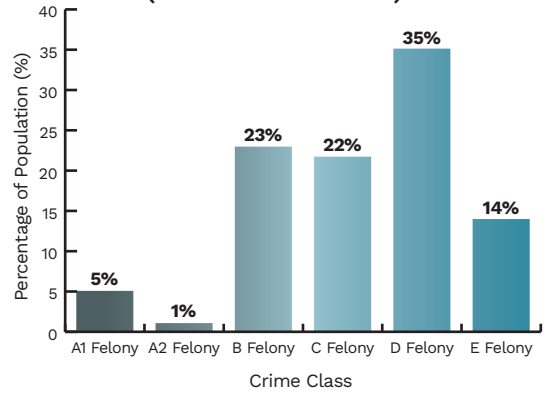
Population Distribution by Maximum Sentence



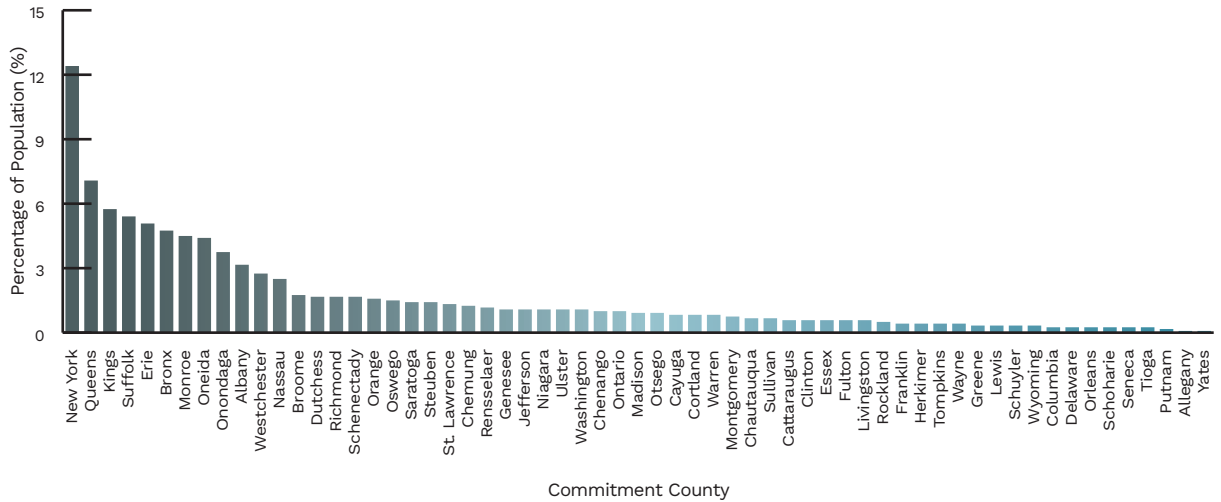
Population Distribution by Most Serious Prior Offense



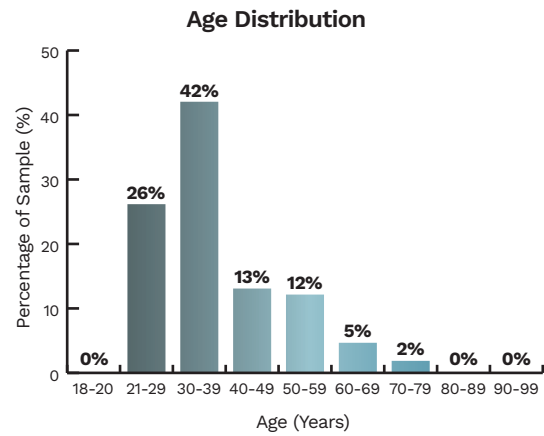
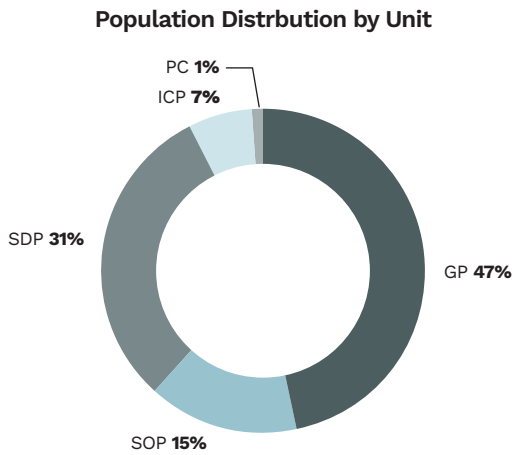
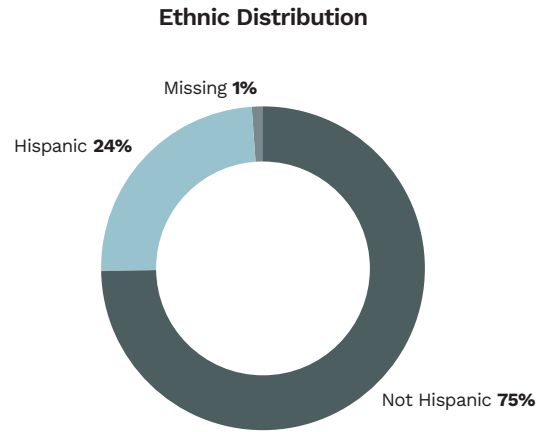
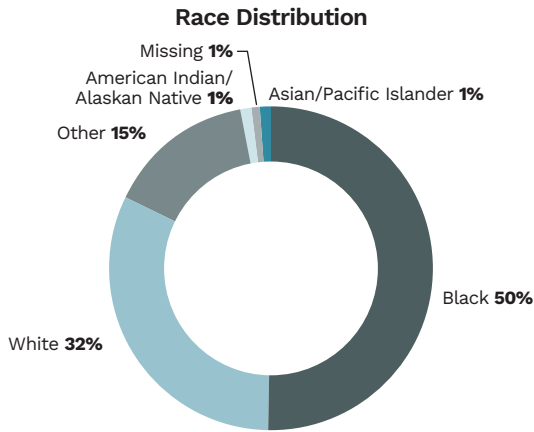
Population Distribution by Crime Class (Most Serious Offense)

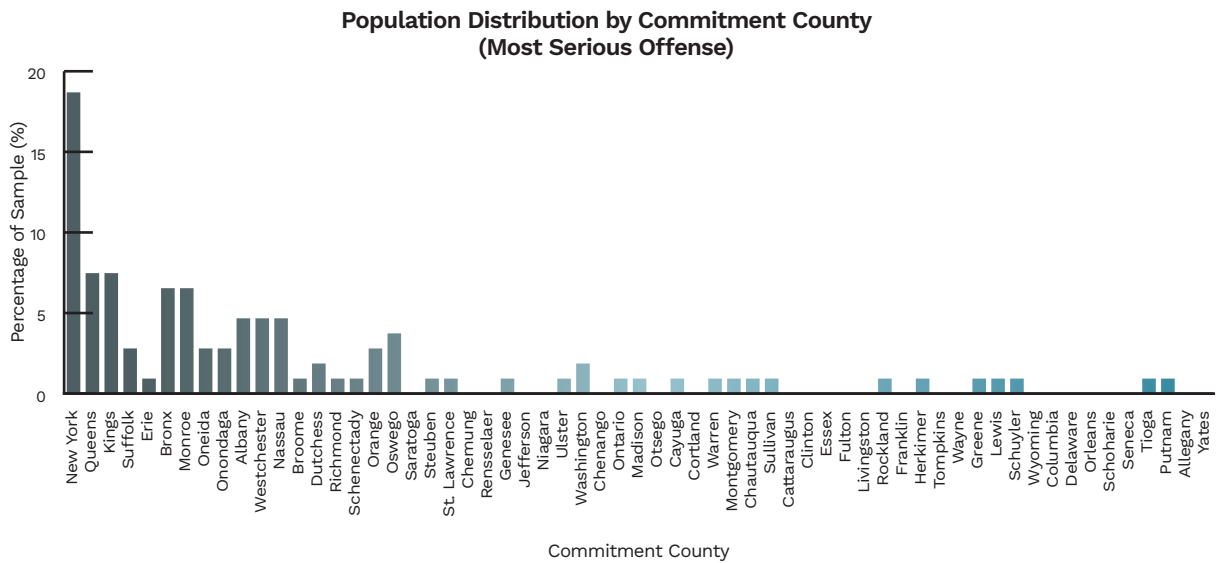
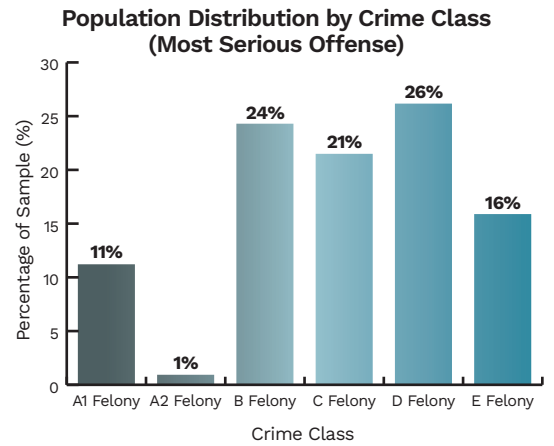
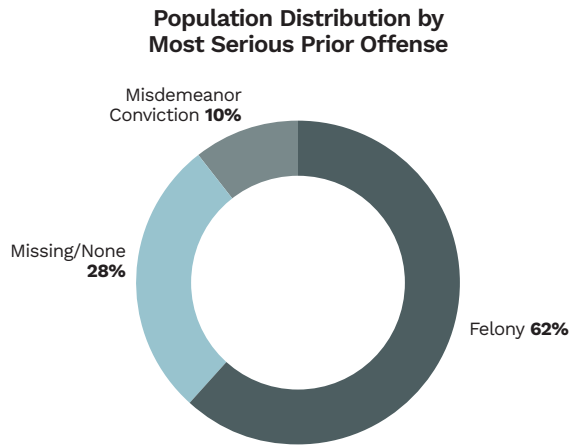
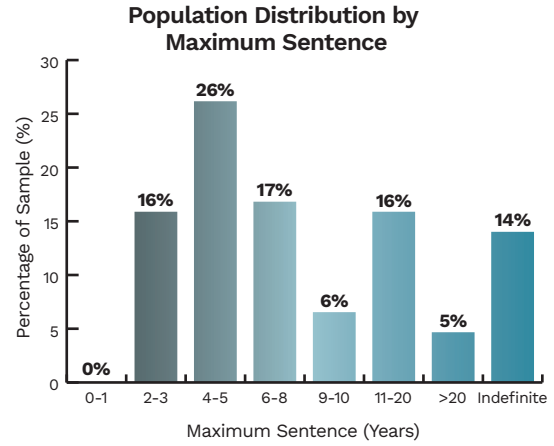
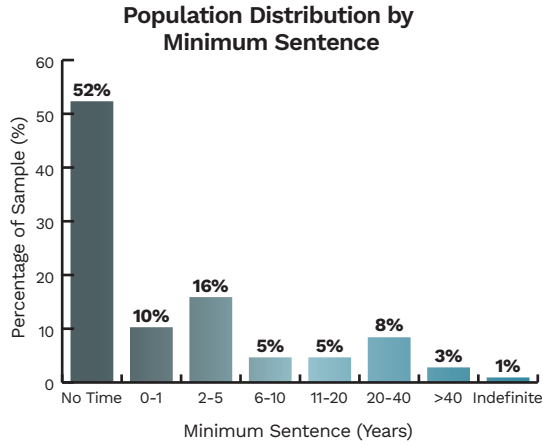


Population Distribution by Commitment County (Most Serious Offense)

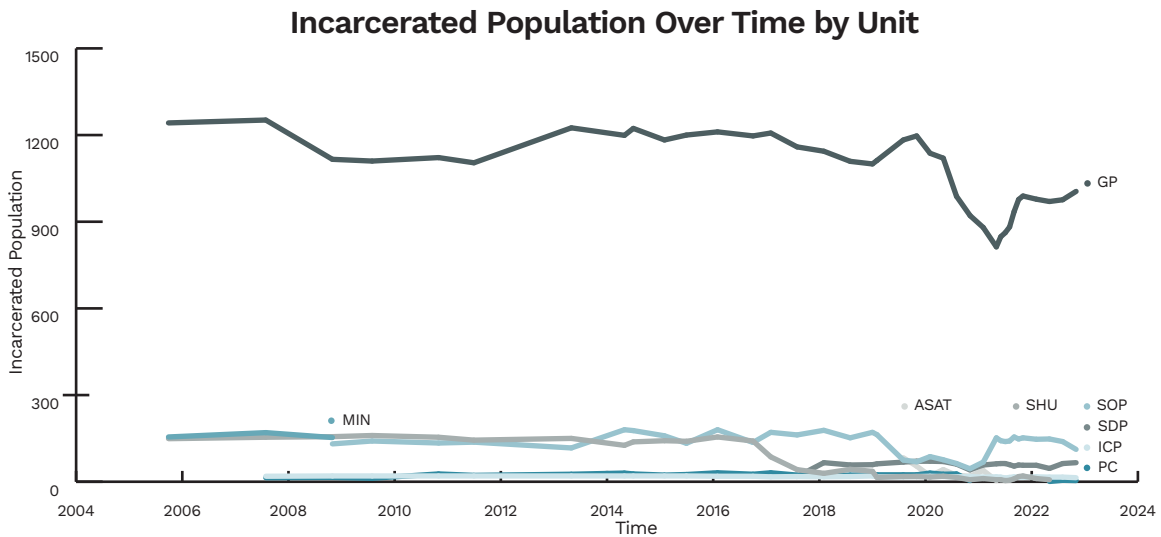
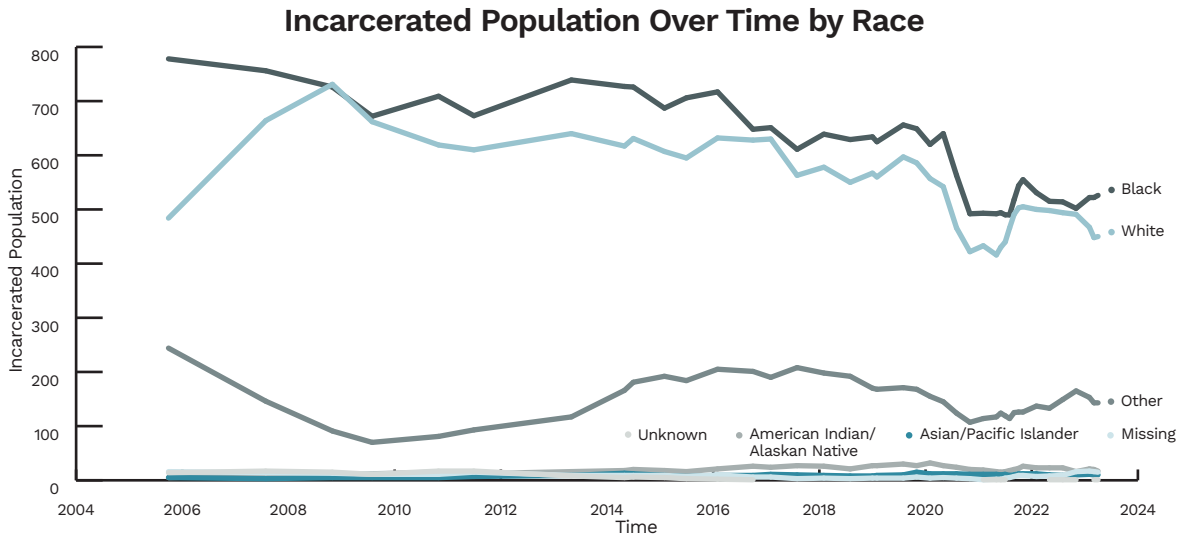


Demographics of Incarcerated Individuals Interviewed by CANY in October, 2022 Mid-State Correctional Facility

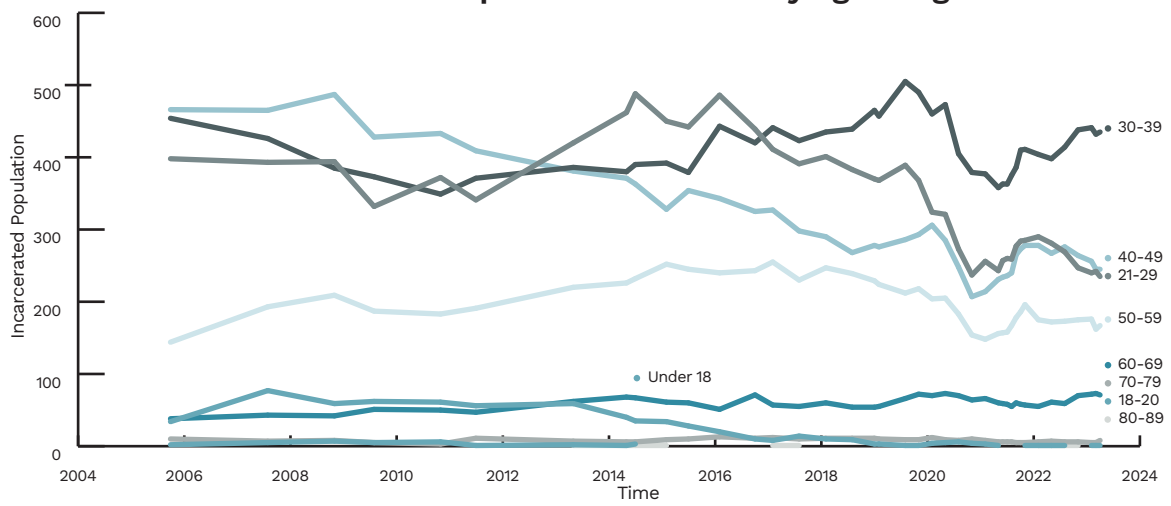




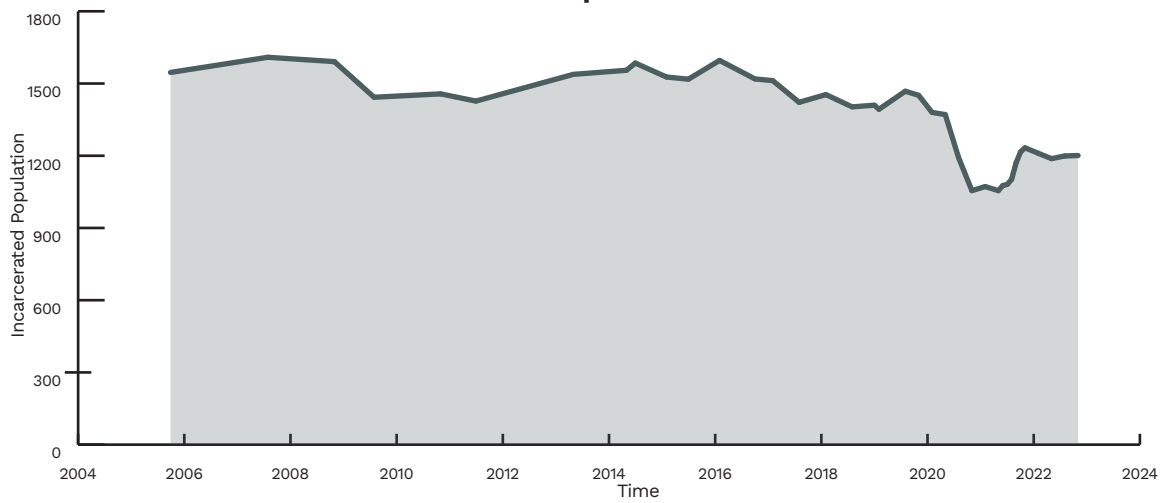
Population Demographics as of October 1, 2022 Mid-State Correctional Facility



Incarcerated Population Over Time by Age Range



Incarcerated Population Over Time



CANY Post-Visit Briefing and Recommendations

Monitoring Visit to Mid-State Correctional Facility

No. 22-11 October 13-14, 2022

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