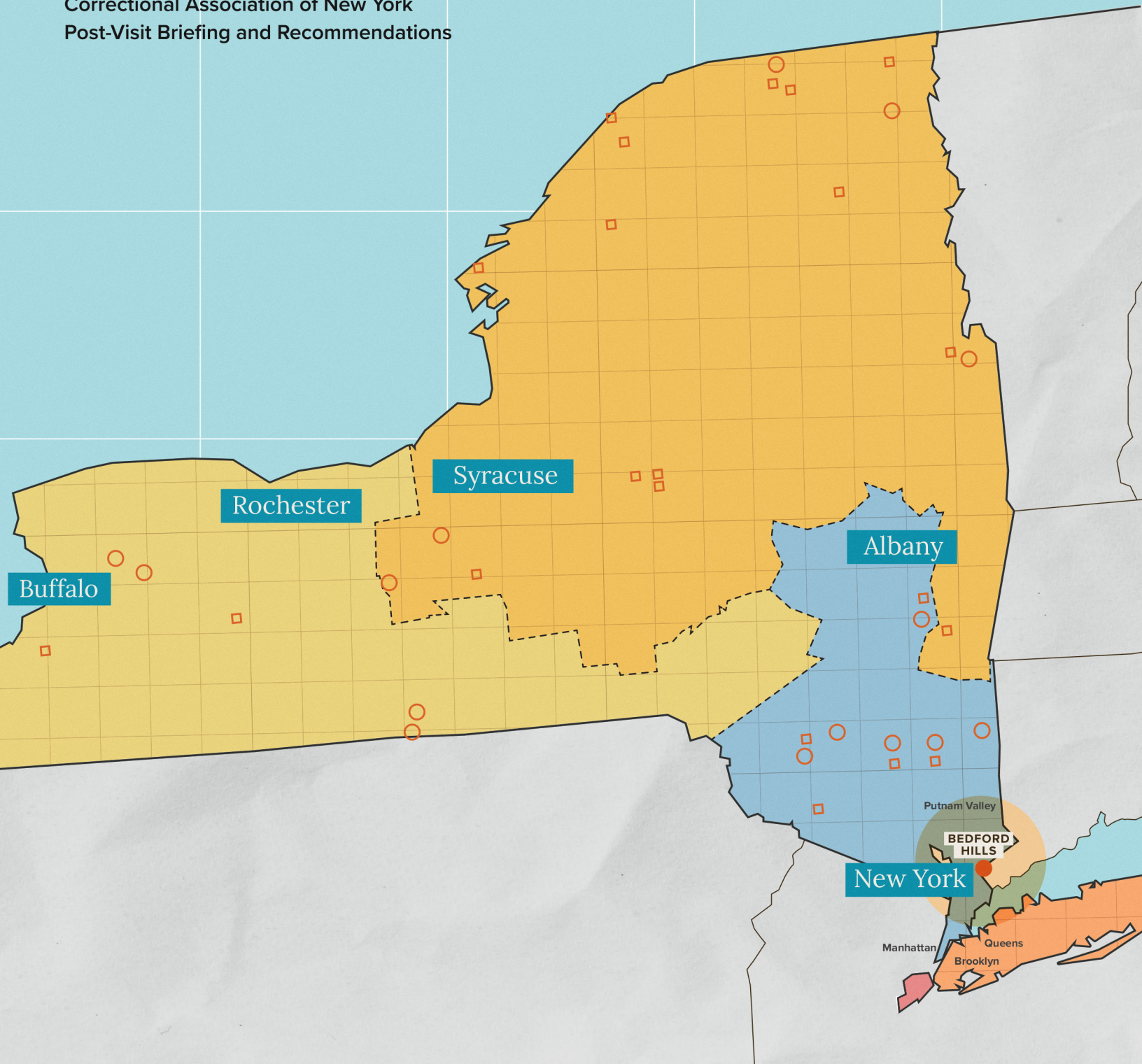


No. 22-04 November 22, 2021

Monitoring Visit To Bedford Hills Correctional Facility

Correctional Association of New York
Post-Visit Briefing and Recommendations



On November 22, 2021, the Correctional Association of New York (CANY) conducted a monitoring visit to Bedford Hills Correctional Facility in Bedford Hills, NY. The CANY visiting party included ten representatives, who completed a total of 52 interviews with incarcerated individuals: 38 individuals incarcerated in general population housing areas, eight individuals incarcerated in the Special Housing Unit (SHU) and six individuals incarcerated in the Therapeutic Behavioral Unit (TBU). Eight of the 52 interviews were with people transferred from the Rose M. Singer Center (RMSC) on Rikers Island to Bedford Hills as part of an agreement between the City of New York and State of New York, announced in October 2021, to incarcerate women and transgender individuals awaiting trial in New York City at the prison.¹

Additionally, CANY held meetings with the prison's executive team, Facility Health Services Director and union representatives based at the prison including from the Public Employees Federation (PEF) and Civil Service Employees Association (CSEA). CANY representatives also met with the Inmate Liaison Committee (ILC) and Inmate Grievance Resolution Committee (IGRC). The visiting party also conducted visual observations of Residential Crisis Treatment Program (RCTP) units and the Regional Medical Unit (RMU). Additionally, following the monitoring visit, CANY held a conference call with Office of Mental Health (OMH) staff.

CANY's conducted a monitoring visit to Bedford Hills in light of reports of deteriorating conditions at the prison following the transfer of women and transgender individuals previously incarcerated at RMSC.^{2,3} Prior to the monitoring visit, CANY met with a number of New York City based advocacy groups, in-prison service providers, and the New York City Board of Correction to gain valuable insight on the most pertinent issues to observe.

CANY representatives deployed a variety of data collection methods. All individual respondents were interviewed using a 44-question general interview protocol; Individuals transferred from Rikers Island were asked additional questions using a 20-question interview protocol, and individuals housed in either a SHU or TBU unit 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 revealed significant shortages in staffing levels, particularly programming staff, rendering some programs non-operational. Incarcerated people across the prison described long wait lists for required programs or being idle as a result of having

1 "Governor Hochul and Mayor De Blasio Announce Agreement to Transfer Incarcerated Women and Trans Individuals Out of Rikers" October 13, 2021 <https://www.governor.ny.gov/news/governor-hochul-and-mayor-de-blasio-announce-agreement-transfer-incarcerated-women-and-trans>

2 "Rikers Detainees Are Being Transferred From One 'Hellhole' to Another" October 19, 2021 <https://www.thenation.com/article/society/rikers-transfers/>

3 "50 women's groups trying to halt move of women and transgender inmates from Rikers" November 15, 2021 <https://nynmedia.com/content/50-womens-groups-trying-halt-move-women-and-transgender-inmates-rikers>

taken all required programs. Staffing shortages also seem to have affected medical, dental, and mental healthcare; reports from incarcerated people exposed extensive issues with the quality and accessibility of healthcare delivery, accessibility, and quality, with over 80 mentions of inadequate care within the open ended responses. 62% of respondents reported that their requests for medical care remained outstanding at the time of CANY's monitoring visit. Impediments to communication emerged as a salient concern; lack of access to phones and videoconferencing seems to be hindering individuals' ability to stay connected to their families, attorneys, and their broader support systems.

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. 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 8-14. Apart from the response by DOCCS, this report solely contains information independently collected and reviewed by CANY.

CANY has the following recommendations:

1 DOCCS and OMH should conduct a comprehensive review of medical, dental, mental health, and programming staff levels at Bedford Hills, and other facilities in which there are severe shortages, as well as an assessment of the feasibility of hiring and retaining qualified medical, dental, mental health, and other staff.

According to information provided in the debrief with the executive team at Bedford Hills, 36 of 74 program staff positions were vacant as of November 22, 2021, representing a huge gap with inevitable consequences for the delivery, accessibility, and quality of service provision. While on paper many programs existed for individuals to participate in, these staff shortages rendered many of the programs non-operational.

Almost 82% (n=36) of respondents reported having requested medical or dental care, and 35% did not receive a response to that request. Forty-two percent (n=13) of individuals who

received care did not believe it was adequate. Just 52.5% (n=18) of incarcerated individuals reported that they had access to the mental health programs they needed. Programming needs were raised 41 times overall in the open ended responses, including 12 mentions of lack of programming. Many of individuals we spoke to at Bedford Hills, including especially those with long sentences, reported being “program satisfied” (i.e., having taken all the mandatory programs); others reporting failing to meet their programming requirements because of long wait lists. One individual said, programs are “terrible. I was sent here for eight months to complete a program. But I spent two months here before I even saw a counselor. It’s six months before my board and I haven’t even done the program. Sometimes people are criticized at their board for not doing their programs, and they didn’t even let me start my program. I’ve been here for two months, and they drafted me to leave tomorrow, so I didn’t do anything here.”

The shortage in program staff at Bedford Hills echoes the staffing shortages identified during CANY’s monitoring visit to Clinton and other facilities, suggesting that vacancies and workforce shortages continue to be a systemic problem. The system-wide recommendations made to address this are repeated here from CANY’s PVB No. 22-02 and PVB No. 22-03.

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 provide for improved communication by video and phone by increasing the available times and means of communication.

Multiple incarcerated individuals explained that a previous policy, whereby people could make phone calls between 7am and 9:30am had recently been amended without explanation and now phone calls were only possible between 8am and 9:30am. This change to the Facility Operations Manual (FOM), which could not be corroborated by the Superintendent when CANY representatives asked for more information, restricts the

ability of some incarcerated individuals to make phone calls before their morning program module.

In addition to increasing the amount of time available for phone calls, DOCCS should take steps to improve the number of phones available. While DOCCS attested that 32 phones were available for use across Bedford Hills, members of the ILC reported that access to phones was so limited that a sign-up sheet was necessary. One individual reported that there were “...only two phones for 30 people.” A clear and obvious resolution to this issue would be for DOCCS to expand access to phone calls so that they can be made through tablets by all incarcerated people at Bedford Hills as well as other facilities and ensure that tablets are functioning in order to do so.

Five out of seven incarcerated individuals transferred from RMSC said that they had been unable to make a video call, including video calls with legal representation, since their transfer. While the number of videoconference booths was reportedly increased to eight following the transfer of people from RMSC, it is essential that the basic right of phone calls with legal representatives is met through the corresponding appropriate number of booths.

Thus, CANY makes the following facility-specific recommendations:

System-Wide Recommendation R5.22	
<p>DOCCS should allow telephone calls through tablets, in addition to ensuring that there are adequate phones installed in housing and recreation areas across all facilities.</p>	<p>Across multiple visits CANY representatives have interviewed incarcerated people who have reported that they are unable to use the phone in recreation yards or housing units due to safety concerns, scheduling conflicts, interference by staff, or other issues with accessibility.</p> <p>It is essential that DOCCS take the necessary steps to allow incarcerated people the fundamental right of telephone communication by providing sufficient numbers of phones as well as allowing phone calls to be made through tablets.</p>

In addition to further increasing the number of videoconference booths, DOCCS should immediately reverse the change to the FOM, allow telephone calls to be made before 8am, and ensure that all incarcerated people can make legal calls as and when they need to do so.

Furthermore, CANY makes the following system-wide recommendation that was first issued in PVB No.22.03 from Downstate Correctional Facility.

3 DOCCS should continue to monitor the quality of water at Bedford Hills and provide clarity to the incarcerated population on the source.

While the executive team reassured CANY representatives that all issues with tap water have been resolved since the issues faced after Hurricane Ida in September 2021⁴ evidence from CANY's monitoring visit showed a preexisting and ongoing lack of trust in the water quality from incarcerated people. 40.5% (n=17) incarcerated people said that the water was undrinkable and 20.7% (n=6) said that they boiled their own water.

In the open ended responses, there were 30 instances of people expressing concerns around the quality and accessibility of water. A number of the individuals referred to problems with water three months prior to the monitoring visit, while others expressed beliefs that there were ongoing issues. One incarcerated individual stated that the water gets "worse and worse", and another said that it was "still brown." 75% (n=21) of those who did not drink the tap water said that they had access to bottled water. Yet, in the open ended responses, numerous people complained that bottled water is regularly out of stock at the commissary.

The prevalence of doubt about water quality three months after the disruption caused by Hurricane Ida, is indicative of a failure to communicate measures taken to assure people of the safety of the water. Further, it underscores long-standing issues around trust related to water quality. The executive staff reported that no water testing had occurred recently and was conducted only on an annual basis.

CANY makes the following facility-specific recommendation: the executive team should take concrete steps to communicate in detail how water quality has been addressed by posting a description of actions taken on notice boards. Additionally, because continuing doubts over water quality are inevitable, DOCCS should take steps to ensure that bottled water within the commissary is stocked in adequate quantities to ensure that it is never depleted.

4 DOCCS should expedite the availability of the COVID-19 booster shot at Bedford Hills and all other facilities.

The executive team explained that the booster shot was not available at Bedford Hills at the time of CANY's monitoring visit on November 22 but that they were in contact with Albany regarding its administration. Bedford Hills was among the facilities with the highest vaccination rate across the system (66% vaccinated as of November 22). This data point demonstrates a strong effort on the part of incarcerated people to take advantage of vaccines when they are made accessible to them and effectiveness of Bedford Hills

⁴ "Women in New York prisons complain of contaminated water after Hurricane Ida" September 15, 2021 <https://www.nbcnews.com/news/nbcblk/women-new-york-prisons-complain-contaminated-water-hurricane-ida-rcna2020>

administration and medical staff in promoting the benefits of the vaccine. It is essential that incarcerated individuals at Bedford Hills and across DOCCS facilities are prioritized for the current and all subsequent booster shots due to their heightened vulnerability to COVID-19. As this issue is system-wide, the system-wide recommendation made to address this is replicated here from CANY’s PVB No. 22-02.

System-Wide Recommendation R4.22	
<p>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.</p>	<p>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 2022.⁵</p> <p>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.</p>

5 “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 Bedford Hills Correctional Facility on November 22, 2021, the Department discusses below the programmatic and operational functions raised in their post visit report.

Programing

Bedford Hills Correctional Facility is the only Women's Maximum-Security facility in the State of New York. The facility 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 Bedford Hills includes:

- Counseling - The Department's philosophy embodies a commitment to the development of the whole person. Comprehensive programming is made available to the incarcerated individuals so they may become aware of alternatives and choose to take charge of and assume responsibility for their own lives.
 - Aggression Replacement Training (ART) programming is a cognitive behavioral intervention program designed to assist individuals in improving social skills, moral reasoning, and coping with and reducing aggressive behavior by utilizing self-regulating exercises and mindfulness. Participants learn to understand what causes them to feel angry and act aggressively, as well as techniques to reduce anger/aggressive behavior, to self-regulate for ending "automatic" aggression, and to build skills that help make better choices.
 - Living Safely without Violence programming is an intervention course designed for females who have been charged with violent crimes and/or who have a history of aggressive behavior, including self-harm or violence towards others. Emphasis is placed on exploring how and why individuals use violence and how they can live safely without it. Participants are introduced to an integrated and multi-sensory approach, which focuses on emotional regulation, interpersonal competencies, and mindfulness practices. The program's goals are to assist these women in learning to respond in a healthy, non-violent manner to adverse life events by examining the relationship between emotions and violence, building self-change along with developing maintenance strategies, utilizing adaptive strategies, and social resources to live safely and without violence.

- 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.
- Trauma, Addiction, Mental Health, and Recovery (TAMAR) is a comprehensive curriculum that is available to incarcerated individuals who have experienced trauma. It is easily customized to engage and address the unique needs of special populations as well as to specifically address gender, adolescents, people who identify as LGBTQ+, and people who have been victimized sexually while incarcerated.
- 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. Bedford Hills also offers an Associate Degree and Bachelor of Science Degrees. Degrees are granted by Marymount Manhattan College. Bedford Hills is planning to offer a master's degree program from New York Theological Seminary. A computer lab is available for students enrolled in college to type papers, view resource materials, and watch films that will be discussed in class.
- Hospice Aide – This program provides those incarcerated within Bedford Hills Long Term Care unit with an incarcerated individual Hospice Aide. The Hospice Aid provides up to 24 hours of compassionate end of life care to ill incarcerated individuals.
- 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. Bedford Hills OMH caseload was approximately 68% of the total population as of December of 2021. Incarcerated Individuals diagnosed with a mental health illness have access to several rehabilitative programs at Bedford Hills including:
 - 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.
 - Therapeutic Behavior Unit (TBU) a program for incarcerated patients with a history of serious mental illness as well as a history of poor custodial adjustment that exhibit behavior problems. The program provides out-of-cell therapeutic programming.
 - 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.

- Peer Support Program – This is a peer run program that is open to any incarcerated individuals who are in General Population, ICP, Tri ICP & SNU that have been discharged from RCTP. These individuals are afforded the opportunity to meet with a peer supporter a minimum of three times per month to discuss any issues or concerns that they may feel triggered by trauma. The peers are supervised by DOCCS and OMH staff.
- Puppies Behind Bars – This program trains incarcerated individuals to raise puppies as service dogs for wounded war veterans, law enforcement and first responders. The puppies live with the raisers for the duration of the basic training of commands and routines. The goal of the program is to teach incarcerated individuals the skills to become animal caregivers.
- Recreation – Bedford Hills offers both indoor and outdoor recreation. There is a full-size gym with an enclosed weight room. The incarcerated individuals are offered aerobic, yoga, and cardio classes. The outdoor recreation area offers softball, basketball, volleyball, paddle ball, and handball. Additionally, board and card games are also offered on the unit.
- Religious services - Bedford Hills has one full time Chaplain and four part time Chaplains. The incarcerated individuals can practice in any of the 54 religions that the state has authorized.
- Transitional Services – Three phases are offered to help the incarcerated individual get acclimated to their new environment; Moving On and Living Safely without Violence programming deliver services that help facilitate a successful re-entry to the community. This includes access to a resource room where the incarcerated individuals can look up community resources and create resumes.
- Well Baby Nursery Program – This program enriches and strengthens bonds between a parent and a child. Pregnant incarcerated individuals may apply to stay with their baby for up to 18 months. This program provides daily parenting classes, day care, crisis intervention, advocacy, child placement assistance, and discharge assistance. The mothers are also afforded Doula's in the event that they become a little overwhelmed with the new responsibilities of taking care of an infant.
- Women's Initiative Program – This initiative is a women's interpersonal development program that consists of a series of workshops that are designed to help women help empower themselves to improve their quality of life.
- Vocational Programs – Several vocational titles are available including General Business, Computer Information, Cosmetology, Horticulture, Food Service, and Department of Motor

Vehicles as Customer Service Representatives. The facility will soon be offering job titles in Home Decoration, Painting, and a Commercial Driver's License program.

- Volunteer Programs – Bedford Hills offers significant opportunities for programming through volunteer services. These programs include but are limited to yoga, music, art, drama, meditation, quilt making, religious guidance and services, HIV testing and counseling, as well as peer support training.

Rikers Island Detainees

In the fall of 2021, the Department agreed to accept the transfer of incarcerated individuals housed at Rose M. Singer Center on Rikers Island to address temporary extraordinary circumstances on Rikers Island. Bedford Hills Correctional Facility received nearly all of the women and some trans-identified individuals incarcerated on Rikers Island. The Department stepped in to assist some of the most vulnerable populations on Rikers Island, to help ease staffing concerns, capacity constraints, and improve safety for the detainees. Bedford Hills was identified as a preferred facility due to its proximity to New York City, its classification as a reception center, its robust programming, and its network of treatment providers, as well as the reduced impact upon detainees to fit within the existing population at Bedford Hills¹.

Water Supply

Bedford Hills Correctional Facility, like the surrounding community, obtains its water from the Bedford Consolidated Water District (District). It is our understanding that there are two primary sources of supply for the District – the New York City Department of Environmental Protection (NYCDEP) Delaware Aqueduct and NYCDEP Cross River Reservoir. Both supplies are tested by the District, documented to meet NYS water quality standards, and approved for use by the State and County Health Departments. Further, around August 31, 2021, without notice to the facility, the District switched from one supply source to optimize treatment in preparation for extended use. The District tested the water at the treatment plant for any aesthetic issues such as taste and odor and did not detect any issues. Upon receiving feedback on taste and odor concerns, the District switched back to the primary supply on September 1, 2022. The District continued to test and advised the Department that water met quality standards, although acknowledged that it was not aesthetically pleasing. The Department took immediate steps to examine the situation. Bedford Hills Executive staff consumed the water and did not personally note taste or odor issues. Incarcerated individuals did not make a single sick call claiming illnesses from the water. The water source continues to be tested by independent laboratories and is in full compliance with the New York State Department of Health mandated water quality regulations. Copies of the Annual Water Quality Report are available to the public and are also posted at the facility for review by the facility population.

¹ The Department was informed on or about January 31, 2022, no further detainees would be referred to Bedford Hills Correctional Facility. Transfers back to Rikers Island began in February 2022.

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 Bedford Hills. 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, Bedford Hills 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 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 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 food 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. As of April 6, 2022, approximately 64% of the Bedford Hills population is fully vaccinated and 46% have been boosted².

One of many risk-reduction measures taken by the facility to thwart the spread of COVID-19 included physical social distancing plans to protect the incarcerated population and staff from the spread of COVID-19. Due to the facility lay out and infrastructure limitations, programming and movement was modified for the safety of all. As a result, policy was crafted to provide access to all incarcerated individuals in an equitable manner. For example, to provide incarcerated individuals that are housed in different settings with the same recreation access, a shifting schedule for access was determined to be the most equitable option. A rotation for the incarcerated individuals to come out of their cells to use amenities for up to five hours a day in addition to utilizing the yard was the narrowly tailored solution available. With correctional security and staffing interest evaluated, a modification of those hours to allow earlier access to amenities such as phones would create a disproportional administrative and security burden. Additionally, the Department provides incarcerated individuals with electronic tablets free of charge. These tablets provide a suite of communication, education and entertainment applications that help incarcerated users remain connected to their communities and learn skills that will help them succeed after their release. The Secure Messaging Program allowed for communication between incarcerated individuals and their families and friends by receiving messages, e-cards, photos, and VideoGrams. Recognizing the importance of incarcerated individuals' communications with their communities, the Department established free calls for each incarcerated individual to receive one free 15-minute call per week; reduced the price of stamps, and provided each incarcerated individual with access to a general confinement tablet and kiosk, as well as four free stamps to use for secure messaging per month. Incarcerated individuals have access to their attorneys and authorized legal

² Bedford Hills is a reception facility, which causes daily fluctuations due to intakes and transports.

representatives through privileged correspondence, legal phone calls, and confidential legal visits. The facility allows for in person visitation from the community with safety protocols in place.

In conclusion, Bedford Hills 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 fall of 2021, Bedford Hills 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. Bedford Hills has passed all such accreditation audits since 1991.

Additionally, in September of 2021, an examination completed by an independent auditor determined Bedford Hills Correctional Facility to be in compliance with the Prison Rape Elimination Act standards. Bedford Hills Correctional Facility has established compliance with such standards since the first ever New York State audit in October 2015. Despite the challenges presented with navigating through a global pandemic, Bedford Hills Correctional Facility staff continually demonstrate the ability to maintain care, custody, and control of the individuals sentenced to State imprisonment.

Bedford Hills Open Ended Data Addendum (November 2021 Monitoring Visit)⁶

1. Poor conditions of confinement	115 Total
a. Adequate experience	31
b. Issues with water quality and accessibility	30
c. Poor conditions	19
d. Inadequate preparation for cold/winter	14
e. Inconsistent access to services	12
f. Inadequate appliances	5
g. Economic issues	3
h. Issues with policies and directives	1
2. Inadequate medical and mental healthcare	57 Total
a. Long waits for treatment, if at all	30
b. Issues and needs	9
c. Issues with medication	7
d. Substandard quality of care	7
e. Unsatisfactory engagement with staff	3
f. Adequate experience	1
3. Inadequate mental health care	40 Total
a. Long waits for treatment, if at all	10
b. Suicide and self-harm	9
c. Adequate experience	9
d. Substandard quality of care	7
e. Issues with Medication	5
f. Unsatisfactory Engagement with Staff	2
4. Staff behavior and exposure to violence	86 Total
a. Pattern of violence and abuse	41
b. Issues with strip searches for visitors	14
c. Issues with shower privacy	11
d. Sexual/Gender-based abuse	8

⁶ 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. Adequate experience	7
f. Race-based abuse	5
5. Inadequate programming	78 Total
a. Programs enrolled in and programming needs	41
b. Desire for education/career preparation	13
c. Failure to meet programming needs/Under-stimulation	12
d. Discipline/offense/status affects program eligibility (TBU; SHU; Transfer)	6
e. Adequate experience	5
f. No say in programming	1
6. Unfair and nontransparent discipline and grievance processes	70 Total
a. Continued use/Phasing out of isolation and solitary confinement (SHU; TBU)	40
b. Unfair use of punishment	15
c. Inadequate grievance process	10
d. Adequate experience	5
7. Tense environment	3 Total
a. Negative relationships with other incarcerated people	2
b. Clear demarcation between those from Rikers	1
8. Problems with assignment	1 Total
a. Seeking transfer or release	1
9. COVID-19 concerns	22 Total
a. Vaccine hesitancy	12
b. Vaccination status	7
c. Incarcerated people's health and access to services negatively affected by COVID-19	3
10. Inadequate food quality and accessibility	7 Total

CANY Post-Visting Briefing and Recommendations

Monitoring Visit To Bedford Hills Correctional Facility

No.22-04: November 22, 2021

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