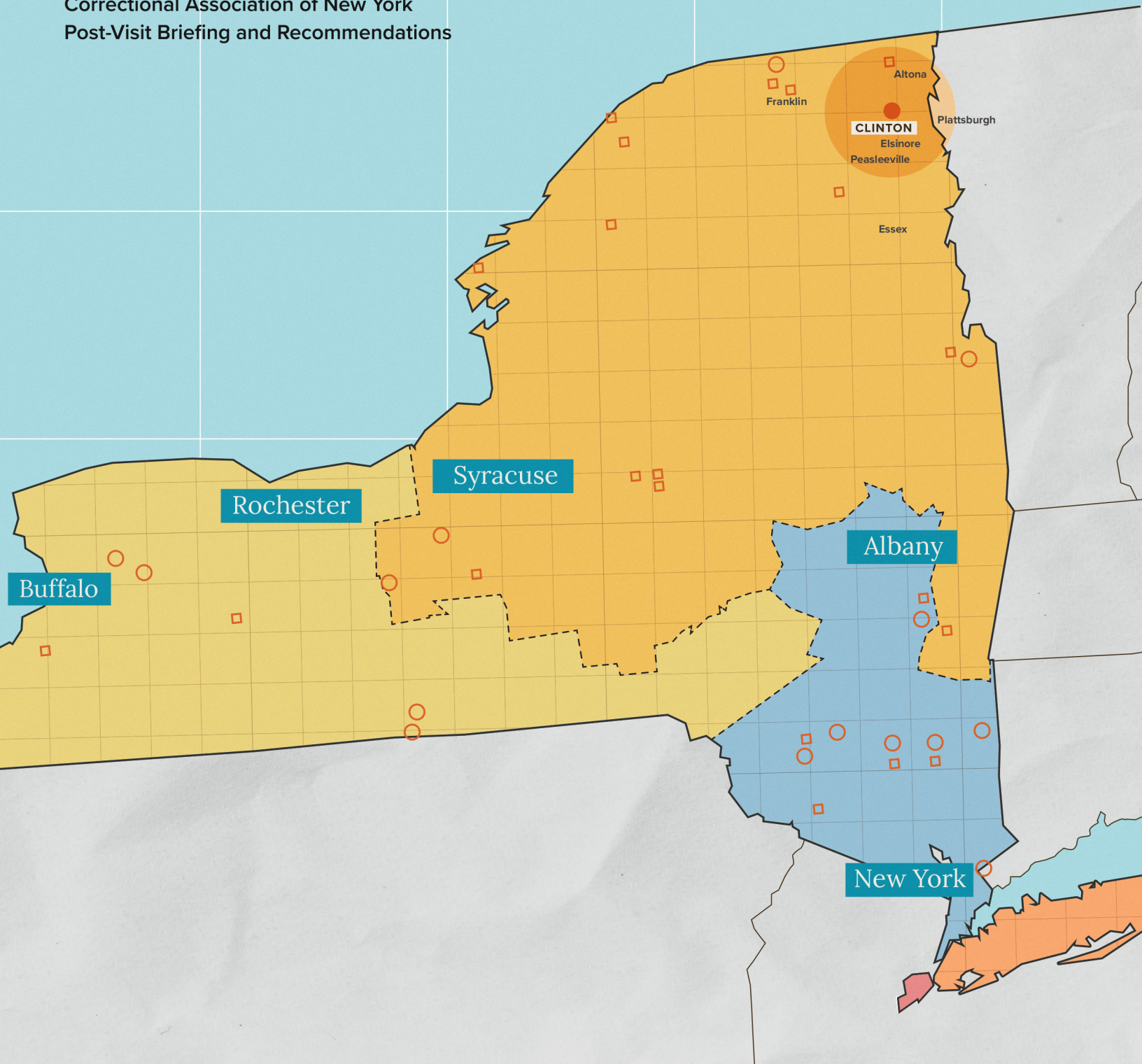


No. 22-02 July 21-22, 2021

Monitoring Visit To Clinton Correctional Facility

Correctional Association of New York
Post-Visit Briefing and Recommendations



On July 21 and 22, 2021, the Correctional Association of New York (CANY) conducted a monitoring visit to Clinton Correctional Facility in Dannemora, NY. The CANY visiting party included seven representatives, who carried out a total of 185 interviews with incarcerated individuals: 144 individuals incarcerated in general population housing areas, 11 individuals incarcerated in the Special Housing Unit (SHU), 12 individuals incarcerated in Keeplock, 14 individuals incarcerated in the Intermediate Care Program (ICP), one individual incarcerated in the Transitional Intermediate Care Program (TRICP), and three individuals incarcerated in the Special Needs Program (SNU). CANY representatives also held meetings with the prison's executive team, Health Services Director and Nurse Administrator, Office of Mental Health Unit Chief, and Sex Offender Treatment Program Director. Additionally, CANY held meetings with union representatives based at the prison: the NYS Correctional Officers and Police Benevolent Association, Inc. (NYSCOPBA), Public Employees Federation (PEF), and Civil Service Employees Association (CSEA) as well as with the Inmate Liaison Committee (ILC) and Inmate Grievance Resolution Committee (IGRC). CANY also conducted visual observations of the commissary, package room, library, law library, ministerial services office, industry, crisis treatment units, and visiting room.

CANY's monitoring visit to Clinton followed reports of three deaths of incarcerated individuals at the prison in June and July 2021, necessitating a closer look at the conditions of living, staffing levels, and availability of medical and mental health care at the prison.^{1,2}

CANY representatives deployed a variety of data collection methods. All individual respondents were interviewed using a 31-question general interview protocol; individuals housed in either a SHU or Keeplock unit or participating in an ICP, SNU, or TRSNU program were asked additional questions using a 15-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 Clinton revealed an antiquated facility that is failing to provide adequate services for the incarcerated population housed there. Reports from incarcerated people uncovered extensive issues with medical, dental, and mental health services caused by critical staff shortages, substandard care, and a punitive environment that responds to healthcare needs with punishment. The occurrence of three deaths at the facility within the course of 30 days in June and July 2021, as well as a high rate of attempted suicide, with 17.6% (18 incidents) of attempted suicides systemwide occurring at Clinton Correctional Facility from November 2019 to December 2020, indicate a severe inability in the prison's ability to prevent death by suicide or other means and in providing medical and mental health care for incarcerated individuals. More than 80% of respondents do not consider the grievance or disciplinary process fair.

1 "Inmate at Clinton Correctional in Dannemora dies of COVID-19" December 22, 2020 <https://tinyurl.com/5ybyjuwk>

2 "Another inmate found dead at Clinton Correctional, DOCCS confirms" July 7, 2021 <https://tinyurl.com/ycktafhr>

The recommendations identified below would allow for some improvement, but do not address the fundamental failures, which can only be addressed through deeper system-wide change. 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 9-14. Apart from the response by DOCCS, this report solely contains information independently collected and reviewed by CANY.

1 To address critical failures caused by staffing shortages DOCCS and OMH should implement a two-stage strategy:

Firstly, DOCCS and OMH should conduct a comprehensive review of medical, dental, mental health, and program staff levels at Clinton Correctional Facility, as well as an assessment of the feasibility of hiring and retaining qualified medical, dental, mental health, and other staff in the region.

Secondly, if effective strategies are not found to provide minimum levels of care, and until staffing adequately addresses critical needs, DOCCS should reassess the viability of Clinton continuing to house incarcerated individuals receiving mental health services, and those with advanced medical and dental needs.

Individuals that CANY spoke with throughout Clinton – including staff, leadership, and incarcerated individuals – demonstrated that staffing shortages pose significant barriers to daily operations. Interviews with executive, medical, and union representatives indicated that the prison was experiencing a shortage in staff. The executive team noted 16 vacancies out of 82 support/administrative positions, 12 vacancies out of 74 programs positions, and five vacancies out of 53 medical positions.

The critical consequences of these shortages are thoroughly reflected in monitoring findings. Interviews with incarcerated individuals indicate that requests for medical and dental care are frequently not addressed within 24 hours, or at all, and the level of treatment offered is often inadequate. 34% (n=28) of incarcerated individuals noted waiting a month or longer for a response to a request for medical care, 40% (n=31) of incarcerated

individuals noted waiting a month or longer for a response to a request for dental care, and 32% (n=18) of individuals receiving mental health care said they were not attending needed mental health programs. Inadequate medical, dental, and mental health care were some of the most prominent themes identified by incarcerated people within the open ended responses, with 99 instances of people citing substandard quality of care. For example, one incarcerated individual said “overall conditions at Clinton are terrible; medical care is not adequate; there is a lot of redirection in medical care between sick call and nurse practitioners without actual treatment.” Another individual reported “OMH is not responsive. I asked for mental health care and did not receive it, which led to a number of incidents and me ending up in the SHU.” All of the above are evocative of the impact that staff shortages have on the delivery, accessibility, and quality of care for incarcerated individuals.

The data also conveys the impact of failures to provide adequate care on the well-being of the incarcerated population. This is widely seen in the number of people citing mental health concerns that occur as a result of the environment in which they live, demonstrating the depth of the impact on people’s lives. Data received from DOCCS in May 2021 under the Freedom of Information Act showed that 17.6% (18 incidents) of all attempted suicides at all DOCCS facilities from November 2019 to December 2020 occurred at Clinton. 22% (n=24) of those interviewed during the monitoring visit reported attempting to hurt themselves while at Clinton. In the open ended responses, there were 27 instances of people citing suicide and self-harm as a mechanism to receive mental health treatment. Combined, the above evidence identifies a facility that is failing to meet the needs of a vulnerable population.

This recommendation should be implemented immediately. If the publicly disseminated incentives do not result in recruitment of staff at levels that allow for minimum service provision to be met, it is essential that the failure to address critical shortages is reflected in decisions related to the placement of incarcerated people at Clinton. On the basis of the wealth of the evidence presented of serious consequences to mental health caused current conditions, CANY strongly recommends that seriously ill incarcerated individuals are not housed at Clinton over the long-term.

While the above recommendations are specific to Clinton, where failures to meet adequate staffing levels are extreme, CANY also makes the following system-wide recommendation to address similar failures across multiple facilities:

System-Wide Recommendation R3.22	
<p>DOCCS should publicize statistics on the number of civilian and security staff vacancies across all DOCCS facilities, and detail and implement initiatives to improve recruitment for vacant posts.</p>	<p>As the shortage of medical, dental and mental health staff has demonstrably resulted in a failure to provide routine care across the DOCCS facilities, CANY recommends that DOCCS begin a systemic review across all facilities. The review should result in public reporting on strategies to address the findings of that review.</p> <p>To meet this recommendation, DOCCS should publish on its website the number of staff positions that are currently unfilled at each facility across all facilities and a detailed list of initiatives and incentives intended to increase recruitment at facilities where vacancies are high.</p>

2 DOCCS should conduct an assessment to understand the gaps in programming by taking into account the perspectives of incarcerated individuals to improve the quantity and variety of programs.

Closed ended responses collected during the monitoring visit show that 41.5% of respondents (n=135) said that they do not have access to the academic and vocational programs they need. The open ended responses further demonstrate the negative impact of failures in service provision; incarcerated individuals raised the inaccessibility and poor quality of programming at Clinton 182 times. There were 63 instances where individuals reported that programming failed to meet their needs, specifically citing under-stimulation. Aptly, one incarcerated person reported that “over time DOCCS has done away with a lot of programs that stimulate the mind.” Another person expressed that he has “been there 13 years and they stay cooped in their cells most of the time... got his GED and that’s it for programming.” Others discussed long wait for programs, limited availability for programming, and being “programmed out”. There were also 45 cases of “widespread desire for education/career preparation,” wherein incarcerated people spoke of their inability to enter into programs to prepare them for life beyond bars. It is certain that the lack of quality service provisions, through programs which people see as linked to prospects of employment outside, increases the clearly observed tension at Clinton.

DOCCS should conduct an assessment that takes into account both incarcerated individuals’ perceptions of gaps, as well as career advisors’ assessment of needed employment, to evaluate viable options for the improvement of programs. DOCCS should also draw on program offerings at other facilities such as Sing Sing as incarcerated people

expressed in the open ended responses, for options that could be offered at Clinton. Specifically, CANY noted that the only college program offered is through correspondence, rather than through a partnership with a nearby university (e.g., SUNY Plattsburgh).

3 DOCCS should take measures to improve the grievance process.

Closed ended responses show a complete absence of trust in the grievance process at Clinton. Only 11% (n=11) of 101 individuals believed the grievance process is fair. While 55.5% (n=61) of 110 said that they had filed a grievance in the past year, only 17.1% (n=7) of these had said that they were resolved, providing evidence that the some degree of perceived unfairness of the process lies in the failure to resolve issues in a timely manner or at all.

This was borne out in the open ended responses as well. There were 76 instances of individuals who reported that the grievance process was broken and likely to result in retaliation. In comments, people repeatedly cited the fear of retaliation, the extended delays in the process, and the unfairness of the resolution process as reasons for their lack of faith in the process. For example, one individual disclosed that “it is a hell hole here and grievances are not listened to.”

Others reported that the grievances process overall is “totally ineffective”, and a “nasty process, unjust.” Another person stated that they “believed there is a target on your back if you submit a grievance.” The fear of retaliation is recurrently named as a reason for people to avoid engaging with the process at all. During the monitoring visit, individuals expressed fear of retaliation for merely talking to CANY representatives about the grievance process altogether, underscoring the culture of fear and punishment that exists at Clinton.

Due to the fact that this issue replicates issues with grievance and discipline identified at CANY’s monitoring visit to Great Meadow, and other facilities, and requires a system-wide approach, CANY’s system-wide recommendation on the grievance process is reposted here from CANY’s PVB No. 22-01.

System-Wide Recommendation R1.22

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.

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.

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.

4 DOCCS should continue already successful efforts to provide COVID-19 vaccinations for the incarcerated population, including the roll out of a booster shot.

Executive staff reported that over 64% of the incarcerated population was vaccinated as of July 21, 2021. This rate of vaccination at Clinton far exceeded the rate of the system as a whole and the surrounding community. This suggests that both staff and incarcerated people are following public health guidance and taking steps to protect themselves and each another. Incarcerated individuals who were interviewed by CANY self-reported a similar vaccination rate at 64.2%. Several people reported receiving information on the vaccine through DOCCS' internal campaigns and external sources. These successful vaccination efforts and utilize the success seen at Clinton as a blueprint for vaccination programs at other prisons. As the rollout of the booster shot is a system-wide process, CANY makes the following system-wide recommendation:

System-Wide Recommendation R4.22

DOCCS should take all measures possible to rapidly roll out the booster shot and provide incentives to raise the level of uptake of initial and booster vaccinations among incarcerated individuals.

The level of initial vaccination uptake among incarcerated individuals at DOCCS facilities has stagnated at approximately 54% as of February 2022. Uptake of booster shots is also low at 8,786 in February 2022. CANY is aware of incentives offered in some facilities and commends DOCCS on ongoing outreach to provide information on the vaccines, but none of those strategies has had the level of impact seen in other states. In Pennsylvania, a \$25 credit offered in state facilities resulted in an uptake rate of 87% in August 2021 and 89% in January 2022.³

CANY recommends that DOCCS take note of the proven record of success that the \$25 credit has allowed for and appeals to the state government to procure funds to replicate the initiative immediately for the population that remains unvaccinated.

3 “Three State Prison Oversight During the Covid-19 Pandemic: The case for increased transparency, accountability, and monitoring” December 21, 2021 <https://www.correctionalassociation.org/threestateprisonreport>



Corrections and Community Supervision

KATHY HOCHUL

Governor

ANTHONY J. ANNUCCI

Acting Commissioner

In response to the Correctional Association of New York's visit to Clinton Correctional Facility on July 21st and 22nd of 2021. The Department discusses below the programmatic and operational functions raised in their post visit report.

Programming

Clinton 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. An overview of the rehabilitative programming available at Clinton include:

- Counseling - The Department's philosophy embodies a commitment to the development of the whole person. Comprehensive programming is made available to the incarcerated individuals so they may become aware of alternatives they may choose to take responsibility for their lives.
 - Advanced Aggression pilot program is a group setting for incarcerated individuals with a high risk for violence, where they have an opportunity to discuss their tendencies.
 - Aggression Replacement Training (ART) programming is a cognitive behavioral intervention program designed to assist individuals in improving social skills, moral reasoning, coping with and reducing aggressive behavior utilizing self-regulating exercises and mindfulness. Participants learn to understand what causes them to feel angry and act aggressively, as well as techniques to reduce anger/aggressive behavior, self-regulate to stop "automatic" aggression, and to build skills that help make better choices.
 - Alcohol and Substance Abuse Treatment (ASAT) comprises intensive, structured substance abuse treatment employing elements of the Therapeutic Community model. Programming offers progress through the early stages of recovery with the potential for continued treatment upon release. Additionally, substance abuse services are available to address mental health needs of the participant with treatment planning, in conjunction with mental health education.
 - Sex Offender Counseling and Treatment Program (SOCTP) is a comprehensive program of counseling and treatment offered to convicted sex offenders and other incarcerated individuals the Department identifies as likely to benefit from sex offender counseling and treatment based upon a study of their background. Individuals are assigned a risk level for treatment using a comprehensive process that utilizes both

- actuarial tools and clinical assessment. An individualized treatment plan is created based upon static and dynamic risk factors to guide the individual's treatment.
- Video visitation pilot program – eligible incarcerated individuals are provided with 45-minute visitations with their approved loved ones.
 - Veterans Program – designed to help incarcerated veterans become aware of their entitlements, benefits, community resources, and provide counseling to address service-related problems. Programs ensure that veterans obtain a copy of their DD214 Military Discharge papers and that appropriate referrals are made through the Veterans Administration (VA) for ongoing treatment, vocational training, education, housing, and employment when the veteran is released from incarceration. Provide therapeutic programs that address readjustment issues with a focus on continuing substance abuse recovery, anger and aggression management, PTSD, and personal enhancement. Veterans are provided with community and VA referrals and contacts for re-entry planning.
 - Education – The Adult Basic Education Program is offered to provide individualized instruction. The goal of this program is to provide individuals with skills or competencies necessary to function successfully in contemporary society and to enable the participant to function at the sixth grade reading and mathematics level.
 - Ashland University Tablet Pilot Program - Eligible candidates may earn an Associate or Bachelor's degree through an online program accessed from the incarcerated individuals tablet. An Ashland University liaison comes to the facility multiple times per week to meet with the incarcerated individuals.
 - Family Reunion Program – Clinton offers the Family Reunion Program, allowing incarcerated individuals opportunity for extended, limited supervised visits with approved family members in a homelike setting. Sites are designed to strengthen, enhance and preserve family ties that have been disrupted as a result of incarceration.
 - Mental Health Programs – 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. All DOCCS staff are required to attend mandatory Suicide Prevention Training yearly. All DOCCS and OMH staff assigned to Specialized Units are required to attend mandatory training yearly 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. This facility offers a heightened level of care. Incarcerated Individuals diagnosed with a mental health illness have access to several rehabilitative programs at Clinton Correctional Facility including:
 - Assessment and Program Preparation Unit (APPU) provides mental health services and treatment in an alternative setting to protective custody placement. This unit is

designed for incarcerated individuals that are considered vulnerable to victimization. As such, program and ancillary services are provided in a separate housing and program area that minimizes exposure to general population incarcerated individuals.

- Intermediate Care Program (ICP) and Transitional Intermediate Care Program (Tri ICP) provide rehabilitative services to incarcerated patients who are unable to function in general population because of their mental illness. The goal of the program 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.
- Special Needs Unit (SNU) is a therapeutic community setting that provides long term rehabilitative services to incarcerated individuals that have been identified as developmentally disabled, or who have significant intellectual and adaptive behavior deficits. The goal of the program is to provide skills which allow the incarcerated individual to be mainstreamed to general population and enable them to benefit from regular facility programming. Additionally, this unit prepares incarcerated individuals to return to their community by assisting in the development of linkages to post-incarceration community service providers.
- Transitional Special Needs Unit (TRSNU) offers programming and structured activity to those identified as developmentally disabled or those with significant intellectual and adaptive behavior deficits who reside in General Population and do not require the services of SNU.
- Religious Services – Clinton Correctional Facility offers various religious worship services, religious education classes and study groups, and a variety of special event programs, such as family day ceremonies. Chaplains provide pastoral care to individuals of all faith groups. Spiritual assistance provides opportunities for incarcerated individuals to voluntarily practice their chosen faith.
- Transitional Services – Three-phase programming designed to assist with preparing individuals for return to their community. Additional activities have been developed to assist as they transition within the correctional system. Goals include assisting individuals throughout the stages of incarceration to fully participate in programs designed to prepare them for a successful reentry as law abiding and productive citizens.
- Vocational – Programs include electrical trades, painting and decorating, custodial maintenance, printing, licensing barber program, masonry and building maintenance.

Grievance

The grievance program at Clinton 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. Clinton Correctional Facility reviewed and processed approximately 1049 grievances in 2021. The volume of grievances demonstrates that the incarcerated population have confidence in utilizing this mechanism of dispute resolution.

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 Clinton. 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, Clinton 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. Clinton Correctional Facility conducted 10,209 medical call outs in 2021 for routine and emergency sick calls. Four new Registered Nurses were added for a total of 20, as well as the onboarding of an additional per diem Physician's Assistant. There are currently five vacancies out of 53 positions for medical.

Regarding losses of life, DOCCS is dedicated to protecting the health and safety of those living and working in our facilities. The New York State Commission of Correction (SCOC) conducts mortality investigations regarding all such occurrences within DOCCS custody. At Clinton Correctional Facility from November of 2019 through December of 2020, there were no reported suicides. Extensive issues do not exist at Clinton Correctional Facility and services continue to be provided despite the responsive measures taken to reduce the spread of COVID-19. Notwithstanding, 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 Clinton Correctional Facility.

DOCCS made robust efforts to educate the incarcerated population on 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. Clinton Correctional Facility completely vaccinated 1,233 incarcerated individuals in 2021. As of April 6, 2022, approximately 60% of the population is vaccinated, of which 79% accepted the booster shot after vigorous efforts by staff to educate the incarcerated population.

In conclusion, Clinton 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 summer of 2020, Clinton 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 March of 2021, an examination completed by an independent auditor determined Clinton Correctional Facility to be in compliance with the Prison Rape Elimination Act standards. Despite the challenges presented with navigating through a global pandemic, Clinton Correctional Facility staff continually demonstrate the ability to maintain care, custody, and control of the individuals sentenced to State imprisonment.

Clinton Open Ended Data Addendum (July 2021 Monitoring Visit)⁴

1. Inadequate prison conditions	107 Total
a. Dehumanizing experience/Isolation from loved ones (SHU; ICP TRICP)	34
b. Lack of basic services (SHU; ICP TRICP)	33
c. Poor conditions (SHU; ICP TRICP)	30
d. Economic issues (ICP TRICP)	9
e. Adequate experience	1
2. Use of solitary confinement (SHU; ICP TRICP)	50 Total
3. Problems with assignment to Clinton	44 Total
a. Seeking transfer or release/Failing transfer or release process (APPU; SHU; ICP TRICP)	36
b. Opinion that sentence or assignment to Clinton was unfair	7
c. Problems with parole	1
4. Violence, abuse, and a broken grievance process	153 Total
a. Broken and retaliation-inducing grievance process (SHU; ICP TRICP)	76
b. Pattern of violence and abuse by prison staff (SHU; ICP TRICP)	46
c. Failure to prevent violence among incarcerated people (SHU; ICP TRICP)	20
d. Race-based abuse	7
e. Gender-based abuse (SHU)	4
5. Broken disciplinary process	72 Total
a. Arbitrary and unfair use of discipline	34
b. Broken disciplinary process led to solitary confinement (SHU)	21
6. Inadequate food quality and accessibility (SHU)	17 Total
7. Inadequate programming quality and accessibility	182 Total
a. Failure to meet programming needs/Under-stimulation (APPU; SHU)	63
b. Widespread desire for education/career preparation (SHU; ICP TRICP)	45
c. Programs enrolled in	39

⁴ 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.

d.	Discipline/offense/status affects program eligibility (APPU; SHU)	20
e.	Incarcerated people do not have a say in their programming (ICP TRICP)	15
8.	Inadequate medical and dental care	182 Total
a.	Long waits for treatment, if at all (SHU; ICP TRICP)	191
b.	Substandard quality of care (SHU; ICP TRICP)	49
c.	Medical as punishment: Lack of separation between correctional staff and healthcare staff	19
d.	Injuries from violence left untreated	9
e.	Adequate experience	4
9.	COVID-19 concerns	71 Total
a.	Insufficient information about COVID-19 and vaccines	25
b.	Status and opinions on vaccination	18
c.	Incarcerated people's health and access to services negatively affected by COVID-19	12
d.	Prison staff putting incarcerated people at risk for COVID-19 (SHU)	9
e.	Inadequate hygiene and COVID-19 mitigation measures	6
f.	Adequate experience	1
10.	Inadequate mental healthcare	143 Total
a.	Mental health issues and needs (SHU; SNU; ICP TRICP)	39
b.	Suicide and self-harm as calls for help to receive mental health treatment (SNU; ICP TRICP)	27
c.	Treatment unit placements	25
d.	Mental health as punishment: Lack of separation between correctional staff and mental healthcare staff (SHU; ICP TRICP)	19
e.	Long wait for mental health treatment, if at all	17
f.	Adequate mental healthcare experience (SNU)	16
g.	Substandard quality of mental health care (ICP TRICP)	11
11.	Adequate prison experience (ICP TRICP)	21 Total

CANY Post-Visting Briefing and Recommendations

Monitoring Visit To Clinton Correctional Facility

No.22-02: July 21-22, 2021

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