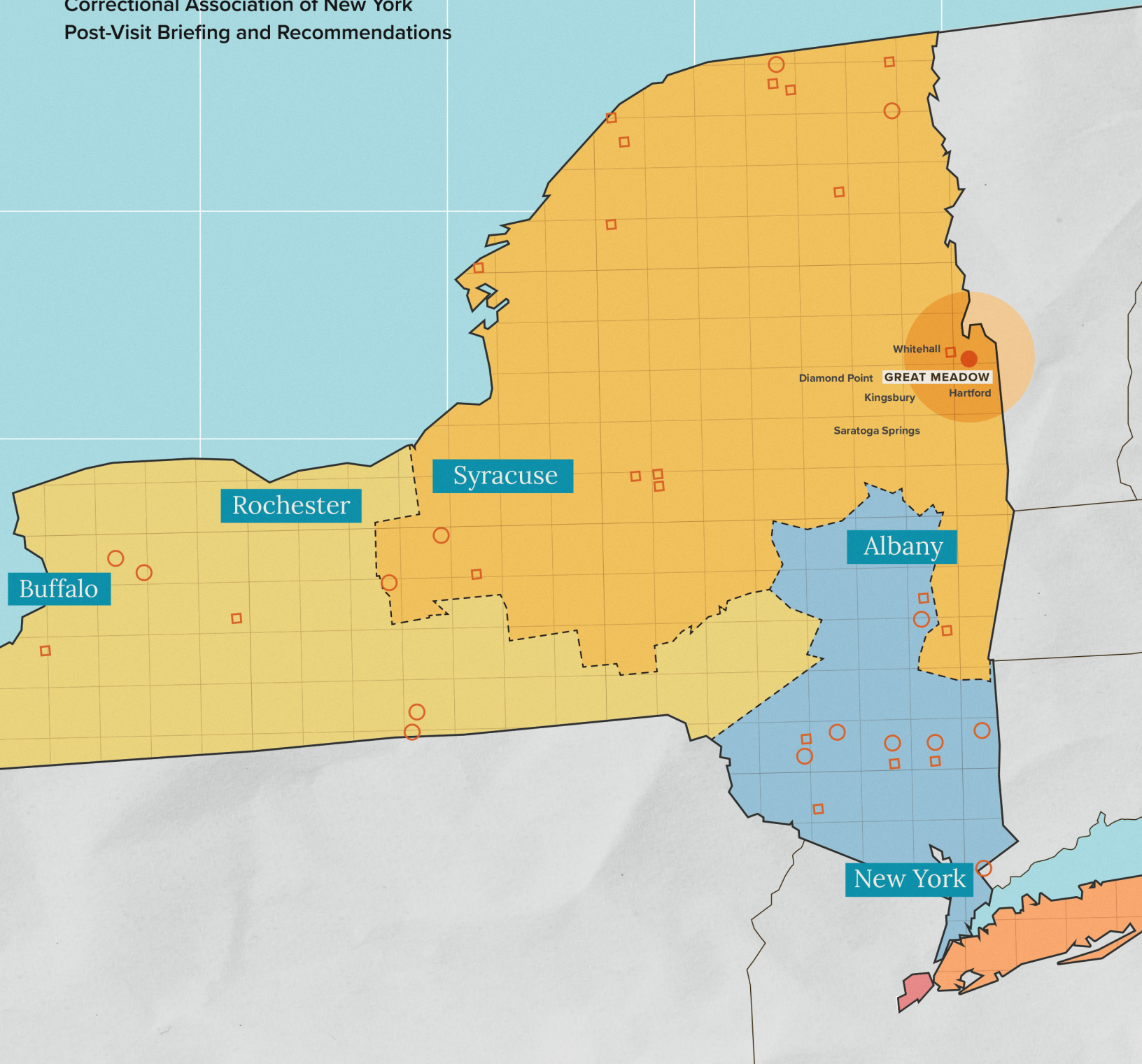


No. 22-01 June 28-29, 2021

Monitoring Visit To Great Meadow Correctional Facility

Correctional Association of New York
Post-Visit Briefing and Recommendations



On June 28 and 29, 2021, the Correctional Association of New York (CANY) conducted a monitoring visit to Great Meadow Correctional Facility in Comstock, NY. The CANY visiting party included eight representatives, who completed a total of 126 interviews with incarcerated individuals: 78 individuals incarcerated in general population housing areas, including individuals in the Intermediate Care Program (ICP), 30 individuals incarcerated in the Special Housing Unit (SHU), and 18 individuals incarcerated in the Behavioral Health Unit (BHU). CANY also held meetings with the prison's executive team, medical staff, educational and vocational program staff, religious clergy providing ministerial services and library and law library staff, as well as the Inmate Liaison Committee (ILC) and Inmate Grievance Resolution Committee (IGRC). CANY representatives also conducted visual observations of the Residential Crisis Treatment Program (RCTP). Additionally, following the monitoring visit, CANY held a conference call with Office of Mental Health (OMH) staff.

The scope of CANY's monitoring visit to Great Meadow was in part informed by the prison's high mental health caseload, with over 40 percent of incarcerated individuals receiving care from OMH as of November 2020.¹ Additionally, CANY conducted an analysis of the Department of Corrections and Community Supervision (DOCCS) under custody data and data on self-harm and suicide received through FOIL from November 2019 and October 2020. The findings indicated that while Great Meadow holds only 4% of the total population across DOCCS facilities, it accounted for 13.2% (n=232) of total self-harm incidents, and 19.6% (n=20) of total suicide attempts across all facilities during the selected time period.

CANY representatives deployed a variety of data collection methods. All individual respondents were interviewed using a 29-question general interview protocol; individuals housed in the SHU unit were asked additional questions using a 34-question unit-specific protocol, and individuals housed in the BHU unit were asked additional questions using a 43-question unit-specific protocol. Meetings with staff and the incarcerated groups followed a semi-structured interview guide, and along with visual observations, were documented using a variety of note-taking methods.

CANY's monitoring visit to Great Meadow uncovered fundamental problems deriving from a punitive institutional culture across multiple areas of the facility. Reports from incarcerated people exposed extensive issues with the quality and accessibility of healthcare; over 30% of respondents consider healthcare to be inadequate. Mental health care was found severely lacking — almost a quarter of respondents revealed they had attempted self-harm, in large part because of alleged substandard treatment by both custodial and mental health staff. A third of incarcerated people at Great Meadow do not feel safe from being injured, bullied, or threatened in the prison, and almost 80% of respondents experience harm meted out by the disciplinary system. Overall, the data underscored poor conditions of confinement, a violent and punitive environment, and deficient material conditions, including lack of basic necessities and proper air circulation.

1 "The Worst Prison in New York State" November 10, 2021 <https://www.thenation.com/article/society/great-meadow/>

Due to the depth of these issues, the recommendations outlined below represent a series of baseline steps that should be taken to address the problems for which solutions can be most clearly defined. As such, they should not be read as an exhaustive list. The recommendations are structured into two types: facility-specific and system-wide. Facility-specific recommendations are numbered and listed in order. The recommendations on issues for which a system-wide, rather than facility-specific response, is required are highlighted in text boxes and given a reference number. These ongoing system-wide recommendations will be referenced in future reporting as these issues are observed elsewhere; the level of uptake of all recommendations is being tracked and documented over time.

As required by state law [NY Correction Law §146 (3)], CANY provided DOCCS advance copies of this report and an opportunity to comment during a 60-day review period. DOCCS' response can be found in full of pages 10-14. Apart from the response by DOCCS, this report solely contains information independently collected and reviewed by CANY.

1 DOCCS and OMH should improve the responsiveness to requests for mental health care by defining a joint action plan to increase the number of OMH staff on duty at levels able to allow for an adequate response.

While over 40% of the total population at Great Meadow, and over 50% of those interviewed by CANY, are on the OMH caseload, incarcerated people frequently pointed to a failure of staff to respond to requests for mental health care. On numerous occasions, people reported that the only way to see OMH staff was to threaten self-harm or to exhibit exaggerated or severe mental health issues in order to receive an assessment. Almost 25% of incarcerated people interviewed in general housing units and 41% of people in the SHU and BHU at Great Meadow reported that they had attempted to self-harm while at the facility. This further contextualizes the previous data FOIed by CANY in advance of the monitoring visit, in which Great Meadow accounted for 21% of suicides, 13.2% of self-harm incidents, and 19.6% of suicide attempts across all facilities between November 2019 and October 2020.

Open ended responses collected during the monitoring visit allow insight into potential underlying reasons for these incidents. There were 126 mentions of suicide and self-harm throughout the open-ended responses gathered from incarcerated people. Thirty-six instances specifically identified the conditions in the prison as a driver of self-harm, repeatedly using the words “pressure” and “stress” in describing the environment, and 18 incidents in which how they were treated was identified as a cause. One individual reputed that it was “...the stress of being locked like an animal. The average joe can't handle this time and not come out messed up.” Another person shared that “it's so depriving...the level of punishment administered [might move one to self-harm]”. Incarcerated people referred to “belittling” and “dehumanizing” treatment of people with mental health issues, demonstrating the combination of conditions and treatment as two factors leading to an environment that drives self-harm. Further, incarcerated people informed CANY representatives of frequent failures to respond to incidents of self-harm outside of operational hours due to an absence of OMH staff at those times.

To prevent these incidents of self-harm committed in desperation, additional safeguards must be designed and implemented through coordination on the following facility-specific recommendations:

1 DOCCS and OMH should improve the responsiveness to requests for mental health care by defining a joint action plan to increase the number of OMH staff on duty at levels to *provide for an adequate care plan for each incarcerated individual.*

OMH should assess the number of staff required to adequately respond to requests for mental health care within 24 hours of receipt. Given the risk of these attempts that is inherent with the high-mental health caseload at Great Meadow it is essential to provide 24-hour coverage to address this significant gap by ensuring that there is at least one mental health specialist present in the prison 24 hours a day. This assessment should be done immediately and repeated on a bi-annual basis to account for staff turnover.

DOCCS should support the systematic and timely follow-up of requests for mental health care by retraining staff on the steps they should take to immediately alert OMH staff of requests for mental health as they are received.

2 OMH should improve the training of staff to ensure that an adequate level of care is provided.

In addition to the lack of responsiveness to requests for care from OMH staff, open ended responses clearly showed that many incarcerated people feel as if OMH staff working at Great Meadow were not concerned with their wellbeing. There were 109 mentions of experiences with mental health care, the majority of which were negative. Thirty instances described the substandard quality of mental healthcare, ten instances of denial of access to or interference with proper care, seven instances of disagreement with diagnoses and five instances of very brief engagement with therapists.

One person cited that incarcerated individuals were “just check boxes” and that staff “don’t remember you.” Another said, “there is a one size fits all approach to treatment”. Additionally, an incarcerated individual reported that OMH staff “lies and doesn’t come back” while others said that “the engagement is very brief and that they are just asking if we are suicidal and moving on.”

While many of the failures to provide adequate mental health care are likely to derive from an absence of staffing, the responses of incarcerated people give the clear impression that the current OMH staff at Great Meadow may lack the required sensibilities and skills to assure incarcerated individuals that their concerns and conditions are being treated with care. As such, CANY recommends the following facility-specific recommendation:

The OMH should engage current and future staff in specialized training on positive patient-provider relationships, as well as review and enforce higher standards of care to increase a sense of trust and confidence on the part of incarcerated individuals.

3 DOCCS should improve the training of correctional staff to prevent the forms of treatment likely to increase incidents of self-harm and implement a strict disciplinary system for correctional officers that do not follow procedures.

In addition to the aforementioned data showing the relationship between treatment by staff and incidents of self-harm, open ended responses also identified significant failings in the nature of the response to incidents of self-harm when they do occur. While four of the 35 mentions on the response to self-harm identified that staff took proper actions, including in halting people from cutting, and preventing one man from hanging himself, the majority were negative. Multiple people reported that they were punished for self-harm. One person said that he had been told “I hope you die” by a correctional officer, and another individual said that officers drove people to self-harm with their treatment and then stopped them at the moment they finally committed the act.

These findings are indicative of a systemic absence of the required sensibilities and skills allowing for the appropriate treatment of people with mental health issues but also the absence of an understanding of a duty of care on the part of the staff. Further, they highlight deep-seated failures in the training and professional development of staff. Based on these findings, CANY makes the following facility-specific recommendation:

DOCCS should undertake every possible effort to provide additional specialized training and support for correctional officers working in units where there are high numbers of people suffering from mental health issues. In instances where correctional staff are found not to have followed the guidelines promoted in this training, correctional officers should be disciplined appropriately.

4 DOCCS should take measures to improve the grievance process and communicate disciplinary actions more clearly.

The responses to CANY's questions around the disciplinary process indicate that, while more people were aware of the general reason for their presence in the SHU, they did not have the full picture of the process that led to disciplinary sanctions and did not consistently undergo the admission procedures outlined in the Directive 4933 Special Housing Units. Only five of 17 people (23%) were aware of their PIMS level, as stipulated in the SHU directive. Thirteen out of 21 people (62%) said that they had received a suicide prevention screening on arrival. Merely seven out of 20 people (35%) reporting having had an inventory of cell equipment taken in their presence.

In the open ended responses, there were 167 mentions of issues with the disciplinary system, with 63 instances of people citing unfair or inconsistent disciplinary measures. One incarcerated individual reported, "if you're near an issue you get in trouble". Another individual said, "you don't have to be involved to be treated like you were." To underscore how even the simplest of actions could result in discipline, one individual expressed that he was in the SHU because he could not hear the count.

Incarcerated people CANY interviewed widely express that the perceived unfairness was exacerbated by their inability to gain recourse through the grievance process. Ten out of 21 people (52%) had filed a grievance while in the SHU. Only three of nine (33%) had received a response. Just three out of 20 (15%) considered the grievance process to be fair. In open ended responses, there were 93 instances of people citing issues with the grievance system, 20 incidents of people expressing there is no value in filing grievances, and 14 people citing retaliation to grievances. One incarcerated person said that they heard correctional officers say "blue is always right" in reference to the grievance process. Another person reported, "disciplinary hearing[s] are just a formality, they already decided." Still, others reported that "the system is the officer's word against an incarcerated person." As a comparison, an individual previously incarcerated in New York City jails recounted that the grievance system there allows people to talk to grievance counselors in-depth but it doesn't happen in state facilities. Other incarcerated individuals said they don't bother because grievances get thrown away.

The range of issues with the disciplinary process and grievances contribute to a perceived lack of legitimacy on the part of the system. It is essential that incarcerated people understand why they have been disciplined and what rights they can expect when disciplined. It is also essential that people feel that there is genuine recourse through a functioning system of communication and appeal, which the grievance process at Great Meadow does not serve. As this issue is reflected across multiple facilities, the steps required to address the issue should be implemented system-wide through the following recommendation:

System-Wide Recommendation R1.22	
<p>DOCCS should assess the scale of failure in the grievance process and take immediate action to improve the scope of the process so that all issues affecting incarcerated people can be addressed through one mechanism.</p>	<p>To address the issues around grievances DOCCS should firstly seek to understand the extent of the problem. DOCCS should conduct an assessment to understand why so many people see no value in the grievance process as it currently operates; the amount of time taken to resolve each grievance; whether there are significant numbers of grievances that go missing; and which element of the system is responsible for missing requests. This review should use Directive #4040 Inmate Grievance Program as guidance for measuring this process against timelines.</p> <p>Beyond the directive, this review should assess how many incarcerated individuals cite retaliation as a reason for not to engage with the grievance process and implement measures to protect against retaliation.</p>

5 DOCCS should address the delayed response to Sick Call Requests.

Incarcerated people across multiple units at Great Meadow shared concerns that sick call requests were frequently delayed or ignored altogether. This lack of follow-up was cited as a major reason why 68% of 78 (n=53) incarcerated individuals did not consider the quality of general healthcare to be adequate and was also identified as one of the most frequently raised issues in the grievance process by the IGLC and grievance supervisor.

Evidence of this delay was clearly identified in open ended responses. There were 49 instances of people describing a substandard quality of care, and 33 instances of people describing long waits for treatment. For example, one incarcerated individual reported, “I started dropping three sick call slips a month for a dental appointment and still haven’t gotten one”. Another individual said, “I have been waiting two months for dental care and four months for a response to a medical slip.” Three people independently cited Great Meadow as having “the worst” healthcare system in comparison to other prisons.

To address this issue, as it manifested at Great Meadow, CANY makes the following facility-specific recommendation:

The DOCCS Great Meadow executive team should conduct a review of sick call requests made in the last six months through interviews with incarcerated people and evaluations of medical records in order to assess: the number of sick calls made during the six month period; the average duration between the time the request was made and the subsequent

follow up by healthcare staff; and the number of requests for which there was no follow up at all. Where significant failures are pinpointed, CANY recommends that concrete actions are identified and implemented to address them.

CANY stands ready and willing to cooperate with DOCCS to design the parameters of such an assessment at Great Meadow and in the design and use of survey tools to identify gaps and improve performance in the future.

6 DOCCS should ensure an adequate supply of hygienic materials.

Multiple interviewees reported that there was inadequate soap and toilet paper provided for personal hygiene and that they would often go several weeks without being able to receive materials to clean their cells. There were also frequent complaints about the lack of hygienic items available at the commissary. In the open ended responses, the 60 people who discussed poor conditions frequently cited hygiene as a key factor. Some individuals expressed that they can only clean their cells once a week. Individuals told CANY monitors that the “towels stink”, toilet brushes are used to clean sinks, and “they don’t give proper cleaning stuff.”

While the monitoring visit clearly identified visible gaps, CANY has been unable to identify specific directives outlining the required frequency and duration of distribution of hygienic materials despite searching publicly available data. In that vein, CANY makes the following system-wide recommendation.

System-Wide Recommendation R2.22	
DOCCS should document and schedule and inventory of hygienic materials delivered at all facilities and make this information public and easily accessible on its website.	In order to transparently quantify the quantities and frequency of hygienic supplies distribute to the incarcerated population DOCCS should provide an inventory of goods distributed. The inventory should be broken down by facility and list the quantity of each product in applicable units per month.

7 DOCCS should ensure all possible efforts are made to allow sufficient ventilation during the summer.

CANY's monitoring visit took place at a time when the outside temperature was 90°F. Across multiple galleries incarcerated people reported that windows were not opened, and that industrial fans were not installed at the end of galleries as they were in other facilities. Additionally, people noted that personal fans were frequently not available for purchase at the commissary. While CANY did not ask specifically about fans, in the open ended responses 20 people independently raised the lack of ventilation as a key issue. This was another major factor in reports made about poor conditions. One incarcerated person said, "they changed the toilets and sinks in the cells two years ago and put covers on the ventilation ducts on the back of the cell walls, which all but eliminated any air flowing through them."

Furthermore, CANY heard from several incarcerated people of the resentment generated by staff remaining in air-conditioned offices on hot days in areas adjoining galleries. This disparity creates a clear distinction between conditions for staff and the incarcerated population and further delegitimizes the system in the view of incarcerated people, increasing tension across the facility. Additionally, when staff retreat into air-conditioned offices it significantly reduces their ability to respond to crises. CANY thus makes the following facility-specific recommendation:

DOCCS should implement a plan for cooling and ventilation, which should include a way to provide air conditioning within galleries, and better-quality fans for personal use within commissaries, in order to ensure a minimum level of risk during extreme heat.



Corrections and Community Supervision

KATHY HOCHUL
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

In response to the Correctional Association of New York's visit to Great Meadow Correctional Facility June 28th and 29th of 2021, the Department discusses below the programmatic and operational functions mentioned in their post visit report.

Mental Health

Great Meadow Correctional Facility is a Maximum-Security facility that employs a wide range of programs to further the Department's mission of ensuring public safety by operating safe and secure facilities and preparing individuals for release to be successful when they return home. The Department partners with the New York State Office of Mental Health (OMH) in providing special programs along a continuum of care for incarcerated individuals with a mental illness. These Mental Health Specialized Units are therapeutic in nature and are not operated as disciplinary housing units. The environment creates a balanced approach to the care and treatment of incarcerated patients with Serious Mental Illness (SMI) and the ability to ensure the safety and security for all individuals in the setting. All DOCCS staff assigned to Mental Health Specialized Units are required to attend mandatory annual training that addresses suicide prevention, mental health signs/symptoms, effective treatment modalities, and de-escalation techniques for these populations.

Individuals in Specialized Units are seen daily by OMH and attend 20 hours of programming a week along with private interviews. Trauma Informed Care has been part of the Department's annual training since 2016. In 2018, de-escalation training was added. The Department is in the process of creating restorative justice and dispute resolution methods training for all staff.

Due to the housing capacity of Great Meadow Correctional Facility, and the number of mental health services available, the mental health caseload census is higher here than in most other facilities. This facility offers a heightened level of care for Incarcerated Individuals diagnosed with a mental health illness. These individuals have access to several rehabilitative programs at Great Meadow Correctional Facility including:

- Behavioral Health Unit (BHU) is a program that provides services to a target population of incarcerated patients currently diagnosed as SMI, who have demonstrated a history of treatment resistance and poor custodial adjustment/behavior. This program places an emphasis on cognitive and behavioral interventions.
- Largest Intermediate Care Program (ICP) program in New York State comprised of 136 beds. Additionally, this facility operates a Transitional Intermediate Care Program (Tri ICP). Both programs provide rehabilitative services to incarcerated patients, who are unable to function in general population because of their mental illness. The goal of the programs is to improve the individual's ability to function through programming and treatment so that they may return to general population.

- Residential Crisis Treatment Program (RCTP) evaluates and treats incarcerated patients in need of short-term crisis mental health care. This unit has both observation cells and a dorm area for incarcerated patients in crisis and in need of intensive treatment and monitoring.
- Therapeutic Transitional Supervision Unit (TTSU) is a pilot program, where a treatment team provides a brief (7-day target) solution-focused treatment and supportive service to incarcerated individuals who have been discharged from the RCTP. The goals are to mitigate any environmental issues; identify treatment objectives; reduce current self-harm and suicide risk, and promote a successful transition to an appropriate setting.

The census of incarcerated individuals with SMI at Great Meadow Correctional Facility is a significant cause for the perception that they have a disproportionate rates of self-harm among the population. Each and every incident of self-harm or threat of self-harm is addressed immediately and professionally, irrespective of the day of week or time of day. There have been numerous steps taken for Suicide Prevention during the COVID-19 pandemic. For example, OMH conducted daily rounds on all housing units to check on the incarcerated population. Notwithstanding this, OMH was notified of the stated concerns and informed DOCCS Central office that their agency would conduct a comprehensive review of their services provided at Great Meadow Correctional Facility.

Grievance

The grievance program at Great Meadow Correctional Facility provides each incarcerated individual with an orderly, fair, simple, and expeditious method for resolving grievances. The program is intended to promote mediation and conflict resolution through the Grievance Resolution Committee. The Committee is comprised of both incarcerated individuals as well as correctional staff. The incarcerated members are elected by their peers. If not satisfied, an incarcerated individual may appeal the Committee's decision to the Superintendent. Additionally, if the individual remains unsatisfied with the Superintendent's decision, they may appeal to the Central Office Review Committee. Great Meadow Correctional facility reviewed and processed approximately 1030 grievances in 2021. The volume of grievances demonstrates that the incarcerated population have confidence in utilizing this mechanism of dispute resolution.

Discipline

The Department has well-established procedures to implement the standards of behavior for the incarcerated population. The disciplinary system is rooted in fair practices and procedures, that require lawfully obtained and credible evidence. The disciplinary system assists in protection of the health, safety and security of all persons within a correctional facility, but also is a positive factor in rehabilitation of incarcerated individuals and the morale of the facility. The disciplinary system has several safeguards and multiple layers of review to ensure due process is afforded and dispositions are just. Moreover, it is the Department's policy that any administrative processes associated with any incarcerated individual subject to discipline and grievances are conducted fairly to ensure that decisions are not influenced by stereotypes or biases. Misbehavior reports set forth three tiers of offenses and, the standards for behavior are provided to all incarcerated individuals.

- Violation Hearing - Tier 1 misbehavior reports are reviewed by a violation officer, who holds the rank of Sergeant or above. An individual may challenge the findings by appealing to the Superintendent.
- Disciplinary Hearing – Tier 2 misbehavior reports are reviewed by Hearing Officers who hold the rank of Lieutenant or above. An individual may challenge the findings by appealing to the Superintendent.
- Superintendent’s Hearing – Tier 3 misbehavior reports are reviewed by the Superintendent, Deputy Superintendent, Captain, Commissioner’s Hearing Officer, or a Superintendent’s designee. If an incarcerated individual is found guilty of a Tier 3 misbehavior report, the individual may challenge the finding by appealing to the Office of Special Housing.

Great Meadow Correctional Facility conducted a total of 1,291 Disciplinary hearings and 1,354 Superintendent’s Hearings. To note, pursuant to the Humane Alternatives to Long-Term Solitary Confinement Act (HALT), the use of Special Housing Units (SHU) is now limited to 15 days for incarcerated individuals, while vulnerable populations are excluded from placement therein.

Ventilation

Great Meadow Correctional Facility staff actively control the temperature and air flow of the housing units in the summer months. During periods of excessive heat, temperatures are controlled by installing fans in direct relation to the block ventilation systems. The windows are opened to achieve appropriate ventilation and circulation. For example, windows are opened in the evening to optimize the cool air flow into the blocks and closed during the day to maintain the cooler temperatures within the blocks.

COVID

Every facet of the state’s response to COVID-19 outbreak has been guided by facts, scientific data, and guidance of public health experts at the (DOH) and the Center for Disease Control (CDC). Each action taken in response to the spread of COVID-19 is done in the best interests of those who work within, or are incarcerated in our facilities, including Great Meadow. With each confirmed case, DOCCS works to identify any potentially exposed individuals to provide notifications and to stop the spread of the COVID-19 virus. The testing process is currently the same for those in prison as it is for those in the community.

Our physicians, nurse practitioners and physician assistants, working with our nurses, are following the guidance of DOH and incarcerated individuals are tested when exhibiting symptoms and after a medical evaluation is conducted. Our process identifies those patients who are ill, requiring special monitoring and care, and isolates those who exhibit any symptoms or have a positive test. Additionally, anyone exposed to a patient who has a positive test is placed into quarantine and is subsequently administered a COVID test. A nurse will swab the individual and that swab is then sent to an authorized lab. If an individual’s test result is positive, that person is placed in isolation for a minimum of 10 days. For those in quarantine who receive a negative test, they remain in quarantine for the 10 day period. For individuals who need enhanced levels of care, we access our network of outside hospitals to ensure the population receives the necessary treatment and services.

Asymptomatic patients who wear a mask and follow social distancing and hand hygiene guidelines have minimal risk to others. However, to be proactive, DOCCS, in consultation with DOH, developed a statewide asymptomatic surveillance program to randomly test the population in every facility on a daily basis. This program began in December 2020 and continues today.

In consultation with DOH, DOCCS has been vaccinating those staff and incarcerated individuals who wish to be vaccinated, since February 5, 2021. As vaccination efforts continue, the Department is also focused on ensuring staff thwart the spread of COVID-19 by enforcing the most efficient and mitigating efforts available at the time. While this is an effective way to identify staff that may be ill, it also has an adverse effect upon staffing levels. An additional staffing challenge has been the recruitment of certain titles. As the Department is an Executive Agency, Great Meadow Correctional Facility became subject to a Statewide Hiring Freeze pursuant to New York State Budget Bulletin B-1182. The Hiring Freeze was a prohibition on promotions, transfers and new hires unless individually justified in the most extraordinary circumstances and authorized by the Division of the Budget. This included all permanent and temporary positions, regardless of funding source. Nevertheless, staff continued to come to work, when appropriate, to fulfill the Department's mission. The correctional system is not immune to the crisis the community medical field is facing with staff shortages. DOCCS, by consulting with DOH as well as Albany Medical Center, took similar measures as community hospitals undertook during the pandemic; namely, a priority was accorded to the most critical services. For example, all sick calls are reviewed and triaged from the more serious to the less serious, which, as one might expect, has caused longer delays in addressing the less serious complaints. Our protocols for addressing staff shortages are compliant with CDC COVID-19 guidelines. DOCCS has expanded its recruitment efforts with utilizing the website Indeed, targeted digital marketing campaigns, as well as going to college job fairs. DOCCS has established a position that is fully dedicated to recruiting qualified medical and dental staff. Facility administrators utilized the resources available to them and creatively filled in cracks as needed. An example of which is utilizing agency nurses to safely and adequately staff medical personnel when required.

DOCCS made robust efforts to educate the incarcerated population during the COVID-19 virus and the importance of vaccination through education material, videos, medical staff speaking one-on-one to the population, facility Executive Team members talking to incarcerated individuals on rounds and educating the Incarcerated Individuals Liaison Committee (IILC). Several times DOCCS medical staff went around to every housing block and provided educational material and answered any questions cell by cell. DOCCS provides vaccines when they are available and made strong efforts to push the booster shots. DOCCS offered incentives to encourage interest in the vaccine. DOCCS offered a special Christmas meal, a meal purchase from a local vendor, and a commissary care package not to exceed \$75. Staff actively continues to poll the incarcerated population to see who was interested in either the vaccine or the booster shot. When vaccine supplies are available, vaccines are sent out immediately. Great Meadow Correctional Facility medical staff routinely audit and assess sick call procedures at the facility level to ensure continued access to appropriate health care for the incarcerated population. DOCCS contracts with Albany Medical Center to provide afterhours emergency/urgent services for the population there and at many other facilities. As of April 13, 2022, 602 incarcerated individuals were vaccinated, with 419 having accepted the booster shot after vigorous efforts by staff to educate the incarcerated population. The Department has issued enhanced

cleaning/sanitizing measures and disinfecting procedures for office surfaces and devices consistent with the CDC and DOH guidelines. Hand sanitizer has been issued to all facilities for staff and the incarcerated population to use.

In conclusion, Great Meadow Correctional Facility is a maximum-security correctional facility classified as a Mental Health Services Level 1. Precautionary measures are taken by the Department to protect the life and safety of all incarcerated individuals and staff in response to the COVID-19 pandemic. In the spring of 2021, Great Meadow Correctional Facility received accreditation from the American Correctional Association, signifying compliance with fundamental correctional practices pertaining to all aspects of day-to-day prison operations.

Additionally, in May of 2021, an examination completed by an independent auditor determined Great Meadow Correctional Facility to be in compliance with the Prison Rape Elimination Act standards. Despite the challenges presented with navigating through a global pandemic, Great Meadow Correctional Facility staff continually demonstrate the ability to maintain care, custody, and control of the individuals sentenced to State imprisonment.

Great Meadow Open Ended Data Addendum (June 2021 Monitoring Visit)²

1. Poor conditions of confinement	209 Total
a. Poor conditions (BHU; SHU)	60
b. Neutral to positive experience	21
c. Negative experience/Damaging environment	20
d. Issues with food/commissary options (SHU)	18
e. Issues with privileges	17
f. Issues with showers (SHU)	14
g. Issues with tablets (SHU)	13
h. Mental anguish (SHU)	13
i. Issues with exercise (SHU)	11
j. Issues with property (SHU)	8
k. Lack of familial connection (SHU)	6
l. Lack of basic necessities	5
m. Stress of incarceration (SHU)	3
2. Issues with disciplinary system	167 Total
a. Unfair or inconsistent disciplinary measures	63
b. Use of SHU for:	
i. Physical behavior (e.g., fighting), general disciplinary issues, or contraband (SHU)	20
ii. Other (SHU)	4
iii. Pending hearing or sentencing (SHU)	3
iv. Retaliation (SHU)	2
v. Disability (SHU)	2
vi. Refusal of direct orders (SHU)	2
c. Pathway to BHU (BHU)	21
d. Restrictions on/Interruptions in operations (SHU)	20

² Each monitoring visit protocols form yields open ended responses. This data comes from open-ended questions in follow-up to quantitative questions, from free-response prompts, and/or from field notes from the prison visit. These responses are either directly quoted or paraphrased in the third person from oral responses. Open ended questions on the protocol forms help gauge incarcerated people's views on various aspects of incarceration, in both general and specific terms. Open ended responses are collected from the general facility protocols form as well as the various specialized unit forms at each prison. Upon reception of this data, these open ended responses are tabulated by question, form, and facility (in succeeding order of organization). Responses are then coded using emergent inductive and open coding approaches: a list of themes are developed based on the responses to questions asked of all interviewees, and not based on any individual interviewee's responses. Thus, the open ended responses are inherently aggregated. All this data is coded by hand. Once the dataset has been coded into an overarching list of themes, it is then further refined into a series of subthemes under each theme. Within this document, the numbers next to each theme and subtheme refer to the number of responses coded within them.

e.	No issues/Have not received tickets	11
f.	Over-long stays in BHU (BHU)	9
g.	Frivolous tickets issued	6
h.	Negative staff behavior	4
3.	Issues with staff behavior	166 Total
a.	Violent and punitive environment (SHU)	85
b.	Lack of care (SHU)	24
c.	Adequate experience (BHU; SHU)	19
d.	Lack of staff accountability	15
e.	Staff overwork and lack of proper training	14
f.	Race-based abuse	8
g.	Use of cameras (SHU)	1
4.	COVID-19 & vaccine	132 Total
a.	Impacts to services and operations	57
b.	Loss of familial connection (specifically visitation)	40
c.	Aggravated isolation and restrictions	10
d.	Lack of following protocols (staff)	7
e.	Have contracted the virus or been around those who have	6
f.	Inadequate response from DOCCS to COVID-19	5
g.	Fears/misconceptions about the vaccine	5
h.	Adequate response from DOCCS to COVID-19	2
5.	Suicide and self-harm	126 Total
a.	Reasons for self-harm	
i.	Conditions inside as driver of self-harm	36
ii.	Treatment by staff as driver of self-harm	18
iii.	Lack of family connection as driver of self-harm	3
b.	Response to self-harm by staff (BHU; SHU)	35
c.	High rates of mental health	18
d.	Attempts (self/others)	16
6.	Issues with programming	121 Total
a.	Lack of programming (SHU)	28
b.	Dissatisfaction with programming (BHU)	21
c.	Program satisfied/Doesn't need programs/Not enrolled	17
d.	Currently enrolled	17
e.	Learning some skills (BHU)	14
f.	Restrictions because of unit or status	14
g.	Poor quality of programming	10

7. Issues with mental health care	109 Total
a. Substandard quality of care (SHU)	30
b. Adequate experience	18
c. High rates of mental health diagnoses (BHU)	15
d. Medication	11
e. Interference with care/Denial of access to proper care	10
f. Disagreement with mental health diagnoses (BHU)	7
g. Mental health linked to SHU placement (SHU)	6
h. Brief engagement with therapists	5
i. Other	4
j. Programming	3
8. Issues with medical and dental care	108 Total
a. Substandard quality of care	49
b. Long waits for treatment, if at all (SHU)	33
c. Adequate experience	14
d. Haven't needed care	8
e. Issues with medication (BHU)	5
9. Issues with grievance system	93 Total
a. Reasons for filing grievances (BHU; SHU)	34
b. No value in filing grievance (SHU)	20
c. No response to grievances, delays in response, or thrown out (SHU)	20
d. Retaliation for filing grievances (SHU)	14
e. No grievance filed/Received response	5

CANY Post-Visting Briefing and Recommendations

Monitoring Visit To Great Meadow Correctional Facility

No.22-01: June 28-29, 2021

Correctional Association of New York
Post Office Box 793
Brooklyn, NY 11207
212-254-5700 (We accept collect calls)
info@correctionalassociation.org
www.correctionalassociation.org

