

No. 23-01

March 24, 2023

Monitoring Visit to Ulster Correctional Facility

**Correctional Association
of New York**

Post-Visit Briefing and
Recommendations

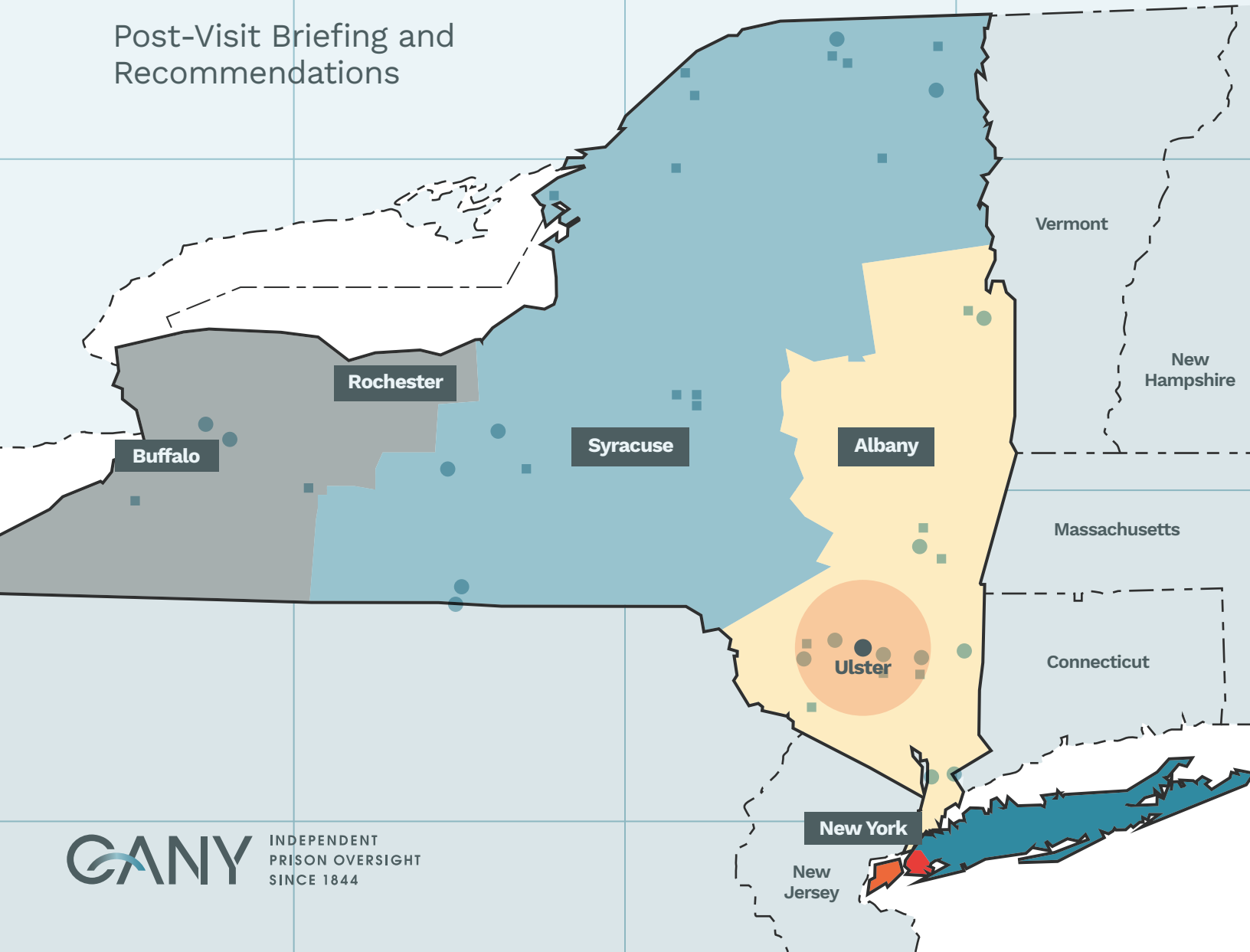


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Background

On March 24, 2023, the Correctional Association of New York (CANY) conducted a one-day monitoring visit of Ulster Correctional Facility, a medium-security men’s prison in Napanoch, NY. CANY’s monitoring visit to Ulster was carried out as part of its oversight mandate pursuant to Correctional Law §146(3). CANY sought to monitor the implementation of the reception process as well as other activities at Ulster. The CANY visiting party included ten representatives who held meetings with various stakeholders in the facility and interviewed 80 incarcerated individuals. According to the executive team, there were 448 incarcerated people housed at Ulster on the day of our visit. The population at Ulster is fluid due to its function as a reception facility.

Housing Unit	Number of Interviewees
Reception	37
General Population	38
Special Housing Unit	1
General Confinement Restricted Unit	4
Total	80

Findings

Basic Provision of Services

1. Incarcerated people reported that items in commissary were inconsistently available and sometimes unaffordable; they reported a lack of fresh fruit and vegetables.
2. Most incarcerated people reported that they were able to access items from packages in a timely manner; however, many experienced arbitrary denials of items and some delays leading to spoiling of fresh foods.
3. Incarcerated people expressed dissatisfaction with the food quality and a lack of access to special dietary options.
4. Incarcerated people reported good access to phones and tablets in general population units and the Special Housing Unit at Ulster.

5. Incarcerated people reported good access to visits in general population units at Ulster, while some individuals raised concerns about staff treatment of visitors and verbal harassment following visits.

Healthcare and Mental Health Services

6. Incarcerated people reported mixed experiences with the quality and accessibility of healthcare services at Ulster. People in general population units expressed concerns with timely responses to emergencies.
7. Reported experiences of mental health treatment in general population units, the SHU and GCR were mostly positive; however, most people interviewed were not on the OMH caseload.

Programs and Recreation

8. Ulster Correctional Facility offered limited programs due to the facility's focus on reception; some people reported long waitlists for mandatory programs.
9. The unique programming offered in the Senior Living Program (SLP) received positive reviews.

Staff Behavior

10. Many more incarcerated people provided positive reports about treatment from staff at Ulster compared to other prisons. Despite that, some allegations of verbal and physical abuse in general population units were still reported.

Grievances

11. Incarcerated people at Ulster expressed a lack of confidence in the grievance process and some delays in receiving responses.

Discipline

12. Incarcerated people in general population units reported viewing the disciplinary system as unfair and sanctions as sometimes not proportionate to the infraction.

Material Conditions and Environmental Issues

13. People's perceptions of the water as being unsafe to drink led many to rely on bottled water. Incarcerated people in general population units reported a lack of hot water for showers.

HALT Implementation

14. At the time of CANY’s monitoring visit, Ulster Correctional Facility operated a unit in the SHU building called “general confinement restricted,” which housed individuals not allowed to be housed in SHU under the HALT Solitary Confinement Law. Individuals CANY interviewed in this unit were afforded seven hours of out of cell time daily but reported extremely limited programming options.

Reception Process

15. Incarcerated people in reception reported having received access to basic services such as phones, showers and clean clothing as required by DOCCS policy, but some lacked access to hygiene products.
16. Incarcerated people in reception units reported that their medical and mental health needs were being accurately recorded during the reception process; however, long waits for treatment left some with unaddressed needs.

Methodology

CANY’s findings primarily draw from interviews. Throughout the visit, CANY representatives conducted one-on-one structured interviews with 80 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, (4) mental health staff, (5) security staff, and (6) union representatives. To supplement the information gathered through these interviews, CANY representatives recorded notes ad hoc as they walked through housing units, reception processing areas, and academic and vocational programming areas. The sections below contain additional details about CANY’s interview methods.

One-on-One Interviews

CANY representatives interviewed 80 incarcerated individuals: 38 in general population housing, 37 in Reception housing, 4 in the “general confinement restricted” unit, and 1 in Special Housing Unit (SHU). Three protocols were used to guide these interviews: (1) a 29-question protocol for people in general population housing units, (2) a 22-question protocol for people in Reception housing units, and (3) a 59-question protocol for people in the Special Housing Unit (SHU) and “general confinement restricted” units. All protocols include open-ended and close-ended questions. Additionally, all interview protocols clarify that participation is voluntary and that respondents do not have to answer every question. Therefore, the number of respondents included in the summary tables in the following sections of this report may not correspond with the total number of respondents interviewed during the visit.

Following the visit, CANY representatives transcribed their interview notes. Subsequently, CANY staff tabulated answers to close-ended questions and coded responses to open-ended questions using both emergent inductive and open coding approaches.¹ This report includes counts of how often a particular theme or sub-theme came up during the interviews, as well as illustrative quotes.² To gauge whether the people’s responses at Ulster mirror those at other medium-security prisons, we compare close-ended responses collected on this visit to those collected at Albion June 2022, Midstate and Marcy in October 2022, Ulster in March 2023 and Wyoming in May 2023. We also make comparison between Ulster and Eastern as they share services like commissary and other services.

Informational Meetings

During the visit, CANY representatives held meetings with (1) Ulster’s Executive Team; (2) the Nurse Administrator and other medical staff;³ (3) classification staff; (4) the Incarcerated Liaison Committee (ILC) and the Incarcerated Grievance Resolution Committee (IGRC); and, (5) representatives from New York State Law Enforcement Officers Union (Council 82), the New York State Public Employees Federation (PEF), the New York State Correctional Officers and Police Benevolent Association (NYSCOPBA), and the Civil Service Employees Association (CSEA). These meetings followed semi-structured interview guides, with questions tailored to each stakeholder group.

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.

Ulster Correctional Facility

Ulster Correctional Facility is a medium-security men’s prison in Napanoch, NY. Ulster has two notable operational characteristics: it serves as a reception facility and houses the SLP, a therapeutic community program intended to address the rehabilitative needs of incarcerated individuals who are 55 and older.

All of Ulster’s housing units are dorms except for the SHU and GCR units. There are distinct dorms for reception, SLP, and cadre, a group of incarcerated individuals primarily responsible for working jobs to maintain prison operations.

Population Data as of March 1, 2023

Before and after each visit, CANY reviews “Incarcerated Individuals Under Custody,” an administrative dataset that represents the individuals under the custody of DOCCS on a particular

1 All 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. Following the visit, CANY representatives transcribe their notes, which CANY staff code using emergent inductive and open-coding approaches. The coding passes generate a list of themes and subthemes

2 occasionally, a particular theme or sub-theme may come up repeatedly during a single interview.

3 CANY representatives also had a phone call following the in person monitoring visit with staff from the Office of Mental Health.

day. Per the March 1st, 2023 snapshot, there were 375 individuals incarcerated at Ulster and 31,385 incarcerated across all DOCCS facilities.⁴ Sixty percent (60% assigned to reception units and 40%) were assigned to general population units, which include the Senior Living Program and cadre dorms.⁵ Due to the operational and programmatic aims of these units, people in reception spend approximately one month at Ulster, people in SLP spend up to 2 years at Ulster and people in the cadre spend one year in the facility.

The racial distribution of the Ulster population mirrored that of the statewide prison system, with some exceptions. The proportion of people who identify as white (14%) was lower in Ulster compared to the statewide system (28%). Additionally, there was a relatively high proportion of missing racial information (10%) at Ulster compared to the statewide system, which may be attributed to individuals still undergoing the classification process at Ulster.

The age distribution at Ulster mirrored that of the statewide prison system. The median age at Ulster was 37 and the median age at DOCCS was 38. A slightly larger share of people at Ulster are between the ages of 50 and 59 compared to the rest of the DOCCS system (see Appendix A) which may reflect Ulster's Senior Living Program.

Fifty-seven percent (57%) of incarcerated individuals at Ulster faced their earliest possible release dates within a year, compared to 38% systemwide.⁶ Additionally, 52% of individuals at Ulster were convicted of a violent crime compared to 75% systemwide.

Unusual Incidents

CANY reviewed DOCCS' (1) unusual incident data for January through March of 2023 and (2) data from the State Commission of Correction (SCOC), which contains identifying information unlike DOCCS' unusual incident data.

The average monthly rate of unusual incidents reported at Ulster is lower than the system-wide average (see Table 2 below).

The SCOC data indicates that a 55-year-old male died in the dayroom of Ulster's reception center on June 16th, 2022. The cause of the death is unknown and SCOC's investigation into this death is still ongoing.

⁴ During our visit, the executive team shared that there were 448 people incarcerated at Ulster, indicating that there had been a 19 percent increase in the prison population between March 1st, the snapshot date, and March 24th, the day of our visit. As discussed in the Background section of this report, Ulster's population fluctuates due to its nature as a reception facility.

⁵ DOCCS' data does not account for SHU placements. However, at the time of our visit there was 1 person in the SHU.

⁶ CANY determines minimum years to release by calculating the difference between an individual's earliest release date and the snapshot date.

Type	Incident	Count	Ulster	Count	System Wide
			Avg. Monthly Rate 1K PPL. in Custody		Avg. Monthly Rate 1K PPL. in Custody
Assaults					
	Assault of incarcerated individuals	2	0.4	374	4
	Assault on Staff	0	0	270	2.9
	Other Assault	0	0	1	0
Contrabands					
	Weapons	6	1.2	583	6.2
	Drug/Alcohol	1	0.2	71	0.8
	Other	0	0	104	1.1
Disruptive Behavior					
	Refused instruction/Refused Strip Frisk	3	0.6	295	3.1
	Cell Extraction	0	0	51	0.5
	Other	2	0.4	2	0.6
Self Harm & Suicide					
	Self-Inflicted Injury	0	0	14	0.1
	Suicide Attempts	0	0	31	0.3
	Suicides	0	0	1	0
Deaths in Custody					
	Deaths by Natural Causes	0	0	1	0
	Other Deaths, Excluding Natural Deaths	0	0	9	0.1

Spotlight: Senior Living Program

CANY representatives interviewed participants in the Senior Living Program at Ulster. During the monitoring visit there were 41 people in this unit (the unit has capacity for 50). Ulster was the first facility in New York State to implement a Senior Living Program (SLP) as a result of a DOCCS central office initiative established in October 2018; since then, Adirondack Correctional Facility added an SLP following the model established at Ulster. According to the DOCCS website⁷, to be eligible for the program, candidates must be:

“55 years of age or older, be within 2 to 6 years of their earliest release date, be eligible for transfer to Ulster Correctional Facility, not have any current refusals of required programs, not have Tier 3 disciplinary infractions within the past 12 months, [and] have completed SOCTP when a sex offender counseling need has been established.”

A member of the executive team asserted that the SLP is “successful by design –they live together, work together, and program together; it’s a therapeutic community.” The SLP is housed in one full dormitory, consisting of one side where participants reside and another that has been retrofitted as a programming space exclusively for SLP participants. The programming space consists of a gym, two classrooms, and a computer lab where during our visit a social worker was providing instruction on how to use PowerPoint. The space featured a number of healthy houseplants, lots of natural light, and vibrant murals that contributed to a calming atmosphere.

⁷ <https://doccs.ny.gov/programs/senior-living-program>

According to a DOCCS brochure⁸, unique features of the SLP include the horticulture program and partnership with Harvest Now, therapeutic programs New Freedom and In the Autumn of Our Years, wellness and health-related activities and book clubs. Participants reported that they have community meetings every Tuesday and Thursday during which they can surface problems; this approach, they suggested, makes it easy to resolve issues that arise. SLP participants described growing a variety of produce including watermelon, broccoli, cabbage, snap peas, squash, and zucchini. Executive team members reported that in 2022 participants grew over 12,000 pounds of produce to donate to local pantries. Participants in the Senior Living Program also proposed and developed a mentoring initiative in which they volunteer to attend weekly orientation sessions for individuals entering Reception and deliver one of the modules, “Succeeding in this Setting.”

Incarcerated individuals gave positive reviews of SLP offerings including health and wellness activities such as talks about the body, weight and diet and yoga classes. Some recommended DOCCS use the SLP model systemwide.

Analysis Of Monitoring Data

CANY staff analyzed the information collected during the monitoring visit to better understand (1) the provision of services, (2) medical and dental healthcare, (3) mental health care, (4) programming, (5) staff behavior, (6) grievances, (7) discipline, and (8) material conditions at Ulster. We also analyzed the information collected during our conversations in reception units to better understand (1) the provision of services, (2) medical and mental health care and (3) screening, assessment, orientation and classification.

Basic Provision Of Services

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

⁸ <https://doccs.ny.gov/system/files/documents/2021/11/senior-living-program-brochure.pdf>

Questions	Responses					
	YES		NO		TOTAL	
	Percent	Count	Percent	Count	Percent	Count
Is the commissary adequately stocked with items on a regular basis?	21%	7	79%	26	100%	33
Are you able to access items from packaged in a timely manner?	68%	23	32%	11	100%	34
Are you receiving three meals per day in adequate portions?	91%	32	9%	3	100%	35
Are you able to make phone calls either by using the phones or through a tablet?	97%	34	3%	1	100%	35
Do you receive in-person visits?	91%	30	9%	3	100%	33

Table 3. Provision of Basic Service in General Population

Commissary

1 Incarcerated people reported that items in commissary were inconsistently available and sometimes unaffordable; they reported a lack of fresh fruit and vegetables.

The ILC and IGRC reported that individuals in Reception are subject to a two-week wait for their first buy and that Reception units are often called before Cadre.

7 out of the 33 people (21% of respondents) interviewed in general population units agreed that the commissary is adequately stocked on a regular basis. Concerns related to commissary is a common theme across facilities.⁹ 25% (N=63) at Eastern and 62% (N=39) at Mid-State. Eastern and Ulster share a commissary among other services.

Qualitative responses to open-ended questions provide further detail.

- Incarcerated people in general population units overwhelmingly reported problems with commissary (26 instances), commonly emphasizing high prices and items being frequently out of stock. Many individuals offered a possible explanation for why so many items were out of stock: Ulster shares its commissary with nearby Eastern Correctional Facility, and they alleged that after people at Eastern shop, there is less inventory available to Ulster. Some individuals also indicated a lack of fresh and healthy food options. When CANY monitors asked about the shared commissary, executive team members asserted that there is no preferential treatment given to the Eastern population. They explained that an Ulster employee sets aside the Ulster buy requests at the same time as Eastern staff.

⁹ CANY will be taking a closer look at food and nutrition systemwide to get a better understanding of the concerns raised by incarcerated people and DOCCS staff regarding nutrition in the prisons. This will include looking at commissary, mess hall and other food resources (packages) available to incarcerated people.

- There were many fewer reports (4 instances) of an adequate experience with commissary. Some individuals stated that the commissary is sometimes adequately stocked, and that the availability of items had improved since the height of the COVID-19 pandemic.

Packages

2 Most incarcerated people reported that they were able to access items from packages in a timely manner; however, many experienced arbitrary denials of items and some delays leading to spoiling of fresh foods.

While 23 out of the 34 people (68% of respondents) interviewed in general population units reported being able to access items from packages in a timely manner, some reported arbitrary denials of items and spoiled fresh foods due to delays, compared to 61% (N=94) of respondents at Wyoming. While incarcerated people mostly report being able to access items from packages, concerns regarding access to items has been a common theme that CANY representatives have heard during recent visits due to a change in DOCCS policy.¹⁰

- ILC and IGRC representatives reported that individuals housed in Reception are not eligible to receive packages.

Qualitative responses to open-ended questions provide further detail:

The recent change in policy for packages¹¹ has caused a lot of frustration and confusion among incarcerated individuals.

- Despite the majority of respondents citing timely access to items from packages, many incarcerated people reported problems with packages (22 instances), in particular experiencing arbitrary denials of items from packages at the discretion of the package room attendant. As one individual described, “she picks and chooses...it’s a hassle.” Another individual further delineated the issues with package denials saying, “They make your family spend money sending packages that they don’t let you have. They need to be more clear because we’re wasting money and commissary is expensive.”
- Some incarcerated people also indicated that fresh food sent in packages is often spoiled by the time they receive it.
- Many fewer people cited an adequate experience with packages (2 instances).

¹⁰ Many incarcerated individuals reported concerns about access to items from packages in most recent visits to Eastern, Ulster, Wende, Wyoming due to NYS DOCCS recent change to their package policy. 4911.pdf (ny.gov)

¹¹ NYS Department of Corrections and Community Supervision Directive 4911.pdf (ny.gov)

Food

3 While a large portion of people at Ulster reported being afforded three meals a day, many expressed dissatisfaction with the food quality and a lack of access to special dietary options.

Many people (32 out of the 35) interviewed in general population units reported being afforded three meals a day, though many expressed dissatisfaction with the quality of the food. A larger proportion (91%, N=35) of people in general population at Ulster reported receiving three meals a day in adequate portions as compared to other medium security prisons, 86% (N=35) at Mid-State, 65% (N=62) at Marcy, and 59% (N=58) at Albion. DOCCS posts their menus on their website¹² and during many monitoring visits, CANY has learned that facility leadership have little control over menu decisions as these are made centrally.

Qualitative responses to open-ended questions provide further detail:

- Incarcerated people reported problems with food quality (23 instances), describing the food as “horrendous,” “nasty,” “disgusting,” and “edible, but not good.” Several individuals cited issues with the menu, an overreliance on soy products, and food often being overcooked or undercooked. Some individuals reported avoiding the mess hall altogether (9 instances) due to poor food quality.
- A few individuals reported issues accessing food to meet their various dietary restrictions, including a lack of halal meals and an inability to fundraise to supplement food offerings during Ramadan.

Phone Calls and Tablets

4 People reported good access to phones and tablets in general population units and the Special Housing Unit at Ulster.

Incarcerated people in the SHU and GCR can conduct phone calls via their tablets. All five people in the SHU and GCR units CANY representatives interviewed were able to make phone calls via their tablets. People in general population units make phone calls via the phones available in their units or in the recreation yard. 34 of the 35 people interviewed in general population units (97% of respondents) said they were able to make phone calls. Similar responses were received at the other medium-security prisons CANY visited, 96% (N=53) at Marcy, 97% (N=39) at Midstate, and 97% (N=111) at Wyoming.

¹² NYS DOCCS shares menus for both general confinement [copy-of-copy-of-gc-shock-may-15-2023-003.pdf \(ny.gov\)](#) and for modified menu (for modified diets) [copy-of-modified-menu-may-15-2023-through-july-9-2023_3.pdf \(ny.gov\)](#) from May 15 through July 9, 2023. CANY will be taking a closer look at food and nutrition systemwide to get a better understanding of the concerns raised by incarcerated people and DOCCS staff regarding nutrition in the prisons.

Visits

5 Incarcerated people reported good access to visits in general population units at Ulster, while some individuals raised concerns about staff treatment of visitors and verbal harassment following visits.

While 30 of the 33 people (91% of respondents) interviewed in general population units reported receiving in person visits, some raised concerns about the treatment their loved ones received during the processing of visits. A smaller share 79% (N=85) of respondents of general population units at Wyoming reported receiving in-person visits.

- Members of the Incarcerated Liaison Committee and Incarcerated Grievance Resolution Committee reported concerns about staff treatment of visitors, including arbitrary denials based on clothing and sexual harassment of female visitors.

Qualitative responses to open-ended questions provide further detail:

- Incarcerated people reported that staff treat visitors disrespectfully and described degrading experiences wherein staff verbally harassed incarcerated individuals during strip searches following visits.

Medical and Dental Healthcare

6 Incarcerated people reported mixed experiences with the quality and accessibility of healthcare services at Ulster. People in general population units expressed concerns with timely responses to emergencies.

Medical. Many incarcerated people at Ulster reported having received medical care when requested. 14 out of the 19 that requested medical care said it took between 2 days and a week to get the care. Four (4) individuals said they had requested medical care for a month or more and still had not received any services. Despite these concerns, a greater share (82%, N=28) of Ulster respondents in general population units cited receiving a response to medical requests than at other medium security prisons, 74% (N=39) at Mid-State, 71% (N=59) at Marcy, and 72% (N=53) at Albion. A far higher proportion (74%, N=19) of Ulster respondents in general population units described medical care as adequate as compared to 41% (N=27) at Mid-State and 31% (N=35) at Marcy.

When asked if they had any unaddressed medical or dental needs, half of the respondents interviewed (50%, N=18) said yes. A smaller share (50%, N=36) of Ulster respondents in general population units reported having unaddressed medical or dental needs as compared to other medium security prisons, 57% (N=37) at Mid-State, 87% (N=47) at Marcy, and 61% (N=56) at Albion.

Questions	Responses					
	YES		NO		TOTAL	
	Percent	Count	Percent	Count	Percent	Count
If you requested medical care, have you received a response?	82%	23	18%	5	100%	28
If you requested dental care, have you received a response?	69%	18	31%	8	100%	26
Do you have unaddressed medical or dental needs?	50%	18	50%	18	100%	36

Questions	Responses					
	YES		NO		TOTAL	
	Percent	Count	Percent	Count	Percent	Count
If you received medical care, was the level of care adequate?	67%	14	18%	5	101%	21
If you received dental care, was the level of care adequate?	47%	7	31%	4	100%	15
Are you receiving medication as prescribed, including scheduling and dosage?	58%	18	50%	7	100%	31

Questions	Responses											
	2 Days		1 Week		2 Weeks		1 Month		> 1 Month		Total	
	Pct	Count	Pct	Count	Pct	Count	Pct	Count	Pct	Count	Pct	Count
If you received medical care, how long did it take to get care?	47%	9	26%	5	5%	1	5%	1	16%	3	100%	19
If you have not received medical care, how long has your request been outstanding?	0%	0	25%	1	0%	0	0%	0	75%	3	100%	4
If you received dental care, how long did it take to get care?	30%	3	20%	2	0%	0	20%	2	30%	3	100%	10
If you have not received dental care, how long has your request been outstanding?	0%	0	0%	0	0%	0	17%	1	83%	5	100%	6

Table 4. Medical and Dental Health Care in General Population Units

Dental. A greater share (69%, N=26) of Ulster respondents in general population units cited receiving a response to requests for dental care than other medium security prisons, 50% (N=26) at Mid-State and 49% (N=45) at Marcy. Ulster data was comparable to that of Albion (73%, N=37). A far higher proportion (64%, N=11) of Ulster respondents in general population units described dental care as adequate as compared to 14% (N=7) at Mid-State and 25% (N=12) at Marcy.

Medication. A greater share (72%, N=25) of Ulster respondents in general population units reported receiving medication as prescribed, including schedule and dosage as compared to other medium security prisons, 50% (N=22) at Mid-State while numbers were comparable to 69% (N=36) at Marcy.

A lesser share (35%, N=37) of Ulster respondents in general population units reported experiencing or witnessing an emergency medical or mental health situation than 55% (N=44) at Marcy and 61% (N=61) at Albion. The Ulster data was greater than 21% (N=28) at Mid-State.

Staffing vacancies in medical, nursing, and dental departments negatively impacted access to care and at times contributed to long wait times for incarcerated individuals at Ulster.

- Ulster provides on-site healthcare services for patients including a Medication Addiction Treatment (MAT) program that was serving 32 individuals at the time of CANY's visit. At the time of the visit, Ulster medical and dental divisions were experiencing significant staff vacancies. The executive team reported that medical staffing consisted of a doctor, 3 physician assistants, a nurse administrator, 3 part-time registered nurses, a phlebotomist, 4 pharmacy aides, and 3 per diem pharmacists. There were significant vacancies in nursing staff including RNs and NPs, as well as the following additional vacancies: 1 doctor, 1 PA, 1 x-ray tech, and 1 pharmacy supervisor; the facility was using agency nurses and per diem staff where possible to fill gaps. The executive team mentioned that a former RN was promoted to nurse administrator, and she is *"keeping the wheels moving despite gaps."* They cited *"significant difficulties recruiting medical staff"* and asserted they were *"doing [their] best to recruit."* The dental department was half-staffed with a dentist and a hygienist as well as one vacancy in each position. The nurse administrator described their staffing allocation as sufficient assuming that all positions were filled.
- According to January 2023 DOCCS staffing levels, Ulster's health services had the following vacancies: 6 nurses vacant out of the recommended 14, 1 doctor vacant out of the recommended 2, 1.5 hygienists vacant out of the recommended 2, and 1 vacancy out of the recommended 1 staff person for radiology technician, dental assistant, and pharmacy supervisor positions.
- Members of the ILC and IGRC reported their perception that health services personnel prioritize the reception population, focusing on health screenings of new admissions to the facility and triaging the needs of other populations.
- The nurse administrator explained to CANY representatives that people in the SHU and GCR can access medical attention through alerting the nurse that does rounds each morning, utilizing the sick call procedure, or by relaying an emergency to an officer during their rounds.

Qualitative responses to open-ended questions provide further detail:

- Incarcerated people in general housing units reported a variety of medical and dental issues and needs (8 instances), primarily dental.
- Several incarcerated individuals reported long waits for treatment, if at all (10 instances), including not receiving a response to requests for dental and waits for surgeries. Some people cited a substandard quality of care (7 instances), describing their perception that dentists pull teeth instead of filling cavities and providing ibuprofen only for back pain.
- Incarcerated people in general housing units reported mixed experiences with emergency health care response, with 4 instances reporting an adequate response and

6 instances citing problems. Incarcerated individuals described seeing someone cut himself and seeing someone pass out or fall followed by long response times; in one of these instances, one person’s medical emergency was allegedly not believed, and instead, staff blamed drug use for his situation.

Mental Health

7 Reported experiences of mental health treatment in general population units, the SHU, and GCR were mostly positive, however, most people interviewed were not on the OMH caseload.

Ulster is an OMH level 2 facility¹³. 34 out of the 37 people (92% of respondents) interviewed in general population units were not on the OMH caseload.

- OMH representatives¹⁴ described to CANY representatives that the department’s staffing at Ulster was sufficient, consisting of 6 social workers, a psychiatrist, an administrative support position, and a unit chief. There were no vacancies at the time of CANY’s visit.
- Members of the ILC and IGRC reported that given the lower mental health service level at Ulster, members of the cadre and senior living program felt discouraged from expressing mental health needs should they risk being transferred to another facility that would be further from home or without special programming.

Housing	Questions	Responses							
		YES		NO		N/A		TOTAL	
		Percent	Count	Percent	Count	Percent	Count	Percent	Count
General Population									
	Are you on the OMH caseload?	8%	3	92%	34			100%	37
	Are you getting the mental health programs you need?	13%	4	19%	6	68%	21	100%	31
	Have you attempted to hurt yourself in this prison?	0%	0	100%	37			100%	37
SHU and GCR									
	Are you on the OMH caseload?	0%	0	100%	2			100%	2
	Are you getting the mental health programs you need?	0%	0	100%	1			100%	1
	Do you have unaddressed mental health needs?	50%	1	50%	1			100%	2
	Have you attempted to hurt yourself in this prison?	0%	0	100%	5			100%	5

Table 5. Mental Health

¹³ 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 2 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, but such disorder is not as acute as that of patients in level 1. Ulster Correctional Facility became a level 2 in August 2022.

¹⁴ CANY representatives spoke with OMH staff over the phone following the in person monitoring visit.

Programs and Recreation

8 Ulster Correctional Facility offered limited programs due to the facility’s focus on reception, while some people in general population units reported long waitlists for DOCCS required programs.

9 The unique programming offered in the SLP received positive reviews.

Housing	Questions	Responses					
		YES		NO		TOTAL	
		Percent	Count	Percent	Count	Percent	Count
General Population							
	Are you able to enroll in the academic and vocational programs you need?	53%	16	47%	14	100%	30
SHU and GCR							
	Do you have at least three hours of out of cell programming per day?	38%	3	63%	5	100%	8
	Do you have at least on hour of out of cell congregate recreation per day?	75%	6	25%	2	100%	8
SHU and GCR		Cages		RESTART Chairs		Hand Shackles	
		Percent	Count	Percent	Count	Percent	Count
	During programs, are any of these restraints used?	0%	0	0%	0	20%	1
		Ankle Shackles		Waist Chain		No Restraints	
		Percent	Count	Percent	Count	Percent	Count
		40%	2	20%	1	20%	1

Table 6. Programs and Recreation

- At the time of CANY’s monitoring visit, Ulster offered Adult Basic Education, Pre-High School Equivalency, and High School Equivalency to individuals with an educational need and were preparing to launch a non-driver ID pilot program as part of reentry services Phase III. Participants in the SLP had access to expanded offerings such as Horticulture; New Freedom, a cognitive behavioral therapy curriculum to help acclimate individuals for future release; and In the Autumn of Our Years, a curriculum that encourages participants to discuss issues in a group setting.¹⁵ Participants in the Senior Living Program also proposed and developed a mentoring initiative in which members of the SLP volunteer to attend weekly orientation sessions for individuals entering Reception and deliver one of the modules, “Succeeding in this Setting.”
- Members of the Cadre, a group of incarcerated individuals primarily responsible for working jobs to maintain prison operations, did not have access to education and vocational programming; however, the executive team reported that most of them

¹⁵ See description about the, “Autumn of Our Years” which is facilitated by a chaplain in the Senior Living Program Video on the NYS DOCCS website Senior Living Program | Department of Corrections and Community Supervision (ny.gov)

were program satisfied upon arriving at Ulster. “Cell study” (independent learning with academic materials provided) is made available to cadre members with an academic need.

- According to DOCCS administrative data, as of January 1, 2023, Ulster had 46.3 program services staff positions filled out of a recommended 65.5. Notable vacancies included one ORC for ASAT in the SLP, an Incarcerated Grievance Supervisor, one ORC and .5 Supervising ORC, an academic teacher, 3 ORCs for classification, and a recreation program leader.
- An ORC suggested to CANY representatives that SHU program curriculum should be made available on tablets and translated into Spanish to improve accessibility.
- Executive team members reported that individuals in the SHU are offered 3 hours of programming daily, delivered by ORCs to up to 2 incarcerated individuals at a time. The ORCs follow weekly rotations in the SHU. Staff reported that participation and interest in programming varies. Recreation in the SHU is offered at the end of the gallery.
- Executive team members reported that individuals in the general confinement restricted unit are afforded 7 hours out of cell daily.

Qualitative responses to open-ended questions provide further detail:

- Some people incarcerated in general population units reported positive experiences with programs (9 instances), with many highlighting the strength of activities offered through the Senior Living Program. There were fewer instances of individuals citing adequate experience with programs (4 instances) and dissatisfaction with programs or a failure to meet programming needs (5 instances). Individuals participating in the Cadre often cited a lack of academic and vocational opportunities besides work.
- Some individuals incarcerated in general population units reported long waitlists for programs (9 instances), commonly highlighting waitlists for ART and Transitional Services phases I and II. One individual expressed concern that people were not being granted parole because they lacked required programs.
- Some people in general population units expressed a desire for more educational programming (2 instances) and vocational programming (2 instances), in one case citing the need to develop skills that would be useful outside prison. A few people reported experiencing under-stimulation (3 instances), citing a lack of programs and opportunities to improve oneself.
- One individual expressed dissatisfaction with the family reunion program, alleging that the program is not run at capacity, that participants do not get to participate each time, and that only 2-3 people can participate in each session.

- Reports about the quality of programs in the SHU and GCR were mixed. A few individuals described the programming as helpful for promoting stress release and dealing with stressful situations, including one individual who noted that attending programs and being out of cell will assist in returning to general population housing. Another individual mentioned that programming consists of doing puzzles. In a few instances, individuals in the SHU and GCR reported that they did not want to attend programming and had refused.

Staff Behavior

10 Many more Incarcerated people provided positive reports about treatment from staff at Ulster compared to other prisons. Despite that, some allegations of verbal and physical abuse in general population, and reception units were still reported.

A lesser share (43%, N=37) of Ulster respondents in general population units reported having seen or experienced verbal, physical, or sexual abuse by staff as compared to other medium security prisons, 56% (N=41) at Mid-State and 80% (N=64) at Marcy. A lesser proportion (25%, N=36) of Ulster respondents in general population units reported having seen or experienced racial abuse by staff as compared to 67% (N=55) at Marcy and 43% (N=60) at Albion. Ulster data were comparable to 22% (N=36) at Mid-State.

Housing	Questions	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?	43%	16	57%	21	100%	37
	Have you seen or experienced racialized abuse by staff at this prison?	25%	9	75%	27	100%	36
Reception							
	Have you seen or experienced verbal, physical, or sexual abuse by staff at this prison?	20%	7	80%	28	100%	35
	Have you seen or experienced racialized abuse by staff at this prison?	12%	4	88%	30	100%	34

Table 7. Staff Behavior

Qualitative responses to open-ended questions provide further detail:

Positive experiences

- People incarcerated in general population units generally reported better treatment compared to other facilities CANY recently visited. Many people reported adequate experience with staff (26 instances) while fewer people reported poor treatment by staff (16 instances) and mixed experience with staff (8 instances).
- People in general population units reporting adequate experience with staff described “I haven’t had any altercations,” “Once you get to know them everything’s alright,” and “no issues.” A few individuals spoke particularly positively of staff interactions, describing staff as kind and helpful, reporting that they felt like one can talk to staff about their problems, and that staff respond to requests well.
- A member of the Senior Living Program portrayed his experience with staff as decent and civil,
- None of the individuals interviewed in the SHU and GCR (5) reported seeing or experiencing verbal, physical, racialized or sexual abuse while in the SHU or GCR.
- People in the SHU and GCR reported adequate experience with staff (8 instances), commenting that there are no problems, that officers are good, and that “you get respect if you show respect.”
- In a smaller number of instances, people in reception reported adequate experience with staff (5 instances). One individual remarked that “COs treat you like you’re human.”

Negative experiences

Most allegations of poor treatment derived from incidents of verbal abuse and racially discriminatory language. Some allegations related to physical abuse.

- People in general population units reported some violence and abuse by staff (7 instances), citing that staff target young people with physical abuse and that incidents of staff physical abuse take place in the yard, reception areas, and on walkways.
- People in general population units reported some incidents of race-based abuse (10 instances), primarily alleging that officers use the “N word” and other racial slurs.
- In one instance, an individual in a general population unit alleged officers use collective punishment, explaining that “one person does something, and everyone pays.”
- A few people in general population units reported a fearful and retaliatory environment (5 instances), specifically that officers target people with retaliation for writing grievances.

- A few people in general population units mentioned the need for cameras (3 instances) to improve staff treatment and hold staff accountable.
- While there were far fewer reported allegations of abuse at Ulster than at other facilities CANY visited recently, some people in Reception units described violence and abuse by prison staff (12 instances), poor treatment by staff (6 instances), and race-based abuse (2 instances). In several instances, people in Reception units alleged physical violence by staff including being thrown to the ground or against the wall and sustaining injuries to the head and neck.

Grievances

11 Incarcerated people at Ulster expressed a lack of confidence in the grievance process.

Of the 37 people interviewed in general population units, only 16 had filed a grievance at Ulster. Of these 16, eight (8) had received a response within 2 weeks or less, six (6) had not yet received a response, and two (2) people said it took a month or more to get a response. CANY representatives also asked whether incarcerated people felt the grievance system was fair and only 4 people of the 14 who answered the question said yes.¹⁶

- Data from the DOCCS grievance program semi-annual report of 2021¹⁷, showed that incarcerated people filed 10,329 grievances in the first half of 2021 systemwide. During this period, Ulster received a total of 17 grievances (less than 1 % of the systemwide total).
- Most grievances filed at Ulster were related to staff conduct (4 grievances) and personal property claims (3 grievances), and guidance unit / counseling (2 grievances).

Questions	Responses					
	YES		NO		TOTAL	
	Percent	Count	Percent	Count	Percent	Count
Have you filed a grievance at this prison?	43%	16	57%	21	100%	37
If yes, has your grievance been resolved?	31%	5	69%	11	100%	16
Is the grievance process fair?	29%	4	71%	10	100%	14

Table 8. Grievances in General Population Units

¹⁶ To better understand the concerns, we have heard about the grievance system from many monitoring visits, CANY administered a system wide survey to 10% of the prison population in September 2022. CANY collected responses through March 2023 and is in the process of analyzing and writing a report on its findings.

¹⁷ NYS DOCCS Grievance Program Semi Annual Report, 2021 incarcerated-grievance-program-semi-annual-report-2021-final.pdf (ny.gov)

A greater share (31%, N=16) of Ulster respondents in general population units reported their grievances had been resolved as compared to other medium security prisons 20% (N=5) at Mid-State and 26% (N=23) at Marcy. Ulster data was comparable to that of 34% (N=35) at Albion.

Qualitative responses to open-ended questions provide further detail:

- Some people in general housing units reported a biased or dysfunctional grievance process (6 instances), portraying it as “one-sided,” alleging that when it comes to staff and grievances: “it was her word against mine” and “they listen and act like they will help, but really they stick together.” Another individual said, “it’s a joke, it’s nothing serious.”
- In two instances, people in general population units expanded on the issue of response times, in one case alleging that a grievance filed in January had not yet been answered in March.
- There were three instances of people in general population units alleging retaliation or fear of retaliation for filing grievances. One person said, “if you file a grievance you get targeted.”

Discipline

12 Incarcerated people in general population units reported viewing the disciplinary system as unfair and sanctions as sometimes not proportionate to the infraction.

Most incarcerated people interviewed in general population units (29 out of 36) had not been subject to discipline at Ulster, but only 6 of the 17 people who answered the question “Is the disciplinary system fair?” said yes. None of the five people interviewed in the SHU and GCR had received any additional disciplinary tickets while in those units; 2 had received additional loss of privileges while in the SHU and GCR.

Housing	Questions	Responses					
		YES		NO		TOTAL	
		Percent	Count	Percent	Count	Percent	Count
General Population							
	Have you been subject to discipline at this prison?	19%	7	81%	29	100%	36
	Is the disciplinary system fair?	35%	6	65%	11	100%	17

Housing	Questions	Responses					
		YES		NO		TOTAL	
		Percent	Count	Percent	Count	Percent	Count
SHU and GCR							
	Have you received additional disciplinary tickets while in SHU?	0%	0	100%	5	100%	5
	Have you received additional disciplinary confinement time and/or additional punishment in the SHU (e.g. loss of privileges)?	40%	2	60%	3	100%	5

Table 9. Discipline

Thirty-five percent (35%, N=17) of respondents housed in general population units at Ulster described the disciplinary system as fair, which represents a greater share of respondents compared to other medium security prisons, 6% (N=33) at Marcy, 19% (N=37) at Albion, and, to a lesser extent, to 30% (N=10) at Mid-State.

Qualitative responses to open-ended questions provide further detail:

- Some people in general population units reported an unfair and biased disciplinary process (5 instances), alleging that incarcerated people are overwhelmingly found guilty in disciplinary hearings, that people of color experience disparate outcomes, and that staff’s statements are often believed over those of incarcerated people. There were few reports of arbitrary and unfair discipline measures (2 instances), alleging that sanctions given were not proportionate.

Material Conditions And Environmental Issues

13 People’s perceptions of the water as being unsafe to drink led many to rely on bottled water. Incarcerated people in general population units also reported a lack of hot water for showers.

During monitoring visits, CANY often receives reports related to water and temperature in the facilities. Incarcerated people who have the perception of unsafe drinking water often rely on bottled water.

People incarcerated in general population units at Ulster generally reported better conditions related to temperatures than other facilities: 24 out of the 34 people (71% of respondents) interviewed in general population units felt that Ulster had adequate temperature controls for each season.

Questions	Responses					
	YES		NO		TOTAL	
	Percent	Count	Percent	Count	Percent	Count
Do you have access to clean drinking water outside of the commissary?	59%	20	41%	14	100%	34
Does this prison have adequate temperature controls dor each season?	71%	24	29%	10	100%	34

Table 10. Material Conditions and Environmental Issues in General Population

A higher proportion (71%, N=34) of Ulster respondents in general population units cited adequate temperature controls for each season as compared to other medium security prisons, 42% (N=55) at Marcy. Ulster data were comparable to 76% (N=37) at Mid-State.

A far lesser share (59%, N=20) of Ulster respondents in general population units reported having access to clean drinking water outside the commissary as compared other medium security prisons, 87% (N=38) at Mid-State and (84%, N=51) at Marcy. Both Eastern and Ulster share the same water supply. During a CANY visit to Eastern in March 2023 the superintendent reported that a water tower was renovated in 2019. According to the executive team, water testing results are posted in the housing units and made available in the law library. Weekly samples are sent to the lab for testing.

Qualitative responses to open-ended questions provide further detail:

- People in general population units often expressed problems with water (20 instances), alleging the water system is unsanitary, contains too much calcium, appears discolored and odorous, and is generally unsafe to drink. Many individuals reported they buy bottled water because they do not trust the tap water. A much smaller proportion of respondents reported adequate experience with the water (3 instances), with one individual claiming, “[it’s] fairly clean...it’s not brown or yellow.”
- While most respondents in general population units reported that the prison had adequate temperature controls for each season, some cited problems with hot temperatures (8 instances) and cold temperatures (9 instances), and a smaller group reported adequate experience with temperatures (4 instances). Specific complaints about temperature controls generally pointed to inconsistencies in the heating and cooling systems, citing that they turn on for short periods of time before turning off.

- People in general population units generally reported adequate experiences with fixtures and appliances in their dorms (17 instances), while some expressed problems with fixtures and appliances (7 instances) including broken hot pots, a clogged sink, and issues with the kiosks. Some people reported problems with showers and bathrooms (10 instances), most commonly pointing to a lack of hot water for showers.

HALT Implementation

14 At the time of CANY’s monitoring visit, Ulster Correctional Facility operated a unit in the SHU building called “general confinement restricted,” which housed individuals not allowed to be housed in SHU under the HALT Solitary Confinement Law. Individuals CANY interviewed in this unit were afforded seven hours of out of cell time daily but reported extremely limited programming options.

Executive team members reported that the General Confinement Restricted (GCR) unit was initiated by the DOCCS Central Office to house people in confinement who were not allowed to be housed in the SHU under the HALT Solitary Confinement Act. They provided a few reasons for placing individuals there such as if someone is in transit for court while in an RRU at their home facility or if they are in transit for court and commit a disciplinary infraction while at Ulster. Other reasons include people needing protective custody or serving time on contraband watch. At the time of the visit, the GCR was at capacity, housing 6 individuals. One was there for protective custody and the other five were either over 55 or under 21 years old. The executive team asserted that the GCR functions according to RRU protocols under the HALT law including providing 7 hours out of cell per day.

Reception Process

Ulster Correctional Facility is used as a reception/classification center and processes and classifies incarcerated individuals in preparation for transfer to an appropriate facility.¹⁸ Central office makes the determination about which facility people ultimately get transferred to.¹⁹ Most of the population at Ulster is in reception housing units (See Table 1). CANY representatives walked through the reception area and spoke with staff and 37 incarcerated individuals in this area. Of the 37 people interviewed in reception units, 36 were in prison for the first time. Below are the findings associated with incarcerated people housed in reception housing units.

Basic Provision of Services

15 People in reception reported having received access to basic services such as phones, showers and clean clothing as required by DOCCS policy, but some lacked access to hygiene products.

¹⁸ NYS DOCCS Directive Ulster Correctional Facility 0096.pdf (ny.gov)

¹⁹ NYS DOCCS Directive 4021 Incarcerated Individual Reception / Classification 4021.pdf (ny.gov)

Incarcerated people that are processed at Ulster had overwhelmingly received all basic services required by DOCCS policy²⁰ though some concerns about hygiene products and access to commissary arose.

Questions	Responses					
	YES		NO		TOTAL	
	Percent	Count	Percent	Count	Percent	Count
Have you had an opportunity to make a phone call since your arrival at Ulster?	94%	34	6%	2	100%	36
Since your arrival at Ulster, have you received a shower?	97%	34	3%	1	100%	35
Since your arrival at Ulster, have you received clean clothing?	100%	38	0%	0	100%	36
Since your arrival at Ulster, have you received personal care products?	89%	31	11%	4	100%	35

Table 11. Provision of Basic Services in Reception

Qualitative responses to open-ended questions provide further detail:

- People in reception units reported problems with personal care products (11 instances), asserting in some cases that they did not receive essential items such as deodorant, soap, and toothpaste. Some individuals lamented that having to wait 30 days after arrival to access commissary and packages prevented them from supplementing products provided by the facility.

²⁰ NYS DOCCS Directive Incarcerated Individual Reception/Classification
<https://doccs.ny.gov/system/files/documents/2022/12/4021.pdf>

Questions	Responses					
	YES		NO		TOTAL	
	Percent	Count	Percent	Count	Percent	Count
Have you met with health services staff for a medical screening?	100%	35	0%	0	100%	35
Have you met with either health or mental health staff for a suicide prevention screening?	86%	30	14%	5	100%	35
Have you been assigned an OMH level?	47%	16	53%	18	100%	34
Do you feel that, so far, the reception process has accurately recorded and diagnosed your health and mental health needs?	75%	24	25%	8	100%	32

Table 12. Medical and Mental Health in Reception

Medical and Mental Health Services

16 People in reception units reported that their medical and mental health needs were being accurately recorded during the reception process, however, long waits for treatment left some with unaddressed needs.

A greater proportion (75%, N=32) of Ulster respondents in reception units reported feeling that the reception process had accurately recorded and diagnosed their health and mental health needs as compared to other reception prisons CANY visited, 53% (N=44) at Elmira in April 2022 and 57% (N=23) at Downstate in October 2021.

Qualitative responses to open-ended questions provide further detail:

- While most people in reception units gave satisfactory reports about medical care provided during the reception process, a few individuals cited having a variety of medical and dental issues and needs (2 instances) and not receiving the necessary care, while some people reported long waits for treatment, if at all (7 instances). In three instances, individuals reported lacking essential medication.
- While most people in reception units gave satisfactory reports about mental healthcare provided during the reception process, in one instance, a person described the staff making fun of people for their mental health needs.

Screening, Assessment, Orientation, and Classification

Most people interviewed in reception units had received orientation and a handbook as required by DOCCS policy.²¹ Screening for individuals’ risk of being sexually abused by other incarcerated individuals or sexually abusive to other incarcerated individuals was conducted according to the 26

21 NYS DOCCS Directive 4021 Incarcerated Individual Reception / Classification 4021.pdf (ny.gov)

out of 35 people (73% of respondents) interviewed. 22 of the 35 individuals (63% of respondents) interviewed in reception had minor children. Of those 22 respondents, 15 were familiar with the NYS Proximity law which required DOCCS to place incarcerated individuals in a facility as close to their minor children as possible, whenever practicable.²²

Questions	Responses					
	YES		NO		TOTAL	
	Percent	Count	Percent	Count	Percent	Count
Orientation						
Did you receive orientation?	71%	25	29%	10		35
Did you receive a handbook?	100%	30				
Were you able to have your personal property secured at arrival?	74%	25	26%	9		32
Screening, Assessment and Classification						
Have you met with staff to complete a PREA (Prison Rape Elimination Act) risk screening?	74%	26	12%	9		35
Are the needs specific to your gender identity being met?	95%	24	4%	1		25
Do you have minor children?	63%	22	37%	13		35
If yes, do you know about the law requiring DOCCS to place incarcerated parents at correctional institutions and facilities closest to their children's home?	68%	15	32%	7		22

Table 13. Screening, Assessment, Orientation, and Classification

- The Nurse Administrator reported that the volume of incarcerated individuals arriving for reception is far lower than previously reported; whereas they used to receive 80-100 people each night, now they receive closer to 20. Reception and Classification staff reiterated that they receive 20-30 new people per day, explaining that their numbers decreased dramatically during the COVID-19 pandemic and as a result of other policy changes.
- Reception and Classification staff reported sufficient staffing of counselors to meet the current volume of people arriving for reception each day. They noted that clerical positions, however, were extremely understaffed and hard to fill due to the low pay grade and protracted hiring process.
- According to DOCCS administrative data, as of January 1, 2023, Ulster had 5 vacancies

²² NY Law Requires Parents in Prison Be Housed Closest to Kids | NYSenate.gov
 Law Passes Requiring Parents in New York Prisons to be Housed Close to Their Children | Prison Legal News
 NYS DOCCS Directive 4024 Proximity to Minor Child (eff. June 15, 2023) 4024.pdf (ny.gov)

out of the recommended 8 office assistants assigned to admission activities.

Qualitative responses to open-ended questions provide further detail:

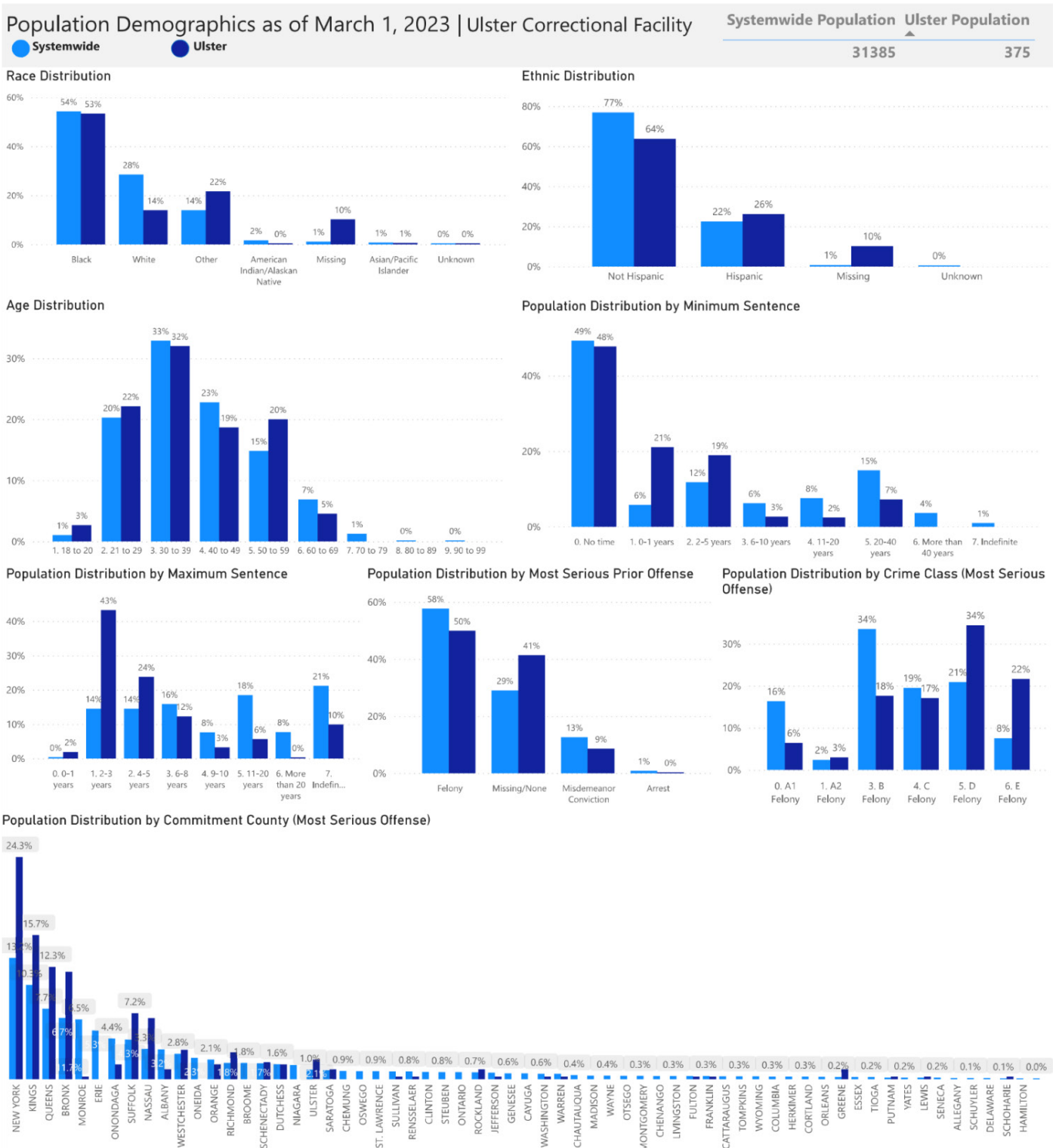
- People in Reception expressed concerns about whether their needs would be met upon transfer to their next facility (20 instances). Some of their concerns were about mental health or medical needs while several expressed interest in the SHOCK program and were unsure whether they would be deemed eligible or granted permission to transfer to a SHOCK facility.

Conclusion

CANY thanks the leadership 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 our visit.

CANY also acknowledges and thanks CANY representatives who contributed to this report and monitoring visit.

Appendix A: Snapshot of Demographic Data



Population Demographics as of March 1, 2023 | Ulster Correctional Facility

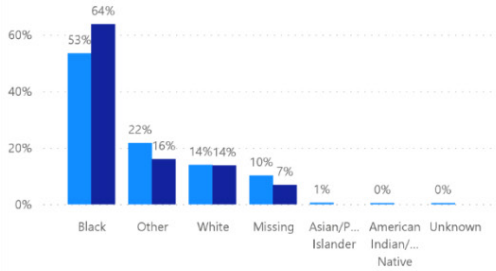
Ulster Population Interview Sample

375

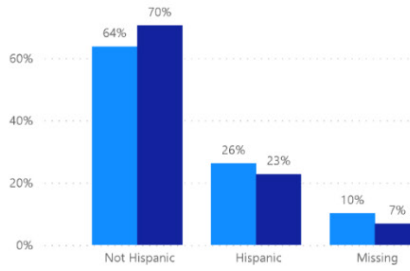
44

● Ulster ● Incarcerated people interviewed by CANY (valid DINS only)

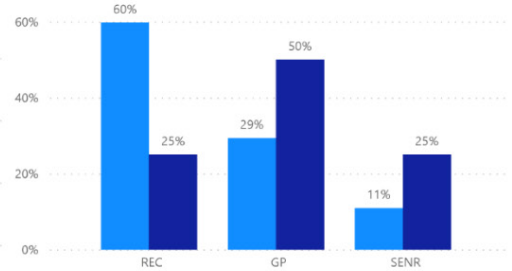
Race Distribution



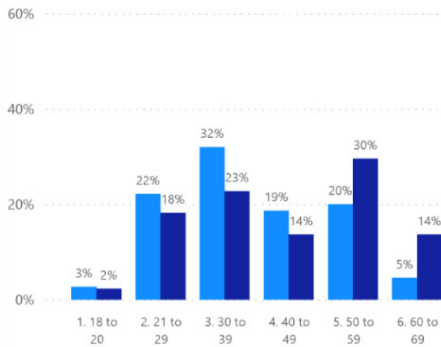
Ethnic Distribution



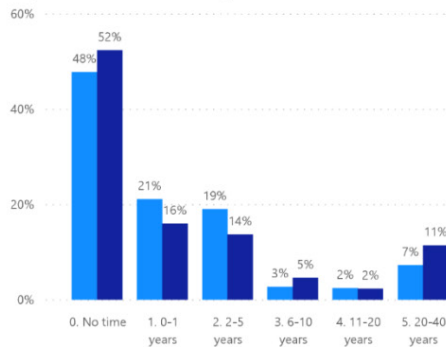
Population Distribution by Unit



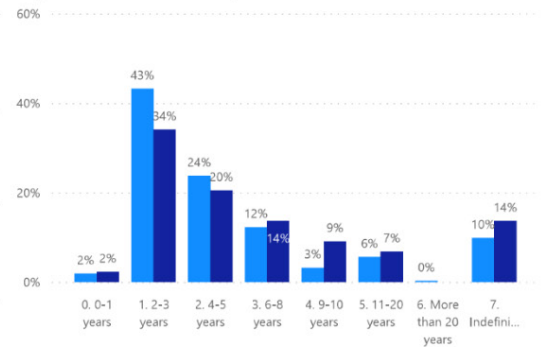
Age Distribution



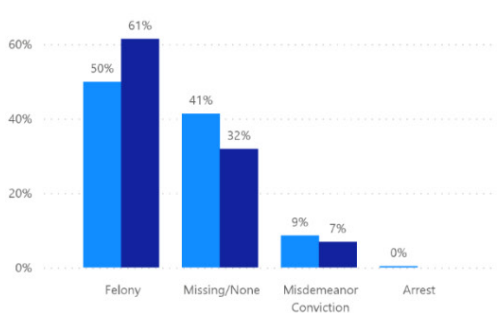
Population Distribution by Minimum Sentence



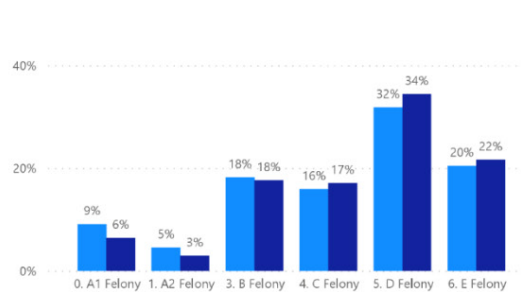
Population Distribution by Maximum Sentence



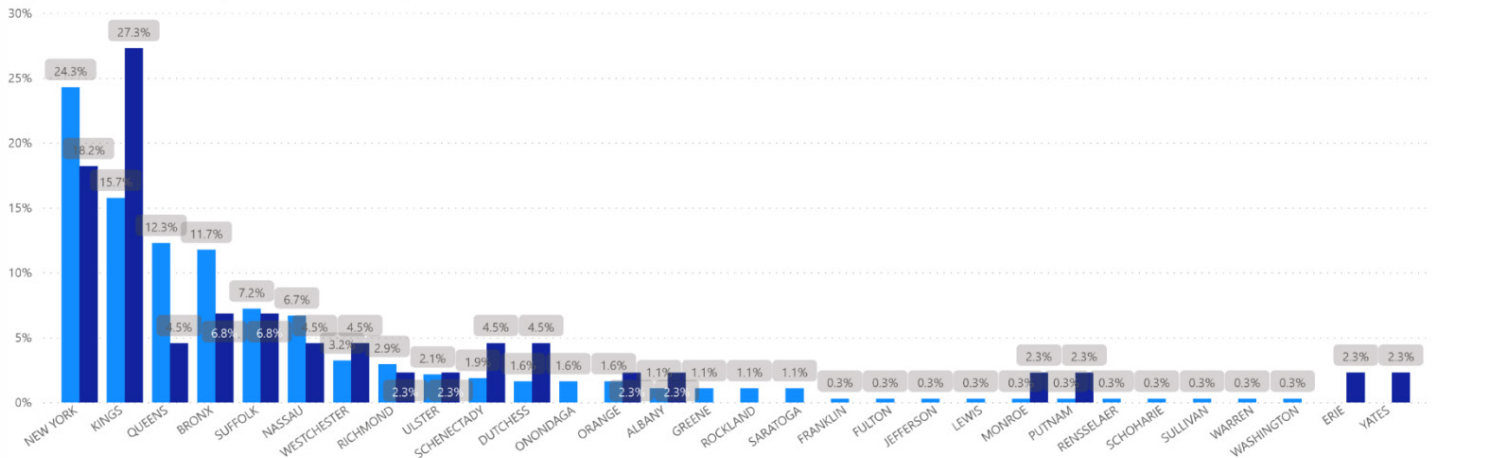
Population Distribution by Most Serious Prior Offense



Population Distribution by Crime Class (Most Serious Offense)

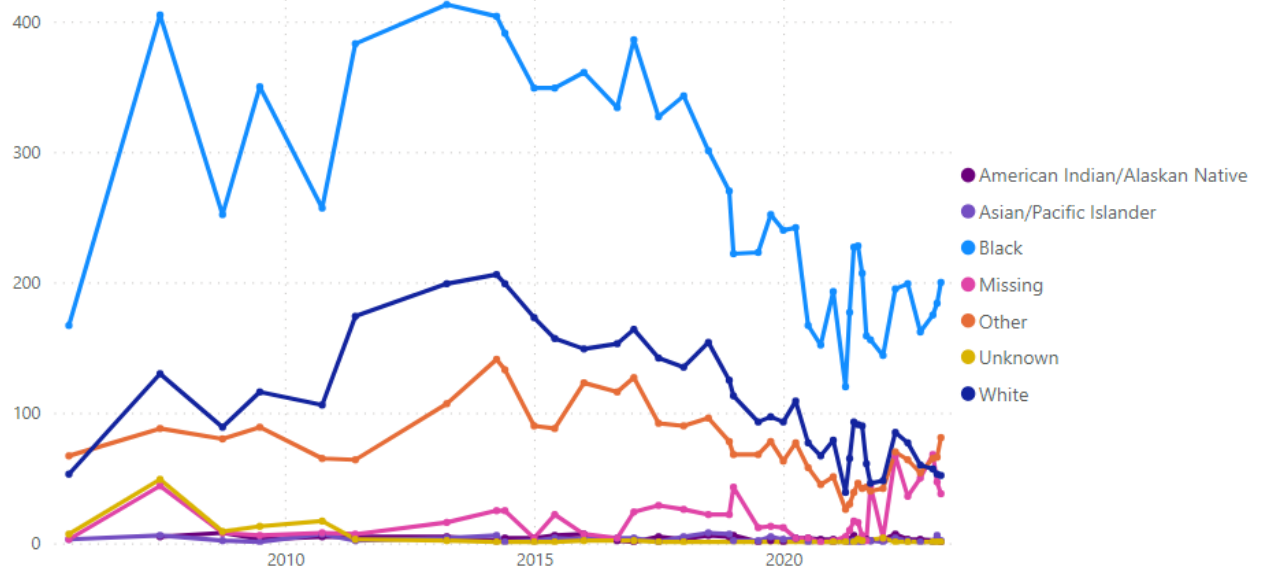


Population Distribution by Commitment County (Most Serious Offense)

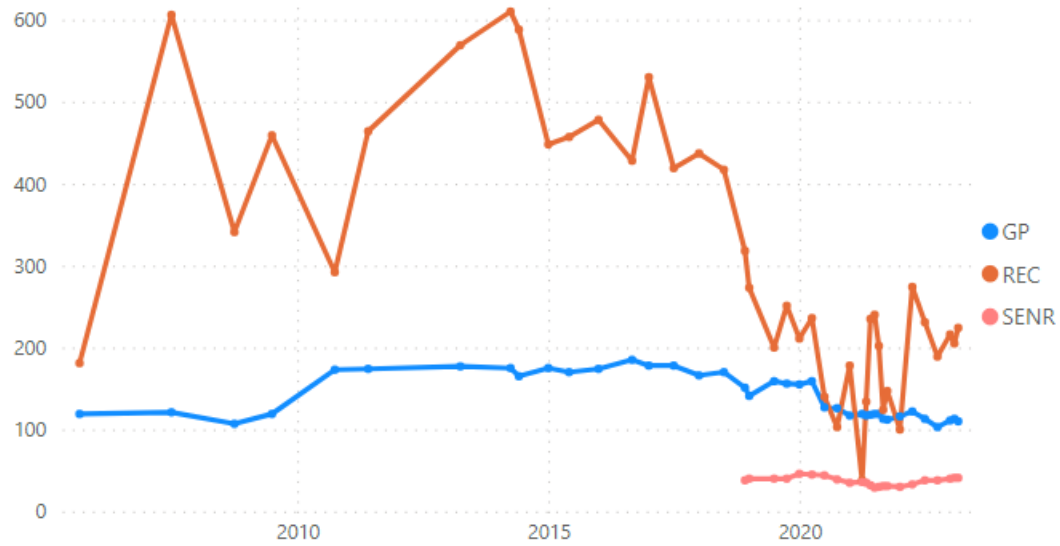


Population Demographics Over Time Ulster Correctional Facility

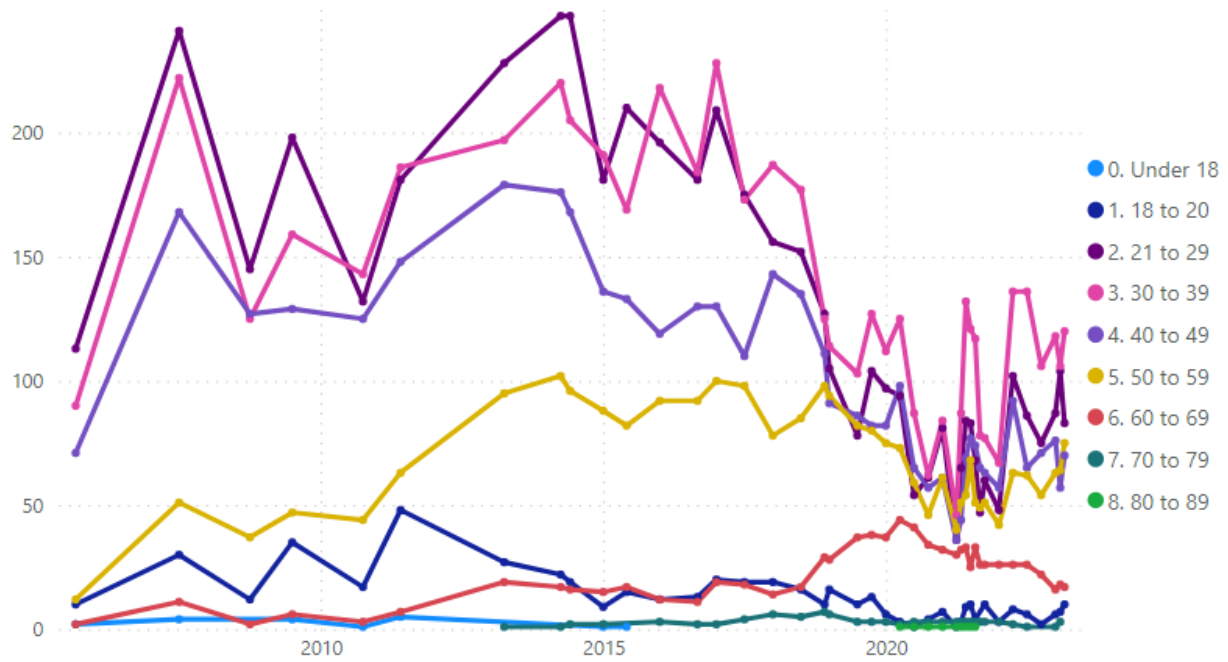
Incarcerated Population Over Time by Race



Incarcerated Population Over Time by Unit



Incarcerated Population Over Time by Age Range



Incarcerated Population Over Time



Appendix B: Data Addendum

Ulster General Population Quantitative Data Addendum

Question	Yes	No	Total
2m) If you have requested medical care, have you received a response?	23	5	28
	82.1%	17.9%	100.0%
2d) If you have requested dental care, have you received a response?	18	8	26
	69.2%	30.8%	100.0%
5) Do you have unaddressed medical or dental needs?	18	18	36
	50.0%	50.0%	100.0%
7) Are you on the OMH caseload?	3	34	37
	8.1%	91.9%	100.0%
10) Have you attempted to hurt yourself in this prison?	0	37	37
	0%	100.0%	100.0%
11) Have you experienced or witnessed an emergency medical or mental health situation in this prison?	13	24	37
	35.1%	64.9%	100.0%
12) Do you have access to the academic and vocational programs you need?	16	14	30
	53.3%	46.7%	100.0%
14) Have you seen or been personally subject to verbal, physical, or sexual abuse by staff at this prison?	16	21	37
	43.2%	56.8%	100.0%
15) Have you seen or experienced racialized abuse (slurs, stereotyping, discrimination) by staff at this prison?	9	27	36
	25.0%	75.0%	100.0%
17) Have you filed a grievance at this prison?	16	21	37
	43.2%	56.8%	100.0%
17c) If yes, has your grievance been resolved?	5	11	16
	31.3%	68.8%	100.0%
17d) Is the grievance process fair?	4	10	14
	28.6%	71.4%	100.0%
18) Have you been subject to discipline at this prison?	7	29	36
	19.4%	80.6%	100.0%

Question	Yes	No	Total
18b) Is the disciplinary system fair?	6	11	17
	35.3%	64.7%	100.0%
20) Is the commissary adequately stocked with items on a regular basis?	7	26	33
	21.2%	78.8%	100.0%
21) Are you able to access items from packages in a timely manner?	23	11	34
	67.6%	32.4%	100.0%
23) Are you receiving three meals per day in adequate portions?	32	3	35
	91.4%	8.6%	100.0%
24) Do you have access to clean drinking water outside of the commissary?	20	14	34
	58.8%	41.2%	100.0%
25) Does this prison have adequate temperature controls for each season (i.e. cooling in the summer, heat in the winter)?	24	10	34
	70.6%	29.4%	100.0%
26) Are you able to make phone calls, either by using the phones or through a tablet?	34	1	35
	97.1%	2.9%	100.0%
26) Do you receive in-person visits?	30	3	33
	90.9%	9.1%	100.0%
28) Since March 31 of this year, have you ever been locked inside your cell for more than 17 hours a day?	3	28	31
	9.7%	90.3%	100.0%

Question	Yes	No	N/A	Total
3m) If you have received medical care, was the level of care adequate?	14	5	2	21
	66.7%	23.8%	9.5%	100.0%
3d) If you received dental care, was the level of care adequate?	7	4	4	15
	46.7%	26.7%	26.7%	100.0%
4) Are you receiving medication as prescribed, including schedule and dosage?	18	7	6	31
	58.1%	22.6%	19.4%	100.0%
	4	6	21	31

Question	Yes	No	N/A	Total
8) If yes, are you getting the mental health programs you need?	12.9%	19.4%	67.7%	100.0%

Question	2 days	1 week	2 weeks	1 month	Longer than 1 month	Total
2a) (MEDICAL) If no, how long has your request been outstanding?	0	1	0	0	3	4
	0.0%	25.0%	0.0%	0.0%	75.0%	100.0%
2a) (DENTAL) If no, how long has your request been outstanding?	0	0	0	1	5	6
	0.0%	0.0%	0.0%	16.7%	83.3%	100.0%
2b) (MEDICAL) If yes, how long did it take to get care?	9	5	1	1	3	19
	47.4%	26.3%	5.3%	5.3%	15.8%	100.0%
2b) (DENTAL) If yes, how long did it take to get care?	3	2	0	2	3	10
	30.0%	20.0%	0.0%	20.0%	30.0%	100.0%

Question	2 days	1 week	2 weeks	1 month	Longer than 1 month	I have not received a response	Total
16b) (GRIEVANCE) If yes, how long did it take to get a response?	1	4	3	1	1	6	16
	6.3%	25.0%	18.8%	6.3%	6.3%	37.5%	100.0%

Question	Male	Total
Please describe your gender identity.	35	35
	100.0%	100.0%

Ulster 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?	2	3	5
	40.0%	60.0%	100.0%
4) Are you in this unit because of a disciplinary sentence?	4	1	5
	80.0%	20.0%	100.0%
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?	2	1	3
	66.7%	33.3%	100.0%
10) Besides the SHU unit at Ulster, have you been in any other disciplinary units here or at other prisons? (If yes, choose all that apply from the following):	2	2	4
	50.0%	50.0%	100.0%
10a) Residential Rehabilitation Units (RRUs)	1	0	1
	100.0%	0.0%	100.0%
10b) Protective custody	0	0	0
	0.0%	0.0%	0.0%
10c) Administrative segregation	0	0	0
	0.0%	0.0%	0.0%
10d) Keeplock	0	0	0
	0.0%	0.0%	0.0%
10e) Longterm Keeplock	0	0	0
	0.0%	0.0%	0.0%
10f) Step-down program	0	0	0
	0.0%	0.0%	0.0%
10g) Mental health or other alternative to solitary	0	0	0
	0.0%	0.0%	0.0%
11) Were you medically evaluated on arrival?	5	0	5
	100.0%	0.0%	100.0%
12) Did you receive a suicide prevention screening on arrival?	5	0	5
	100.0%	0.0%	100.0%
13) Did you receive clean clothing on arrival?	5	0	5
	100.0%	0.0%	100.0%
14) Did you undergo a mental health assessment within one day of your arrival?	4	0	4
	100.0%	0.0%	100.0%

Question	Yes	No	Total
15) Did you have a hearing where you were sentenced to this current bid in the SHU?	3	1	4
	75.0%	25.0%	100.0%
18) Were you told that you could have representation at your hearing by an attorney, paralegal, law student, or fellow incarcerated person?	4	0	4
	100.0%	0.0%	100.0%
19) 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?	4	0	4
	100.0%	0.0%	100.0%
21) Have you received additional disciplinary tickets while in SHU?	0	5	5
	0.0%	100.0%	100.0%
23) Have you received additional disciplinary confinement time and/or additional punishment (e.g., loss of privileges) in the SHU?	2	3	5
	40.0%	60.0%	100.0%
25) Do you have at least three hours of out of cell programming per day? (Can include individual or group programming)	4	1	5
	80.0%	20.0%	100.0%
26) Do you have at least one hour of out of cell congregational recreation per day (i.e., with other incarcerated people)?	4	1	5
	80.0%	20.0%	100.0%
34) Are you able to access phone calls, either through the tablet or other means while in the SHU?	5	0	5
	100.0%	0.0%	100.0%
36m) If you have requested medical care, have you received a response?	2	0	2
	100.0%	0.0%	100.0%
36d) If you have requested dental care, have you received a response?	2	0	2
	100.0%	0.0%	100.0%
37) If you received medical care, was the level of care adequate?	2	0	2
	100.0%	0.0%	100.0%
37) If you received dental care, was the level of care adequate?	2	0	2
	100.0%	0.0%	100.0%
39) Do you have unaddressed mental health needs?	1	3	4
	25.0%	75.0%	100.0%
41) Are you on the OMH caseload?	0	2	2
	0.0%	100.0%	100.0%
42) Are you getting the mental health programs you need?	1	0	1
	100.0%	0.0%	100.0%
43) Do you have unaddressed mental health needs?	1	1	2

Question	Yes	No	Total
	50.0%	50.0%	100.0%
45) Have you attempted to hurt yourself in this prison?	0	5	5
	0.0%	100.0%	100.0%
48) Have you seen or experienced verbal, physical, or sexual abuse by staff in the SHU?	0	5	5
	0.0%	100.0%	100.0%
50) Have you seen or experienced racialized abuse by staff (slurs, stereotyping, discrimination, etc.) in the SHU?	0	5	5
	0.0%	100.0%	100.0%
52) Have you heard about the HALT Solitary Confinement Act?	1	4	5
	20.0%	80.0%	100.0%

Question	Before	After	Total
16) If yes, did that hearing happen before or after you were placed in SHU?	0	2	2
	0.0%	100.0%	100.0%

Question	With a disability	21 and younger
19) Are you a member of any of the following populations? (Check all that apply)	1	3

*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:	1	2	0	0	1	1

*Respondents were able to select more than one options

Question	Black or African American	Total
56) Please describe your racial identity.	4	4
	100.0%	100.0%

Question	Hispanic	Rastafari	Total
57) In your own words, please describe your ethnic identity.	1	1	2
	50.0%	50.0%	100.0%

Question	Male	Total
66) In your own words, please describe your gender identity.	5	5
	100.0%	100.00%

Ulster Reception Quantitative Data Addendum

Question	Yes	No	Total
2) Is this your first time in prison?	18	18	36
	50.0%	50.0%	100.0%
4) Have you had an opportunity to make a phone call since your arrival at Ulster?	34	2	26
	94.4%	5.6%	100.0%
5a) Since your arrival at Ulster, have you received a shower?	34	1	35
	97.1%	2.9%	100.0%
5b) Since your arrival at Ulster, have you received clean clothing?	36	0	36
	100.0%	0.0%	100.0%
5c) Since your arrival at Ulster, have you received personal care products?	31	4	35
	88.6%	11.4%	100.0%
6) Have you met with health services staff for a medical screening?	35	0	35
	100.0%	0.0%	100.0%
7) Have you met with either health or mental health staff for a suicide prevention screening?	30	5	35
	85.7%	14.3%	100.0%
8) Have you been assigned an OMH level?	16	18	34
	47.1%	52.9%	100.0%
9) Do you feel that, so far, the reception process has accurately recorded and diagnosed your health and mental health needs?	24	8	32
	75.0%	25.0%	100.0%
10) Do you have special medical, mental health, or programming needs that will determine what prison you are transferred to?	15	18	33
	45.5%	54.5%	100.0%
11) Have you met with staff to complete a PREA (Prison Rape Elimination Act) risk screening assessment?	26	9	35
	74.3%	25.7%	100.0%
12) Did you receive orientation?	25	10	35
	71.4%	28.6%	100.0%
13) Did you receive a handbook?	35	0	35
	100.0%	0.0%	100.0%
14) Were you able to have your personal property secured at arrival?	25	9	34
	73.5%	26.5%	100.0%
15a) Are the needs specific to your gender identity being met?	24	1	25
	96.0%	4.0%	100.0%

Question	Yes	No	Total
16) Do you have children who are minors?	22	13	35
	62.9%	37.1%	100.0%
16a) If yes, do you know about the law requiring DOCCS to place incarcerated parents at correctional institutions and facilities closest to their children's home?	15	7	22
	68.2%	31.8%	100.0%
19) Have you seen or experienced verbal, physical, or sexual abuse by staff at this prison?	20.0%	80.0%	100.0%
	7	28	35
20) Have you seen or experienced racialized abuse by staff (slurs, stereotyping, discrimination, etc.) at this prison?	4	30	34
	11.8%	88.2%	100.0%

Question	New Case	Parole Violation	Probation Violation	Total
21) Were you admitted to prison on a new case, a parole violation, or a probation violation?	34	0	1	35
	97.1%	0.0%	2.9%	100.0%

Question	Male	Total
Please describe your gender identity.	35	35
	100.0%	100.0%



Corrections and Community Supervision

KATHY HOCHUL
Governor

DANIEL F. MARTUSCELLO III
Acting Commissioner

This is the Department's response to the Correctional Association of New York's (CANY) report on their visit to Ulster Correctional Facility on March 24th of 2023. The Department discusses below the programmatic and operational functions raised in their post visit report.

Senior Living Program

The New York State Department of Corrections and Community Supervision (DOCCS) welcomes the positive feedback received regarding the Senior Living Program (SLP), which is a unique and innovative program designed to meet the needs of older males. The SLP participants reside in one housing unit in a community setting. A computer lab, classrooms, meeting rooms, recreation/exercise rooms, and staff offices have been designed to be in the same unit. SLP residents participate in programs together. The SLP strives to facilitate a safe and stable environment in which positive peer interaction and group processes will prepare incarcerated individuals for successful re-entry into their community.

To be eligible, all candidates must:

- be 55 years of age or older;
- be within two to six years of their earliest release date;
- be eligible for transfer to Ulster Correctional Facility;
- not have any current refusals of required programs;
- not have a Tier 3 disciplinary infractions within the past 12 months;
- have completed SOCTP if there is an assessed need; and
- The SLP is a minimum of two years, and the candidates must agree to actively participate in all required aspects of the program.

The SLP at Ulster includes age-appropriate wellness, academic, vocational, and re-entry programs delivered within a therapeutic community setting and designed to assist senior incarcerated individuals with their preparations to re-enter society. Harvest Now, a program where vegetables are grown and donated to local food pantries to aid families in need, is one of the programs that enable participants to give back to society.

The SLP is currently at 82% capacity. Every quarter, all eligible incarcerated individuals are notified of their eligibility and the procedures for submission of the application. All submitted applications from incarcerated individuals are forwarded to Ulster Correctional Facility for individual review and approval. The facility continuously processes and screens applications. Incarcerated individuals approved to participate are placed on the transfer list to SLP.

Basic Provisions of Services

Commissary - This is a privilege that provides incarcerated individuals the means to supplement DOCCS provided meals and personal items. Commissary vendors are selected via a competitive bid process in compliance with New York State Finance Law. DOCCS is aware of the effects of inflation on commissary items. Unfortunately, commissary vendors have been subject to the same inflationary pressures that have impacted the economy as a whole. In accordance with contracting requirements, as our staff are 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 for-sale prices accordingly so that items are not being sold at a loss.

Additionally, the business office staff routinely make efforts to identify items from alternate vendors when certain items may remain “out-of-stock” for an extended period of time. To this point, the fresh produce is currently obtained from two vendors in an effort to ensure its availability for the population at Ulster Correctional Facility as well as Eastern Correctional Facility. Current produce offerings include lettuce, peppers, onions, tomatoes, garlic, and bananas.

Packages - Ulster Correctional Facility processes approximately 228 packages per month. In doing so, the Facility has received only one package related grievance to date in 2023, and only two package related grievances in 2022. 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. 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.

As with other goods and services available, both inside and outside of correctional facilities, commissary items and vendors that sell them are unfortunately subject to inflationary pressures that have affected the economy over the past several months. The Department does not increase the cost of items beyond the cost each facility, which may vary by region. All bidding complies with state Procurement Guidelines and suppliers bid on products based on the current volume sold (or closest estimate) using Pricing Sheets so that comparisons can be made to determine lowest price. DOCCS sells commissary items for the same price at which they are procured under State law and does not charge incarcerated individuals’ sales tax on any commissary items. As we are notified of item price changes by the vendor (due to manufacturer increases, increased shipping/freight costs, etc.), staff update for-sale prices accordingly so that we are not selling items at a loss.

Effective 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. Additionally, facility commissaries have increased the availability of various fresh fruit and vegetables.

Food - Ulster Correctional Facility processes approximately 500 servings per meal on a daily basis. The menu is randomly sampled monthly at the Office of Nutritional Services to ensure quality and consistency. Produce is delivered fresh two days a week and inspected to ensure quality. The food that is served at Ulster follows a statewide 8-week cycle menu. This 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 needs. All meals contain either an entrée or an alternative that fall within certain religious protocols. Additionally, the Regional Coordinator for Correctional Food Service (RCCFS) conducts site visits routinely. The food is observed to be stored, prepared, and served correctly, with correct utensils and portion sizes.

Phone Calls and Tablets - Incarcerated individuals have access to telephones and tablets in accordance with Directive #4423, "Incarcerated Individual Telephones," and Directive #4425, "Incarcerated Individual Tablet Program."

Water - The water at the Ulster Correctional Facility is supplied from Eastern Correctional Facility. The drinking water is routinely tested in accordance with the NYSDOH for several contaminants. These contaminants include: total coliform, turbidity, inorganic compounds, nitrite, lead and copper, volatile organic compounds, total trihalomethanes, haloacetic acids, radiological and synthetic organic compounds. There are no compounds that were detected above the regulatory limits. The 2022 annual water quality report is attached for reference, and is posted in conspicuous areas throughout the facility for review by facility staff, occupants, and visitors.

The water in the showers is automatically controlled through electronic mixing valves. Tempered hot water is delivered to various points of use throughout the facility. Temperatures have been measured at the shower heads and determined to range between 110 to 120 degrees Fahrenheit. As issues with the hot water system are identified, the facility maintenance personnel repair and adjust the system as soon as practical following discovery of the issue.

Staff

Allegations of unprofessional conduct by staff is taken very seriously. The Department of Corrections and Community Supervision (DOCCS) has a zero tolerance for violence 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 for review. When facts indicate staff have acted unprofessionally, cases are forwarded to the Department's Office of Labor Relations for appropriate disciplinary measures. Facilities must also be in compliance with all Prison Rape Elimination Act (PREA) standards, which are audited on a regular basis.

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.

Additionally, DOCCS has invested millions of dollars to implement pilot programs to improve safety within its facilities that includes deployment of body-worn cameras and accompanying policies for their use. The Department is currently working to upgrade our existing body-worn cameras and significantly expand the deployment of these devices in all facilities, including Ulster Correctional Facility. Also, the Department is in the process of overhauling the existing fixed camera systems within its facilities.

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

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

As part of its functions, the Office of Diversity and Inclusion (ODI) reviews and monitors Incarcerated Individual Programs and Services for Fairness and Equity, as well as respond timely to complaints with allegations of discrimination. ODI takes all allegations of racial slurs and misconduct seriously gives each incident the necessary time for a thorough review. 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. As such, 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. It is the policy of the Department to eliminate, mitigate, and respond to allegations of racial disparities. A fair and equitable distribution of benefits and burdens in the placement of incarcerated individuals in housing unit assignments, institutional work assignments, and programs is safeguarded. Moreover, any administrative processes associated with incarcerated individual 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.

As discussed previously, the body worn camera systems bolster the efforts of investigators through objective and evidence-based examinations. Any substantiated case of misconduct by an employee is

referred to the Department's Bureau of Labor Relations for consideration of disciplinary action, which may include termination of the employee. In addition, any misconduct, where there is evidence of criminality, will be referred to outside law enforcement authorities for potential criminal charges. The Department maintains a zero-tolerance policy regarding verbal or physical abuse. Furthermore, allegations made regarding discrimination or racialized abuse are delegated to the Office of Diversity and Inclusion for review.

All Unusual Incidents and Uses of Force are 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.

Visitation - The Department recognizes the importance of the visiting program for maintaining family relationships between individuals and their families. Appropriate participation in the visitor program 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 outside provides all offenders emotional support in adjusting to the prison 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.

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. Ulster has an on-site registered pharmacy. The timeframe 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. Concerns regarding medications can always be addressed through the sick call process.

In response to concerns about wait times for surgeries, it should be noted that surgical procedures are scheduled with community providers, not DOCCS providers. Appointments are prioritized and scheduled based on medical urgency the same as members of the public.

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.

Regarding medical staffing concerns, since the time of the CANY visit, Ulster has hired one additional registered nurse and a pharmacy supervisor. DOCCS' Health Service recruiter continues to promote opportunities for various medical titles at career fairs, colleges/universities, local community events and through published advertisements.

From January to July of 2023, Ulster Correctional Facility encountered 2,366 regular sick calls and 583 emergency sick calls. Additionally, there were 2,992 SHU encounters that include contact upon admission, emergency sick calls, and the administration of medication.

Regarding the Medication Addiction Treatment (MAT) program, pursuant to legislation that took effect on October 7, 2022, DOCCS developed a formal assessment process. Incarcerated individuals who indicated pre-arrest issues with opioids either during intake or via surveys were prioritized for assessment. Anyone not on this list is able to request an evaluation through the sick call process. Additionally, facility executive teams have the ability to refer individuals to medical for a MAT assessment. DOCCS MAT program has grown exponentially since the legislation took effect, with 3,365 incarcerated individuals participating in the program as of August 25, 2023.

Mental Health

In August of 2022, Ulster Correctional Facility was changed from an Office of Mental Health (OMH) level three (3) to an OMH level two (2). This change was to accommodate for more services at Ulster since the facility took over some of the reception center duties previously offered at Downstate. OMH staffing is adequate for the services offered and consists of six (6) social workers, one (1) psychiatrist, an administrative support staff, and a Unit Chief.

The OMH caseload fluctuates between seven (7) to ten (10) active patients in GP (Cadre) and between 70 to 75 active reception cases. The total average active cases are around eighty (80) incarcerated individuals. All incarcerated individuals who arrive at Ulster Reception Center are assessed by OMH and assigned a mental health service level. Incarcerated individuals who need a higher level of service (OMH level 1 and 1S) are transferred to level one (1) facilities that offer full time OMH staff and comprehensive mental health services including a crisis unit (RCTP).

All incarcerated individuals including Cadre and Senior Living are encouraged to reach out to OMH if they have any mental health concerns. The only time incarcerated individuals are transferred to another facility due to mental health reasons is when they display issues that warrant a level change to a 1 or 1S or when they are in crisis and need RCTP placement.

As an OMH level 2 facility, Ulster CF is not set up to deal with serious and acute mental health issues. Incarcerated individuals in need of such services and mental health programs would be placed at another facility.

All DOCCS staff receive a mandatory Suicide Prevention training annually in order to identify the signs and symptoms of mental health and make appropriate referrals to OMH should they have a concern

about self-harm or suicide risk. Issues related to the notion of stigma and empathy when dealing with incarcerated individuals with a mental illness are covered during the training. Incarcerated individuals with mental illness can report any allegations of misconduct by staff.

Grievances

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

The grievance procedure is initiated by the incarcerated individual. If an incarcerated individual is unable to resolve the problem through informal channels, the individual may file a written grievance within twenty-one (21) calendar days of the incident in question (exceptions may be granted up to 45 days). The IGRC has sixteen (16) calendar days in which to attempt to informally resolve the complaint or hold a hearing. The IGRC is comprised of two voting incarcerated individuals, two voting staff members, and a non-voting chairperson, that can either be an incarcerated individual, staff member, or outside volunteer associated with the facility's program. The incarcerated individual has seven (7) calendar days from the receipt of the IGRC's written response to appeal to the facility Superintendent. The Superintendent has up to twenty (20) calendar days (25 calendar days for staff conduct complaints) to render a decision. If the incarcerated individual wishes to appeal further, the individual has seven (7) calendar days from the receipt of the Superintendent's decision to appeal to the Central Office Review Committee (CORC). CORC is comprised of Central Office staff who review grievance appeals on behalf of the Commissioner. CORC is the final level of administrative review for grievances filed through the IGP mechanism.

Ulster Correctional Facility averages approximately 58 grievances per year. The average response time for an incarcerated individual was sixteen (16) days in 2022. The average response time for an incarcerated individual to receive a response from the Superintendent was twenty (20) days in 2022.

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. Moreover, 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 were modified to be in compliance with the Humane Alternatives to Long Term (HALT) Solitary Confinement Law. Those changes reflected the elimination of "Keeplock," the elimination of prehearing confinement and confinement sanctions for Tier II incidents, and reduced confinement penalties for certain Tier III proceedings. 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.

Where 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 have been issued to all facilities to accomplish this in an efficient and timely manner.

If an incarcerated individual believes a hearing was conducted unfairly or in violation of the HALT law, they are able to appeal its decision in accordance with Department policy dependent on the Tier level of the hearing.

Residential Rehabilitation Units - Residential Rehabilitation Units (RRU) house not only incarcerated individuals from Special Housing Units (SHU) but also "special population" who commit acts of misbehavior and have been diverted from SHU. Such units shall be therapeutic and trauma-informed and aim to address individual treatment and rehabilitation needs and underlying causes of problematic behavior. All incarcerated individuals are offered seven hours out of cell, consisting of six hours of daily out-of-cell congregate programming, services, treatment, recreation, activities, and/or meals, with an additional one hour for recreation in a congregate setting in accordance with the RRU Program Manual.

The safety of staff and incarcerated individuals continues to be of primary importance. 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 to 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.

Reception Process

The reception process utilized by the Department is a comprehensive and multifaceted analysis of every incoming individual. This process is considered to be the gold standard throughout the country. Staff remain vigilant in their efforts to identify the unique needs of every incarcerated individual, provide them with the resources required for successful rehabilitation, and house them within settings that maximize the safety and security of both the individuals and the Department. Each individual receives:

- OMH screening by professional staff on the day of their arrival;
- Medical screening by nurses on the day of their arrival;
- MAT started or maintained (if appropriate);
- Screened for Substance Abuse concerns;
- Prints taken, identification cards issued, provided an opportunity to shower, and issued clothing on the day of their arrival;
- Security and PREA orientation upon arrival;
- Interview by Offender Rehabilitation Coordinator (ORC) within a day or two of arrival;
- Educational and BETA testing;
- Visitor and telephone list completed;
- Shock program orientation done (if applicable);
- Initial phone call upon arrival;
- Vocational interests are noted;
- Suicide screening done upon arrival;
- An Orientation Manual given to each incarcerated person,
- Criminal history and family history taken and recorded

Individuals who are deemed to be vulnerable are placed in extended classification in order to appropriately classify their needs. Full medical and dental exams and treatment are scheduled if a need is identified.

PREA - Risk screening is a multi-step process that occurs at reception or after a transfer. We find individuals do not always recall going through the process as they have multiple interviews for multiple reasons by multiple staff during the intake process.

It should be noted that Ulster Correctional Facility had their last PREA Audit in November 2022. They not only met the standard on risk screening, but the auditor found the facility to have substantially exceeded the requirement of standards. <https://doccs.ny.gov/system/files/documents/2023/01/ulster-cf-final-prea-report-12.30.2022.pdf>. A new ADS PREA was recently assigned to Ulster and Eastern, with Ulster as their primary facility. Thus, it can be expected that Ulster will continue to maintain this high standard going forward.

In conclusion, Ulster Correctional Facility staff continually demonstrate the ability to maintain care, custody, and the well-being of the individuals sentenced to State imprisonment.

***Annual Drinking Water Quality Report for 2022
Eastern N.Y. Correctional Facility Water Supply System
P.O. Box 338 Napanoch, NY 12458
Public Water Supply ID# 5503751***

INTRODUCTION

To comply with State regulations, Eastern Correctional Facility water supply will be annually issuing a report describing the quality of your drinking water. The purpose of this report is to raise your understanding of drinking water and awareness of the need to protect our drinking water sources. Last year, your tap water met all State drinking water health standards. This report provides an overview of last year's water quality. Included are details about where your water comes from, what it contains, and how it compares to State standards.

If you have any questions about this report or concerning your drinking water, please contact H2o innovations at (845) 486-1030. We want you to be informed about your drinking water.

WHERE DOES OUR WATER COME FROM?

In general, the sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and, in some cases, radioactive material, and can pick up substances resulting from the presence of animals or from human activities. Contaminants that may be present in source water include: microbial contaminants; inorganic contaminants; pesticides and herbicides; organic chemical contaminants; and radioactive contaminants. In order to ensure that tap water is safe to drink, the State and the EPA prescribe regulations which limit the amount of certain contaminants in water provided by public water systems. The State Health Departments and the FDA's regulations establish limits for contaminants in bottled water which must provide the same protection for public health.

Our water system serves 1,607 individuals. Our water source is two drilled wells about 200 feet deep, located at the northeast portion of the property, between Eastern and Ulster Correctional Facilities. The water is pumped from these wells to our water treatment plant, where it is softened and disinfected. The water is then stored in our 1.5-million-gallon storage tank, then distributed thru several miles of ductile iron.

The NYSDOH has completed a source water assessment for this system, based on available information. Possible and actual threats to this drinking water source were evaluated. The state source water assessment includes a susceptibility rating based on the risk posed by each potential source of contamination and how easily contaminants can move through the subsurface to the wells. The susceptibility rating is an estimate of the potential for contamination of the source water, it does not mean that the water delivered to consumers is, or will become contaminated. See section "Are there contaminants in our drinking water?" for a list of the contaminants that have been detected. The source water assessments provide resource managers with additional information for protecting source waters into the future.

As mentioned before, our water is derived from two drilled wells. The source water assessment has rated these wells as having high susceptibility to microbials and nitrates, and a medium to high susceptibility to industrial solvents, and other industrial contaminants. These ratings are due primarily

to the close proximity of 2 permitted discharge facilities (industrial/commercial facilities that discharge wastewater into the environment and are regulated by the state and/or federal government), a past hazardous substance spill, a transportation route, and low intensity residential activities in the assessment area. In addition, the wells draw from an unconfined aquifer and the overlying soils do not provide adequate protection from potential contamination. Please note that, while the source water assessment rates our wells as being susceptible to microbials, our water is disinfected to ensure that the finished water delivered into your home meets New York state drinking water standards for microbial contamination. A copy of this assessment, including a map of the assessment area, can be obtained by contacting us.

ARE THERE CONTAMINANTS IN OUR DRINKING WATER?

As the State regulations require, we routinely test your drinking water for numerous contaminants. These contaminants include: total coliform, turbidity, inorganic compounds, nitrate, nitrite, lead and copper, volatile organic compounds, total trihalomethanes, haloacetic acids, radiological and synthetic organic compounds. The table presented below depicts which compounds were detected in your drinking water. The State allows us to test for some contaminants less than once per year because the concentrations of these contaminants do not change frequently. Some of our data, though representative, are more than one year old.

It should be noted that all drinking water, including bottled drinking water, may be reasonably expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the EPA’s Safe Drinking Water Hotline (800-426-4791) or the Ulster County Health Department at (845) 340-3010.

Table of Detected Contaminants							
Contaminant	Violation Yes/No	Date of Sample	Level Detected (Avg/Max) (Rang)	Unit Measurement	MCLG	Regulatory Limit (MCL, TT or AL)	Likely Source of Contamination
Copper	<i>No</i>	9/23/20	0.109 (.02 – .139)	mg/l	1.3	AL=1.3	Corrosion of galvanized pipes
Lead	<i>No</i>	9/23/20	.0010 (3) ND - .00139	mg/l	0	AL- 0.015	Corrosion of household plumbing systems
Barium	<i>No</i>	4/11/18 11/2010/18 8-19-21	.134 .163 0.069	mg/l	2	2	Erosion of natural deposits
Nitrate	<i>No</i>	5/17/22	<0.05	mg/l	10	10	Runoff from fertilizer use
Manganese	<i>No</i>	2/25/22	0.0094	mg/l	N/A	0.3	Naturally occurring;
Iron	<i>No</i>	2/25/22	0.0144	mg/l	N/A	0.3	Naturally occurring.

Table of Detected Contaminants							
Contaminant	Violation Yes/No	Date of Sample	Level Detected (Avg/Max) (Rang)	Unit Measurement	MCLG	Regulatory Limit (MCL, TT or AL)	Likely Source of Contamination
Arsenic	<i>No</i>	8/19/21	0.0064	mg/l	10	10	Erosion of natural deposits; Runoff from orchards; runoff from glass and electronics production wastes.
Nickel	<i>No</i>	8/19/21	0.01	mg/l	10	10	Naturally occurring.
Uranium	<i>No</i>	12/13/22	0.364	ug/l	0.323	30 ug/l	Naturally occurring.
Total Trihalomethanes (TTHMs – chloroform, bromodichloromethane, dibromochloromethane, and bromoform)	<i>No</i>	8/09/22	<2.0 – 1.54	ug/l	N/a	80	By-product of drinking water disinfection needed to kill harmful organisms. TTHMs are formed when source water contains large amounts of organic matter.
Haloacetic Acids (mono-, di-, and trichloroacetic acid, and mono- and dibromoacetic acid)	<i>No</i>	8/09/22	<2.0 – 2.5	ug/l	N/a	60	By-product of drinking water disinfection needed to kill harmful organisms

2 – The level presented represents the 90th percentile of the 10 sites tested. A percentile is a value on a scale of 100 that indicates the percent of a distribution that is equal to or below it. The 90th percentile is equal to or greater than 90% of the copper values detected at your water system. In this case, 10 samples were collected at your water system and the 90th percentile value was .124 mg/l. The action level for copper was not exceeded at any of the sites tested.

3 – The level presented represents the 90th percentile of the 10 samples collected, which was <1.0 mg/l. The action level for lead was not exceeded at any of the sites tested.

Definitions:

Maximum Contaminant Level (MCL): The highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible.

Maximum Contaminant Level Goal (MCLG): The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.

Maximum Residual Disinfectant Level (MRDL): The highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for control of microbial contaminants.

Maximum Residual Disinfectant Level Goal (MRDLG): The level of a drinking water disinfectant below which there is no known or expected risk to health. MRDLGs do not reflect the benefits of the use of disinfectants to control microbial contamination.

Action Level (AL): The concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow.

Treatment Technique (TT): A required process intended to reduce the level of a contaminant in drinking water.

Non-Detects (ND): Laboratory analysis indicates that the constituent is not present.



KATHY HOCHUL
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

MOIRA TASHJIAN, MPA
Executive Deputy Commissioner

November 3, 2023

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

RE: No. 23-03: Monitoring Visit to Ulster Correctional Facility – March 24, 2023

Dear Executive Director Scaife:

We received your post-visit briefing and recommendations regarding CANY's March 24, 2023 visit to Ulster Correctional Facility. Thank you for sharing the report. We would like to respond to the matters pertaining to the Office of Mental Health (OMH).

On page 8, Table 7 indicates that, system wide, there was one suicide. However, by the time of CANY's visit, there had been three suicides.

On page 15, CANY notes "Members of the ILC and IGRC reported that given the lower mental health service level at Ulster, members of the cadre and senior living program felt discouraged from expressing mental health needs should they risk being transferred to another facility that would be further from home or without special programming." In review with OMH staff at Ulster, it was noted that at the time of CANY's visit there were DOCCS security concerns with having Mental Health Service Level (MHSL) 2 individuals working in cadre. That issue has since been reviewed with security staff and rectified. This adjustment should assist in ensuring individuals feel more comfortable expressing their mental health concerns without fear of being transferred or losing their work positions.

Finally, on page 25, CANY notes "...in one instance, a person described the staff making fun of people for their mental health needs." OMH is committed to countering negative attitudes and stigma around mental health issues. To that end, OMH regularly provides education to both OMH and DOCCS staff regarding how to work appropriately with individuals who have mental health needs and destigmatizing mental health treatment. Additionally, all incarcerated individuals are made aware and reminded of how to contact mental health staff independently if they are not comfortable going through other staff. Incarcerated individuals are also able to write to OMH staff requesting to be seen for treatment.

Collaboration with DOCCS will continue as many of these processes rely on input from both agencies.

Sincerely,

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

CANY Post-Visit Briefing and Recommendations

Monitoring Visit to Ulster Correctional Facility

No. 23-01 March 24, 2023

Correctional Association of New York

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