

July 12-13, 2023

Monitoring Visit to Fishkill Correctional Facility

Correctional Association
of New York

Post-Visit Briefing
Issued May 8, 2024

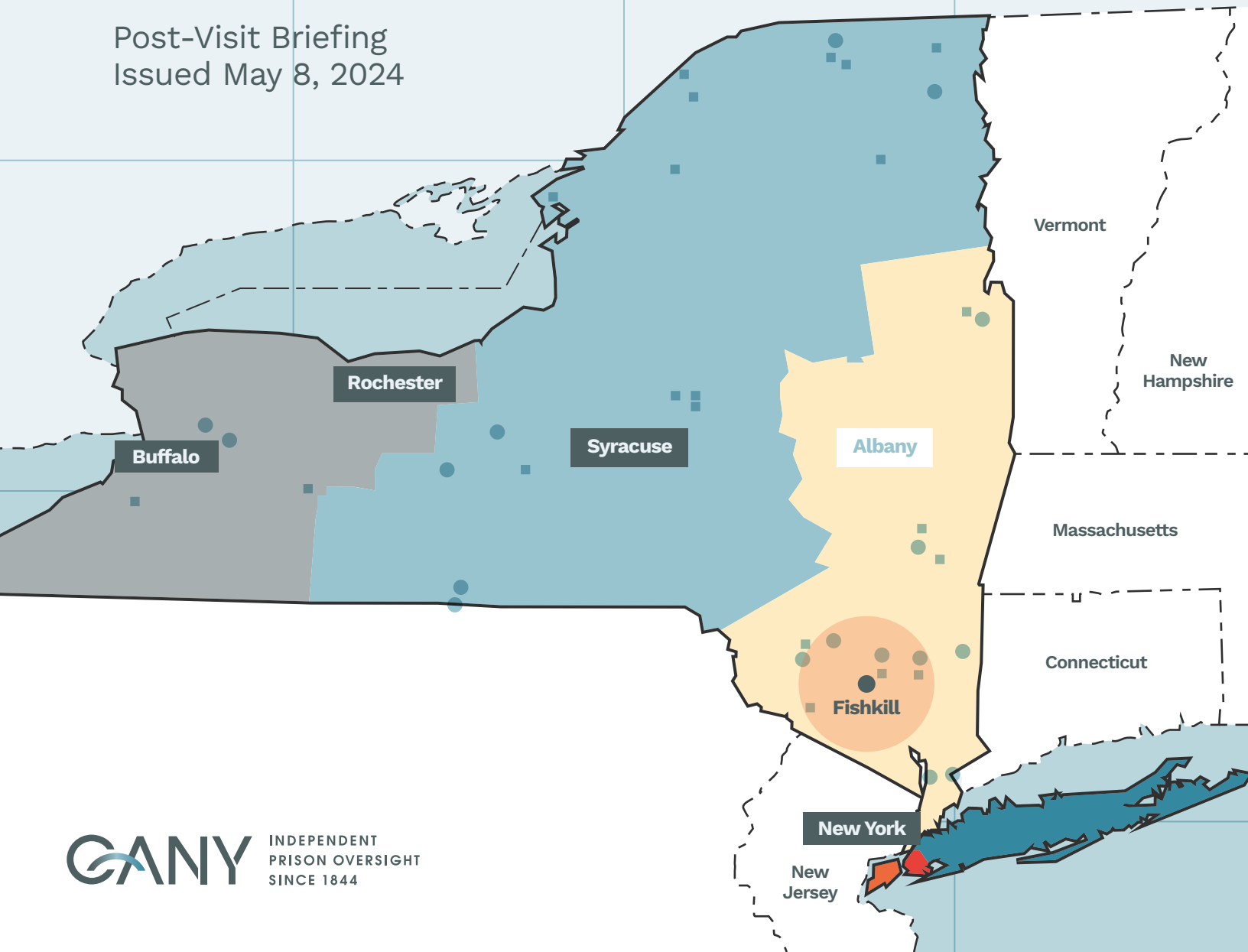


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Background

On July 12-13, 2023, the Correctional Association of New York (CANY) conducted a monitoring visit to Fishkill Correctional Facility, a medium-security facility for adult men in the city of Beacon in Dutchess County, New York. CANY’s monitoring visit to Fishkill was conducted as part of its oversight mandate pursuant to Correctional Law §146(3).

During the monitoring visit, CANY representatives held meetings with the Department of Corrections and Community Supervision (DOCCS) executive team, the facility Medical Director, a physician, and a nurse in the Regional Medical Unit (RMU), and staff from the State Office of Mental Health (OMH). CANY also held meetings with the Incarcerated Liaison Committee (ILC), the Incarcerated Grievance Resolution Committee (IGRC) and the Grievance Supervisor, and the Rabbi.¹ CANY conducted visual observations of housing units, the work release unit, the Regional Medical Unit (RMU), package room, academic and vocational classrooms, and general library. These meetings allowed CANY to gain a better understanding of Fishkill’s policies, procedures, and practices.

The CANY visiting party carried out a total of 109 interviews with incarcerated individuals in general population housing areas and a variety of specialized units: 49 in general population units, 15 in the Special Housing Unit (SHU), 18 in the Residential Rehabilitation Unit (RRU), and 27 in various other specialized units, such as, Transitional Intermediate Care Program (TriCP), Long Term Care Unit, and a Unit for the Cognitively Impaired (UCI). CANY analyzed the interview data using a combination of “top-down” and “bottom-up” approaches to identify prevalent themes.

Table 1. Breakdown of the Number of People Interviewed

| Housing Unit | Interviewees |
|---------------------------------------|--------------|
| General Population | 49 |
| Residential Rehabilitation Unit (RRU) | 18 |
| Special Housing Unit (SHU) | 15 |
| Specialized Unit | 27 |
| Total | 109 |

¹ Union representatives at Fishkill Correctional Facility declined CANY’s invitation to meet.

Impressions from Visit

Below are the initial impressions from the visit to Fishkill that CANY representatives reported to the DOCCS facility executive team during a debrief meeting at the end of the monitoring visit. CANY representatives compiled this list of impressions by identifying recurrent issues discussed with both staff and incarcerated individuals, as well as issues that appeared to be significant, regardless of their prevalence. The impressions touch on the following themes 1) health care, 2) programming, 3) specialized units, 4) commissary, 5) material conditions and environmental issues, 6) staff-incarcerated individual interactions, and 7) grievances. These impressions align with CANY analysis of interview data collected during the visit. A version of these impressions was also emailed to DOCCS' Central Office² and mailed to the ILC and IGRC groups following the visit.

Healthcare

- Incarcerated people expressed a variety of concerns about the adequacy of medical care including slow sick call and specialty care processes, an inadequate supply of MAT medication, and a lack of nurses dedicated to emergencies. The executive team acknowledged that staffing vacancies, especially in nursing, have presented challenges in meeting the medical needs of the population.

Programming

- Incarcerated people largely gave positive reports about the quality of programs at Fishkill, including the college program, though some raised concerns that there are not enough programs to meet the needs of the population.

Specialized Units

- People incarcerated in the RRU reported that OMH staff make daily rounds and are available if needed.
- People incarcerated in specialized units had positive reports of the weekly group therapy provided by OMH staff.
- People incarcerated in the SHU reported problems accessing the law library tablets. The executive team explained that while they had experienced technical issues in the past few weeks, efforts were made to take individuals to the law library as needed.
- Some incarcerated people in the work release program reported long waits of up to three months to start work. The executive team explained that while there are occasionally delays in conducting requisite home and job site visits, typically work release participants do not experience delays following the two-week orientation period.

² The term "Central office" used in this report refers to the department administration and executive team located in Albany.

Commissary

- Incarcerated people cited problems with commissary, including feeling rushed to choose their items and being harassed by staff.
- Incarcerated people reported that they do not have access to refrigerators or ice machines and thus perishable items they buy from commissary and receive in packages, such as meat, often spoil. The executive team explained that Fishkill is not a cooking facility.³ They were unsure whether the facility's older infrastructure could support kitchen appliances.

Material Conditions and Environmental Issues

- CANY representatives reported high indoor temperatures throughout the facility.⁴ Additionally, the CANY representatives who visited the SHU and RRU units noted that the exterior windows in people's cells were shut. The superintendent clarified that the windows were subsequently opened. They further explained that ventilation in the SHU recirculates the air in the building, which means that, on a hot day, the air blowing through the vents is hot air.
- The aging infrastructure of Fishkill Correctional Facility presents challenges to the operation of the facility. CANY monitors observed and heard about concerns with asbestos, peeling paint, general disrepair, and inability to meet electrical needs.

Staff-Incarcerated Individual Interactions

- Many incarcerated people expressed appreciation for the professionalism of the staff at Fishkill, describing a positive staff culture, including effective communication between staff and incarcerated individuals.
- Some incarcerated people reported instances of assaults by staff and the need for cameras. The executive team confirmed that plans for camera installation had been submitted but could not provide a timeline.

Grievances

- Many incarcerated people cited not filing grievances out of concerns about retaliation by staff.

³ CANY understands that the term "cooking facility" refers to a facility that makes available appliances for incarcerated individuals to prepare meals. CANY is not aware of a departmental directive specifying the difference between cooking, non-cooking or "warming" facilities, or their designation. CANY has submitted a FOIL request for information regarding what appliances/equipment are provided to incarcerated individuals for cooking or meal preparation (FOIL # DOCCS-23-08-185).

⁴ The monitoring visit occurred on July 11-12, 2023. According to AccuWeather the temperatures on those days were 86 degrees and 89 degrees respectively. Accuweather. *Beacon, NY Monthly Weather July 2023*. Retrieved February 29, 2024 from <https://www.accuweather.com/en/us/beacon/12508/july-weather/334685?year=2023>

Overview of Fishkill Correctional Facility

Fishkill is a medium security prison⁵ for adult men in Beacon, Dutchess County, NY. It is part of the Green Haven Hub. Fishkill was constructed in 1896 and began as the Matteawan State Hospital for the Criminally Insane. Matteawan ceased operation in 1977 and the facility was converted to its present use.⁶ The facility is also classified as a Work Release and Residential Treatment Facility (RTF).⁷

During CANY's visit, the executive team reported information about Fishkill's layout, capital projects, programs, staff, and incarcerated population. CANY supplemented the information reported by the executive team through a review of administrative datasets obtained via FOIL request.

Physical Layout

Fishkill is made up of 44 housing units, consisting of dormitories, single rooms, multi-occupancy rooms, single cells, and double cells. These units include General Population (GP), Residential Rehabilitation Unit (RRU), Special Housing Unit (SHU), and Regional Medical Unit (RMU). A CCTV camera system monitors the perimeter of the 16-foot chain link fence. According to the executive team, the facility has 167 cameras in various locations throughout the facility.

Capital Projects

The executive team answered questions about completed and future capital projects. These included renovations to the gymnasium⁸ and kitchen, updates to the fire alarm system, and a project to restore the 21 Building elevator to make it accessible. Fishkill implemented a pilot program for body cameras but stopped using them when they stopped working. There is a plan to add new mounted cameras and body cameras for Fishkill but no estimated timeline for implementation. Other projects that have been approved include new windows and steam to hot water conversion for heat. There are also plans to build congregate recreation pens for the RRU in 2024-2025. On the first morning of the CANY visit (July 12, 2023), there was a water main break which cut off access to hot water and led to water pressure issues across the facility.

Programs

The executive team described the academic, vocational, and transitional services available at the facility. The department offers a variety of programs at Fishkill including education (e.g., adult

5 Although Fishkill is classified as a medium security prison, it also houses people classified as minimum security in the work release program, and people classified as maximum security in the RRU and the Regional Medical Unit or the Unit for Cognitively Impaired. Department of Corrections and Community Supervision. (2023, October 23). *Fishkill Correctional Facility* (DOCCS Directive 0051). <https://doocs.ny.gov/system/files/documents/2023/10/0051.pdf>

6 Fishkill – From Madhouse to Modern Correctional Facility. (1998, December). *DOCS Today*. <https://www.correctionhistory.org/html/chronicl/docs2day/fishkill.html>

7 FindLaw.com - New York Consolidated Laws, Correction Law - COR § 73. Residential treatment facilities - last updated January 01, 2021 | <https://codes.findlaw.com/ny/correction-law/cor-sect-73/>

8 According to the executive team the gymnasium was closed at the time but scheduled to reopen on July 20, 2023.

basic education, Puppies Behind Bars⁹) and college programs run by Bard Prison Initiative and Alliance University. CANY representatives learned that the Alliance University program (formerly known as Nyack College) was closing due to loss of accreditation¹⁰. There is also an interlibrary loan program available in the general library, so incarcerated people can get books from the town library. Vocational programming at Fishkill includes culinary arts, computer operator, food service training and certificate program, small engine repair, floor covering, painting, building maintenance, horticulture, and custodial maintenance. Transitional services at Fishkill include ART and the work release program. Fishkill also offers Alcohol and Substance Abuse Treatment (ASAT)¹¹, which is offered at most facilities. At the time of CANY's visit, there were ten people in the work release program.

Staffing

The executive team answered questions about their security, administration, and program staffing needs. The executive team reported current staffing levels at Fishkill as 850 security staff and about 275 civilian staff. The executive team cited understaffing as a challenge which leads to mandated overtime. Staffing shortages totaled about 100 positions across all areas, including a 50% shortage in nursing (they were currently filling vacancies with agency nurses), and approximately a 20% shortage in programming, 82 out of 99 Budgeted Fill Level (BFL). One nurse practitioner position for general population units was vacant, and dental was fully staffed. Additional administrative vacancies were reported, including for clerical staff. The superintendent reported some vacancies resulting from attrition due to retirement and people leaving because of the COVID pandemic.

The executive team's presentation of the facility's staffing needs roughly mirrors the data in a DOCCS bi-weekly staffing report issued on January 4, 2023, suggesting that many of the open positions discussed during CANY's visit had been unfilled since the beginning of the year. According to DOCCS administrative staffing data, as of January 4, 2023, Fishkill had 792 security staff out of a BFL of 831, 84.56 health services staff out of a BFL of 115¹², and 77 program staff out of a BFL of 95.¹³ Fishkill had 15 nurses out of a BFL of 30. Fishkill had no vacancies in captain and lieutenant roles, with 2 and 14 positions filled respectively. The executive leadership noted that it was easier to fill the lieutenant position because it is a desirable role.

9 Participants in the Puppies Behind Bars program earn the job title of Animal Caretaker on their permanent file and receive a certificate of completion from Puppies Behind Bars. See more information about Puppies Behind Bars on the DOCCS website Department of Corrections and Community Supervision. Department of Corrections and Community Supervision. Puppies Behind Bars. <https://doccs.ny.gov/puppies-behind-bars>

10 ACutler, Nancy. (2023, July 5). Alliance University, formerly Nyack College, closing down after losing accreditation. *Rockland/Westchester Journal News*. <https://news.yahoo.com/alliance-university-formerly-nyack-college-090221458.html>

11 See more information about ASAT on the DOCCS website Department of Corrections and Community Supervision. *Alcohol and Substance Abuse Treatment (ASAT)*. <https://doccs.ny.gov/alcohol-and-substance-abuse-treatment-asat>

12 This is the total number of health service staff in Fishkill and Fishkill RMU. According to the DOCCS administrative staffing data as of January 1, 2023, there were 56.56 health service staff out of BFL 68 in Fishkill, and 31 health service staff out of 47.5 in Fishkill RMU.

13 This includes a total for both Fishkill and Fishkill RMU. According to the DOCCS administrative staffing data as of January 1, 2023, there were 74.4 program services staff out of BFL 90.55 in Fishkill, and 3.5 program services staff out of 5 in Fishkill RMU.

During the monitoring visit, CANY representatives conducted informal conversations with security staff throughout the facility. Staff morale appeared to be relatively high at Fishkill; however, staff had concerns about their ability to communicate with their families and meet their essential needs while working. For example, staff cannot easily contact their families when they must work mandatory overtime: there is only one pay phone available for staff use within the facility. Additionally, staff cannot leave their posts while on duty, making it difficult to drink enough water when working overtime or long shifts. Staff stated that receiving a “care package” of essential needs would alleviate this issue.

One staff member mentioned not seeing executive leadership walk around the facility, implying that they did not have regular communication with the executive leadership. The executive team reported holding monthly meetings with union representatives and staff. Some concerns have been raised at those meetings, including regarding mandatory overtime and 16-hour shifts. The executive team reported that the facility conducts 15-20 medical trips per day which leads to overtime because officers are pulled from posts to make these trips. Each medical trip requires two officers.

Population

Per the executive team, the facility’s capacity is 1,558 incarcerated people. On the first day of the visit, July 12, 2023, the executive team reported that there were 1,372 people in custody, 33 of whom were housed in the SHU, 61 in the RRU, and about 40 people in the RMU, which includes people in the UCI and Long-Term Care Unit combined.

CANY reviewed an administrative dataset, “Incarcerated Individuals Under Custody,” to (1) supplement the information reported by the executive team and (2) compare the demographic characteristics of the Fishkill population with that of the rest of the New York State prison population. “Incarcerated Individuals Under Custody” represents the individuals under the custody of DOCCS on a particular day. CANY reviewed the data file from July 1, 2023, the closest available file to the visit date.

On July 1, 2023, there were 1,293 people incarcerated in Fishkill. The administrative data mirrors the statistics cited by the executive team—87% (1,136/1,293) of the population is housed in general population units and the remaining 13% (177/1,293) is housed in specialized units: RMU, Enhanced Intermediate Care Program (ICP)¹⁴, RTF, TRICP, Residential Crisis Treatment Program (RCTP), UCI, and Work Release.

Unusual Incidents and Deaths

CANY reviewed: (1) DOCCS’ unusual incident data for January through August of 2023 and (2) State Commission of Correction’s (SCOC) death data, which reflects a more complete record of deaths in

¹⁴ This unit is for individuals designated as seriously mentally ill (SMI) with known patterns of violence (SMI-V). (2023, October 23). *Fishkill Correctional Facility* (DOCCS Directive 0051). <https://doocs.ny.gov/system/files/documents/2023/10/0051.pdf>
According to the Office of Mental Health’s mental health program description, the enhanced ICP offers 4 hours of structured, out-of-cell therapeutic programming 5 days per week. These programs are offered at Elmira, Green Haven, and Fishkill.

DOCCS facilities, as some deaths in custody do not necessarily trigger an unusual incident report.¹⁵ SCOC data shows that two deaths occurred in Fishkill through the end of August 2023. Fishkill has an RMU, which provides incarcerated people with a higher level of medical care. Facilities with RMUs have a higher number of deaths in custody as people in these units may be diagnosed with chronic or terminal illnesses.¹⁶ Additional details about deaths in DOCCS custody can be reviewed on CANY's website: www.correctionalassociation.org/data.

The executive team informed CANY representatives that Fishkill has a hospice program with 21 beds. Incarcerated individuals who work in the hospice program receive a hospice care certification. Medical staff explained that they submit medical parole¹⁷ applications for all individuals incarcerated in the RMU; in the past year, four applications had been granted and four were under review at the time of CANY's visit.

The unusual incidents data reveals that the rates of (1) assaults, both on staff and incarcerated individuals, and (2) staff use of force, particularly use of chemical irritant, are higher at Fishkill compared to the system overall. The rate for contraband weapons at Fishkill is about the same as the system overall. Rates of (1) self-inflicted injury, (2) contagious disease, and (3) staff use of force, particularly use of baton, are lower at Fishkill compared to the system overall.

¹⁵ DOCCS defines an unusual incident in Directive 4004 as, "a serious occurrence that (1) may impact upon or disrupt facility operations, or (2) has the potential for affecting the Department's public image, or (3) might arouse widespread public interest. In general, any incident shall be reportable under the provisions of this directive which (1) satisfies the definition (above) of 'unusual incident,' or (2) involves the use of chemical weapons, or (3) involves staff use of a weapon, or (4) results in moderate or serious injury to any incarcerated individual/releasee or staff. SCOC's death data reflects a more complete record of deaths. (2022, May 2). Unusual Incident Report (DOCCS Directive 4004). Obtained via FOIL request.

¹⁶ See more information about Medical on the DOCCS website Department of Corrections and Community Supervision. *Medical/Dental/Mental Health Services*. <https://doccs.ny.gov/medical-services>

¹⁷ See NYS DOCCS Medical Parole and Compassionate Release Directive. (2023, January 23). *Medical Parole and Compassionate Release* (DOCCS Directive 4304). https://doccs.ny.gov/system/files/documents/2023/02/4304-public_1.pdf

Table 2. Unusual Incidents, January – August, 2023

| Type | Incident | Fishkill | | System Wide | |
|---------------------|---|----------|---|-------------|---|
| | | Count | Avg. Monthly Rate 1K PPL. in Custody | Count | Avg. Monthly Rate 1K PPL. in Custody |
| Assaults | Assault on Incarcerated Individual | 86 | 8.2 | 1,143 | 4.5 |
| | Assault on Staff | 48 | 4.6 | 734 | 2.9 |
| | Other Assault | 0 | 0.0 | 4 | 0.0 |
| Contraband | Weapons | 73 | 6.9 | 1,598 | 6.3 |
| | Drugs/Alcohol | 30 | 2.8 | 199 | 0.8 |
| | Other | 14 | 1.3 | 252 | 1 |
| Disruptive Behavior | Refused Instruction/ Refused Strip Frisk | 46 | 4.4 | 804 | 3.2 |
| | Cell Extraction | 6 | 0.6 | 136 | 0.5 |
| | Other | 3 | 0.3 | 144 | 0.6 |
| Facility Disruption | Accident | 19 | 1.8 | 240 | 1.0 |
| | Lost/Stolen Property | 6 | 0.6 | 46 | 0.2 |
| | Fire | 3 | 0.3 | 17 | 0.1 |
| Health-Related | Use of Narcan | 22 | 2.1 | 309 | 1.2 |
| | Use of AED | 5 | 0.5 | 59 | 0.2 |
| | Contagious Disease | 1 | 0.1 | 119 | 0.5 |
| Self-Harm & Suicide | Self-Inflicted Injury | 0 | 0.0 | 34 | 0.1 |
| | Suicide Attempts | 3 | 0.3 | 76 | 0.3 |
| | Suicides | 0 | 0.0 | 3 | 0.0 |
| Staff Use of Force | Use of Chemical Irritant | 78 | 7.4 | 1,239 | 4.9 |
| | Use of Baton | 1 | 0.1 | 69 | 0.3 |
| | Use of Other Weapon | 0 | 0.0 | 6 | 0.0 |

Source: DOCCS Unusual Incident Reports, January – August 2023

Findings from Interview Data

Basic Provision of Services

1. Respondents found that commissary items were often unavailable and unaffordable.
2. While most people at Fishkill reported being afforded three meals a day, many people expressed dissatisfaction with the food quality and consequently sought out costly alternatives.
3. All respondents reported being able to access phones and tablets.
4. While many respondents indicated that they received in-person visits, the proportion of respondents who reported receiving in-person visits in Fishkill is lower compared to other medium security prisons.
5. Most respondents reported that they can access items from packages in a timely manner. However, many of these same respondents find packages to be incomplete and expensive.

Healthcare

6. Respondents were generally satisfied with access to medical care, however there was a perception among many respondents that the care they received was substandard. Several respondents were also frustrated by long wait times, especially for specialty care.

Mental Health

7. Respondents in specialized mental health units gave mostly positive reviews of OMH staff and programs, while members of general population desired more mental health support.

Programming and Recreation

8. A lower proportion of respondents reported being able to access academic and vocational programs in Fishkill compared to most other medium security prisons. Some people reported long waitlists for mandatory programs in particular.

Staff-Incarcerated Individual Interactions

9. Respondents reported mixed experiences with staff. While reports of verbal, physical, and sexual abuse carried out by staff are higher than most other medium security prisons, a number of people in general population units expressed appreciation for the

professionalism of the staff at Fishkill, describing a positive staff culture, including effective communication between staff and incarcerated individuals.

Grievances

10. Respondents expressed a lack of confidence in the grievance process, including long delays in receiving responses.

Material Conditions and Environmental Issues

11. A higher portion of respondents describe the disciplinary system in Fishkill as fair compared to other medium security prisons.

Material Conditions and Environmental Issues

12. Respondents reported a lack of adequate temperature controls in housing areas; incarcerated people asserted that fixtures and appliances were in disrepair and maintenance issues were not resolved in a timely manner.

Analysis of Interview Data

CANY staff analyzed the interviews conducted on the monitoring visit to better understand (1) the provision of basic services, (2) medical and dental health care, (3) mental health care, (4) programming, (5) staff-incarcerated individual interactions, (6) grievances, (7) discipline, and (8) material conditions at Fishkill. To gauge whether the people's responses at Fishkill mirror those at other medium-security prisons, CANY compares close-ended responses collected on this visit to those collected at other medium-security prisons between January 2022 and May 2023, including Wyoming, Ulster, Marcy, Mid-State, and Albion.¹⁸

This analysis supports the impressions that CANY representatives presented to the executive team and raises questions about two interrelated issues: (1) people's ability to access basic services and (2) material conditions at Fishkill. Inconsistencies in the provision of some services such as packages and commissary appear to be driven, at least in part, by operational challenges. Fishkill's aging infrastructure presents challenges to facility operations, contributing to concerns about disrepair and the ability to support appliances such as refrigerators, and the availability of enough phones for the population. Staffing vacancies also pose challenges for the operation of the facility, including concerns from staff about mandated overtime and concerns from incarcerated people about access to medical services.

¹⁸ CANY visited Ulster in March 2023, Wyoming in May 2023, Marcy in October 2022, Midstate in October 2022, and Albion in June 2022.

Basic Provision Of Services

CANY representatives asked incarcerated people in general population units about their access to services such as commissary, packages, food, phone calls, and visits. Below are the findings and responses to those questions.

Table 3. Provision of Basic Services in General Population Units

| Questions | Responses | | | | | |
|---|-----------|-------|---------|-------|---------|-------|
| | YES | | NO | | TOTAL | |
| | Percent | Count | Percent | Count | Percent | Count |
| Is the commissary adequately stocked with items on a regular basis? | 39% | 16 | 61% | 25 | 100% | 41 |
| Are you able to access items from packages in a timely manner? | 56% | 23 | 44% | 18 | 100% | 41 |
| Are you receiving three meals per day in adequate portions? | 66% | 27 | 34% | 14 | 100% | 41 |
| Are you able to make phone calls , either by using the phones or through a tablet? | 100% | 41 | 0% | 0 | 100% | 41 |
| Do you receive in-person visits ? | 76% | 31 | 24% | 10 | 100% | 41 |

Commissary

1 Respondents found that commissary items were often unavailable and unaffordable.

Concerns related to commissary are common across facilities. Thirty-nine percent (39%, 16/41) of respondents in general population units in Fishkill agreed that the commissary is adequately stocked on a regular basis. This is a higher rate compared to 27% (28/105) in Wyoming, 21% (7/33) in Ulster, 0% (0/62) in Marcy, and 21% (13/63) in Albion. Mid-State is an outlier— 62% (24/39) of respondents there found the commissary to be adequately stocked on a regular basis.

Prices, wages, and affordability

Eighty-three percent (83%, 34/41) of all people in general population units interviewed by CANY described issues with the commissary system. A subset of these responses— 18 instances— attributed these issues to products being too expensive. Six (6) individuals also brought up concerns with wages; one person stated, “If an inmate is making facility money, they don't have enough to buy anything from commissary.” Incarcerated people in specialized units (TriCP, LTC, UCI) described similar concerns with commissary (5 instances). A few incarcerated individuals reported adequate experiences with commissary (4 instances).

- ▶ "It's getting expensive"
- ▶ "Commissary is very overpriced"
- ▶ "how can I survive with \$15 made in 2 weeks?"

The executive team told CANY representatives that commissary prices are decided by a bid held every five years at the facility level, which results in different prices for products across the system. They also asserted that prices at Fishkill tend to be more expensive than those upstate because it is closer to New York City.¹⁹ One possible solution proposed by the superintendent would be to have a centralized bid for all facilities across the state which would result in uniform costs and allow incarcerated people to get their orders directly from a single vendor.

Out of stock

Another concern respondents raised was that items are often out of stock at any given time (13 instances); most respondents identified fresh produce as the items most likely to be out of stock (10 instances).

Food

2 While most people at Fishkill reported being afforded three meals a day, many people expressed dissatisfaction with the food quality and consequently sought out costly alternatives.

Reports of receiving three substantive meals per day are relatively high in most medium security prisons. Sixty-six percent (66%, 27/41) of respondents in general population units at Fishkill report receiving three meals per day. Ulster has the highest share of respondents in general population units who reported receiving three meals per day at 91% (32/35), followed by 86% (30/35) in Mid-State, 82% (86/105) in Wyoming, 65% (40/62) in Marcy, and, finally, 59% (34/58) in Albion.

When asked to elaborate on their experiences with the facility's food service, nearly half of these same respondents (44%, 12/27) indicated that they try to avoid eating at the mess hall whenever possible, suggesting that some of their meals might not come directly from the facility's food service but from commissary purchases. Additionally, 74% (20/27) of respondents expressed concerns about food quality and nutritional value.

Food was a major concern raised by incarcerated people throughout the CANY monitoring visit, including concerns about not having access to refrigerators to store food that is purchased via packages or commissary. According to the executive team, the aging infrastructure of the facility cannot sustain refrigerators.

Quality and unhealthy food options

Forty-nine percent (49%, 20/41) of respondents in general population units expressed concerns

¹⁹ The executive team also attributed the increase in gas prices to the increased in prices of items in commissary.

about the quality and nutritional value of the food served at the mess hall. These respondents often characterized the food as unpalatable and expressed strong aversion to it. A small subset of these respondents expressed concerns about health risks, claiming that the mess hall food contained excessive quantities of soy (3 instances).

- ▶ "They could definitely do better with what they feed us"
- ▶ "Some of the food is disgusting"
- ▶ "The dogs won't even eat it"

Mess hall participation

Thirty percent (30%, 12/41) of respondents in general population units stated that they either fully abstain from eating at the mess hall or avoid it whenever possible. Some described preferring to eat what they buy through commissary or food received via packages (3 instances) and others stated hygiene problems and the presence of vermin (2 instances).

Phones and Tablets

3 All respondents reported being able to access phones and tablets.

Most respondents in medium security prisons report being able to use phones or tablets to make calls. The share of respondents in general population units who reported being able to use phones or tablets to make calls was 97% (111/114) in Wyoming, 97% (34/35) in Ulster, 97% (38/39) in Mid-State, 96% (38/30) in Marcy, and 92% (54/59) in Albion.

One hundred percent (100%, 41/41) of people in Fishkill who spoke to CANY representatives about phones in general population units stated that they were able to use phones or tablets to make calls, a finding that aligns with trends observed at other medium security prisons.

Despite universal access to phones or tablets to make calls being reported overall, ILC and IGRC members cited some challenges about being afforded enough phone time. Some of the challenges included; not having phones in the yards and some housing units only having one phone available for 30 people to use (5 instances). ILC and IGRC members acknowledged that staff allow incarcerated people the ability to make phone calls anytime while in the housing unit, however, due to facility schedules (e.g., mess hall mealtimes, program modules, etc.), most people use the phones at the same time.

Tablets²⁰

Some incarcerated people in the SHU and RRU reported not having access to law library tablets. The executive team acknowledged there had been outages and during that time people were given access to the law library or had law library staff going to the units to provide assistance.

²⁰ See DOCCS Directive on Incarcerated Individual Tablet Program. (2022, November 1). *Incarcerated Individual Tablet Program* (DOCCS Directive 4425). https://doccs.ny.gov/system/files/documents/2022/11/4425_0.pdf

Incarcerated people in general population units told CANY representatives that they would like to make phone calls from their tablets as is permitted in the SHU and RRU.²¹

Visits

4 While many respondents indicated that they receive in-person visits, the proportion of respondents who reported receiving in-person visits at Fishkill is lower compared to other medium security prisons.

Seventy-six percent (76%, 31/41) of respondents in general population units at Fishkill reported receiving in-person visits. Both Fishkill (76%, 31/41) and Wyoming (79%, 85/107) have a lower share of respondents reporting having in-person visits compared to 91% (30/33) in Ulster.

Incidents impacting visitors

Despite incarcerated people reporting receiving in-person visits, some incarcerated people reported incidents that impacted their visitors (5 instances).²² One (1) individual explained that families must wait outside in the cold, heat, or rain for long periods of time with no shelter. One (1) individual stated that his family was treated disrespectfully by staff and told them not to come back: “My wife has had problems with staff cursing her out and disrespecting her.”

Packages

5 Most respondents reported that they can access items from packages in a timely manner. However, many of these same respondents find packages to be incomplete and expensive.

Most respondents in medium security prisons report receiving packages in a timely manner. Fifty-six percent (56%, 23/41) of respondents in general population units at Fishkill reported getting packages in a timely manner, a lower share compared to 68% (23/34) in Ulster, and 61% (57/94) in Wyoming.

Perception of arbitrary denials and allegations of theft

Many respondents in general population units reported concerns with packages (27 instances). These concerns involved a perception of arbitrary denials (7 instances), allegations that items are missing due to theft (9 instances), and concerns with the staff working in the package room (5 instances). Nine (9) respondents used the words “stealing” or “stolen” when describing the delivery of incomplete packages, implying staff responsibility for missing package items.

- ▶ “They [correctional officers] steal a lot in the package room and don’t let you have what you should be allowed”

²¹ In October 2023, DOCCS announced it would expand its ability to allow phone calls via tablets for all incarcerated individuals. The department will first implement this at the three female facilities in early 2024 and then expand to the remainder of the facilities.

²² The interview protocol does not prompt individuals to provide additional comments about visits.

The executive team pointed to issues with Amazon, stating that items from a single order will be sent in multiple boxes,²³ which could lead package recipients to believe that certain items in their order had been rejected by the facility or taken by staff. Some respondents in general population units reported adequate experience with packages (7 instances).

Cost

Incarcerated people in general population units also cited cost as the reason they stopped getting packages. Many believe changes to the package policy 4911 has created a hardship for their loved ones because items are more expensive (5 instances).²⁴

Healthcare

6 Respondents were generally satisfied with access to medical care, however there was a perception among many respondents that the care they received was substandard. Several respondents were also frustrated by long wait times, especially for specialty care.

The share of respondents in Fishkill's general population units who reported satisfaction with the healthcare provided is higher than other medium security prisons. Sixty-two percent (62%, 21/34) of respondents in general population units reported receiving adequate medical care in Fishkill, compared to 53% (39/74) in Wyoming, 31% (11/35) in Marcy and 41% (11/27) in Mid-State.²⁵ Ulster is an outlier where 74% (14/19) of respondents in general population units reported receiving adequate medical care there. Additionally, of respondents in general population units in Fishkill, 74% (20/27) reported receiving adequate dental care, compared to 64% in Ulster (7/11), 59% (30/51) in Wyoming, 25% (3/12) in Marcy, and 14% (1/7) in Mid-State.²⁶

Most respondents in general population units in Fishkill also stated that providers had responded to their requests for medical and dental care, 88% (35/50) and 78% (28/36) respectively. However, respondents reported varied wait times for services. Of the 35 who had received a response to a medical request, 23 provided further information regarding response times: 47% (11/23) reported receiving responses within two days, 21% (5/23) reported receiving a response within a week, while 30% (7/23) waited longer than a month. The share of respondents in the RRU who reported receiving a response to medical care was high, 70% (12/17) of those who requested care reported receiving a response. However, less than half of these (42%, 5/12) reported that medical care

23 DOCCS Directive 4911A sets restriction on the number of food packages that an incarcerated individual can receive a month but does not set any restrictions on other packages. See DOCCS Directive 4911A. (n.d.) *Packages and Articles Sent to Facilities* (DOCCS Directive 4911A). <https://doccs.ny.gov/system/files/documents/2022/04/4911a-draft-version.pdf>

24 Many incarcerated individuals reported concerns about access to package items in CANY's most recent visits to Eastern, Ulster, Wende, and Wyoming due to recent changes to the DOCCS' package policy, Directive 4911A. This directive includes a list of allowable articles as an attachment which outlines approved items for the following categories: food items, food utensils, tobacco products, toilet articles/ cosmetics, clothing, educational supplies, miscellaneous, recreational supplies, art & hobby supplies, and religious articles. See DOCCS Directive 4911A. (n.d.) *Packages and Articles Sent to Facilities* (DOCCS Directive 4911A). <https://doccs.ny.gov/system/files/documents/2022/04/4911a-draft-version.pdf>

25 CANY representatives did not ask this question at Albion.

26 CANY representatives did not ask this question at Albion.

received was “adequate.” The issues of long wait times and challenges accessing specialty care were also major themes among respondents.

Wait times for dental care also varied significantly. Of the 36 respondents in general population units who requested and received dental care, 19 provided responses regarding wait times: 21% (4/19) of these reported receiving a response within 2 days, 37% (7/19) reported receiving care within 1 week, 11% (2/19) reported receiving a response within a month; and 32% (6/19) reported wait times of longer than a month. In the RRU, only 23% (4/17) reported receiving a response to their request for dental care, while 29% (5/17) reported that they did not receive a response. Of those that received dental care, 50% (2/4) said that the care received was adequate.

Table 4. Medical and Dental Healthcare in General Population Units

| Questions | Responses | | | | | |
|---|-----------|-------|---------|-------|---------|-------|
| | YES | | NO | | TOTAL | |
| | Percent | Count | Percent | Count | Percent | Count |
| If you requested medical care, have you received a response? | 88% | 35 | 13% | 5 | 100% | 40 |
| If you requested dental care, have you received a response? | 78% | 28 | 22% | 8 | 100% | 36 |
| Do you have unaddressed medical or dental needs? | 43% | 19 | 57% | 25 | 100% | 44 |

| | YES | | NO | | N/A | | TOTAL | |
|--|---------|-------|---------|-------|---------|-------|---------|-------|
| | Percent | Count | Percent | Count | Percent | Count | Percent | Count |
| If you have received medical care, was the level of care adequate? | 62% | 21 | 26% | 9 | 12% | 4 | 100% | 34 |
| If you have received dental care, was the level of care adequate? | 74% | 20 | 11% | 3 | 15% | 4 | 100% | 27 |
| Are you receiving medication as prescribed, including scheduling and dosage? | 46% | 19 | 20% | 8 | 34% | 14 | 100% | 41 |

| | 2 DAYS | | 1 WEEK | | 2 WEEKS | | 1 MONTH | | >1 MONTH | | TOTAL | |
|--|---------|-------|---------|-------|---------|-------|---------|-------|----------|-------|---------|-------|
| | Percent | Count | Percent | Count | Percent | Count | Percent | Count | Percent | Count | Percent | Count |
| If you have received medical care, how long did it take to get care? | 48% | 11 | 22% | 5 | 0% | 0 | 0% | 0 | 30% | 7 | 100% | 23 |
| If you <i>have not</i> received medical care, how long has your request been outstanding? | 0% | 0 | 0% | 0 | 0% | 0 | 33% | 1 | 67% | 2 | 100% | 3 |
| If you have received dental care, how long did it take to get care? | 21% | 4 | 37% | 7 | 0% | 0 | 11% | 2 | 32% | 6 | 100% | 19 |
| If you <i>have not</i> received dental care, how long has your request been outstanding? | 0% | 0 | 0% | 0 | 14% | 1 | 14% | 1 | 71% | 5 | 100% | 7 |

The executive team reported 136 people enrolled in the MAT program on the day of CANY's visit. This is approximately 10% (136/1307) of the Fishkill population. This is slightly higher than other medium security prisons CANY visited, compared to 9% (84/971) at Wyoming and 6% (32/375) at Ulster.²⁷ When meeting with the medical team, CANY learned that there had been issues with supply of MAT medication; in October 2022, the medical director explained that the pharmacy "did not want to provide as much medication as they were requesting." They also cited challenges scheduling MAT participants for medications, due to the large cohort, but indicated that this situation was improving and there was no longer a waitlist.

Perception of substandard quality of care

As noted above, most respondents in general population units (62%, 21/34) stated that medical care they received at Fishkill was "adequate." However, when asked to elaborate on their experiences with medical and dental care, there was a perception among respondents in general population units that the care provided was substandard (16 instances). In addition, respondents also reported problems with emergency healthcare response (7 instances), including concerns regarding the over-reliance on Tylenol or ibuprofen (4 instances).

- ▶ "They just give you ibuprofen"
- ▶ "The care is insufficient and when going in for medical, they prescribe ibuprofen for everything without attempting to figure out what is actually wrong"

In the RRU, five (5) individuals raised concerns about substandard medical care. In the SHU, CANY also heard reports from eight (8) individuals regarding unaddressed medical needs. However, feedback in the specialized units,²⁸ was more varied. While CANY heard several reports of substandard medical care (7 individuals) in specialized units, particularly among those in long term care unit,²⁹ CANY also interviewed nine (9) people in the specialized units who provided positive feedback regarding medical care received, and seven (7) noted that the dental care received was "good" or "excellent."

- ▶ "I have not been given my 'self-carry' acid reflux medication in SHU"
- ▶ "Very good. I've been sent out to specialists when needed. My Glaucoma got treated."
- ▶ "Despite what everyone says, there are some good parts of treatment. The nurse administrator is a good person. When you get seen they treat people well."

²⁷ Enrollment numbers in MAT is based off numbers reported by executive team at each facility on the day of the CANY monitoring visit.

²⁸ CANY interviewed 27 people in specialized units, this included: 12 people in TrICP, 4 in the Menal Health Unit, 11 in RMU which includes, 5 in Long Term Care and 4 in UCI.

²⁹ CANY interviewed 5 people in Long Term Care, and 4 reported issues with substandard medical care, while 1 reported adequate/mixed experiences.

Long wait times

Most respondents in general population units who requested medical or dental care reported having received care,³⁰ however, self-reported wait times varied significantly. Concerns regarding long waits were common among those interviewed in general population (13 instances). A subset of these (4 individuals) specifically highlighted concerns regarding long waits for referrals or access to specialty care.

- ▶ “I’m waiting to see a specialist and waiting for approval in Albany. I want to be checked for diabetes because I’ve had numbness, neuropathy.”
- ▶ “...it takes forever to get an appointment with a specialist”

The IGRC members also indicated that wait times for services were a major theme among the “health services” grievances received, including concerns regarding incarcerated individuals “having to put in a sick call five to six times in order for their issues to be addressed.” CANY also met with the grievance supervisor who acknowledged that medical grievances are “common.” She also noted that the IGRC faces challenges effectively triaging and appropriately responding to medical grievances, given that nobody on the committee has a medical background.

Qualitative data demonstrates opportunities for improvement in coordinating follow-up care and communicating care plans to incarcerated individuals. The medical director noted that it is an ongoing challenge to meet patients’ expectations for timeliness and provision of follow-up care, particularly given the team’s limited resources, and staffing shortages. CANY also raised concerns with the executive team regarding the capacity of the medical team to meet the population’s needs, including sick call response times. The executive team acknowledged that the 50 percent vacancy rate for nurses had contributed to delays.

Mental Health Care

7 People incarcerated in specialized mental health units gave mostly positive feedback regarding OMH staff and programs, while members of general population desired more mental health support.

Fishkill is an OMH Level 1 facility, which means that OMH staff are assigned to the facility on a full-time basis and provide treatment to patients with serious mental illnesses.³¹ On the day of CANY’s visit there were about 430 people on the mental health caseload. The array of available specialized services includes residential crisis treatment (RCTP), residential/day treatment, case management, and

³⁰ Most respondents in general population in Fishkill stated that providers had responded to their requests for medical and dental care, 88% (35/50) and 78% (28/36) respectively.

³¹ Correctional facilities are classified as Mental Health Service Levels (1-6) depending on the amount of mental health services and resources available at the facility. OMH level 1 status means that OMH staff are assigned to the facility on a full-time basis and are able to provide treatment to patients with a major mental disorder. The array of available specialized services include: residential crisis treatment, residential/day treatment, case management, medication monitoring by psychiatric nursing staff, and potential commitment to the Central New York Psychiatric Center.

medication monitoring by psychiatric nursing staff. RCTP accepts incarcerated males from facilities across the state.

Thirty-three percent (33%, 15/46) of respondents in general population units reported being on the OMH caseload. This is lower than 72% (47/65) in Albion, and 44% (18/41) in Mid-State. Both Albion and Mid-State are also OMH level 1 facilities.

Thirty-five percent (35%, 14/40) of respondents in general population units reported getting the mental health programs that they need. This is more than 24% (6/25) in Mid-State. Albion is an outlier where 69% (37/54) of respondents reported that they were getting the mental health programs that they needed.

Table 5. Mental Health

| | Responses | | | | | | | |
|--|-----------|-------|---------|-------|---------|-------|---------|-------|
| | YES | | NO | | N/A | | TOTAL | |
| | Percent | Count | Percent | Count | Percent | Count | Percent | Count |
| General Population | | | | | | | | |
| Are you on the OMH caseload? | 33% | 15 | 67% | 31 | | | 100% | 46 |
| Are you getting the mental health programs you need? | 35% | 14 | 10% | 4 | 55% | 22 | 100% | 40 |
| Have you attempted to hurt yourself in this prison? | 4% | 2 | 96% | 44 | | | 100% | 46 |
| SHU | | | | | | | | |
| Are you on the OMH caseload? | 29% | 4 | 71% | 10 | | | 100% | 14 |
| Are you getting the mental health programs you need? | 7% | 1 | 87% | 13 | 7% | 1 | 100% | 15 |
| Do you have unaddressed mental health needs? | 46% | 6 | 54% | 7 | | | 100% | 13 |
| Have you attempted to hurt yourself in this prison? | 0% | 0 | 100% | 15 | | | 100% | 15 |
| RRU | | | | | | | | |
| Are you on the OMH caseload? | 47% | 8 | 53% | 9 | | | 100% | 17 |
| Are you getting the mental health programs you need? | 53% | 9 | 24% | 4 | 24% | 4 | 100% | 17 |
| Have you attempted to hurt yourself in this prison? | 0% | 0 | 100% | 16 | | | 100% | 16 |

The OMH team reported having 40 staff including four (4) full-time Psychiatrists, one (1) part-time Psychiatrist, one (1) Nurse Practitioner, three (3) psychologists, ten (10) nurses (including one that functions in a clinical coordinator role), eleven (11) social workers. They had a nurse vacancy for the evening shift. The Superintendent explained that DOCCS has a good relationship with OMH administrators and staff in the facility, noting that the Unit Chief of OMH is invited to the prison's weekly administrative meetings. OMH provides individual and psychiatric services to active mental health patients in the RRU but is not presently providing OMH facilitated group programming.

Mixed experiences with mental health in general population

Qualitative responses demonstrated mixed experiences with mental health services in general population units. Of those interviewed in the general population eight (8) individuals reported receiving adequate care, while six (6) individuals cited challenges accessing mental health services, and nine (9) individuals reported receiving substandard care or care insufficient to meet their needs.

- ▶ “It always feels rushed - too many patients. I only get 15 minutes and I need more.”
- ▶ “I see a therapist 2x/month and also get medications.”

Positive experiences with mental health staff in RRU and mental health programming in specialized units

Most respondents in the RRU reported receiving adequate or positive mental health care experiences (7 individuals), including mentioning daily visits from mental health staff (5 individuals).

In the specialized units, people spoke particularly highly of mental health and programming staff (13 individuals). Several cited positive experiences with group therapy programs in specialized units (5 instances).

- ▶ “The mental health care staff is good. We go to groups every Tuesday and Thursday for two hours. I also see someone one to one once per month.”
- ▶ “They treat me good. Respectful.”

The OMH team also spoke positively about their work, citing positive improvements as a result of the HALT Act. OMH representatives observed that ensuring access to property³² and more phone calls in the RRU has led to “better attitudes” among incarcerated individuals, who they say are more likely to participate in programs and interact more positively with each other and staff. OMH representatives said this has enabled them to better perform their roles and effectively advocate for what residents need. OMH representatives noted that they often advocate for non-mental health related issues when they see an incarcerated person in RRU who needs help and cannot get it elsewhere.

32 New York Humane Alternatives to Long-Term Solitary Confinement Act, S. 2836(J)(iii) (2021).

Programming and Recreation

8 A lower proportion of respondents reported being able to access academic and vocational programs in Fishkill compared to most other medium security prisons. Some people reported long waitlists for mandatory programs in particular.

Reports of being able to access academic and vocational programs were lower in Fishkill compared to other medium security prisons. Sixty-four percent (64%; 29/45) of respondents in general population units reported being able to enroll in the academic and vocational programs they needed, compared to 85% (94/110) in Wyoming, 70% (44/63) in Albion, and 65% (26/40) in Midstate. However, the share of respondents who report being able to enroll in programs at Fishkill is higher compared to Marcy and Ulster, with 57% (31/54) and 53% (16/30) of respondents reporting the ability to enroll in programs, respectively.

Table 6. Programs and Recreation

| | Responses | | | | | | | |
|--|-----------|-------|---------|-------|---------|-------|---------|-------|
| | YES | | NO | | N/A | | TOTAL | |
| | Percent | Count | Percent | Count | Percent | Count | Percent | Count |
| General Population | | | | | | | | |
| Do you have access to the academic and vocational programs you need? | 64% | 29 | 20% | 9 | 16% | 7 | 100% | 45 |
| SHU | | | | | | | | |
| Do you have at least three hours of out of cell programming per day? | 64% | 9 | 36% | 5 | | | 100% | 14 |
| Do you have at least one hour of out of cell congregate recreation per day? | 47% | 7 | 53% | 8 | | | 100% | 15 |
| RRU | | | | | | | | |
| Do you have at least six hours of out of cell programming per day? | 53% | 9 | 47% | 8 | | | 100% | 17 |
| Do you have at least one hour of out of cell congregate recreation per day? | 59% | 10 | 41% | 7 | | | 100% | 17 |
| Have you ever been denied access to a program? | 21% | 3 | 79% | 11 | | | 100% | 14 |
| Have you ever refused to participate in a program session? | 47% | 7 | 53% | 8 | | | 100% | 15 |
| Do you have access to programs consistent with those you would have in general population? | 23% | 3 | 77% | 10 | | | 100% | 13 |

Wait times for programs

Sixty-four percent (64%; 29/45) of respondents in general population units reported being able to enroll in academic and vocational programs. Reasons for not enrolling varied but included: long wait times (8 individuals), recent arrival to the facility (2 individuals), and being program satisfied³³ (7 individuals).

- ▶ “It takes long to access the programs. Most of the time people do not have access until they are close to release.”

A small number of respondents in general population units reported long wait times and access to mandatory programs like ASAT and ART (3 instances). For example, one individual raised concerns that he has been unable to access ART, which is delaying his access to the Family Reunion Program.

- ▶ “I completed ART but ASAT is non-existent. I’m not eligible until 2023 but I want it now because I want to participate in the family reunion program.”
- ▶ “I was told I need to wait one year. Everything is very slow. There’s a line for everything. They really need technology here to help.”

As noted above, CANY representatives also learned that the Alliance University program (formerly known as Nyack College) was closing due to loss of accreditation. Five (5) respondents in general population units, and one (1) in RRU noted that this had left a gap and caused delays in accessing college programming.

Boredom and under-stimulation

Several respondents in general population units spoke to under-stimulation or boredom (5 instances). As noted above, the gymnasium was closed for renovation at the time of CANY’s visit. Representatives in the ILC/IGRC meeting also raised concerns that the gymnasium only has capacity for around 200 people at a time.

Staff-Incarcerated Individual Interactions

9 Respondents reported mixed experiences with staff. While reports of verbal, physical, and sexual abuse carried out by staff are higher than most other medium security prisons, a number of people in general population units expressed appreciation for the professionalism of the staff at Fishkill, describing a positive staff culture, including effective communication between staff and incarcerated individuals.

³³ “Program satisfied” is a term used when an incarcerated person has satisfied all the programming needs identified for the individual and the facility by DOCCS program committee. Programs may include counseling and treatment, academic study, vocational training, transitional services, industrial training, and maintenance work assignments. See DOCCS Directive 4401 Guidance and Counseling Services. Department of Corrections and Community Supervision. (2020, August 21). *Guidance and Counseling Services* (Directive 4401). <https://doccs.ny.gov/system/files/documents/2021/11/4401.pdf>

Reports of staff engaging in verbal, physical, or sexual abuse in general population units at Fishkill were slightly higher than at most medium security prisons. Sixty-one percent (61%, 28/46) of respondents reported having seen or experienced verbal, physical or sexual abuse compared to 56% (21/41) at Midstate, 53% (63/118) at Wyoming, and 43% (16/37) at Ulster. Marcy is an outlier where 80% (51/58) reported seeing or experiencing verbal, physical or sexual abuse.

Twenty-seven percent (27%, 4/15) of respondents in SHU reported having seen or experienced verbal, physical or sexual abuse. In RRU, 33% (5/15) of respondents reported having seen or experienced verbal, physical or sexual abuse.

Forty-six percent (46%, 21/46) of respondents in general population units reported seeing or experiencing racialized abuse. This percentage falls within the median range across medium security prisons, which include 67% (37/55) in Marcy, 58% (63/113) in Wyoming, 43% (26/60) in Albion, 25% (9/36) in Ulster, and 22% (8/36) in Mid-State.

Thirty-six percent (36%, 5/14) of people in SHU and 19% (3/16) in RRU reported seeing or experiencing racialized abuse by staff.

Table 7. Staff-Incarcerated People Interactions

| | Responses | | | | | |
|--|-----------|-------|---------|-------|---------|-------|
| | YES | | NO | | TOTAL | |
| | Percent | Count | Percent | Count | Percent | Count |
| General Population | | | | | | |
| Have you seen or experienced verbal, physical, or sexual abuse by staff at this prison? | 61% | 28 | 39% | 18 | 100% | 46 |
| Have you seen or experienced racialized abuse by staff at this prison? | 46% | 21 | 54% | 25 | 100% | 46 |
| SHU | | | | | | |
| Have you seen or experienced verbal, physical, or sexual abuse by staff at this prison? | 27% | 4 | 73% | 11 | 100% | 15 |
| Have you seen or experienced racialized abuse by staff at this prison? | 36% | 5 | 64% | 9 | 100% | 14 |
| RRU | | | | | | |
| Have you seen or experienced verbal, physical, or sexual abuse by staff at this prison? | 33% | 5 | 67% | 10 | 100% | 15 |
| Have you seen or experienced racialized abuse by staff at this prison? | 19% | 3 | 81% | 13 | 100% | 16 |

Positive experiences with staff

Fourteen (14) people in general population units expressed appreciation for the professionalism of the staff at Fishkill, describing a positive staff culture, including effective communication between staff and incarcerated individuals. The ILC characterized the culture and environment as better than they had experienced at other prisons.

Fifteen (15) people cited mixed experiences with staff, recognizing that staff turnover and understaffing create significant pressures affecting staff morale and interactions with incarcerated individuals.

- ▶ “Some COs bring their problems to work with them, but most are good.”
- ▶ “[Fishkill is] the best facility I have been in as far as honesty, respect, and programs.”
- ▶ “Some COs are better than others. Some start problems for no reason. There are not steady staff, regulars. There [are] always randoms working here.”

Negative experiences

Many incarcerated individuals (59%, 29/49) reported poor treatment by staff, including abuse of authority or dehumanizing treatment (43 instances). Multiple people cited concerns relating to the staff working in the commissary (9 instances). Some incarcerated people also reported instances of staff assault and the need for cameras. As noted above, the executive team acknowledged that there was a plan to get body worn cameras but there is no estimated timeline for installation of cameras yet.³⁴

- ▶ “They do not de-escalate situations, but rather respond violently. They have no respect and physically abuse people.
- ▶ “People are treated like animals”
- ▶ “Horrible, but it does vary. Some staff are there to make money and do their job while others are there to make the lives of others miserable. For example, some COs will turn the lights on at 4am and leave them on so people cannot sleep.”

There were also several reports of racism (19 instances) such as the use of racial slurs by staff (7 instances):

- ▶ “An officer went in the unit and told people to clean their areas and called them the n-word and ’monkeys.”

34 See DOCCS Prison Violence Task Force Report, July 2023. (2023, June). Prison Violence Task Force Report. https://doccs.ny.gov/system/files/documents/2023/06/prison-violence-task-force-report_june-2023_final.pdf

Grievances

10

Incarcerated people expressed a lack of confidence in the grievance process, including long delays in receiving responses.

Reports of engagement with the grievance process are similarly low at Fishkill compared to most medium security prisons. Thirty-five (35%, 15/43) of respondents in general population units reported having filed a grievance, compared to other medium security prisons like 43% (16/37) in Ulster, 39% (26/66) in Marcy, 28% (33/119) in Wyoming, and 22% (10/45) in Mid-State. Albion is an outlier— 57% (37/65) of respondents in Albion reported having filed a grievance. There is also a strong perception at Fishkill that the grievance process is not fair. Only 20% (4/20) of respondents at Fishkill agreed that the process is “fair.”

DOCCS’ latest semi-annual report examining the grievance program shows that incarcerated people across the prison system filed a total of 12,639 grievances in the first half of 2023.³⁵ Two hundred and thirty (230) of these grievances were filed in Fishkill. Fishkill accounts for roughly 4% of the state prison population and about 2% of grievances filed systemwide. Most grievances filed at Fishkill during this period were related to (1) “Facility Operations” (n=91), (2) Health Services (n=42), and “Executive Direction” (n=41).

Table 8. Grievances in General Population Units

| Questions | Responses | | | | | |
|--|-----------|-------|---------|-------|---------|-------|
| | YES | | NO | | TOTAL | |
| | Percent | Count | Percent | Count | Percent | Count |
| Have you filed a grievance at this prison? | 35% | 15 | 65% | 28 | 100% | 43 |
| If yes, has your grievance been resolved? | 20% | 2 | 80% | 8 | 100% | 10 |
| Is the grievance process fair? | 20% | 4 | 80% | 16 | 100% | 20 |

| | 2 DAYS | | 1 WEEK | | 2 WEEKS | | 1 MONTH | | >1 MONTH | | NO RESPONSE | | TOTAL | |
|--|---------|-------|---------|-------|---------|-------|---------|-------|----------|-------|-------------|-------|---------|-------|
| | Percent | Count | Percent | Count | Percent | Count | Percent | Count | Percent | Count | Percent | Count | Percent | Count |
| If you filed a grievance at this prison, how long did it take to get a response? | 0% | 0 | 8% | 1 | 15% | 2 | 0% | 0 | 0% | 0 | 77% | 10 | 100% | 13 |

Low engagement with grievance process

Sixty-five percent (65%, 28/43) of respondents in general population units indicated they had not initiated the grievance process while incarcerated in Fishkill. Thirteen (13) of these respondents

35 See DOCCS Incarcerated Grievance Program Semi-Annual Report 2023. (2023). *Incarcerated Grievance Program Semi-Annual Report*. https://doccs.ny.gov/system/files/documents/2023/12/incarcerated-grievance-program-semi-annual-report-jan-jun-2023_final.pdf

contextualized their lack of engagement with the grievance process: six (6) claimed they did not file grievances for fear of retaliation, seven (7) expressed a lack of confidence in the system, or a perception of bias. Of those who did engage with the process, twelve (12) individuals cited long waits for resolution, or no resolution at all. This is consistent with feedback from IGRC members CANY met with, who explained that “things get done, but very slowly.”

CANY met with the grievance supervisor, who cited other reasons for lack of engagement, including low literacy rates which prevent people from filing grievances, a statement supported by IGRC members.³⁶ She also acknowledged that many people are on the verge of being released and so, though they are not formally discouraged from filing grievances, many choose not to. This is consistent with the concern held by many incarcerated individuals that filing a grievance could jeopardize their chances of release or other retribution.

Low engagement in specialized units

CANY observed low engagement with the grievance process among those in specialized units. Of the 27 people interviewed in specialized units, five (5) reported having filed a grievance. Three (3) reported avoiding filing grievances due to fear of retaliation and two (2) cited concerns about the system being dysfunctional, however most did not elaborate on their experiences with grievances.

The IGRC members noted that many grievances relate to the facility’s mental health service,³⁷ but these grievances are difficult to respond to as incarcerated people on the OMH caseload often do not list their names or their ID numbers on grievance forms. The IGRC members noted that these half-completed grievances are “not really grievances,” but that they try to interview the incarcerated individuals who filed them and “make their complaints into workable grievances.”

Discipline

11 A higher portion of respondents describe the disciplinary system in Fishkill as fair compared to other medium security prisons.

Compared to other medium security facilities, a higher share of respondents in general population units in Fishkill describe the disciplinary process as fair. Forty-four percent (44%, 4/9) of respondents who had been subject to discipline in general population units described the disciplinary process as fair, as compared to 35% (6/17) in Ulster, 30% (3/10) in Mid-State, 22% (11/50) in Wyoming, 19% (7/30) in Albion, and 6% (2/33) in Marcy. Most of the people CANY spoke with had not been subject to discipline at Fishkill. ILC members attributed this to incarcerated individuals avoiding disciplinary tickets since many people are closer to the end of their sentence and therefore more cautious about

³⁶ The IGRC representatives also cited low literacy, or inability to write, as reasons that many incarcerated people do not file grievances.

³⁷ Complaints about mental health services are not subject to NYS DOCCS grievance program because mental health services are provided by the NYS Office of Mental Health. See DOCCS Directive Incarcerated Grievance Program 701.3 section (F) page 2. Department of Corrections and Community Supervision. (2016, January 20). *Incarcerated Grievance Program* (DOCCS Directive 4040). <https://doccs.ny.gov/system/files/documents/2022/12/4040.pdf>

risking disciplinary sanctions that could interfere with their release date.

Table 9. Discipline

| Questions | Responses | | | | | |
|---|-----------|-------|---------|-------|---------|-------|
| | YES | | NO | | TOTAL | |
| | Percent | Count | Percent | Count | Percent | Count |
| General Population | | | | | | |
| Have you been subject to discipline at this prison? | 24% | 10 | 76% | 32 | 100% | 42 |
| Is the disciplinary system fair? | 44% | 4 | 56% | 5 | 100% | 9 |
| SHU | | | | | | |
| Have you received additional disciplinary tickets while in SHU? | 40% | 6 | 60% | 9 | 100% | 15 |
| Have you received additional disciplinary confinement time and/or additional punishment in the SHU (e.g. loss of privileges)? | 15% | 2 | 85% | 11 | 100% | 13 |
| RRU | | | | | | |
| Have you received additional disciplinary tickets while in RRU? | 65% | 11 | 35% | 6 | 100% | 17 |
| If yes, did you receive a hearing for those disciplinary tickets received while in the RRU? | 78% | 7 | 22% | 2 | 100% | 9 |
| Have you received additional disciplinary confinement time and/or additional punishment in the RRU (e.g. loss of privileges)? | 50% | 6 | 50% | 6 | 100% | 12 |

Perceptions of Unfairness and/or Arbitrariness

Most people who received disciplinary tickets and/or sanctions (70%, 7/10) characterized the disciplinary process as unfair or arbitrary.

- ▶ “The process is corrupt... officers permit things to happen. If you're not working with the staff then you're working against them.”

The IGRC and ILC members suggested that perceptions of arbitrariness and unfairness are often due to lack of incarcerated individuals’ understanding of the system: “if you understand it, the disciplinary process in DOCCS is fair.” They underscored the importance of incarcerated individuals having access to directives and regulations to understand the system and engage with it. In particular, IGRC and

ILC members noted that as the discipline system is administered on a case-by-case basis, so there is potential for bias “based on how you present yourself.”

Material Conditions and Environmental Issues

12 Incarcerated people reported a lack of adequate temperature controls in housing areas; incarcerated people asserted that fixtures and appliances were in disrepair and that maintenance issues are not resolved in a timely manner.

The share of respondents who report having access to clean water and adequate temperature controls is relatively high across most medium security prisons. Eighty-four percent (84%, 36/43) of respondents in general population units in Fishkill reported having access to clean water outside the commissary compared to 87% (33/38) in Mid-State, 83% (49/59) in Albion, 77% (85/110) in Wyoming, 59% (30/34) in Ulster, and 27% (18/66) in Albion, an outlier.

A far lower share of respondents in general population units in Fishkill, 11% (5/44) described the facility’s temperature controls as adequate compared to 76% (28/37) in Mid-State, 70% (24/30) in Ulster, 42% (23/55) in Marcy, and 53% (54/101) in Wyoming. Temperatures were 86 and 89 degrees on the days of CANY’s visit to Fishkill.³⁸

Table 10. Material Conditions and Environmental Issues in General Population Units

| Questions | Responses | | | | | |
|---|-----------|-------|---------|-------|---------|-------|
| | YES | | NO | | TOTAL | |
| | Percent | Count | Percent | Count | Percent | Count |
| Do you have access to clean drinking water outside of the commissary? | 84% | 36 | 16% | 7 | 100% | 43 |
| Does this prison have adequate temperature controls for each season? | 11% | 5 | 89% | 39 | 100% | 44 |

Temperature control

Most respondents in general population units in Fishkill that spoke to CANY—89% (39/44)—characterized the facility temperature controls as inadequate. Fifty-two percent (52%, 23/44) of respondents specifically cited problems with temperature control in the summer and 34% (15/44) cited problems with heat in the winter. Incarcerated individuals also cited concerns that fans did not sufficiently address the heat (9 instances).

³⁸ Accuweather. *Beacon, NY Monthly Weather July 2023*. Retrieved February 29, 2024 from <https://www.accuweather.com/en/us/beacon/12508/july-weather/334685?year=2023>

- ▶ "barely have heat in the winter"
- ▶ "In summer it's hot, in winter it's freezing!"
- ▶ "freezing in the winter, boiling in the summer"

Concerns with ventilation in SHU were raised by incarcerated individuals (4 instances). Additionally, CANY representatives that visited the SHU noted that the unit was uncomfortably hot. They observed that the exterior window in some of the cells was shut and could not be opened. The superintendent informed CANY representatives that the windows had been opened on the second day of the CANY monitoring visit.

Fixtures and maintenance

When asked if everything was working in their cells or housing units, respondents in general population units cited issues with showers and bathrooms (31 instances). A subset of these respondents mentioned concerns with shower temperatures (4 instances) and leaking toilets (8 instances). One (1) individual reported that two toilets in his block had been broken for two months, leaving only one toilet for 27 people. Mold in the showers was raised in three instances. Concerns related to broken windows also arose during conversations with CANY representatives (11 instances).

The executive team described the challenges they experienced due to the overall infrastructure of the facility. Several capital projects had been approved, including replacement of windows, constructing recreation pens, and a "steam to hot water" conversion for heat.

During a walk-through of the work release program, CANY representatives observed very high indoor temperatures, a wall that was deteriorating, peeling ceiling paint, and two doorways covered in plastic with a "do not enter" sign. According to the residents, this area had been walled off because of broken sewer lines in the wall that had leaked into the living area. Residents reported that this area had been walled off for four and a half months, and while multiple work orders had been submitted it had yet to be fixed. There is a perception among work release participants that the facility does not pay much attention to their unit since most of the population is on 5/2 status.³⁹ One (1) person said people in the reentry program are "the forgotten group."

Water quality

Despite a relatively high proportion of people agreeing that they have access to clean drinking water, several individuals (32%, 14/43) expressed mistrust or other problems with the water, including that the water tasted like rust. Respondents raised concerns about water filters a few times (3 instances).

³⁹ A person in the work release program on approved furlough who is employed and has an approved residence can be placed on "5/2 status" which means they are in the facility two days a week and living in their approved residence 5 days a week. Incarcerated individuals can be placed on furlough for up to seven days. Since individuals on extended furlough spend their majority of time outside the facility, they do not have access to packages, visits in the facility, mail, or commissary services. See NYSDOCS Temporary Release Programs. *Temporary Release Programs*. (Title 7 -Chapter XII). <https://doccs.ny.gov/system/files/documents/2022/01/trp-rules-and-regulations.pdf>

Conclusion

CANY extends appreciation to the executive team and staff of the NYS Department of Corrections and Community Supervision, NYS Office of Mental Health, and incarcerated individuals for their knowledge and assistance in supporting the monitoring visit to Fishkill. This report was provided to DOCCS and OMH for a 60-day review period prior to publishing it to provide both agencies with an opportunity to respond. Following this review period, both the report and any responses are published together.

CANY's oversight activities encompass in-person visits to state correctional facilities, surveys of incarcerated individuals, data analysis of administrative records, and confidential communication with incarcerated individuals through letters and phone calls. Based on its findings, CANY issues [policy recommendations](#) to the legislature and the Department of Corrections and Community Supervision (DOCCS). These recommendations and other [CANY reports](#) are publicly available on the CANY website.

To view other post-visit briefs, please visit CANY's [reports page](#).

Appendix A: Methodology

Throughout the visit, CANY representatives conducted one-on-one structured interviews with 109 incarcerated individuals and held semi-structured informational meetings with (1) incarcerated individuals serving on various committees, (2) the facility's executive team, (3) medical staff, and (4) mental health staff. CANY's findings as presented on page 8 primarily draw from interviews. To supplement the information gathered through these interviews, CANY representatives recorded notes ad hoc as they walked through housing units, the RMU, and academic and vocational programming areas. The sections below contain additional details about CANY's interview methods.

One-on-One Interviews

CANY representatives interviewed 109 incarcerated individuals: 49 in general population housing, 15 in SHU, 18 in RRU, and 27 in various specialized units. Four protocols were used to guide these interviews: (1) a 28-question protocol for people in general population housing units, (2) a 58-question protocol for people in the SHU, (3) a 52-question protocol for people in the RRU, and (4) a 14-question protocol for people in other specialized units. The questions in the general population protocol are organized into five topic areas: (1) medical and dental services, (2) mental health services, (3) programs and work, (4) treatment, grievances, and discipline, and (5) conditions at Fishkill, which includes questions about the provision of basic services and entitlements as well as environmental conditions (e.g., commissary, access to clean water, access to phones, etc.). The questions in the SHU protocol are organized into six topic areas: (1) compliance with the Humane Alternatives to Long-Term Solitary Confinement Act (HALT), (2) discipline; (3) programs, recreation, and tablets; (4) medical, dental, and mental health services; (5) treatment in the SHU, and (6) awareness of the HALT act. The questions in the RRU protocol are organized into six topic areas: (1) compliance with the Humane Alternatives to Long-Term Solitary Confinement Act (HALT), (2) programming, recreation, services, and tablets, (3) medical and mental health services, (5) discipline, and (6) treatment in the RRU. The questions in the specialized unit protocol are all open-ended questions and are organized into four topic areas: (1) medical and mental health, (2) programs and work, (3) treatment, grievances and discipline, and (4) conditions at Fishkill, which includes questions about the provision of environmental conditions as well as basic services and entitlements (e.g., commissary, access to clean water, access to phones, etc.) Demographic information such as race, ethnicity, and gender identity are also collected in this protocol form. The first and last questions on all four protocol forms are open-ended. The inclusion of these questions makes it possible for incarcerated people to discuss experiences and/or concerns that might not have come up otherwise.⁴⁰ Additionally, all protocols clarify that participation is voluntary and that respondents do not have to answer every question.⁴¹

40 All CANY interview protocols contain open-ended questions. Responses to these questions are captured by CANY representatives, who take notes during each interview. These notes typically include a combination of direct quotes and paraphrase.

41 Due to incarcerated people's preferences and the visit's time constraints, CANY representatives may not ask all the questions in a particular protocol form. For these reasons, the total number people who responded to a particular question does not always match

CANY representatives transcribed their interview notes in the week following the visit. Once the interview data was transcribed, CANY staff tabulated responses to closed-ended questions. To gauge whether the people’s responses at Fishkill mirror those at other medium-security prisons, CANY compares close-ended responses collected on this visit to those collected at other medium-security prisons between January 2022 and May 2023, including Wyoming, Ulster, Marcy, Mid-State, and Albion.⁴²

To identify prevalent themes, the open-ended interview data is coded using a combination of “top-down” and “bottom-up” approaches. Staff begin coding the data using a predetermined set of codes based on the topics outlined in CANY’s protocol forms, which include questions about key services and entitlements, as well as CANY’s thematic analysis of past visit data. As staff conduct this initial round of coding, they keep notes to identify additional patterns that emerge from the interviews. Subsequently, staff re-code the data using the codes derived from the interviews. This report highlights (1) counts of the unique individuals who addressed a particular theme or sub-themed in their interview, (2) counts of how often a particular theme or sub-theme came up across all interviews, and (3) illustrative quotes.⁴³

Informational Meetings

During the visit, CANY representatives held meetings with (1) Fishkill’s Executive Team, (2) the Nurse Administrator and other medical staff, (3) the ILC and the IGRC, (4) the Grievance supervisor, and (5) OMH mental health staff. CANY invited representatives of employee unions to meet but those unions declined the invitation. These meetings followed semi-structured interview guides, with questions tailored to each stakeholder group.

CANY representatives held two meetings with the executive team: an informational meeting at the start of the visit and a debrief at the end of the visit. At the debrief meeting, CANY representatives outlined and asked questions about their initial impressions of conditions at Fishkill. The issues CANY representatives raised at this meeting were issues that appeared to come up repeatedly or to be especially urgent and concerning, regardless of their prevalence. For a high-level summary of these issues, see the “Impressions from Visit” section of this report.

Following the visit, CANY representatives transcribed their notes from the informational meetings. CANY staff reviewed meeting notes to gain a better understanding of the institution’s policies, procedures, and practices, and major initiatives underway (e.g., capital projects). CANY staff reviewed the debrief meeting notes as they analyzed interview data to further illuminate the issues raised to the executive team.

the total number of respondents interviewed in general population or SHU units. Instead, data from this visit appears in footnotes throughout the report.

42 CANY visited Ulster in March 2023, Wyoming in May 2023, Marcy in October 2022, Midstate in October 2022, and Albion in June 2022.

43 A theme or sub-theme may come up repeatedly in a single interview, so the number of individuals who mention a particular issue does not always align with the number times that issue came up.

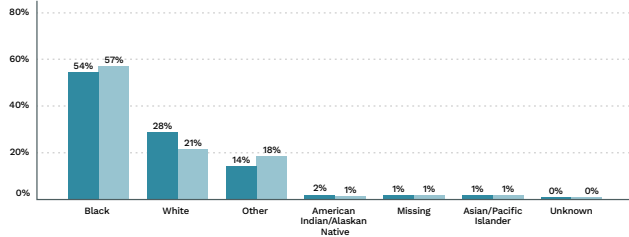
Appendix B: Snapshot of Demographic Data

Population Demographics as of July 1, 2023 | Fishkill Correctional Facility

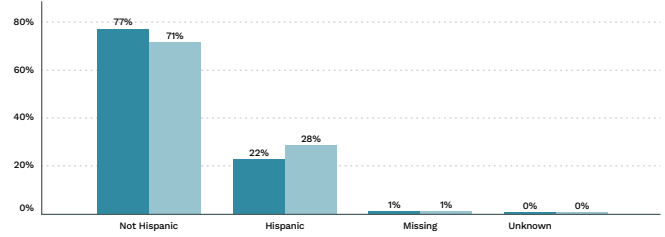
| Systemwide Population | Fishkill Population |
|-----------------------|---------------------|
| 31864 | 1293 |

● Systemwide ● Fishkill

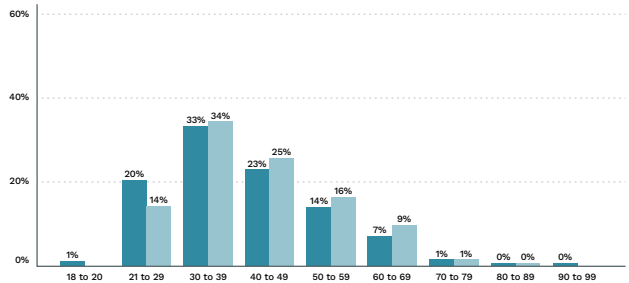
Race Distribution



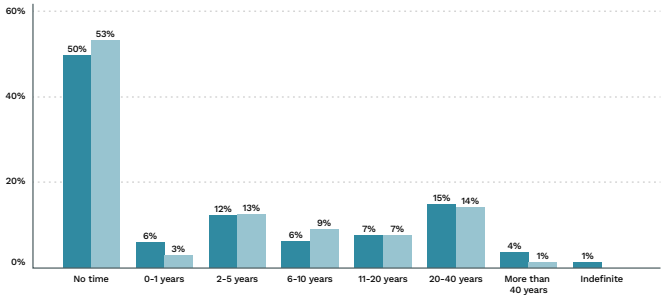
Ethnic Distribution



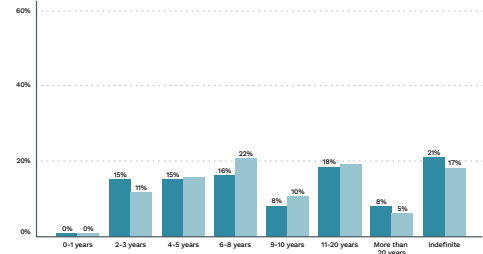
Age Distribution



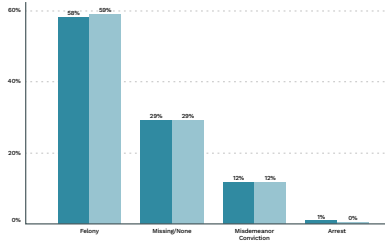
Population Distribution by Minimum Sentence



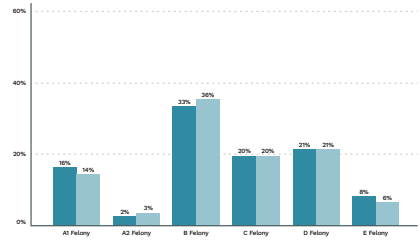
Population Distribution by Maximum Sentence



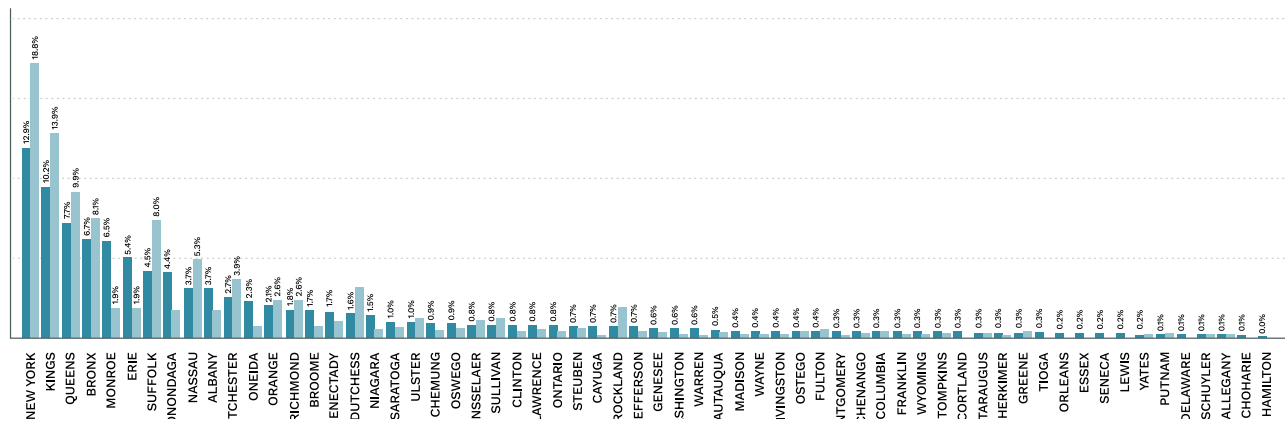
Population Distribution by Most Serious Prior Offense



Population Distribution by Crime Class (Most Serious Offense)



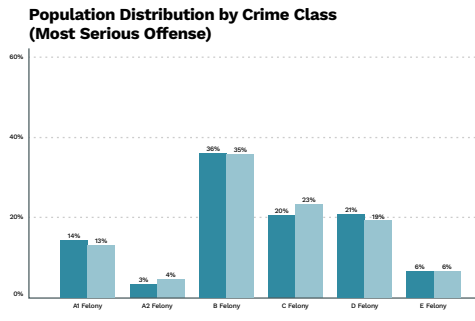
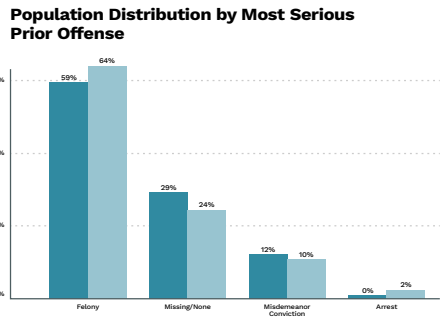
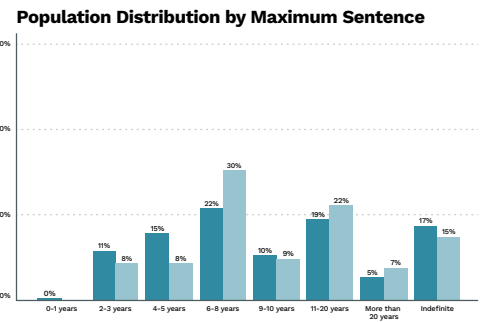
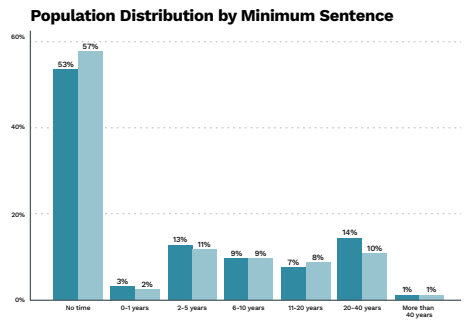
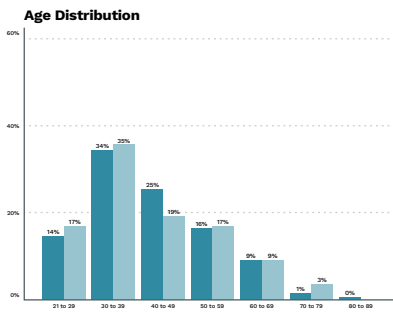
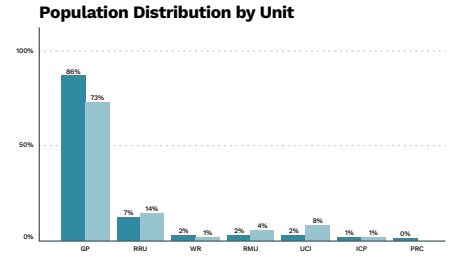
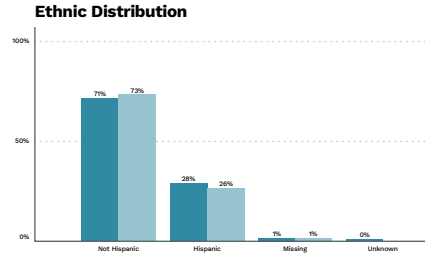
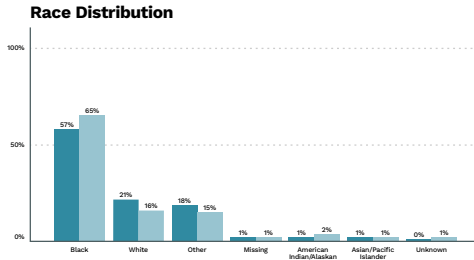
Population Distribution by Commitment County (Most Serious Offense)



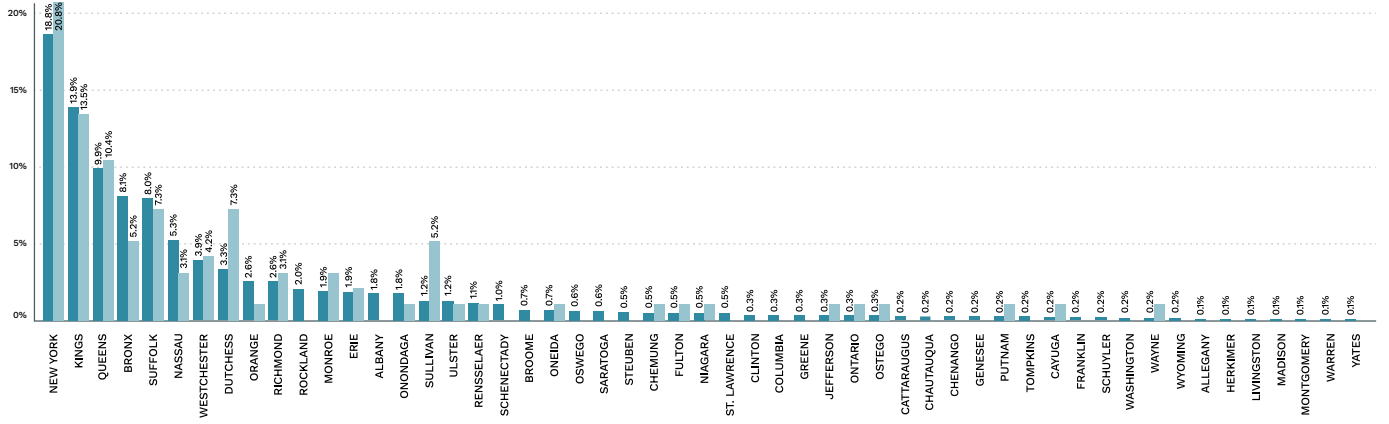
Population Demographics as of July 1, 2023 | Fishkill Correctional Facility

Fishkill Population 1293
 Interview Sample 96

● Fishkill ● Incarcerated People Interviewed by CANY (valid DINS only)

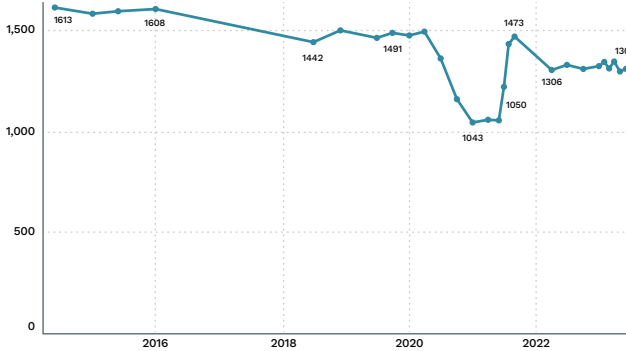


Population Distribution by Commitment County (Most Serious Offense)

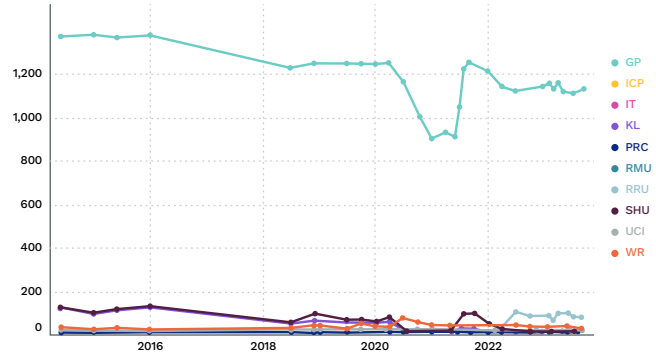


Population Demographics as of May 1, 2023 | Fishkill Correctional Facility

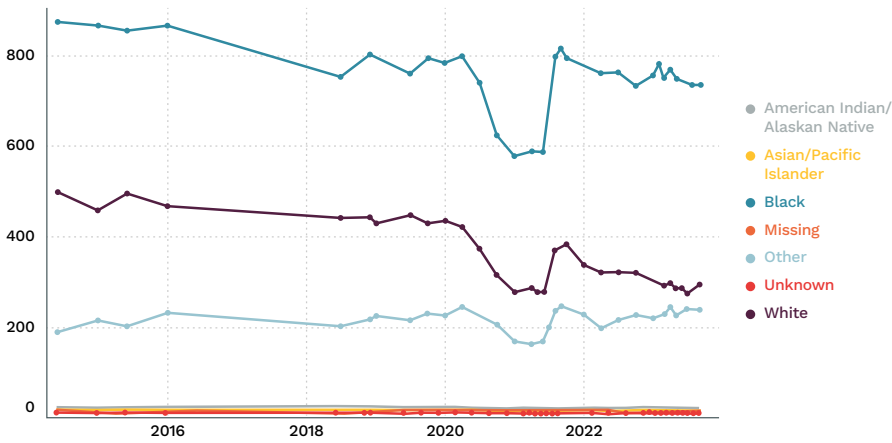
Incarcerated Population Over Time



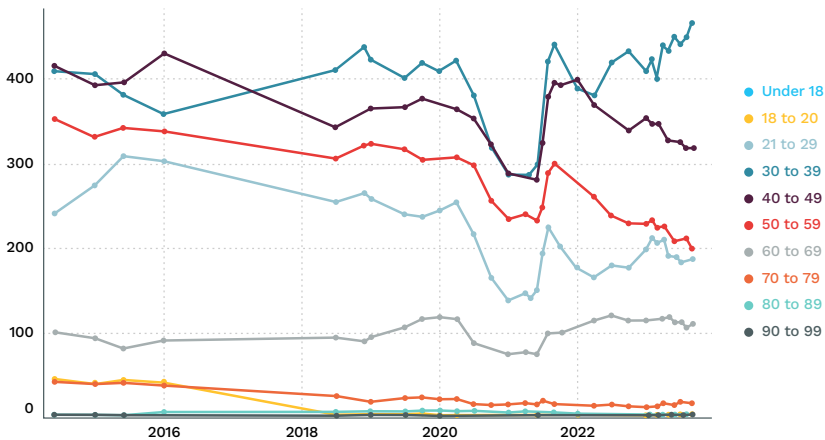
Incarcerated Population Over Time by Unit



Incarcerated Population Over Time by Race



Incarcerated Population Over Time by Age Range



Appendix C: Data Addendum

Fishkill General Population Quantitative Data Addendum

| Question | Yes | No | Total |
|--|-----|-----|-------|
| 2m) If you have requested medical care, have you received a response? | 35 | 5 | 40 |
| | 88% | 13% | 100% |
| 2d) If you have requested dental care, have you received a response? | 28 | 8 | 36 |
| | 78% | 22% | 100% |
| 5) Do you have unaddressed medical or dental needs? | 19 | 25 | 44 |
| | 43% | 57% | 100% |
| 7) Are you on the OMH caseload? | 15 | 31 | 46 |
| | 33% | 67% | 100% |
| 10) Have you attempted to hurt yourself in this prison? | 2 | 44 | 46 |
| | 4% | 96% | 100% |
| 11) Have you experienced or witnessed an emergency medical or mental health situation in this prison? | 21 | 23 | 44 |
| | 48% | 52% | 100% |
| 14) Have you seen or experienced verbal, physical, or sexual abuse by staff at this prison? | 28 | 18 | 46 |
| | 61% | 39% | 100% |
| 15) Have you seen or experienced racialized abuse (slurs, stereotyping, discrimination) by staff at this prison? | 21 | 25 | 46 |
| | 46% | 54% | 100% |
| 16) Have you filed a grievance at this prison? | 15 | 28 | 43 |
| | 35% | 65% | 100% |
| 16c) If yes, has your grievance been resolved? | 2 | 8 | 10 |
| | 20% | 80% | 100% |
| 16d) Is the grievance process fair? | 4 | 16 | 20 |
| | 20% | 80% | 100% |
| 17) Have you been subject to discipline at this prison? | 10 | 32 | 42 |
| | 24% | 76% | 100% |
| 17b) Is the disciplinary system fair? | 4 | 5 | 9 |
| | 44% | 56% | 100% |

| Question | Yes | No | Total |
|--|------|-----|-------|
| 18) Is the commissary adequately stocked with items on a regular basis? | 16 | 25 | 41 |
| | 39% | 61% | 100% |
| 19) Are you able to access items from packages in a timely manner? | 23 | 18 | 41 |
| | 56% | 44% | 100% |
| 21) Are you receiving three meals per day in adequate portions? | 27 | 14 | 41 |
| | 66% | 34% | 100% |
| 22) Do you have access to clean drinking water outside of the commissary? | 36 | 7 | 43 |
| | 84% | 16% | 100% |
| 23) Does this prison have adequate temperature controls for each season (i.e., cooling in the summer, heat in the winter)? | 5 | 39 | 44 |
| | 11% | 89% | 100% |
| 24) Are you able to make phone calls, either by using the phones or through a tablet? | 41 | 0 | 41 |
| | 100% | 0% | 100% |
| 25) Do you receive in-person visits? | 31 | 10 | 41 |
| | 76% | 24% | 100% |
| 26) Have you ever been locked inside your cell for more than 17 hours a day? | 9 | 30 | 39 |
| | 23% | 77% | 100% |

| Question | Yes | No | N/A | Total |
|---|-----|-----|-----|-------|
| 3m) If you have received medical care, was the level of care adequate? | 21 | 9 | 4 | 34 |
| | 62% | 26% | 12% | 100% |
| 3d) If you received dental care, was the level of care adequate? | 20 | 3 | 4 | 27 |
| | 74% | 11% | 15% | 100% |
| 4) Are you receiving medication as prescribed, including schedule and dosage? | 19 | 8 | 14 | 41 |
| | 46% | 20% | 34% | 100% |

| Question | Yes | No | N/A | Total |
|--|-----|-----|-----|-------|
| 8) Are you getting the mental health programs you need? | 14 | 4 | 22 | 40 |
| | 35% | 10% | 55% | 100% |
| 12) Are you able to enroll in the academic and vocational programs you need? | 29 | 9 | 7 | 45 |
| | 64% | 20% | 16% | 100% |

| Question | 2 days | 1 week | 2 weeks | 1 month | >1 month | Total |
|---|--------|--------|---------|---------|----------|-------|
| 2a) If no, how long has your request for medical care been outstanding? | 0 | 0 | 0 | 1 | 2 | 3 |
| | 0% | 0% | 0% | 33% | 67% | 100% |
| 2a) If no, how long has your request for dental care been outstanding? | 0 | 0 | 1 | 1 | 5 | 7 |
| | 0% | 0% | 14% | 14% | 71% | 100% |
| 2b) If yes, how long did it take to get medical care? | 11 | 5 | 0 | 0 | 7 | 23 |
| | 48% | 22% | 0% | 0% | 30% | 100% |
| 2b) If yes, how long did it take to get dental care? | 4 | 7 | 0 | 2 | 6 | 19 |
| | 21% | 37% | 0% | 11% | 32% | 100% |

| Question | 2 days | 1 week | 2 weeks | 1 month | >1 month | No Response | Total |
|--|--------|--------|---------|---------|----------|-------------|-------|
| 16b) (GRIEVANCE) If yes, how long did it take to get a response? | 0 | 1 | 2 | 0 | 0 | 10 | 13 |
| | 0% | 8% | 15% | 0% | 0% | 77% | 100% |

Fishkill SHU Quantitative Data Addendum

| Question | Yes | No | Total |
|---|-----|-----|-------|
| 2) Have you been in a SHU or other form of isolated or solitary confinement for longer than 15 consecutive days? | 10 | 5 | 15 |
| | 67% | 33% | 100% |
| 4) Are you in this unit because of a disciplinary sentence? | 13 | 1 | 14 |
| | 93% | 7% | 100% |
| 8) 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? | 8 | 6 | 14 |
| | 57% | 43% | 100% |
| 10) Besides the SHU unit at Fishkill, have you been in any other disciplinary units here or at other prisons? (If yes, choose all that apply from the following): | 3 | 11 | 14 |
| | 21% | 79% | 100% |
| 11) Were you medically evaluated on arrival? | 9 | 6 | 15 |
| | 60% | 40% | 100% |
| 12) Did you receive a suicide prevention screening on arrival? | 11 | 4 | 15 |
| | 73% | 27% | 100% |
| 13) Did you receive clean clothing on arrival? | 2 | 13 | 15 |
| | 13% | 87% | 100% |
| 14) Did you undergo a mental health assessment within one day of your arrival? | 8 | 5 | 13 |
| | 62% | 38% | 100% |
| 15) Did you have a hearing where you were sentenced to this current bid in the SHU? | 9 | 6 | 15 |
| | 60% | 40% | 100% |
| 17) Were you told that you could have representation at your hearing by an attorney, paralegal, law student, or fellow incarcerated person? | 12 | 3 | 15 |
| | 80% | 20% | 100% |
| 18) 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? | 8 | 7 | 15 |
| | 53% | 47% | 100% |
| 21) Have you received additional disciplinary tickets while in SHU? | 6 | 9 | 15 |
| | 40% | 60% | 100% |
| 23) Have you received additional disciplinary confinement time and/or additional punishment (e.g., loss of privileges) in the SHU? | 2 | 11 | 13 |
| | 15% | 85% | 100% |
| 25) Do you have at least three hours of out of cell programming per day? (Can include individual or group programming) | 9 | 5 | 14 |
| | 64% | 36% | 100% |
| 26) Do you have at least one hour of out of cell congregational recreation per day (i.e., with other incarcerated people)? | 7 | 8 | 15 |
| | 47% | 53% | 100% |

| Question | Yes | No | Total |
|--|-----|------|-------|
| 34) Are you able to access phone calls, either through the tablet or other means while in the SHU? | 13 | 2 | 15 |
| | 87% | 13% | 100% |
| 36m) If you have requested medical care, have you received a response? | 7 | 6 | 13 |
| | 54% | 46% | 100% |
| 36d) If you have requested dental care, have you received a response? | 4 | 6 | 10 |
| | 40% | 60% | 100% |
| 37) If you received medical care, was the level of care adequate? | 1 | 5 | 6 |
| | 17% | 83% | 100% |
| 37) If you received dental care, was the level of care adequate? | 1 | 2 | 3 |
| | 33% | 67% | 100% |
| 39) Do you have unaddressed mental health needs? | 8 | 7 | 15 |
| | 53% | 47% | 100% |
| 41) Are you on the OMH caseload? | 4 | 10 | 14 |
| | 29% | 71% | 100% |
| 43) Do you have unaddressed mental health needs? | 6 | 7 | 13 |
| | 46% | 54% | 100% |
| 45) Have you attempted to hurt yourself in this prison? | 0 | 15 | 15 |
| | 0% | 100% | 100% |
| 48) Have you seen or experienced verbal, physical, or sexual abuse by staff in the SHU? | 4 | 11 | 15 |
| | 27% | 73% | 100% |
| 50) Have you seen or experienced racialized abuse by staff (slurs, stereotyping, discrimination, etc.) in the SHU? | 5 | 9 | 14 |
| | 36% | 64% | 100% |
| 52) Have you heard about the HALT Solitary Confinement Act? | 8 | 5 | 13 |
| | 62% | 38% | 100% |

| Question | Yes | No | N/A | Total |
|---|-----|-----|-----|-------|
| 42) Are you getting the mental health programs and services you need? | 1 | 13 | 1 | 15 |
| | 7% | 87% | 7% | 100% |

| Question | Before | After | Total |
|---|--------|-------|-------|
| 16) If yes, did that hearing happen before or after you were placed in SHU? | 0 | 9 | 9 |
| | 0% | 100% | 100% |

| Question | Residential Rehabilitation Unit (RRU) | Protective Custody | Administrative Segregation | Keeplock | Longterm Keeplock | Step-Down Program | Mental Health or Other Alternative to Solitary |
|--|---------------------------------------|--------------------|----------------------------|----------|-------------------|-------------------|--|
| 10) Besides the SHU at Fishkill, have you been in any other disciplinary units here or at other prisons? If yes, choose all that apply from the following. | 5 | 2 | 2 | 7 | 6 | 0 | 1 |

*Respondents were able to select more than one options

| Question | 21 and younger | 55 and older | Pregnant | Postpartum | With a mental health need | With a disability |
|--|----------------|--------------|----------|------------|---------------------------|-------------------|
| 19) Are you a member of any of the following populations? (Check all that apply) | 0 | 0 | 0 | 0 | 2 | 4 |

*Respondents were able to select more than one options

| Question | Hand shackles | Ankle shackles | Cages | RESTART chairs | Waist chains | No restraints |
|--|---------------|----------------|-------|----------------|--------------|---------------|
| 30) During programs, are any of these restraints used: | 2 | 11 | 0 | 5 | 2 | 1 |

*Respondents were able to select more than one options

| Question | American Indian or Alaskan Native | Black or African American | Hispanic | Latino | Total |
|---|-----------------------------------|---------------------------|----------|--------|-------|
| 56) Please describe your racial identity. | 1 | 9 | 2 | 1 | 13 |
| | 8% | 69% | 15% | 8% | 100% |

| Question | Male | Total |
|---|------|-------|
| 66) In your own words, please describe your gender identity | 13 | 13 |
| | 100% | 100% |

Fishkill RRU Quantitative Data Addendum

| Question | Yes | No | Total |
|---|-----|-----|-------|
| 4) Were you in the SHU or another form of segregated confinement before being transferred to this RRU? | 16 | 1 | 17 |
| | 94% | 6% | 100% |
| 8) Did you have a hearing where you were sentenced to this current time in the RRU? | 16 | 1 | 17 |
| | 94% | 6% | 100% |
| 9) Were you told that you could have representation at your hearing by an attorney, paralegal, law student, or fellow incarcerated person? | 13 | 3 | 16 |
| | 81% | 19% | 100% |
| 10) Were you provided an opportunity to make a phone call to your family or an attorney, or speak to a fellow incarcerated, to request such representation? | 9 | 7 | 16 |
| | 56% | 44% | 100% |
| 11) Do you have a “rehabilitation plan” for your time in the RRU that includes goals, programs, treatment, and services you are to be offered, and a timeframe? | 9 | 8 | 17 |
| | 53% | 47% | 100% |
| 13) Have you had a periodic review of your status in the RRU? | 8 | 7 | 15 |
| | 53% | 47% | 100% |
| 15) Do you have at least seven hours of out of cell time per day? | 14 | 3 | 17 |
| | 82% | 18% | 100% |
| 16) Do you have at least one hour of out of cell congregational recreation per day (i.e., with other incarcerated people)? | 10 | 7 | 17 |
| | 59% | 41% | 100% |
| 19) Do you have at least six hours of out of cell programming per day (can include individual or group programming)? | 9 | 8 | 17 |
| | 53% | 47% | 100% |
| 22) Have you ever been denied access to a program? | 3 | 11 | 14 |
| | 21% | 79% | 100% |
| 24) Have you ever refused to participate in a program session? | 7 | 8 | 15 |
| | 47% | 53% | 100% |
| 26) Do you have access to programs consistent with those you would have in general population (e.g. out of cell academic, vocational, ASAT, ART, etc.)? | 3 | 10 | 13 |
| | 23% | 77% | 100% |
| 27) Do you have access to services consistent with those you would have in general population (commissary, packages, phone calls, property, etc.)? | 7 | 9 | 16 |
| | 44% | 56% | 100% |

| Question | Yes | No | Total |
|--|-----|------|-------|
| 28) Do you consider any of the programming you receive is trauma-informed? | 5 | 10 | 15 |
| | 33% | 67% | 100% |
| 29) Have you ever been forced to choose between getting a tablet and going to programming or recreation? | 4 | 12 | 16 |
| | 25% | 75% | 100% |
| 30m) If you have requested medical care, have you received a response? | 12 | 3 | 15 |
| | 80% | 20% | 100% |
| 30d) If you have requested dental care, have you received a response? | 4 | 5 | 9 |
| | 44% | 56% | 100% |
| 35) Do you have unaddressed medical or dental needs? | 9 | 9 | 18 |
| | 50% | 50% | 100% |
| 37) Are you on the OMH caseload? | 8 | 9 | 17 |
| | 47% | 53% | 100% |
| 40) Have you attempted to hurt yourself in this prison? | 0 | 16 | 16 |
| | 0% | 100% | 100% |
| 41) Have you received disciplinary tickets while in the RRU? | 11 | 6 | 17 |
| | 65% | 35% | 100% |
| 43) If yes, did you receive a hearing for those disciplinary tickets received while in the RRU? | 7 | 2 | 9 |
| | 78% | 22% | 100% |
| 44) Have you received additional disciplinary confinement time and/or other punishment in the RRU (e.g. loss of privileges)? | 6 | 6 | 12 |
| | 50% | 50% | 100% |
| 47) Have you seen or experienced verbal, physical, or sexual abuse by staff in the RRU? | 5 | 10 | 15 |
| | 33% | 67% | 100% |
| 49) Have you seen or experienced racialized abuse by staff (slurs, stereotyping, discrimination, etc.) in the RRU? | 3 | 13 | 16 |
| | 19% | 81% | 100% |

| Question | 21 and younger | 55 and older | Pregnant | Postpartum | With a mental health need | With a disability |
|---|----------------|--------------|----------|------------|---------------------------|-------------------|
| 7) Are you a member of any of the following populations? (Check all that apply) | 1 | 1 | 0 | 0 | 8 | 3 |

*Respondents were able to select more than one options

| Question | Yes, but only when others are restrained | No restrainer during programs | Total |
|--|--|-------------------------------|-------|
| 21) During programs, are any of these restraints used? | 1 | 13 | 14 |
| | 7% | 93% | 100% |

| Question | Yes | No | N/A | Total |
|--|-----|-----|-----|-------|
| 33) If you have received medical care, was the level of care adequate? | 5 | 6 | 1 | 12 |
| | 42% | 50% | 8% | 100% |
| 34) If you received dental care, was the level of care adequate? | 2 | 1 | 1 | 4 |
| | 50% | 25% | 25% | 100% |
| 38) Are you getting the mental health programs you need? | 9 | 4 | 4 | 17 |
| | 53% | 24% | 24% | 100% |

| Question | 2 days | 1 week | 2 weeks | 1 month | >1 month | Total |
|--|--------|--------|---------|---------|----------|-------|
| 31a) If no, how long has your request for medical care been outstanding? | 0 | 1 | 0 | 0 | 0 | 1 |
| | 0% | 100% | 0% | 0% | 0% | 100% |
| 31b) If no, how long has your request for dental care been outstanding? | 0 | 1 | 0 | 0 | 0 | 1 |
| | 0% | 100% | 0% | 0% | 0% | 100% |
| 32c) If yes, how long did it take to get medical care? | 1 | 3 | 1 | 2 | 2 | 9 |
| | 11% | 33% | 11% | 22% | 22% | 100% |
| 32d) If yes, how long did it take to get dental care? | 0 | 0 | 1 | 1 | 1 | 3 |
| | 0% | 0% | 33% | 33% | 33% | 100% |

| Question | Female | Male | Transgender Female | Transgender Male | Total |
|--|--------|------|--------------------|------------------|-------|
| 51) With which gender identity do you most identify? | 1 | 13 | 1 | 1 | 16 |
| | 6% | 81% | 6% | 6% | 100% |



Corrections and Community Supervision

KATHY HOCHUL
Governor

DANIEL F. MARTUSCELLO III
Acting Commissioner

The Correctional Association of New York's (CANY) visited Fishkill Correctional Facility on July 12th and 13th of 2023 and issued a final draft report. The Department responds to the report as follows:

The New York State Department of Corrections and Community Supervision (DOCCS) welcomes the positive feedback received regarding the operations of Fishkill Correctional Facility. Fishkill Correctional Facility is classified as a medium security correctional facility, Work Release and a Residential Treatment Facility that consists of dormitories, single rooms, multi-occupancy rooms, single cells, and double cells. The facility maintains a Special Housing Unit (SHU) and two Residential Rehabilitation Units (RRU). Fishkill Correctional Facility also offers numerous programs consisting of academic education, vocational training, college programs, numerous treatment programs, as well as Mental Health Services.

Programming

Fishkill Correctional Facility is one example of the efforts being taken state-wide that provide life-changing academic, vocational, and rehabilitative programs, highlighting opportunities that are not often seen behind prison walls, which has made the Department a national leader in corrections. As noted in the report, Fishkill Correctional Facility has a large academic and vocational staff who provide enhanced academic and vocational programming as well as a diverse range of volunteer programs. The positive reports from those who were interviewed regarding the quality of programs at Fishkill reinforces the success and importance of the programs being offered. The vast and comprehensive educational opportunities available to incarcerated individuals provide skills and/or competencies necessary to function successfully in a contemporary society. DOCCS is reimagining our educational programming by identifying curriculum, modalities, and scheduling strategies to further promote and ensure best practices in lesson development and classroom instruction. This includes education resources to and instruction to assist students with earning a Pre-High School Equivalency and GED, as well as College level credited courses. Bard College has enrolled all the students previously taking courses through Alliance University after their closing with no gaps or delays. There are approximately 190 students enrolled in Fishkill college programming, reflecting an increase since Alliance closed.

Regarding wait times for vocational and academic programming, Fishkill Correctional Facility has a significant number of incarcerated individuals who are several years from reaching their earliest release date (ERD). While DOCCS requires participation in academic and vocational programs, preference is given to those closest to their ERD to ensure they have completed all required programming prior to reaching an eligible release date. This system provides for broader access by the population. Staffing has had an impact on the enrollment to Alcohol and Substance Abuse Treatment (ASAT). Due to shortages, we have had to reduce enrollment levels. Once the facility hires ASAT staff, enrollment will

increase. To note, DOCCS recently implemented a Master Job Organization Table Analysis (MJOTA), which reviews the programming being offered at facilities to identify areas of particular interest or need for the incarcerated population.

Basic Provisions of Services

Commissary - Commissary is a privilege that provides incarcerated individuals with the opportunity to purchase personal food items, clothing, and other provisions to maintain cleanliness, health, and morale. Commissary vendors are selected via a competitive bid process in compliance with New York State Finance Law. All food items are sold at cost. DOCCS is aware of the effects of inflation on commissary items. Unfortunately, commissary vendors have been subject to the same inflationary pressures and product availability issues that have impacted the economy for everyone. In September 2022, the commissary buy limit for incarcerated individuals was increased from \$75 to \$90. This change was made due to an increase in the price of goods in the community, which has impacted the prices of items within facilities, including fresh produce being sold in the commissary.

In accordance with contracting requirements, when staff is notified of documented item price changes by the vendor (due to manufacturer increases, increased shipping/freight costs, etc.), it is incumbent upon staff to update our prices accordingly so that we are not selling items at a loss. Also, when staff is notified of instances where items are no longer available, alternative vendors are sought for the specific items effected.

To avoid incarcerated individuals feeling rushed, buy sheets are provided the day before the purchase to allow ample advanced opportunity for the population to choose which products to buy. In an effort to provide equitable access for all individuals, the business office staff at Fishkill Correctional Facility has imposed limits on fresh produce items to help maintain availability to the entire population, regardless of their assigned buy day. It is reported that this action has significantly improved product availability for all buy days. Perishable food items that require refrigeration are not permitted.

Packages - Directive #4911, "Packages & Articles Sent to Facilities," outlines procedures for processing, issuing, having item discrepancies reviewed and returning packages, as well as a listing of allowable items that can be received by incarcerated individuals through the package room. The Fishkill Correctional Facility package room has consistent staff coverage. All packages received with appropriate items are processed and distributed in a timely fashion.

All unauthorized items are appropriately documented and returned. Any problems with the packages are referred to the appropriate vendor. Incarcerated individuals are encouraged to file a claim for any item(s) declared missing/damaged in accordance with Directive #2733, "Incarcerated Individual Personal Property Claim." Claims are then investigated per Department policy and the incarcerated individual is notified of the determination. In addition to filing a grievance, incarcerated individuals can lodge complaints to the area Sergeant. Any allegation of staff misconduct is thoroughly investigated upon receipt. However, without specific examples, the allegations of packages not being handled in accordance with Directive #4911, cannot be investigated. DOCCS requests that during CANY's visits,

they encourage the incarcerated individuals to utilize the well-established processes in place to address their concerns.

Nutrition

DOCCS strives to provide a variety of foods on all available menus and takes into consideration visual appeal, nutritional requirements, preference, and religious requirements. Nutritional Services constantly monitors concerns of food quality and overall acceptance in our facilities. Food is randomly sampled monthly at the Office of Nutritional Services to ensure quality and consistency including a review of the Food Service Questionnaire Quarterly Report (Form 1545). This is a starting point in which Nutritional Services tests and improves products or works on introducing new ones. Additionally, the entire DOCCS menu is created within the Nutritional Service office and approved by a Registered Dietician. The nutritional values and portions are adequate for healthy adult individuals.

Special menus are created to address medical, allergic, and religious requirements. Religious meal participation is handled pursuant to Directive #4202 “Religious Programs and Practices” and the DOCCS Religious Menu, which is published annually. Special dietary meals, religious meals, holiday meals, organization sponsored meals and special event meals all contribute to the unique variety of meals available. During a two-month period around the time of the July 2023 visit, the average total participation for all three meals was 94.75%.

Fishkill Correctional Facility staff and incarcerated individuals are thoroughly trained on the safe handling of all food. Concerning the presence of vermin, Fishkill Correctional Facility is currently under contract for regular pest control inspections, including in the Food Service areas. The Mess Halls and Kitchen are inspected regularly by the New York State Department of Health (DOH), internally by DOCCS staff, and audited to ensure compliance with all required standards. The Regional Food Service Coordinator has not reported any vermin issues during site visits. The staff and incarcerated population that is assigned to these vital areas are keen on food safety and cleanliness to avoid food-borne illness.

Members of the ILC are polled quarterly on menu items they like; menu items they do not like and can even offer menu items they would like instead. This quarterly report is also filled out by the Food Service Administrator, and Superintendent. Once signed by all parties, it is forwarded to Correctional Food Nutritional Services Director and then to the Food Production Center. This process allows the population to share items they prefer, items they do not prefer, and items they would like to add to the menu. For example, levels of soy, though deemed healthy and appropriate in nutritional analysis by the Registered Dietitian at Nutritional Services, has been reduced in many Cook Chill products in response to address trending concerns of the incarcerated population.

Phone Calls and Tablets

DOCCS welcomes the appreciation from the overwhelming majority of incarcerated individuals that they are able to make phone calls. Incarcerated individuals have access to telephones and tablets in accordance with Directive #4423, “Incarcerated Individual Telephones,” and Directive #4425,

“Incarcerated Individual Tablet Program.” Individuals have two opportunities each day to go to the yard and access the phones. Recreation yard staff monitor phone usage in order to ensure equitable access for all and to limit unauthorized groups from influencing their usage. Any instances of abuse are addressed immediately. There is sufficient time during the yard periods for the incarcerated population to access the phones. In addition to the yard phones, the incarcerated population is afforded emergency phone calls when needed. Incarcerated individuals within SHU and RRU have the ability to make calls through the tablets. Regarding incarcerated individuals’ access to tablets within SHU and RRU settings, a law library officer at Fishkill Correctional Facility conducts daily rounds in those settings in accordance with Directive #4933. Law Library Tablets are offered to all incarcerated individuals; however, in the event of tablet shortages due to equipment failure and intentional damage caused by the incarcerated population, other provisions are set forth in the Directive #4933 to ensure the incarcerated population has access.

The Department recognizes the importance of the population being able to communicate with family and friends at reasonable rates. Accordingly, the Department has recently extended our current incarcerated phone contract and renegotiated the rates associated with the phone program. This process has reduced the total cost per minute for a domestic call from \$.0399 per minute to \$.035 per minute and provides each incarcerated individual with two free 15-minute calls per week. The Department will continue to seek reducing these costs as new contracts are procured. Additionally, the Department has entered into a new tablet contract that has resulted in additional cost reductions. This includes reducing the price of a single stamp from \$.20 per stamp to \$.15 per stamp for single purchases, with stamp bundles being similarly reduced from \$.15 to \$.12 per stamp, for a bundle of 100 stamps. Each incarcerated individual with access to a general confinement tablet and kiosk now receives eight free stamps per month to use for secure messaging. The Department has successfully negotiated up to 15,000 free stamps annually that are allocated equitably to college prison programs and other educational providers. This allows educational providers to send and receive secure messages at no cost. A new reduced-price fee structure for online/phone money transfers has been negotiated for each amount category. Of course, there continues to be no cost for depositing funds via the conventional visitor deposit lockbox located at each correctional facility or by money order/personal check mailed to the JPay lockbox address.

The Department has also successfully negotiated the deployment of Wi-Fi technology that will allow for the installation of a phone application on all general population tablets, as well as the ability to send and receive secure messages and access additional services without connecting to the kiosk. The Department plans to begin this process with a pilot program and then move forward with installation in the remainder of the facilities.

Material Conditions and Environmental Issues

Potable water service to Fishkill Correctional Facility is provided by the City of Beacon Water Department, who provides an annual quality report in accordance with DOH regulations. This report has indicated that the domestic water being fed to Fishkill CF met all state drinking water health standards and did not violate any maximum contaminant levels or any other water quality standard.

Fishkill Correctional Facility is in full compliance with all DOH requirements for potable water standards. The 2022 annual water quality report is conspicuously posted throughout the facility.

Temperature controls are regularly monitored by staff. Temperatures at the facility have generally ranged within the appropriate winter and summer comfort zones. There have been a few instances of unforeseen disruptions where equipment or infrastructure has failed and created less than desirable temperatures in some areas of Fishkill Correctional Facility that impacted temperatures. Examples include a ruptured steam line in Building 21-1, and a failed heat exchanger in S-Block. Each of those instances led to notable temperature issues at the time. Emergency repair projects were immediately declared by the New York State Office of General Services (OGS) with prompt repairs undertaken to restore proper service and temperatures. There are capital projects both in design and under construction that will ultimately address concerns about temperature issues. One project specifically addresses temperature controls that includes the installation of up-to-date monitoring equipment. Ventilation is provided through a combination of operable windows and mechanical ventilation. During periods of extreme outdoor temperatures, fans are provided in various locations, including housing units within the facility, to provide further comfort of the occupants. Temperature-controlled showers are available in all housing units at the facility. A window replacement project is currently in the design phase that will allow for better operation of the windows overall.

All areas of Fishkill Correctional Facility are inspected on a weekly basis, and deficiencies are addressed promptly and appropriately. Capital projects are continually being undertaken to properly maintain the integrity of the facility as well as modernize the infrastructure. Regarding the Work Release area observed by CANY to be blocked off, this repair requires parts that are not readily available. The parts have been ordered and the repair will be promptly completed upon the parts' arrival. Incarcerated individuals are always encouraged to bring maintenance and repair issues to the attention of the facility staff so that work orders may be submitted in a timely manner. The facility maintenance staff responds to work orders and initiates timely repairs.

Professionalism

The Department takes great pride in the professionalism of its work force and the sincere desire of its employees to perform their duties. Our effectiveness and strength come from our workforce and our adherence to important professional principles that we have come to operate under. Allegations of unprofessional conduct by staff are taken very seriously. DOCCS has a zero tolerance for violence or discrimination within our facilities and anyone engaged in misconduct will be disciplined, and if warranted, incidents will be referred for outside prosecution. DOCCS utilizes the Office of Special Investigations (OSI) to investigate allegations of staff misconduct and complaints of sexual abuse. Furthermore, allegations made regarding discrimination or racialized abuse are delegated to the Office of Diversity and Inclusion (ODI) for review. When facts indicate that staff have acted unprofessionally, the matter is forwarded to the Department's Bureau of Labor Relations for appropriate disciplinary measures. Facilities must also be in compliance with all Prison Rape Elimination Act standards (PREA), which are audited on a regular basis.

Additionally, DOCCS has invested millions of dollars to implement pilot programs to improve safety within its facilities. This 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 in all facilities, including Fishkill Correctional Facility. The Department is in the process of overhauling the existing fixed camera systems within Fishkill Correctional Facility as well.

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. 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 OSI, as well as outside agencies. The Facility Executive Team conducts daily rounds to observe facility operations and speak with staff and the incarcerated population by engaging with them directly. This assists the Executive Team in ensuring that the Department's policies are administered in a fair, equitable, and consistent manner and to spot any other issues of concern that hasn't been reported.

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.

As part of its functions, ODI reviews and monitors incarcerated individual programs and services for fairness and equity, as well as respond timely to complaints with allegations of discrimination. It is the policy of DOCCS to eliminate, mitigate, and respond to racial disparities to ensure a fair and equitable distribution of benefits and burdens in the placement of incarcerated individuals in housing unit assignments, institutional work assignments, and programs. ODI takes all allegations of racial slurs and misconduct seriously by thoroughly reviewing each incident. The Department is committed to maintaining a respectful, positive and productive environment for the population under our care and supervision. Furthermore, all oral and written communications by employees to incarcerated individuals shall be accomplished in a professional, courteous, and dignified manner. Conduct or language which violates the Employees' Manuals or fails to comply with direct orders it contains could result in administrative and/or disciplinary action. Any administrative processes associated with incarcerated individuals who may be subject to discipline and grievances are conducted fairly and in an impartial manner, to ensure that decisions are not influenced by stereotypes or bias based on their membership in a protected class, which include: age, race, religion, national origin, sex, sexual orientation, gender identity, disability, marital or familial status, veteran's status, or criminal convictions history. To note, all staff must receive implicit bias training on an annual basis.

The camera systems previously noted 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.

It should be noted that the allegations of verbal, physical, and sexual abuse reported by some incarcerated individuals are not consistent with the experiences and sentiment from staff and challenge the positive feedback reported by the majority of incarcerated individuals. This is reinforced by the impressions noted in the report as many incarcerated people expressed their appreciation for the staff professionalism at Fishkill Correctional Facility, describing a positive staff culture, including effective communication. There are thousands of daily interactions, where staff maintain fairness, professionalism, and integrity when providing essential services. As such, the macro relationship between staff and the incarcerated population is more aligned with an overall positive and appropriate relationship rather than a mixed experience.

Unusual Incidents - All Unusual Incidents and Uses of Force are documented and reviewed by executive staff. Any concern that an application of force is inconsistent with Department policy is 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 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 any 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. Notwithstanding, the medium security classification of Fishkill Correctional Facility, open dormitory style housing presents challenges in monitoring movement throughout the Facility. Security staffing has been enhanced in high traffic areas to combat the use of contraband including dangerous weapons and narcotics.

The safety and well-being of staff and incarcerated individuals is our top priority. Despite the overall rise in prison violence which results in Unusual Incidents in all facilities, the overall uses of force at Fishkill Correctional Facility is noted as being lower than average despite the higher use of chemical agents. The use of chemical agents has shown to be an effective tool to quell disturbances and incarcerated individuals engaged in violent behavior. The use of chemical agents also minimizes injuries to staff and incarcerated individuals.

Fishkill Correctional Facility contains a Regional Medical Unit (RMU) that operates a hospice program. The purpose of this program is to utilize incarcerated individuals to assist in providing spiritual, emotional, and supportive care to other incarcerated individuals in the RMUs who are receiving end of life care. Back when the program started, Department staff noticed a different connection with incarcerated aides when it came from a peer or someone who may be able to relate to their situation.

At any time during an individual's incarceration, the individual, someone acting on their behalf, or a Department employee, may make a request to the Commissioner or the Division of Health Services that the individual should be considered for Medical Parole or Compassionate Release. The request is reviewed, and a determination of the incarcerated individual's eligibility is made based on their crime and sentence. If not disqualified by reason of crime and sentence, the Commissioner may, in their discretion, order a medical evaluation and preliminary discharge plan.

As with any death, the official cause of death is determined and released by the Medical Examiner's Office pursuant to County Law §671 and §674, whereby state coroners and medical examiners determine the cause of death. Any death that appears to be from other than natural causes or a known medical condition is thoroughly investigated by New York State Police and DOCCS' Office of Special Investigations. All deaths in DOCCS' facilities are reviewed by the State Commission of Correction.

Staffing - The Department, like many law enforcement agencies across the country, is experiencing challenges in its recruitment of staff. The Department is focused on recruiting and training those individuals coming forward to work for the Department. The Albany Training Academy is currently conducting successive Correction Officer Trainee Recruit classes. The Department is working swiftly to place qualified candidates into the training program. The Department partnered with the New York State Department of Civil Service to move the Correction Officer Trainee examination process to one of continuous recruitment, allowing the Department to better respond to our workforce needs.

Individuals who complete the Correction Officer Trainee application can expect to be canvassed within two to four weeks of their submission. Those who are interested in continuing the process are then screened to determine if they meet the qualifications. Once qualified, incoming recruits are placed in a Recruit Class, which are currently running on an approximate monthly basis.

Staff who are mandated to work over-time are afforded, upon request, a relief to make any necessary notifications or arrangements. There are water fountains throughout the facility and the unions provide bottled water during times of high temperature. The facility also purchased six ice machines stationed throughout the facility for staff use.

Visitation

The Department is currently working in collaboration with the Osborne Association to create a visitor experience awareness training. This training will be geared toward assisting staff in successfully communicating with visitors and family members, specifically those with special needs and children. The project is intended to include a combination of interactive scenarios and guided discussions to help improve the visitors understanding of DOCCS' staff role in visitor processing. Also, for DOCCS staff to see the visitor's perspective in the interest of improving the overall communication between and experience for all involved.

This will further enhance the goal of appropriate participation in the visitor program, which provides incarcerated individuals with opportunities to maintain relationships with friends and relatives and to promote better community adjustment upon release. Contact with persons from the community provides incarcerated individuals with emotional support in adjusting to the custodial environment. With that in mind, we ensure that the space is accommodating and suitable for visits. Any issues that require attention regarding interactions with staff are shared and reviewed by the appropriate office. Fishkill Correctional Facility has a bright, clean, and inviting space for family and friends to connect with the incarcerated individuals. Fishkill visitation programs runs on weekends and holidays between the hours of 8:15a.m. to 3:00p.m. The schedule is posted on the DOCCS website. Regarding participating in the program at Fishkill Correctional Facility, the older population may be a contributing factor. Additionally, incarcerated individuals may participate in the Family Reunion Program. Volunteers run an Alternatives to Violence Program in lieu of attending ART for the purposes of participating in the Family Reunion Program. AVP runs a monthly seminar and has no wait list.

Medical

With regards to accessibility of healthcare services, access to emergency medical care is available twenty-four hours a day, seven days a week. Scheduled sick call is available four days a week along with on-site clinical services five days a week. An incarcerated individual can request emergency sick call at any time during the day or night. Clinic wait times may vary depending on the number of emergency cases requiring evaluation and treatment. When incarcerated individuals are transferred to Fishkill Correctional Facility, medical reviews, with each incarcerated individual, the sick call procedures, emergency sick call procedures, medication refill processing, how to access providers, and appointment processing so that the incarcerated individual is well informed and educated.

In response to concerns about wait times for specialty care, it should be noted that such appointments are scheduled with community providers, not DOCCS providers. Appointments are prioritized and scheduled based on medical urgency. There are not lengthy delays in approving specialty care appointments; however, some specialties have fewer appointment slots available resulting in longer wait times.

With regards to concerns related to emergency responses within the facility, as a general notion all sick calls are triaged by nursing staff and based on acuity levels scheduled to see a provider. It should be noted that it is not possible to respond to general medical concerns or examine response times without identifying the individual with a specific concern or citing a specific call out. As such, we are not able to comment on whether the response was appropriate for the medical condition. Additionally, if an incarcerated individual is identified, their health information is considered confidential, and its release is protected by the Federal Health Insurance Portability and Accountability Act of 1996, the New York State Public Health Law, and Department policies. Privacy requirements do not allow the disclosure of specific health information without the incarcerated individual's written authorization. All requests for incarcerated individual health information, as well as inquiries regarding treatment, require authorization before the release of any information. Notwithstanding, the healthcare and security staff in all DOCCS 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. Documentation of this annual emergency response drill is required for ACA expected practice compliance.

Fishkill Correctional Facility has an on-site registered pharmacy; the timeframe requirements for submitting refill requests 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. Ability to self-carry medication is determined by the provider. If refills are current, they are promptly filled. Concerns regarding medications, including questions related to what medications were ordered by the provider and the route of administration, can always be addressed through the sick call process and with their treatment providers.

Fishkill Correctional Facility is committed to providing quality health care that serves the medical needs of incarcerated individuals. A divergence occurs when an individual gets what they “need” and that need diverges from what they want. The Department requests CANY to encourage the incarcerated individuals who they are in contact with to utilize the medical call out system to request, at any time, and to be placed on a sick call to discuss their treatment with their facility provider.

Fishkill has three full-time Physicians: one part-time Physician, and two full-time Nurse Practitioners. Currently, there is one Nurse Practitioner vacancy. The Fishkill RMU general medical has a 53% vacancy for registered nurses. Vacancies are supplemented with agency nursing staff, and recruitment efforts to fill these items are ongoing. However, Fishkill Correctional Facility remains one of the most challenging locations to recruit nursing staff statewide. The dental unit at Fishkill Correctional Facility is fully staffed with two Dentists, one Hygienist, and one Dental Assistant. While staffing may at times be a challenge, nursing coverage minimums are maintained to meet the medical needs of the population and provide necessary treatment and services.

Regarding the Medication Addiction Treatment (MAT), during the initial rollout of the program in the Fall 2022, there were some challenges in receiving the amount of daily-dose buprenorphine requested from DOCCS’ pharmacy wholesalers and contracted vendor pharmacies due to concerns about these entities reaching their threshold limitations. These supply chain issues have been resolved over time, and there is currently adequate stock of daily-dose buprenorphine at Fishkill’s on-site pharmacy. As of March 2024, Fishkill Correctional Facility had 128 incarcerated patients being treated with MAT medication options. The MAT program is growing every month.

Mental Health

The Department partners with the New York State Office of Mental Health (OMH) in providing special programs along a continuum of care for incarcerated individuals with a mental illness. Fishkill Correctional Facility is classified as Mental Health Level 1, as defined in Correction Law, § 2 (27). 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).

Fishkill Correctional Facility offers an array of mental health services including specialized mental health units that 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. The units with heightened levels of care at Fishkill Correctional Facility include: Intermediate Care Program (ICP), a Transitional Intermediate Care Program (TrICP), and a Residential Crisis Treatment Program (RCTP). 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. DOCCS continues to examine opportunities to provide staff with additional mental health, suicide prevention, and wellness trainings to provide them with the skills they can utilize in the performance of their duties. Fishkill Correctional Facility operates as a satellite mental health unit for Otisville Correctional Facility incarcerated individuals in RCTP from other facilities across the state.

Referrals to OMH can come from staff, other incarcerated individuals or by the incarcerated individuals themselves. When a referral is made, the individual will be scheduled to be seen by OMH. Anyone in duress is immediately referred for OMH intervention. All common areas (libraries, transitional services, chapels, etc.) have posters encouraging the population to speak to staff if they are having a mental health crisis or need to speak to OMH.

At the time of the CANY visit, the OMH unit was composed of a multi-disciplinary team of 40 employees that included Psychiatrists, Nurse Practitioners, Psychologists, Forensic Nurses, and Social Workers. Incarcerated individuals in general population who are on the OMH caseload are seen routinely by OMH staff at least every 30 days or as indicated. Incarcerated individuals in SHU are seen daily by OMH staff during their daily rounds and assessed within one business day of admission. Subsequently, they are offered an out of cell interview with OMH within 7 calendar days of their initial assessment. Individuals who need more support can request to see OMH or ask DOCCS staff to make a referral on their behalf. Security and civilian staff can make immediate referrals if they have any concerns related to mental health or suicide risks according to Directive #4101 "Incarcerated Individual Suicide prevention." All incarcerated individuals who engage in self-harm or suicidal gestures/attempts are immediately assessed by medical and OMH staff for a higher level of care, if indicated. Once they are medically stable, they are assessed in RCTP and evaluated for suitability for special programs to promote appropriate custodial adjustment given their unique mental health needs. This includes placement into ICP, TrICP, or transfer to CNYPC when appropriate. OMH and DOCCS have collaborated to develop a peer support program for patients discharged from RCTP that may need additional support.

The CANY report indicates that 4% on respondents in general population have attempted to hurt themselves while at Fishkill Correctional Facility. It should be noted that it is not possible to respond to general concerns or examine treatment requirements without identifying the individual with a specific concern. As such, we are not able to comment on whether these individuals were appropriately referred to OMH for services. Additionally, if an incarcerated individual is identified, their mental health treatment is considered confidential, and its release is protected by the Federal Health Insurance Portability and Accountability Act of 1996, the New York State Public Health Law, and Department policies. Privacy requirements do not allow the disclosure of specific mental health information without the incarcerated individual's written authorization. All requests for incarcerated individual mental information, as well as inquiries regarding self-harm, require authorization before the release of any information. In order to preserve the quality of life and connect incarcerated individuals with the OMH services they require, the Department requests CANY to promptly notify facility staff to avoid decompensation and to encourage the incarcerated individuals who they are in contact with to utilize the mental health call out system to request, at any time.

Notwithstanding, all incarcerated individuals who engage in self-harm or suicidal gestures/attempts, are immediately assessed by medical and mental health staff for a higher level of care if indicated. Once they are medically stable, they are assessed in RCTP and evaluated for suitability for special programs such as ICP, TrICP or transfer to CNYPC if indicated. DOCCS emphasizes to staff the importance of recognizing warning signs of suicide in all situations. Incarcerated individuals in SHU and RRU are offered daily out of cell therapeutic programming to provide structure and help them engage in behavior modification and learn pro social behaviors. They receive privileges including property and phone calls comparable to incarcerated individuals in general population. Individuals in SHU and RRU are also seen by DOCCS and OMH staff during daily rounds. However, OMH is not involved in therapeutic programming in these settings. All security and civilian staff can make immediate or regular referrals for any incarcerated individual if they have any concerns related to mental health or suicide risks according to Directive #4101. DOCCS has offered additional training to staff assigned to SHU and RRU in order to better prepare them to supervise our incarcerated population. All staff assigned to an SHU or RRU undergo specialized training prior to assignment to such unit and receive regular training thereafter. Additionally, the Department has provided motivational interviewing training for the Offender Rehabilitation Coordinators (ORC) to increase the incarcerated individuals' intrinsic motivation to make positive changes in their lives which includes program participation. Staff have received RRU operations and CBT training. These efforts by our administration to emphasize the benefits of therapeutic programming have been well received by our staff and incarcerated individuals.

Regarding the time allotment for OMH clinical sessions, DOCCS does not determine the length of clinical callouts and will defer to OMH about their protocol. Due to the high volume of individuals under mental health care at Fishkill Correctional Facility, DOCCS bureau of Mental Health recently appointed a Deputy Superintendent of Mental Health whose role is to oversee all mental health programs and services, ensure compliance with HALT and address all mental health related concerns of incarcerated individuals. Additional monitoring and audits of the quality of mental health services is provided by DOCCS Bureau of Mental Health twice a year to ensure compliance with the legal mandates. OMH and DOCCS staff at Fishkill Correctional Facility work collaboratively to ensure adequate care is provided to incarcerated individuals. There is a system of communication and care coordination that is

discussed during treatment team meetings, OMH/DOCCS medical meetings, Executive Team meetings, population management meetings, mortality reviews, and quality improvement reviews.

Grievances

The Incarcerated Grievance Program (IGP) is designed to provide each incarcerated individual with an orderly, fair, simple, and expedited 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 calendar days of the incident in question (exceptions may be granted up to 45 days). The incarcerated grievance resolution committee (IGRC) has sixteen calendar days in which to attempt to informally resolve the complaint or hold a hearing. The IGRC is comprised of two voting incarcerated individuals, two voting staff members, and a non-voting chairperson, that can either be an incarcerated individual, staff member, or outside volunteer associated with the facility's program. The incarcerated individual has seven calendar days from the receipt of the IGRC's written response to appeal to the Facility Superintendent. The Superintendent has up to 20 calendar days (25 calendar days for staff conduct complaints) to render a decision. If the incarcerated individual wishes to appeal further, the individual has seven 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.

Regarding allegations of retaliation in response to filing grievances, a review of the 2023 records established that no such grievances were submitted. The grievance program is closely monitored by Central Office to ensure compliance with all protocols and support the appropriate use of the dispute resolution mechanism.

Discipline

Incarcerated individuals in a correctional facility are expected to abide by certain rules of conduct which are established to protect them 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. Disciplinary action is one of many essential elements in correctional treatment. When applied reasonably and fairly, 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 control of incarcerated individual activities, including disciplinary action, must be administered in a completely fair, impersonal, and 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. Therefore, it is DOCCS policy that 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.

SHU confinement guidelines are in compliance with the HALT. The guidelines reflect the elimination of "Keeplock," the elimination of pre-hearing confinement and confinement sanctions for Tier II incidents, and reduced confinement penalties for certain Tier III proceedings. Such sanctions are less restrictive than being confinement to a SHU. 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.

When an incarcerated individual is subject to a Superintendent's Hearing, they are permitted to be represented by an attorney, law student, 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, direction has been issued to all facilities to accomplish this in an efficient and timely manner.

The safety of staff and incarcerated individuals continues to be of primary importance to the Department. As such, the Department has closely monitored the activities within our RRUs and alternative units, monitored program participation, along with key violence indicators, and engaged Superintendents, staff, and the incarcerated population. Careful steps have been taken to methodically perform individualized assessments to determine if an individual should be restrained while participating in out-of-cell programming, consistent with HALT. Incarcerated individuals within RRU are escorted and programming unrestrained, unless an individual assessment is performed that determines restraints are required due to a significant and unreasonable risk to the safety and security of other incarcerated individuals or staff.

The feedback reported by the IGRC and ILC members contradicts the perceptions of arbitrariness and unfairness that may be rooted in a lack of understanding of the disciplinary system. The IGRC and ILC found that incarcerated individuals having access to directives and regulations to understand the system to better engage with it is supported by the Department and staff. The incarcerated population has access to Department Directives, Regulations, and various legal materials electronically on the Law Library Secure Offender Network (SON) and in print format in the law libraries. If an incarcerated individual believes a hearing was conducted unfairly or in violation of HALT, they are able to appeal its decision in accordance with Department policy dependent on the Tier level of the hearing.

In conclusion, Fishkill Correctional Facility staff continually demonstrate the ability to maintain care, custody, and the well-being of the individuals sentenced to State imprisonment. Fishkill Correctional Facility enhances the quality of the New York State criminal justice system by protecting lives, preserving peace, maintaining order, and enhancing public safety by having incarcerated persons return home less likely to revert to criminal behavior.



KATHY HOCHUL
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

MOIRA TASHJIAN, MPA
Executive Deputy Commissioner

May 1, 2024

Jennifer Scaife
Executive Director
Correctional Association of New York
Post Office Box 793
Brooklyn, New York 11207

RE: Monitoring Visit to Fishkill Correctional Facility – July 12-13, 2023

Dear Executive Director Scaife:

Thank you for sharing your post-visit briefing and recommendations regarding CANY's July 12-13, 2023 visit to Fishkill Correctional Facility. We recognize that most of your report and findings are directed towards the Department of Corrections and Community Supervision (DOCCS); however, we would like to respond to the matters pertaining to the Office of Mental Health (OMH).

Table 2, on page 7, documents that there were three Unusual Incident (UI) reports written for suicide attempts. OMH would like to clarify that for two of the three incidents, these were DOCCS-only suicide attempts. OMH classified those two incidents as non-suicidal self-injury upon thorough clinical review and determination that there was no evidence the individuals had intent to kill themselves. Both agencies agreed on the suicide attempt classification for the third incident. However, there was a fourth incident which OMH classified as a suicide attempt for which DOCCS did not write a UI. Per an agreement between DOCCS and OMH, DOCCS has agreed to defer to OMH's incident classifications upon review at the Suicide Prevention Work Group; however, they have noted that their physical UIs will not be amended to reflect this.

We thank CANY for noting that many incarcerated individuals spoke highly of OMH services, which is reflective of the commitment of OMH staff. With regard to some incarcerated individuals in general population expressing difficulty receiving a response from mental health staff, all incarcerated individuals are aware, and should be reminded, of how to contact OMH should they need mental health support. They are able to do this either via self-referral or by asking a staff member to submit a referral on their behalf. There are policies in place dictating how long OMH staff have to respond to referrals, based on the content. Additionally, all DOCCS staff should be familiar with the referral process and the incidents that warrant an immediate versus a regular OMH referral.

Sincerely,

A handwritten signature in black ink, appearing to read "Li-Wen Lee".

Li-Wen Lee, M.D.
Associate Commissioner
Division of Forensic Services

cc: Danielle Dill, Psy.D., Executive Director, CNYPC
William Vertoske, Deputy Director, Corrections Based Operations, CNYPC
File

July 12-13, 2023

Monitoring Visit to Fishkill Correctional Facility

Post-Visit Briefing
Correctional Association of New York

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