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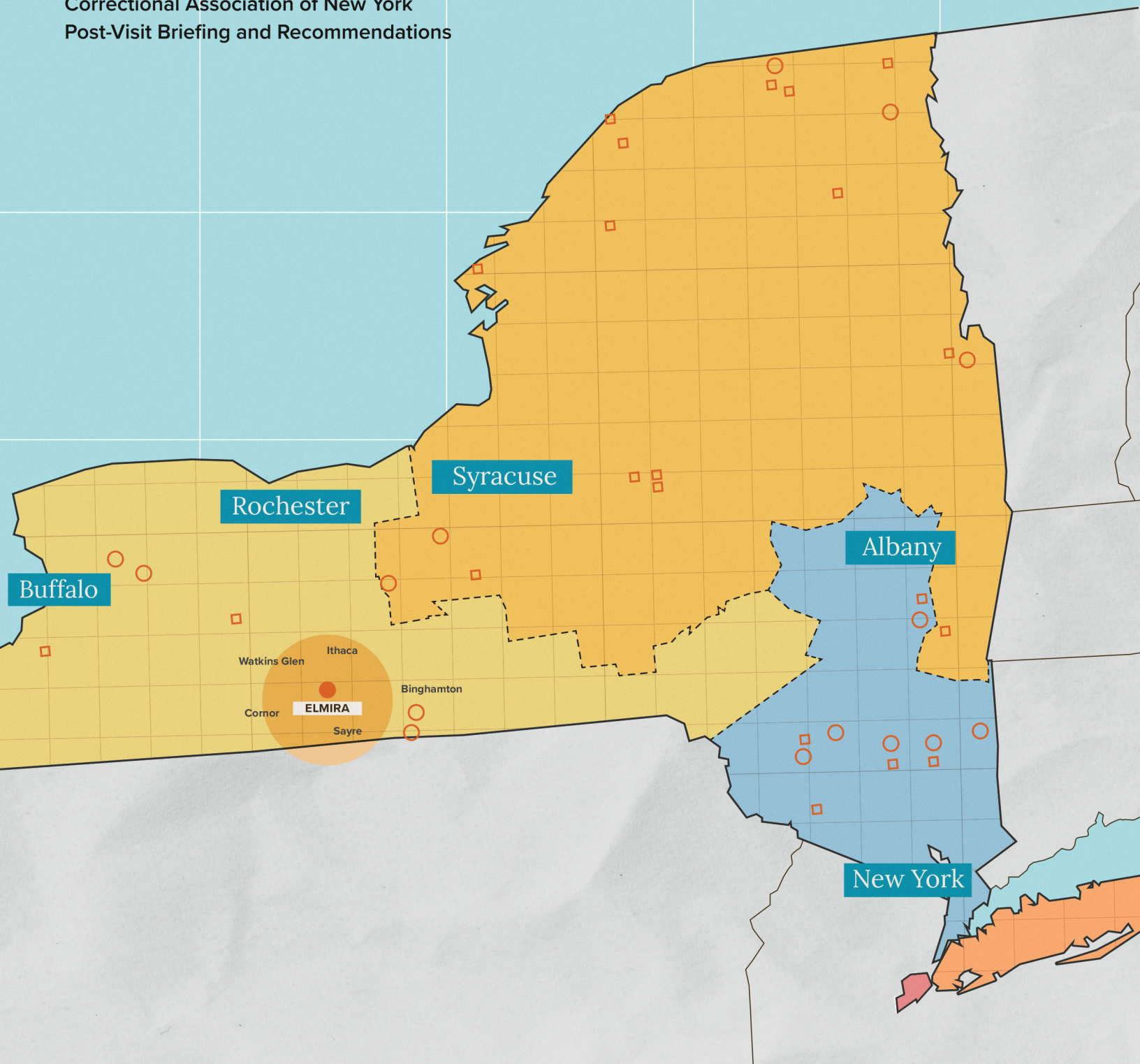
Monitoring Visit to Elmira Correctional Facility

Correctional Association of New York
Post-Visit Briefing and Recommendations



Background

On April 26 and 27, 2022, the Correctional Association of New York (CANY) conducted a monitoring visit to Elmira Correctional Facility, a maximum-security prison in Elmira, NY. The CANY visiting party included eight representatives, who carried out a total of 112 interviews with incarcerated individuals: 51 individuals incarcerated in general population housing areas, 49 individuals incarcerated in the reception and classification center, and 12 individuals incarcerated in the Special Housing Unit (SHU). CANY representatives held meetings with the Department of Corrections and Community Supervision (DOCCS) Executive Team, the Nurse Administrator acting as Deputy Superintendent of Health Services, and representatives of employee unions. Additionally, CANY held meetings with the sole member of the Inmate Liaison Committee (ILC) and two representatives of the Inmate Grievance Resolution Committee (IGRC). CANY conducted visual observations of housing units, the infirmary, the field house, industry shops, the mess hall, and the dialysis unit. CANY also observed the showers that are used for reception, which were in the indoor gymnasium, and other areas.

CANY's monitoring visit to Elmira was conducted as part of its oversight mandate pursuant to Correctional Law § 146(3). CANY's monitoring visit followed the receipt of data, obtained by FOIL from the State Office of Mental Health (OMH), indicating that six incarcerated individuals died by suicide at Elmira in 2021. More deaths by suicide occurred at Elmira in 2021 than at any other prison in the state.[1] CANY representatives deployed a variety of data collection methods. Individual respondents were interviewed using a 25-question general interview protocol; individuals housed in the SHU were asked additional questions using a 21-question unit-specific protocol. Individual respondents in reception, meanwhile, were interviewed using a 27-question unit-specific protocol. Meetings with staff and incarcerated groups followed a semi-structured interview guide, which were documented using a variety of note-taking methods, as were visual observations of the physical environment.

Overview of Findings and Recommendations

CANY's monitoring visit to Elmira Correctional Facility produced several findings in multiple areas, among which were: (1) basic provision of services, including commissary, phones and tablets, clothing, and personal care products; (2) material conditions and environmental issues, including water, cells, temperature and showers; (3) mental healthcare; (4) medical and dental healthcare; (5) COVID-19; (6) academic and vocational programs; (7) staff behavior; (8) discipline and grievance; (9) reception and transfers; and (10) family contact and visits.

1 NYS Office of Mental Health (OMH). CNYPC Incidents of Suicide January 1, 2021 - December 31, 2021.

While the facility-specific and system-wide recommendations presented in the following post-visit briefing document are intended to produce near-term solutions to the problems identified, CANY asserts that reductions in both the number of people incarcerated and the duration of incarceration would produce the greatest positive impact on the system and on the lives of the people it touches. In other words, further decarceration in conjunction with dramatic improvements to conditions inside prisons are necessary steps for addressing the problems identified through CANY's monitoring activities. Several of the issues CANY uncovered during its visit to Elmira reveal strains in the routine operation of the facility, exacerbated by public health crises, internal policies, and the implementation of new legislation. Simply reducing the population will not go far enough — shifting the culture is key to building a safer and healthier prison environment for incarcerated individuals and staff alike.

As referenced above, CANY's monitoring visit to Elmira was prompted by the receipt of a public information request that revealed six deaths by suicide at Elmira in 2021. (At the time of CANY's monitoring, there were 1,299 people incarcerated at Elmira. There were 16 deaths reported as suicides across all NYS prisons in 2021.) In light of the shockingly high number of suicides at Elmira in 2021, and in recognition of the traumatic impact that even a single suicide in prison can have on incarcerated people and staff alike, DOCCS and OMH must take action—and disclose information publicly about those actions—to address the underlying causes and implement proven measures to prevent additional loss of life.

The responsibility to keep people safe in prison and provide them mental health treatment lies with DOCCS and OMH, respectively, and each suicide in custody should be critically examined for failures to effectively screen for and mitigate suicide risk and failures to appropriately intervene. But other agencies and actors, in addition to DOCCS and OMH, have important roles to play in producing better outcomes. In addition to ensuring that DOCCS and OMH have the necessary resources to provide high quality treatment and services, maintain healthy living environments, and hire qualified staff to serve one of the most vulnerable and high need populations in New York State, the Legislature and the Executive must authorize sufficient resources to community-based service providers to make safe and effective decarceration possible. Other entities further upstream – including police, district attorneys, judges, and county mental health and social services agencies – must collaborate to ensure that alternatives to incarceration are available and considered as a first option and that prison is used as a last resort.

Key Findings and Recommendations

Basic provision of services

Among the most prominent findings from CANY's monitoring at Elmira were issues with the basic provision of services, which include but are not limited to commissary, phones and tablets, clothing, and personal care products. These findings were made in general population as well as in reception, where DOCCS directives specify the provision of certain basic services such as a phone call, a shower, clothing, and personal care products for each person on the day they are received into custody.[2]

Commissary

Items in the commissary are inconsistently available and often unaffordable for incarcerated people.

- DOCCS should conduct an assessment into ongoing issues with the number of items that are out of stock, the range of listed items available, and the pricing of items at the commissary.

Of respondents in the general data, 52.3% reported that the commissary was adequately stocked with items on a regular basis (n=44). Although this figure is higher than that reported by incarcerated people at other prisons recently monitored by CANY,[3] incarcerated people still highlighted various problems with stocking and pricing at commissary at Elmira. The open-ended data shows 29 instances of problems with commissary. The most frequent reports were of various items being out of stock, including basic staples such as rice, fruits, and vegetables. Others spoke of rising prices making it difficult to purchase items.

Given the prevalence of concerns regarding the commissary at Elmira and from other recent CANY monitoring visits, CANY repeat the following system-wide recommendation cited in Bare Hill PVB No. 22-06:

2 See "II. Procedure," in "Directive #4021: Inmate Reception/Classification," New York State Department of Corrections and Community Supervision, January 23, 2019. https://doccs.ny.gov/system/files/documents/2020/11/4021.pdf.

3 At Bare Hill Correctional Facility in March 2022, only 28% of respondents reported that the commissary was adequately stocked with items on a regular basis (n=82).

System-Wide Recommendation R16.22

DOCCS should conduct an assessment into ongoing issues with the number of items that are out of stock, the range of listed items available, and the pricing of items at the commissary.

Across multiple visits over the course of 2021 and 2022, incarcerated people have emphasized the centrality of the commissary to their experience of incarceration, frequently citing the poor quality of food served in the mess hall and the importance of choice in food selection. With the recent decision to restrict the purchasing of packages to a vendor-based system, the need for an adequate commissary system is now more important.

In 2022, over the course of visits to Bare Hill, Upstate, and Elmira, 64.4% of incarcerated people (n=132) reported that the commissary at their respective prison is not adequately stocked with items on a regular basis, demonstrating the scale of this problem.

According to a call conducted with DOCCS central office in March 2022, CANY understands that DOCCS is currently making changes to the contracting process. These changes will make the central office responsible for commissary provision through a statewide contract instead of relying on facility-based contracts. CANY recommends that DOCCS ensures that the new supplier commits in writing to a series of actions to prevent items from being repeatedly out of stock.

CANY recommends that DOCCS continually track and publish reports on the status of the commissary on its website in a similar manner to monthly COVID-19 updates. This should include a table of established metrics that include the range of items available, the ability to regularly stock listed items, and the affordability of prices. The use of these metrics should be used as the guide for the negotiation of future contracts and the rationale for each contract must be publicly communicated based on these measures.

Further, as the ability to afford items in the commissary depends in part on wages, CANY recommends that the Legislature pass a bill to increase the wages earned by incarcerated people to something closer to fair/minimum wage.[4]

4 There are two bills currently in the New York Legislature that address wages among incarcerated people: S287 and S2104.

Phones and Tablets

Access to phones and the duration of calls is limited, especially in reception.

- DOCCS should shorten the waiting period for approval of "call lists" and grant individuals at least one phone call per day while awaiting such approval in reception.
- DOCCS should improve access to communications by enabling incarcerated people in all housing areas to access phone calls through their tablets.

Of respondents in reception, 85.4% reported having had the opportunity to make a phone call since arriving at Elmira (n=48). But the open-ended data revealed 29 instances of issues with phones and tablets that point most frequently to problems with access to and the duration of phone calls. People reported waiting up to 10 days for their first phone calls, with some explaining delays due to difficulties getting their call list approved. Those who did report making phone calls explained that their length was inadequate, including several people reporting calls as short as 60 seconds. "Took 10 days to have a call that took less than 10 min[utes]," said one person. Others reported the inaccessibility of tablets in reception, one factor contributing to feelings of idleness and isolation.

DOCCS Directive #4423 states that "within 24 hours of arrival at a new facility, an inmate shall be permitted one collect telephone call to the family." Based on conversations with incarcerated people in reception, this time frame is frequently not being met. Further, incarcerated individuals report that they are only allowed to make phone calls once their call list is approved.

To address this issue, CANY recommends that in addition to ensuring better adherence to Directive #4423, DOCCS shorten the period for call lists to be approved and/or grant individuals a grace period in which they can make at least one phone call a day while awaiting approval in reception.

In the SHU, meanwhile, there were two instances of reported adequate experiences with phones and tablets, but three instances of problems with access to phones and tablets. The problems arose from the reported confiscation of tablets from the incarcerated people in question. Thus, CANY repeats the recommendation made in Sing Sing PVB No. 22-05 that DOCCS should improve access to communications by enabling incarcerated people in all housing areas to access phone calls through their tablets. As this recommendation rests on the accessibility of tablets, DOCCS should also eliminate any delays in obtaining tablets for individuals in reception upon their arrival.

Clothing and Personal Care Products

People being processed through reception do not consistently receive appropriate clothing or hygiene products.

- DOCCS should ensure that all incarcerated people in reception have timely and consistent access to clean clothing, hygiene products, and any other items necessary to maintain general health and cleanliness.
- DOCCS should document and schedule an inventory of hygienic materials delivered at all facilities and make this information public and easily accessible on its website.

Of respondents in reception, 87.5% reported having received clean clothing since arrival at Elmira (n=48). The open-ended data yielded 11 instances outlining the specific issues with clothing in reception. Different people reported waiting five, seven, fourteen, and even nineteen days to receive clean clothing in reception. "Horrible. Haven't changed clothes in [seven] days" said one person. "I stink." Another person reported experiencing verbal abuse after asking for clothes: "I have asked for clothes [and] they say: shut the fuck up. Go lock in." And one person who did receive clothes reported that the clothes he was issued were "way too big," causing his pants to fall off.

Of respondents in reception, 75% reported receiving personal care products (n=44). The nine instances concerning issues with personal care products in the open-ended data revealed specifically that people in reception are having trouble accessing toilet paper. One person reported being given one roll per week, while another reported one roll every two weeks. Others highlighted the lack of deodorant and access to barbers.[5]

According to DOCCS Directive #4021, on the first day of arrival to reception, "state issued clothing, along with personal care products, are provided to each inmate," including one roll of toilet paper. Limitations on access to essential hygiene products, like toilet paper, not only negatively affect physical hygiene, but impact the dignity and overall wellbeing of incarcerated people and detrimentally affects morale. Furthermore, the United Nations cites sanitation as a "fundamental human right."[6] To safeguard this right, DOCCS should ensure that all incarcerated people in reception have timely and consistent access to clean clothing, hygiene products, and any other items necessary to maintain general health and

5 DOCCS Directive #4021: "Inmate Reception/Classification" (January 23, 2019), also requires DOCCS to provide each person a shave and a haircut upon reception. https://doccs.ny.gov/system/files/documents/2020/11/4021.pdf. See also, "Directive #4914: Inmate Grooming Standards," New York State Department of Corrections and Community Supervision, March 26, 2018. https://doccs.ny.gov/system/files/documents/2021/09/4914.pdf.

6 General Assembly resolution 64/292, The human right to water and sanitation, A/RES/64/292 (3 August 2010), available at https://undocs.org/en/A/RES/64/292.

cleanliness. This should include people in restrictive housing units such as the SHU. In the Elmira SHU, people also reported dirty conditions in their cells and a lack of clean bedding (2 instances).

In addition, CANY makes the following system-wide recommendation, originally made in Great Meadow PVB No. 22-01:

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.

Material Conditions and Environmental Issues

CANY's monitoring visit also highlighted several findings around material conditions and environmental issues present at Elmira, and their implications for the overarching conditions of confinement. These issues included water, living environment, temperature, and showers. Findings from CANY's 2022 visit to the prison did not reflect noticeable improvements to findings on material conditions from CANY's 2019 monitoring at Elmira, where respondents then cited poor maintenance inside cells, including broken toilets, broken lights, leaking vents, vermin, and a lack of ventilation.[7]

Water

Some incarcerated people reported concerns with the quality of drinking water.

- DOCCS should provide information to incarcerated people and the public about the results of water testing at Elmira and ensure bottled water is available at the commissary.[8]

7 See "Connection with the Outside World: Prison Monitoring Findings and Recommendations." Report for the Quarter July-September 2019. Correctional Association of New York. 2020. https://static1.squarespace.com/static/5b2c07e2a9e02851fb387477/t/5e65f1009369fa095333ef23/1583739189727/Connection-to-the-Outside-World_CANYReport-03092020.pdf.

8 Language in this recommendation was partially sourced from our visit to Bedford Hills in November 2021 (PVB No. 22-04, Recommendation 3).

Of respondents in the general data, 84.4% reported having access to clean drinking water (n=45). The 14 instances related to water in the open-ended data offer a more nuanced impression, as incarcerated people reported specific problems and anxieties stemming from the water quality and accessibility at Elmira. People spoke about being afraid to drink the water from sinks: "I'm scared to drink this water." One person reported that "people throw up from sink water," and another explained that the water "tastes funny." Others reported that they buy bottled water to compensate for what they perceive to be poor tap water quality or violate rules by bringing juice cups back from the mess hall. Others reported a lack of hot water.

As fears about water quality were found during a November 2021 monitoring visit to Bedford Hills (PVB No. 22-04), CANY draws from its previous recommendations about water quality: DOCCS should continue to monitor the quality of water at the facility; provide information to incarcerated people on the results of water testing, whether that testing is done by DOCCS or local county health departments; publish testing results on their website and in housing units; and ensure bottled water within the commissary is stocked in adequate quantities to ensure that it is never depleted.

Living Environment

Deteriorating material conditions at Elmira result in a poor living environment.

- DOCCS must take steps to address inadequate material conditions at Elmira and failures to carry out adequate maintenance of aging infrastructure.[9]

Of respondents in the general data, 91.5% reported that the equipment in their cell or living area was functional or working (n=47). However, even respondents who answered affirmatively described major issues with equipment function and/or living conditions, indicating inconsistent material conditions. For example, one individual who responded yes also noted "not always, sink and lights broken a lot." Another responded "Everything works, but we don't get adequate cleaning supplies. And there are roaches." The open-ended data revealed 12 instances of specific issues with cells. Some of these issues related to equipment function, as several people reported that the electricity in their cells was not working. Others reported unhygienic conditions in their cells, namely rust, cockroaches, water leaks and puddles, broken ventilation, and dust. "I would not put anything in here," said one person. Speaking about conditions inside his cell, one person explained: "There's something unrealistic about keeping people locked up like an animal."

Conditions inside living spaces have direct and profound impacts on the overall well-being of incarcerated people. According to DOCCS Directive #4009, there are established

9 Language from this recommendation was partially sourced from Sing Sing in February 2022 (PVB No. 22-05, Recommendation 7).

minimum standards in place to allow for the continued health, cleanliness, and morale of incarcerated individuals, and that "personal and frequent inspection by the Superintendent and daily supervision by assigned staff shall be carried out to ensure compliance with these standards."

As inadequate material conditions have been uncovered on other monitoring visits to Sing Sing Correctional Facility in February 2022 (PVB No. 22-05); Bedford Hills Correctional Facility in November 2021 (PVB No. 22-04); Downstate Correctional Facility in October 2021 (PVB No. 22-03); and Great Meadow Correctional Facility in June 2021 (PVB No. 22-01), CANY draws from its previous recommendations on environmental conditions and maintenance procedures to recommend that DOCCS take steps to address inadequate material conditions at Elmira and failures to carry out adequate maintenance of aging infrastructure.

To implement this recommendation, the executive team should identify efforts to improve the environmental conditions at Elmira including but not limited to, enacting routine pest control measures per DOCCS Directive #3093, performing regular maintenance on cell equipment and replacing older equipment that cannot be repaired, and providing adequate cleaning supplies to incarcerated people.

Temperature

Cellblocks are too cold in the winter and too hot in the summer.

- DOCCS should develop an action plan to address temperature regulation and exposure to extreme temperatures across facilities, including steps to install temperature control systems.

Of respondents in the general data, 76.2% reported that they had adequate heat inside during the winter (n=42). However, 41.4% reported that the prison was not adequately cool during the summer. The open-ended data specified some of the issues with temperature experienced by incarcerated people between the seasons (11 instances). One person explained that in the winter, the prison is colder than ideal, and that in the summer, the fans are inadequate, leaving him to rely unsuccessfully on a fan he purchased. Another person expressed desire to buy a fan but could not afford it. Several people spoke about it being too hot in the summer, and others reported drafty and cold conditions in the winter. One person reported that he caught pneumonia from the windows being left open.

Without access to personal temperature control measures, incarcerated people are "on the front lines of climate change" as temperatures become increasingly hotter in the summer and winter weather events become more severe.[10] Incarcerated people are unable to control the temperature of the environment around them, and therefore rely on DOCCS to provide an environment free of extreme temperature exposure.

10 Adam Mahoney, "Floods, power outages, no running water: Jails during Hurricane Ida," Grist. September 21, 2021. https://grist.org/equity/hurricane-ida-jails-prisons-emergency-response/.

Additionally, evidence shows that experiencing chronic health conditions—which incarcerated people disproportionately suffer from[11] — or taking prescribed psychotropic medications can restrict the body's ability to regulate itself in hot temperatures, making those individuals more vulnerable to heat.[12] High temperatures are also associated with increased aggressive behaviors and have been linked to increased self-harm incidents in prison.[13]

To effectively address widespread issues regarding temperature, CANY makes the following system-wide recommendation:

System-Wide Recommendation R19.22

DOCCS should develop an action plan to address temperature regulation and exposure to extreme temperatures across facilities, including steps to install temperature control systems.

CANY urges DOCCS to take additional steps to mitigate the impact of extreme temperature exposure, including but not limited to such measures as[14]:

- DOCCS should publish information about the number of facilities that currently lack effective temperature control systems, such as air conditioning and heating, or where maintenance problems (i.e., broken windows) prevent appropriate heating or cooling.
- DOCCS should monitor and more effectively control temperatures inside facilities, especially in housing, program, and industry areas, by establishing a temperature control directive that mandates routine temperature checks and a standard for temperatures inside facilities.
- DOCCS should maintain a list of incarcerated people and staff with medical conditions that make them more susceptible to heat and monitor their wellbeing. Until temperature regulation systems are installed, DOCCS should also immediately move heat-sensitive individuals to air-conditioned housing, unless the individual elects not to move.

11 Julia Acker, et al., Mass Incarceration Threatens Health Equity in America. Princeton, NJ: Robert Wood Foundation, 2019. Accessed at: https://www.rwjf.org/en/library/research/2019/01/mass-incarceration-threatens-health-equity-in-america.html.

12 Deborah Serani, "Heat Intolerance and Psychiatric Conditions," Psychology Today, July 27, 2021. https://www.psychologytoday.com/us/blog/two-takes-depression/202107/heat-intolerance-and-psychiatric-medications; "Heat and People with Chronic Conditions," Centers for Disease Control and Prevention. https://www.cdc.gov/disasters/extremeheat/medical.html.

13 Craig Anderson, "Heat and Violence," Currents Directions in Psychological Science 10, no. 1 (Feb. 2001): 33-38. https://journals.sagepub.com/doi/10.1111/1467-8721.00109; David Cloud et al., "The Safe Alternatives to Segregation Initiative: Findings and Recommendations for the Louisiana Department of Public Safety and Corrections, and Progress Toward Implementation," Vera Institute of Justice. May 2019. https://www.vera.org/downloads/publications/safe-alternatives-segregation-initiative-findings-recommendations-ldps.pdf.

14 Many of these recommendations were made by the New York City Board of Correction in 2019. See: https://www1.nyc.gov/assets/boc/downloads/pdf/Reports/BOC-Reports/BOC-Heat-Report-and-Recommendations-2019-09-09.pdf.

- DOCCS should supply personal fans free of charge to all incarcerated people housed in units that are not air conditioned.
- DOCCS should supply ice, bottled water, and additional access to showers during extreme heat events.
- DOCCS should increase rounds and wellness checks during extreme weather.
- DOCCS should provide shade on the exercise yards.
- DOCCS should establish a capital improvement plan that addresses the impact of climate change.

Showers

Incarcerated people in reception do not get to shower often enough, and when they do, showers are unhygienic.

- DOCCS should ensure that all incarcerated people in reception have access to showers as frequently as necessary to maintain cleanliness and should expedite their planned capital project to renovate shower areas.

Of respondents in reception, 85.4% reported having received a shower since arrival at Elmira (n=48). The open-ended data revealed 14 instances of various issues with showers in reception. Some people reported not having received showers since their arrival, long waits before they received their showers, and infrequent access during their continued time in reception. The most frequent problem reported was that the shower drains were clogged, causing standing water and flooding. Others expressed that they had not received slippers to navigate these unhygienic shower floors. One person reported using his sink to do the "equivalent of a shower" because of the standing water in the shower area.

According to DOCCS Directive #4021, on the first day of arrival to reception, "all inmates are required to receive a shower and delousing treatment." DOCCS Directive #4009 additionally states that "all incarcerated individuals shall be permitted to shower at least three times a week."

The American Bar Association's Standards for the Treatment of Prisoners suggests that "correctional authorities should provide sufficient access to showers at an appropriate temperature to enable each prisoner to shower as frequently as necessary to maintain general hygiene."[15] DOCCS should ensure that individuals arriving at reception are able to shower as needed to meet a humane level of cleanliness.

15 American Bar Association Standards for the Treatment of Prisoners, Standard 23-3.3, Housing Areas, (c).

The Executive Team at Elmira noted that DOCCS plans to renovate the showers by 2023. DOCCS should expedite this capital project to be completed as soon as possible to ensure that all incarcerated people are able to shower in hygienic, safe, and dignified environments. In the interim, DOCCS should perform routine maintenance on showers and showers areas to reduce clogging, standing water, and flooding.

Mental Healthcare

Mental health crisis poses serious risk to incarcerated people at Elmira.

- DOCCS and OMH should take all measures possible to evaluate and address incarcerated people's mental health needs upon arrival at reception, including through use of a suicide prevention screening. They should also assure that incarcerated individuals are provided sufficient information to understand any diagnoses or classifications.
- DOCCS and OMH should release the complete findings and recommendations from the joint Suicide Prevention Working Group, along with timeframes for implementing recommendations and fiscal impacts.

71.7% of respondents in the general closed-ended data reported being on the OMH caseload (n=53).[16] Of this subset, only 56.4% of respondents reported getting the mental health programs they needed (n=39). The open-ended general data yielded 160 instances related to mental health and healthcare at Elmira. Only 10 of those instances described adequate experiences with mental healthcare. The remainder described various problems, including suicide and self-harm, quality of mental healthcare, and the mental anguish of incarceration.

Suicide and Self-Harm

Elmira had more deaths by suicide in 2021 than any other prison in the state; six people at the prison died by suicide. Three of these deaths by suicide occurred in the Intermediate Care Program (ICP), one in the Transitional Intermediate Care Program (TRICP), and two in reception.[17] CANY monitoring data in general population revealed that an alarming 51.2% of respondents reported having attempted to hurt themselves at Elmira or previously during their incarceration (n=43). At the time of CANY's monitoring visit, one suicide had taken place at Elmira in 2022.

16 This figure is higher than that observed at other maximum-security prisons recently monitored by CANY, such as Bedford Hills in November 2021 (65.2%, n=46), and Upstate in March 2022 (45.5%, n=22).

17 NYS Office of Mental Health (OMH). CNYPC Incidents of Suicide January 1, 2021 - December 31, 2021.

When asked, people provided a range of perception of experiences with the handling of self-harm (15 instances) and emergency mental health situations at Elmira. There were 23 instances of reporting on the DOCCS response to self-harm and emergency situations, the majority of which expressed negative experiences. The most frequent response within this subtheme was the prison's inability to prevent and address mental health emergencies like self-harm in a timely fashion, a factor that incarcerated people explicitly cited when speaking about the suicides and self-harm incidents they had witnessed. One person explained: "People bugging out, want to kill [them]selves, people asking for help, not getting it." And another reported that DOCCS responded to an attempted suicide by hanging in a nearby cell by dragging the person out in handcuffs. There were also three instances reporting interference by correctional staff with mental healthcare.

Several people spoke about other incarcerated people desperately requesting mental health support immediately prior to their suicides, but not receiving any before taking their own lives. "One of my friends died by suicide. He tried to talk to OMH the day of, but they were unavailable," said one person. "Two close friends committed suicide here…there was no support for him," said another. One person described his friend crying out for a psychiatrist but receiving no help from staff.

Quality of Mental Healthcare

Incarcerated people spoke about what can be characterized as a substandard quality of mental healthcare at Elmira (17 instances). People expressed dissatisfaction with the quality and accessibility of mental health programming, finding OMH offerings unhelpful. Namely, many incarcerated people at Elmira said they wanted therapy in lieu of medication. One person explained his troubles coping with his father's death, and that he would like therapy – "someone to talk to" – but that his only treatment was to receive medication. "They just give you meds," said another. Nine people expressed desire for better mental health programming and therapy. Numerous people spoke about their opposition to psychotropic medication. The perception among some incarcerated people is that OMH and DOCCS prioritize medication over preventative care such as therapy: "Treatment here is about custody and control," explained one person.

People spoke about long waits for mental health treatment, if at all: "It takes forever to get any response from mental health." Others expressed dissatisfaction with the lack of on-site counseling at Elmira: "OMH only does video conferencing. I need to talk to a psychiatrist in person." Another person described his teleconference sessions with a psychiatrist as "not good treatment." And those who were being medicated reported capricious treatment practices, such as being taken off medication without warning, irregular supply, or denial when requested. "They shouldn't take us off our regular meds and wait so long to give new meds," said one person. "Took off Wellbutrin with no explanation," said another. The preceding accounts from incarcerated individuals reveal that many feel their mental health needs are not being sufficiently met by OMH staff, and that when treatment is provided, it is often not appropriate to their individualized circumstances.

In reception, there were 42 instances related to issues with mental health, and none of those comments expressed adequate experiences. The most frequent among these subthemes were expressions of a variety of mental health issues and needs (14 instances), expressions of dehumanizing experiences and mental anguish (13 instances), coping with the prison experience (5 instances).

There also were five instances of poor experiences with health services staff for screenings, namely for mental health. Per Directive #4021, DOCCS completes a suicide prevention screening for each person on the first day of reception. Of respondents in the reception data, 40% reported having special medical, mental health, or programming needs that will determine the prison to which they are transferred (n=35). Meanwhile, 81.3% of respondents reported having met with either health or mental health staff for a suicide prevention screening (n=48).[18] And only 31.7% of respondents reported having been assigned an OMH level (n=41), indicating either that this classification had not been completed or that incarcerated people had not had their classification sufficiently explained to them. Only 53.3% of respondents reported feeling that, so far, the reception process had accurately recorded or diagnosed their health and mental health needs (n=45).

Individuals arriving at reception may experience higher vulnerability in terms of mental health risk. Research has shown that the first two weeks to 30 days of incarceration, such as in reception, may be the highest risk period for suicide among incarcerated people, especially among those with a previous history of suicide attempts.[19] Some individuals may be experiencing incarceration for the very first time, and some may be returning on community supervision violations. Regardless, DOCCS must ensure that everyone receives a suicide prevention screening on the day of their arrival.

Mental Anguish of Incarceration

Incarcerated people frequently reported struggles with mental health, such as expressions of isolation from loved ones (23 instances) and expressions of dehumanizing experiences and mental anguish (19 instances). Incarcerated people spoke about trouble coping with the death of or separation from loved ones. Others spoke about struggling with various mental health issues such as anxiety and depression: "I felt anxious and couldn't breathe," said one person. Others witnessed these mental health struggles in others: "Basically every day I see people talking about wanting to kill themselves."

Some linked their mental health struggles to their experience of incarceration. One person: "Just being in prison affects you psychologically." Others in turn spoke about the

18 This figure is lower than that observed at the most recent reception prison monitored by CANY. At Downstate in October 2021, 92.6% of respondents reported having met with either health or mental health staff for a suicide prevention screening (n=27).

19 A.E. Daniel and J. Flemming, "Suicides in a state correctional system 1992-2002," Hosp Community Psychiatry 44 (1993): 256-261. http://jaapl.org/content/34/2/165#ref-29; Daniel Radeloff et al., "Suicide after reception into prison: A case-control study examining differences in early and late events," PLoS ONE 16, no. 8 (Aug. 2021). https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0255284.

dehumanization they feel: "I feel like a slave in a cage. People look at me like an animal," said one person. "We're in green, we're not people to them," said another. Seventeen people reported having various mental health issues and needs. "I felt like I was really going to die," said one person of his mental health crisis.

Considering the various experiences with mental health and mental health care at Elmira, CANY recommends that DOCCS and OMH take all measures possible to evaluate and address incarcerated people's mental health needs upon arrival at reception, including through use of a suicide prevention screening. They should also assure that incarcerated individuals are provided sufficient information to understand any diagnoses or classifications.

Additionally, DOCCS and OMH should release the complete findings and recommendations from the joint Suicide Prevention Working Group, along with timeframes for implementing recommendations and fiscal impacts.

Medical and Dental Healthcare

Incarcerated people at Elmira reported inadequate healthcare response times and a lack of quality healthcare.

- DOCCS and OMH should improve the responsiveness to requests for all healthcare—medical, dental, and mental—and ensure that an adequate level of care is provided.

Issues with medical and dental care comprised one of the major findings at Elmira. In the general data, 68.4% of respondents reported having requested medical care at Elmira (n=57). Only 47.2% of those who had requested medical care said they had received a response (n=36). And of those who had not received a response to medical care, over half (52.2%, n=23) reported having waited longer than one month for treatment. Of those who had received a response, 25% reported waiting longer than one month (n=16).

Meanwhile, 48.1% of respondents reported having requested dental care (n=52). Of those who requested dental care, 58.3% reported having received a response (n=24). Of those who had not received a response, 40% said they had been waiting longer than one month (n=10). And of those who had received a response, 45.5% reported receiving dental care after over one month's wait (n=11).

In the open-ended data, numerous incarcerated people spoke of their experiences with long waits for treatment, or not having received treatment at all. Incarcerated people spoke of long waits for treatments for hip replacements, MRI scans, eye care, rashes, dental cleanings and surgery, asthma, chronic pain, and other issues. One person reported waiting one year for treatment for a torn rotator cuff. Another person reported waiting over a year

for eye medication. One person said: "Every time I eat I puke. Just put in a sick call slip. It's been going on for months. You have to put in a couple of slips before you see someone." The variety of medical and dental issues and needs at Elmira necessitates the presence of timely as well as specialized care, yet some incarcerated people spoke about the substandard quality of that care (9 instances). Several people reported painful experiences with the dentist, who reportedly pulled out teeth instead of providing more restorative dental care. Another added: "They just want to pull teeth."

Of those who had received medical or dental care, 57.1% reported perceiving that the level of care was adequate (n=35). Among respondents, 87.5% reported receiving their medication as prescribed, including schedule and dosage. Despite these figures, and in light of the variety of medical and dental issues and needs highlighted above, 50% of respondents in general population reported having unaddressed medical or dental needs (n=38). There also were six instances of injuries from violence present in the open-ended data, and three instances of harsh treatment or interference by correctional staff with healthcare.

To address ongoing issues with healthcare, CANY repeats the following recommendation initially made at Great Meadow (PVB No. 22-03) and Downstate (PVB No. 22-01), and due to continued prevalence, has escalated this recommendation to be implemented system-wide:

System-Wide Recommendation R20.22

DOCCS and OMH should improve the responsiveness to requests for all healthcare—medical, dental, and mental—and ensure that an adequate level of care is provided.

The delivery, accessibility, and quality of care for incarcerated individuals, as well as accurate screening and diagnoses, are of critical importance, especially for those entering the system for the first time. As these screenings and diagnoses impact where people are incarcerated and the kinds of services they have access to while at a specific facility, it is crucial that prison-based healthcare is delivered by a sufficient number of staff who possess the required sensibilities and skills allowing for the appropriate treatment of people with healthcare needs.

In reception, 91.7% reported having met with health services staff for a medical screening (n=48). As noted above, 40% of respondents reported having special medical, mental health, or programming needs that will determine the prison to which they are transferred (n=35). Only 53.3% of respondents, also noted above, felt that, so far, the reception processed had accurately recorded and diagnosed their health and mental health needs (n=45). Some of these needs include body aches, vomiting, issues getting up the stairs due to mobility issues, abdominal pain, and recently suffered strokes. People in reception also spoke of long waits for treatment, if at all (9 instances). One person's experiences highlighted the complex problems caused by the lack of adequate healthcare in reception: his dental problems made

it difficult to eat, yet he told he would have to wait for dental care at his destination prison. He also reported breaking his glasses, for which he put in a sick call slip and received no response. He fears that the broken glasses might be considered a weapon, subjecting him to disciplinary sanction – all arising from inadequate healthcare.

COVID-19

Vaccine hesitancy continues to complicate DOCCS' efforts to manage COVID-19.

- DOCCS should continue to provide adequate information to incarcerated people about the COVID-19 vaccine, prioritizing patients' concerns and overall well-being in their decision to accept the shot.
- 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 Legislature should pass a bill designating the New York State Department of Health as the oversight entity for all healthcare provided in DOCCS facilities.

Of respondents in general population, 70% reported having been fully vaccinated for COVID-19 (n=50), a higher proportion than that found at other prisons recently monitored by CANY.[20] This proportion is also higher than the DOCCS system-wide reported vaccination rate of 53.8%.[21] And of the respondents eligible for a booster shot, 50% reported having taken it (n=38).

The general population open-ended data nevertheless revealed the presence of vaccine hesitancy at Elmira (17 instances). Incarcerated people expressed refusal or ambivalence about the vaccine because of lack of trust toward medical staff, prior experiences with COVID-19, fear of negative effects, and other concerns. "I don't feel like I need more poisons and I am shy of injections," said one person. Another also compared the vaccine to poison, explaining that he feels he is "being poisoned enough through forced medication."

20 At Bare Hill in March 2022, 47.6% of respondents in general population reported being fully vaccinated (n=105). At Upstate in March 2022, 40% of respondents reported being fully vaccinated (n=20). And at Albion in June 2022, 50% of respondents in general population reported being fully vaccinated (n=64).

21 DOCCS reported this figure to CANY on the March 25, 2022, COVID-19 update call.

The general lack of trust toward healthcare staff does not foster an environment in which incarcerated people feel safe accepting the vaccine.[22]

Furthermore, incarcerated people's experiences with inadequate COVID-19 mitigation procedures may contribute to this environment of vaccine hesitancy and concern over the virus. One person reported that he took a COVID-19 test, only to be told he was positive two weeks later. Others reported that correctional officers do not wear masks.[23]

In the reception closed-ended data, 48.8% of respondents reported having been fully vaccinated for COVID-19 (n=43). And 38.1% of respondents eligible for a booster shot reported having taken it (n=21). In the reception open-ended data, similar reasons for vaccine hesitancy arose. Incarcerated people spoke about not trusting the vaccine or medical staff (16 instances). "Would get it in the street but don't trust getting it in jail," said one person. Others expressed comfort or desire for the vaccine (8 instances). "If they were to offer the booster I will take it," said one person. People also spoke about inadequate COVID-19 mitigation procedures from DOCCS and a lack of rule-following by correctional staff in reception. People in reception highlighted that they had not been offered the booster and expressed dissatisfaction with the cloth masks that DOCCS had provided them.

In "My Greatest Fear is to a Lab Rate for the State: COVID-19 and Vaccine Hesitancy in New York State Prisons," CANY found that vaccine hesitancy stems from a lack of trust and a lack of legitimacy in the prison healthcare system, for reasons such as concerns about the safety and usefulness of the vaccine given the deficient state of prison healthcare; fear of interactions with DOCCS healthcare personnel; and a distrust that prison healthcare staff prioritize duty to their patients over their deferral to the prison administration's interests.

Despite relatively high vaccination rates among incarcerated individuals at Elmira, the general sentiment among those who still have yet to accept the COVID-19 vaccine at this stage in the pandemic are unlikely to change without an intentional informational campaign by DOCCS. Therefore, CANY repeats the following recommendation:

DOCCS should continue to provide adequate information to incarcerated people about the COVID-19 vaccine, prioritizing patients' concerns and overall well-being in their decision to accept the shot.

CANY also recommends that the Legislature pass a bill designating the New York State Department of Health as the oversight entity for all healthcare provided in DOCCS facilities.[24]

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22 See "My Greatest Fear is to a Lab Rate for the State: COVID-19 and Vaccine Hesitancy in New York State Prisons," CANY's Annual Report July 2020-June 2021. https://static1.squarespace.com/static/5b2c07e2a9e02851fb387477/t/61d7dba2bcbd117213e7994a/1641536423998/CANY_2021AnnualReport_010622.pdf.

23 On July 1, 2022, DOCCS rescinded the requirement that staff, incarcerated people, and volunteers wear masks, with exceptions for medical encounters and quarantine/isolation.

24 In the New York 2021-2022 Legislative session, A168 is a bill that addresses this issue.

Given that not all of those who received their first vaccinations have also received a booster, CANY makes the following system-wide recommendation, initially made regarding Clinton (PVB No. 22-02) and Bedford Hills (PVB No. 22-04):

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.

Academic and Vocational Programs and Recreation

Incarcerated people want more – and better – programming options.

- DOCCS should act on the extensive data showing the value placed on programs by the incarcerated population at Sing Sing Correctional Facility and take all possible measures to replicate the scale and quality of programming across all other facilities.

In the general closed-ended data, 68.8% of respondents reported having access to the academic and vocational programs they needed (n=48).[25] Incarcerated people also reported a dissatisfaction with programming and that DOCCS had failed to meet their programming needs (21 instances). Specific issues included poor quality programming, long waits for enrollment, and feelings of under-stimulation. There were 13 instances of expressions of a desire for more career preparation programming and 10 instances reporting a desire for more educational programming. There in turn were 14 instances of incarcerated people

25 This figure is much lower than that observed at Bare Hill in February 2022 (81.2%, n=69) for the same question. The Elmira figure was higher, however, than that observed at Great Meadow (55.4%, n=74) and Clinton in July 2021 (58.5%, n=135).

reporting no program enrollment, and 11 instances of people reporting no desire for more programming, namely because they did not believe they needed any. Also, there were eight instances of people expressing restrictions on their ability to access programming because of their unit assignment or disciplinary status, and eight instances of people reporting being program-satisfied," which refers to having completed all of the programs required by DOCCS.

Issues with programming and recreation constituted the most prominent theme in the SHU data. In the SHU closed-ended data, 90.9% of respondents reported being offered at least some programs (n=11). There also were five instances of expressions of no desire for programming, however, in the SHU. With regard to recreation, nine out of ten respondents reported not going outside for recreation at all during a given week. In the open-ended data, there were 16 instances of people reporting their reasons for not going to recreation. People in the SHU explained that they preferred not to go or found it pointless (6 instances), that they were forced to choose between recreation and other services, like tablets (5 instances), and that recreation was not offered (3 instances), among other reasons. The majority of respondents in the SHU did report having access to the tablet seven days a week (92.3%, n=13). Of respondents, all reported having access to the tablet for 6.5 hours or more per day (n=11).

To address concerns about inadequate academic and vocational programs, CANY makes the following system-wide recommendation, first made at Sing Sing in February 2022 (PVB No. 22-05). While this recommendation was initially specific to Sing Sing, CANY believes the mechanisms that made the scale and quality of programming possible there should be replicated at Elmira, and all other facilities across the system.

System-Wide Recommendation R7:22

DOCCS should act on the extensive data showing the value placed on programs by the incarcerated population at Sing Sing and take all possible measures to replicate the scale and quality of programming across all other facilities.

At Sing Sing the breadth of comments of appreciation for the scale of programming, and the fact that most widely cited complaints related to programming focused on a lack of access to programs, reinforce the understanding that programming is an essential right. These conclusions are further supported by comments received by CANY at facilities in which no such programming is available, where incarcerated people express frustration from the feelings of boredom, negativity, and wasted potential that result. The overall conclusion is that incarcerated people want to learn and use their time in a productive way to improve their prospects on release. A further conclusion is that extensive and purposeful programming improves the atmosphere and reduces tension within facilities, thereby improving the quality of life for staff and incarcerated people alike.

While CANY understands that many of the programs provided at Sing Sing are run by outside providers who are more easily able to work at Sing Sing due to its proximity to New York City, CANY recommends that DOCCS takes steps to leverage existing relationships with program providers and introduce financial incentives to expand into facilities across the state to allow incarcerated people across all facilities the same level of opportunity.

Additionally, when making decisions around future closures of facilities, DOCCS should take the value placed on programming by incarcerated people into account and prioritize the closure of facilities in which programming is insufficient.

Additionally, when making decisions around future closures of facilities, DOCCS should take the value placed on programming by incarcerated people into account and prioritize the closure of facilities in which programming is insufficient.

Staff Behavior

Nearly one quarter of the incarcerated people CANY interviewed reported mistreatment by staff.

- DOCCS should expedite the installation of CCTV cameras, provide body cameras and mandate their use, and make all footage readily available to oversight bodies and the public.[26]
- DOCCS should publicly release information related to the Prison Violence Task Force, including data on unusual incident reports, recommendations made by the task force, along with its membership and meeting structure.

In the general closed-ended data, 22.9% of respondents reported having seen or been personally subject to verbal, physical, or sexual abuse by staff (n=48). The majority of responses in the general open-ended data spoke to various problems, the most frequent among which was reported violence and abuse by prison staff (24 instances). Incarcerated people reported a range of inappropriate or abusive conduct by staff, such as cursing, aggressive pat downs, threats of violence, and instances of staff assault on individuals. "Crazy, violent and abusive," one person explained. "I asked for chow and got called out of my cell and assaulted," another person reported. Another person reported suffering an assault a week before the CANY monitoring visit, after which he stated he had received no

26 There are three bills currently in the New York Legislature which propose mandating the use of body worn cameras in correctional settings: S6406, S6941, and S9154. Passing this legislation would bolster this recommendation. Language for this recommendation was partially sourced from recommendations made at Bare Hill in March 2022 (PVB 22-06, Recommendation 1)

medical attention and no incident report.

In reception, 36.7% of respondents reported having witnessed or been subject to verbal abuse by staff (n=44), and 25% reported having witnessed or been subject to physical confrontation by staff (n=44). There were 21 instances speaking to reported violence and abuse by staff in reception. People in reception reported abuse of various types, such as arbitrary assaults, threats to family members on visits, deprivation of necessities like food, collective punishment, and abusive language, including racial slurs. One person reported that correctional officers threatened not to give his girlfriend her ID after a visit. Others spoke about the assaults: "See a person being beaten. Person was lying there saying I'm sorry." Another reported witnessing officers assault an incarcerated person on his way to the mess hall. Another described his experience as a "small interaction but with a stick." And one person reported sexual assault during searches of body cavities. Of respondents in reception, 9.3% reported having witnessed or been subject to sexual assault by staff (n=43).

Of respondents in general population, 19.6% reported having seen or experienced racialized violence by staff, such as slurs, stereotyping, and discrimination (n=46). Open-ended data described racialized abuse as "regular in here," including the use of racial slurs. Another person reported racialized disparities in employment, alleging that there is only one Black porter and that he does not have the same privileges as other porters. The open-ended data also yielded reports of violence and discrimination against Muslims. One person suggested a connection between his regular subjection to discipline and his Muslim religion. Another reported that "on [his] way to Ramadan, [he] was aggressively patted down and CO grabbed private area 3 times."

In the general open-ended data, there also were reports of adequate experiences with staff behavior (20 instances). These respondents explained that staff treatment at Elmira was "fair," "alright," and respectful, and that correctional officers were doing their jobs. Others expressed mixed experiences with correctional staff (14 instances). Some of their experiences varied from one staff person to another: "Depends on who I am dealing with."[27]

During conversations with the executive team at Elmira, CANY was notified of pending plans to install approximately 2,300 CCTV cameras in the facility. As of April 26, cameras were only in use in the field house, draft area, RCTP, SHU, visiting room, and mess hall. Given the complaints regarding overall violence and assault, CANY urges DOCCS to expedite this capital project to help reduce incidents of violence.

27 In 2022, the superintendent at Elmira was replaced, and representatives of employee unions reported satisfaction with the new administration's willingness to work with staff to address ongoing problems.

Similarly, DOCCS should provide body cameras to staff at Elmira and mandate their use, in addition to providing all footage to oversight bodies and the public as a means of transparency. CANY continues to make the following system-wide recommendation, made at Sing Sing in February (PVB No. 22-05) and Bare Hill in March (PVB No. 22-06), to comprehensively address this issue:

System-Wide Recommendation R11:22

DOCCS should expedite the installation of fixed cameras throughout all DOCCS facilities, expand the use of body cameras and their operating times, and make footage readily available to oversight bodies and the public.

Comments made by both incarcerated people and staff during CANY visits to numerous prisons suggest that the installation of cameras can contribute to a reduction in violence and tension. Based on the consistency of these findings, and the importance of increasing safety, reducing tension, and improving the culture across facilities, CANY recommends that DOCCS expedite the installation of cameras across all facilities at the scale required to substantially eliminate all blind spots.

Installation of cameras at this scale is necessary to allow DOCCS facilities to conform to Prison Rape Elimination Act National Standard § 115.13 Supervision and Monitoring No. 5, which states that "In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration.... All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)."

Furthermore, DOCCS should expand the use of body cameras across all facilities and ensure that they are worn by all security staff and subject to strictly enforced directives for the cameras to remain switched on at all times when there are interactions between correctional officers and the incarcerated population.

Finally, to maintain an adequate level of transparency and promote accountability, CANY recommends that DOCCS make footage from cameras available as part of any grievance process in which footage is requested and that DOCCS ensures that footage from specific incidents is available to oversight agencies and the public upon request.

In its conversation with representatives of the New York Correctional Officers and Police Benevolent Association (NYSCOPBA), CANY learned of security staff's concerns about understaffing, mandatory overtime, and burnout at Elmira. NYSCOPBA representatives asserted that HALT implementation, the Downstate closure, "unfunded mandates" to initiate new programs, among other causes, contribute to exhaustion from overwork among correctional staff. NYSCOPBA representatives mentioned this exhaustion as a factor contributing to correctional staff's struggles deescalating crisis situations.

The Elmira Executive Team reported that, as of April 26, Elmira had 585 security staff and 1,299 incarcerated people. This amounts to a ratio of 2.3 incarcerated people per security staffer, which corresponds to the 2020 DOCCS system-wide ratio of 2.3 incarcerated people per security staffer as of January 1, 2020.[28] According to the Association of Correctional Administrators' 2010 staff to inmate survey, DOCCS had the lowest incarcerated people per correctional staffer ratio in the United States at 3.0 (The national average ratio was 6.4).[29] As noted above, the DOCCS system-wide ratio of incarcerated people to correctional staff has steadily decreased between 2010 and 2020.

Views shared by NYSCOPBA representatives at Elmira align with concerns communicated to CANY by letter by NYSCOPBA's Coxsackie sector in July 2022. Therein, NYSCOPBA representatives underscored the assertion that they are understaffed, including inadequate levels of civilian and mental health staff at their facilities. The lack of civilian staff to manage a variety of non-security responsibilities in these prisons leaves "security staff to act as counselor and mental health professional as well," a factor that may possibly contribute to escalations of violence between incarcerated people and overworked security staff.

During its meeting with the ILC and IGRC, CANY learned that Elmira had come under scrutiny by the Prison Violence Task Force as a prison with higher rates of violence systemwide. DOCCS should publicly release information related to the Prison Violence Task Force, including data on unusual incident reports, recommendations made by the task force, along with its membership and meeting structure.

Discipline and Grievance

Incarcerated people experience both the disciplinary and grievance processes as unfair.

- 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.

In the general closed-ended data, 43.5% of respondents reported having been subject to discipline at Elmira (n=46). Incarcerated people reported being subject to SHU and Keeplock sentences, as well as restrictions on access to services such as commissary and phones.[30] Only 30% of respondents in the general data reported considering the disciplinary system fair (n=20). Incarcerated people spoke of arbitrary and unfair disciplinary measures, such

28 See "Staffing and Population Differences," in NYSDOCCS' January 1, 2020 Fact Sheet, p. 4. https://doccs.ny.gov/system/files/documents/2020/01/january-monthly-report.pdf.

29 Association of Correctional Administrators, "Staff to Inmate Survey," 2010. https://www.prisonlegalnews.org/media/publications/ASCA%20Responses%20Staff%20to%20Inmate%20Ratio%20Survey%2C%20Association%20of%20State%20Correctional%20Administrators%2C%202010.pdf.

30 Officially, Keeplock sanctions were discontinued system-wide in late 2021.

as being subjected to tickets after staff assaults or dismissal of exonerating evidence and other biases at disciplinary hearings. “Sometimes all you do is defend yourself and you go to the box,” said one person. “One-sided, doesn’t matter if you’re innocent,” said another of his experience with the disciplinary process. In the reception open-ended data, there were three instances related to the use of arbitrary and unfair disciplinary measures. Two of those instances reported food deprivation as a form of punishment: “No cameras here so they do what they want. No food if you’re talking on the line.”

In the SHU open-ended data, incarcerated people reported poor experiences in solitary confinement (8 instances). “It’s stressful. A jail inside of a jail,” said one person. Another explained that he receives “filthy” sheets. One person said of the SHU: “A lot of wars start from the SHU. The SHU causes depression.” Others spoke of neutral experiences in solitary confinement (7 instances), explaining that it “could be worse,” or that “this box is one of the cleaner boxes that I have been in.” Some respondents also reported some understanding of HALT (4 instances), and some spoke about positive observations of the impact of HALT implementation (4 instances), such as shorter disciplinary sentences, and increased access to tablets, programs, and recreation.

In the general closed-ended data, 31.9% of respondents reported filing a grievance at Elmira (n=47). Within the 14 instances explaining reasons for filing grievances, incarcerated people explained that they filed because of issues such as theft of personal property, misplacement of packages, unaddressed medical needs, assaults, lack of access to the law library, and lack of religious services for Muslims, among others. The Inmate Grievance Program supervisors reported to CANY representatives, however, that the majority of grievances are for medical issues. One person wrote a grievance because he was placed on a higher floor despite having a medical permit maintaining that he should be housed on the first floor. Only 33.3% of respondents who filed a grievance reported that their grievance had been resolved (n=15). Of those who did report filing a grievance, 53.9% said that they had not received a response (n=13). Open-ended data complements these statistics, with incarcerated people speaking to their experience with a biased and dysfunctional grievance process or highlighting the unjust relationship between the discipline and grievance processes: “When we’re accused of something, we’re punished immediately. When we accuse staff of something, either nothing is done or it takes forever.”

Only 25.5% of respondents reported considering the grievance process at Elmira fair (n=17). This widespread perception of unfairness helps explain the instances of incarcerated people reporting that they do not see the value in filing grievances (9 instances). “I don’t know if I’ll even bother to file a claim because it won’t accomplish anything.” Another person said he would never file a grievance again: “Putting issues on paper does no good.” Others highlighted their hesitancy or refusal to file because of retaliation or fear of retaliation. One person said grievances get thrown away “and they’ll be on you.” Another said: “Shaky dealing with staff, don’t want to be targeted.”

As discipline and grievance remain top areas of concern for incarcerated people across CANY's monitoring visits, CANY repeats the system-wide recommendation made in Great Meadow (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.

Reception and Transfers

Incarcerated individuals are often confused about the reception and transfer process.

- DOCCS should take concrete steps to address confusion and frustration within reception by making rules and procedures specific to reception clear to both incarcerated people and staff.

Of respondents in reception, 35.3% reported having met with an Offender Rehabilitation Coordinator (ORC) to receive a COMPAS score (n=34). [31]Among those who did, six out of seven respondents reported understanding the reason for the assessment. And 43.2% of respondents reported undergoing a security screening to get a security classification (n=44), although only 25% of those who had undergone this security screening reported being aware of the process and criteria used to classify them (n=24).

People in reception expressed problems with the transfer process, including unexplained cancellations of their transfer, lack of interaction with counselors, the absence of time

31 For comparison, 47.4% of respondents in Downstate reception in October 2021 reported having met with an Offender Rehabilitation Coordinator (ORC) to get a COMPAS score (n=19).

served in their sentence calculation, and falling behind in programs necessary for release "because I am stuck in reception." One person described the Elmira reception process as "just wrong," and noted that he does not know where he will be transferred.

A common theme emerging from the reception data is a sense of collective confusion and frustration regarding reception and transfer processes. Therefore, CANY recommends that DOCCS take concrete steps to ensure that the details surrounding the transfer process, including relevant directives, rules and procedures, are explicitly and clearly communicated both orally and in writing to incarcerated people and staff in reception.

CANY's interviews with incarcerated people indicate that there are slowdowns and inconsistent availability of various basic services in reception, as well as inadequate material conditions, suggesting a strain on the reception and classification center at Elmira, which, as of April 26, housed 513 people. NYSCOPBA representatives reported to CANY that the volume of people arriving for processing at Elmira causes overflows from reception into the general population units, and that staffing levels in reception have not kept pace with the increased demand since the closure of Downstate Correctional Facility and the implementation of new policies (e.g., HALT and a medication assisted treatment [MAT] pilot program).[32] It is unclear to CANY how DOCCS staff are distributed across the various units at Elmira or how the closure of Downstate changed staffing levels at Elmira.

While it is possible that the operational impacts of policy changes like HALT have increased workloads for staff, the consistently low staff to incarcerated person ratio cited earlier and the disparity between the overall decrease in incarcerated population (a 57% drop from 72,649 in 1999 to 30,895 in 2022) and decrease in security staff (a 24.5% drop in correctional officers, sergeants, and lieutenants from 22,112 in 1999 to 16,688 in 2022)[33] raises serious questions about whether staff capacity is at the heart of the challenges facing Elmira.

Family Contact and Visits

The location of Elmira makes visiting with family difficult for incarcerated people.

- DOCCS should prioritize proximity to an individual's home and to local population centers when making decisions about placements to ensure that all incarcerated people are held in the closest appropriate facility that meets their security level, program, and health needs.

32 See Section 6: "Staff Behavior" for a broader discussion of staffing levels at Elmira.

33 See DOCCS Fact Sheet, August 1, 2022. https://doccs.ny.gov/system/files/documents/2022/08/doccs-fact-sheet-august-2022.pdf.

- DOCCS should prioritize the implementation of the Proximity Law by issuing a system-wide public-facing directive articulating how it will implement the law.
- CANY also recommends that the Legislature pass a bill that would codify incarcerated people's access to in-person visits.

Of respondents, 89.2% reported having access to in-person visits (n=37) at Elmira. Access to visits did not appear to translate to actual experience of visits for most incarcerated people, however, as 45.5% of respondents reported never receiving visits, and 18.9% reported not having had one yet (n=22). In the open-ended data, people cited distance as by far the most frequent factor deterring visits, even if visits are technically possible. "My family lives too far to visit me here," said one person. "Haven't had one yet, family in Syracuse," said another. One person explained that he could have visits every week, but his family does not come that often. Overall, there were 26 instances of issues with visits in the open-ended data.

To address this issue over the long-term, CANY recommends that DOCCS prioritizes proximity to an individual's home and to local population centers when making decisions about placements to ensure that all incarcerated people are held in the closest appropriate facility that meets their security level, program, and health needs.

Additionally, CANY recommends that DOCCS prioritizes the implementation of the Proximity Law by issuing a system-wide public-facing directive articulating how it will implement the law. CANY also recommends that the Legislature pass a bill that would codify incarcerated people's access to in-person visitation through correctional visitation programs.[34]

34 In the 2021-2022 New York Legislative Session, S2841A is the bill that addressed this issue.

KATHY HOCHUL
Governor

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Acting Commissioner

This is in response to the Correctional Association of New York's (CANY) report on their visit to Elmira Correctional Facility on April 26th and 27th of 2022. The Department discusses below the programmatic and operational functions raised in their post visit report.

Programing

Elmira Correctional Facility is a Maximum-Security General Confinement facility that is also a Reception Center for classification, and 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. Elmira Correctional Facility is an example of the efforts being taken state-wide that provide life-changing academic, vocational, and rehabilitative programs, highlighting opportunities that are not often seen behind prison walls, which also have made the Department a national leader in corrections.

All facilities are continuously examined for programming opportunities in order to maximize the rehabilitative measures implemented throughout the State based on demand and available resources. Incarcerated individuals are assigned Offender Rehabilitation Coordinators (ORC) who meet with them frequently to address a wide variety of needs and to ensure that they are appropriately prioritized to take programs that meet their established goals. Below is an overview of the rehabilitative programs currently available to individuals at Elmira Correctional Facility.

- 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) 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.

    - Alcohol and Substance Abuse Treatment (ASAT) is comprised of intensive, structured substance abuse treatment that employs elements of the Therapeutic Community model. ASAT 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.

- 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 at least function at the sixth grade reading and mathematics level, while the PHSE and GED allow I/Is to work towards obtaining their Diploma.

    - Elmira Correctional Facility offers college level credited courses provided by Cornell Prison Education Program (CPEP). Qualified incarcerated individuals may obtain an Associate Degree through this program.

- Family Reunion Program – Elmira Correctional Facility offers the Family Reunion Program, which allows incarcerated individuals the 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.

- Incarcerated Program Associate (IPA) – This program is designed to place incarcerated individuals, who have been carefully screened and trained, into paid assignments where they assist Transitional Services, Education, and Vocational staff in providing approved programs under staff supervision. The program goals are to:

    - Increase knowledge, awareness and social skills of incarcerated individuals trained as IPAs.

    - Teach IPAs the basic knowledge of adult learning theory.

    - Have them demonstrate the application of the adult learning theory in the preparation, delivery, and evaluation of lesson plans.

    - Provide staff in Transitional Services, Academic, and Vocational with incarcerated assistants and to provide positive incarcerated role models.

- Placement – While housed in the Reception Center, all incarcerated individuals meet with their assigned ORC to discuss their classification. They are advised of transfer procedures and their security classification. The incarcerated individual is provided with a written form that outlines how the Department will place them, contingent on bed availability. An incarcerated individual may initiate a callout to confer with their assigned ORC at any time. These callout requests are sorted and forwarded to their assigned ORC during each business day. In addition, weekly rounds are completed on each gallery by the Elmira Executive Team and the ORCs to address concerns.

- Recreation – The physical layout of Elmira Correctional Facility allows incarcerated individuals access to activities such as organized leagues for basketball, softball, and soccer. Weightlifting is available in the field house, gymnasium, and recreation yards.

- Religious Services – Elmira Correctional Facility provides incarcerated individuals with the resources to practice any of the 54 religions currently authorized by the state in the interest of helping them spiritually and to apply religious principles in their daily lives. The Facility provides several religious services: access to chaplains, spiritual counseling, education including a certificate in Ministry, congregate worship, study of scripture, and Holy Day celebrations.

- ReEntry Works – Elmira Correctional Facility offers this voluntary program for incarcerated individuals who are within approximately four (4) months of their earliest release date and will be returning to the New York City area upon their release. The Department works in collaboration with the Osborne Association and provides Incarcerated Individuals the opportunity to engage in the development of their individualized release plan with tailored services and referrals to community programs. There are several organizations who are participating in this project with the Osborne Association. Volunteers from the Osborne Association utilize video conferences to work with incarcerated individuals to provide assistance with employment, housing, treatment programs, healthcare, education, public assistance, meeting parole requirements, immigration, and clothing, etc. This program provides beneficial assistance to releasees by further supporting their successful transition to the community.

- Transitional Services - Through discussions, the agency assists incarcerated individuals participating in Phase II of Transitional Services with thinking about the kind of person they want to be upon release through the Thinking for a Change (T4C) Program. This program is an integrated, cognitive behavioral change program designed for incarcerated individuals in general population and delivered by trained staff in small group (12-15 participants) settings. It includes cognitive restructuring and the development of social and problem-solving skills. Participants learn how to take charge of their lives by taking control of their thoughts and feelings. The T4C program consists of three major components:

    - Cognitive Self Change: Participants learn that by paying attention to their thoughts and feelings, they can discover which ways of thinking and feeling cause trouble for them and others. In addition, they learn that their core beliefs and attitudes impact how they think and feel.

    - Social Skills: Participants learn skills that are used in situations involving interaction with other people. Good social skills get people what they want, as well as maximize positive responses and/or minimize negative responses from other people. Through role play, participants practice social skills and new ways of thinking that can steer them away from trouble.

- Three Steps of Problem Solving:
  - Stop and Think: Keeping control of situations by thinking rather than by acting on emotions. Participants learn to identify thoughts, emotions and physical reactions that tell them they are in a problem situation (warning signs), and it is time to be quiet, calm down and get some space to stop and think.
  - Problem Description: Participants learn to describe problems in objective terms and identify their risk reaction to those situations. They identify how their thoughts, feelings and physical sensations pose a risk of reacting in a way that makes the problem worse.
  - Getting Information: Participants practice gathering information about a situation by considering the objective facts, others' thoughts and feelings, and their own beliefs and opinions. They use the information to state goals and to determine the preferred outcome of those situations.

- Vocational Programs – Multiple vocational opportunities are available at Elmira Correctional Facility including Building Maintenance, Carpentry, Custodial Maintenance, Electrical Trades, General Business, Machine Shop, Paint Class, Plumbing and Heating, Printing, and Sheltered Workshop.

  - Department of Labor Apprenticeship Training Programs (ATP) are available in Building Maintenance, Custodial Maintenance, Electrical Trades, Floor Covering, Horticulture, Masonry, Small Engine Repair and Welding.

- Volunteer Programs – Volunteers provide several programming opportunities at Elmira Correctional Facility including Alcoholics Anonymous (AA), Alternative to Violence (AVP) and various religious study groups.

Access to Provisions

During the draft process, each incoming incarcerated individual at Elmira Correctional receives one (1) hygiene kit containing: a cup, toothbrush, tube toothpaste, comb, and a bar of soap. These items are issued upon their first day of arrival. Additionally, each incarcerated individual receives toilet paper and bedding on their housing units on the first day of arrival. Hygiene items are replaced or exchanged weekly for each of the Reception Center housing units. Upon arrival, each incarcerated individual is provided with a blanket, two sheets, a pillowcase, washcloth, towel, laundry bag, mattress, and pillow. Bedding and linen are exchanged on a weekly schedule. Pillows, blankets, and wash cloths are issued to incarcerated individuals in the Reception Center and travel with them in their personal property when the incarcerated individuals transfer to general population. Cleaning supplies for cells are supplied in the normal course, with the incarcerated population having the opportunity to request and receive extra cleaning supplies as needed.

Elmira Correctional Facility has a well-established commissary store located inside the facility specifically for incarcerated individuals to purchase additional items. Stock levels are monitored daily

to ensure the entire population is able to purchase all items sold in the commissary. An incarcerated individual may be eligible for a "commissary buy" every two weeks if funds are available. Elmira Correctional Facility maintains an adequate inventory of hygiene products that are supplied to the housing units. The facility provides personal hygiene items, such as toothpaste, toothbrush, and soap if the incarcerated individual is in need and makes a request. The commissary store may carry a wide variety of additional items depending on availability. The Department continues to experience the effects of ongoing national and local economic trends, which impact the availability of goods as well as their costs. In order to mitigate these issues staff continuously work with vendors to ensure timely delivery of products, while always seeking new opportunities for goods through contracts negotiated with various vendors Statewide. In addition, the Department has increased the buy limits for incarcerated individuals from $75 to $90, due to increased prices and market conditions. This allows incarcerated individuals access to more goods during each commissary buy.

With respect to fresh produce, these items are purchased weekly and made available for purchase to all incarcerated individuals. Moreover, the Elmira Correctional Facility Executive Team and the Incarcerated Individual Liaison Committee (IILC) representatives periodically discuss produce items, evaluate what is being purchased and make changes based on the wants and needs of the Incarcerated population.

The Elmira Correctional Executive Team conducts daily rounds to observe facility operations and engage directly with staff as well as the incarcerated population. This is to ensure the Department's policies are administered in a fair, equitable, consistent manner, with compliance and quality, and to spot issues. Additionally, the Elmira Correctional Facility Executive Team meets monthly, or more frequently, with elected representatives of the Incarcerated Liaison Committee (ILC) to exchange current information and for the incarcerated population to convey their interests. In their meetings, the administration provides information to the committee to share with the population to confirm current information and ensure that the correct direction is being conveyed. If an incarcerated individual has concerns regarding their treatment, access to services, supplies, or the application of policies, the Department has a well-established grievance process that examines specific complaints. Additionally, the incarcerated population is not prohibited from writing to the facility administration and central office if they are not receiving what they are entitled to.

Communication

The Department has taken aggressive action to ensure that the incarcerated population has access to a variety of methods to communicate with family and friends. Elmira Correctional Facility is equipped with a telephone system that includes 112 physical phones that allow calls every day including holidays. This allows incarcerated individuals to maintain ties with their communities, family, and friends, while incarcerated. Starting at intake, incarcerated individuals receive an initial phone call within 24 hours of their arrival at Elmira Reception Center. In order to facilitate rapid access to the phone system, call lists are entered the next business day after arrival at the Reception Center. Once transferred to general population, incarcerated individuals have the ability to access the phone system each day during their recreation period. At the present time, each incarcerated individual also receives one (1) free call per week, up to 15 minutes.

The Department also provides incarcerated individuals with electronic tablets with access to a suite of communication, education, and entertainment applications free of charge. These applications help incarcerated users remain connected to their friends and family as well as provide opportunities to learn skills that will help them succeed after their release. Each device is equipped with The Secure Messaging Program that allows for communication between incarcerated individuals and their families and friends by receiving messages, e-cards, photos, and VideoGrams. Similar to the free calls provided through the phone system, the Department has also negotiated with the tablet vendor to provide four free messages (or stamps) each month to all incarcerated individuals. In addition to these opportunities Elmira offers the following methods for communication: standard postage stamps, daily in person visitation with safety protocols in place, access to authorized legal representatives through privileged correspondence, legal calls, and confidential legal visits.

While the Department currently lacks technological infrastructure that would allow for telephone calls from tablets located in general population, Elmira Correctional Facility is in the process of installing equipment that would allow incarcerated individuals housed in the Diversion Unit access to enhanced features such as phone calls.

Facility Infrastructure

- Water Quality – Elmira Correctional Facility, like the surrounding community, obtains its water from the Elmira Water Board (EWB). It is our understanding that there are two primary sources of supply– the Chemung River and Hoffman Reservoir. Both supplies are thoroughly tested yearly by EWB and deemed safe for consumption that meets or exceeds all State and Federal standards. Copies of the Annual Water Quality Report are available to the public and are also posted in all housing units, the law library, and shared with the facility ILC.

- Maintenance – Elmira Correctional Facility maintenance staff deploys a civilian work crew daily to address the maintenance needs of cells throughout the facility. These work crews fix the issues as received through work orders submitted by staff after incarcerated individuals report concerns. If an emergency arises after hours, staff are dispatched to address the issue immediately. All cell blocks offer standardized cell clean-up each week. Cleaning supplies are also readily available daily in each cell block if needed by any incarcerated individual. The incarcerated individual is able to request additional supplies as needed. Above and beyond routine maintenance, Elmira is currently in the process of a facility-wide painting project to further enhance the individual cells. All cells in the Reception Center, along with the galleries themselves are in the process of being painted.

- Temperature – Elmira Correctional Facility utilizes all its infrastructure in the most efficient manner possible to provide adequate living temperatures year-round. Facility temperature and ventilation are within American Correctional Association accreditation standards, which Elmira Correctional Facility consistently meets. Specifically, circulation is to be at least 10-cubic feet of fresh or recirculated filtered air per minute per occupant for incarcerated individual rooms/cells,

officer stations, and dining areas. Temperature experienced at Elmira Correctional Facility indoor living and work areas are appropriate to the summer and winter comfort zones. In the summer, windows are opened to allow for air flow and corridor fans help to circulate cool air throughout the facility. Fans are also available for purchase through the commissary store. As equipment ages, it is replaced as issues arise. Work orders are submitted and completed to fix any physical issues that may arise preventing the proper heating or cooling of an area or cell. The facility is in the process of finishing a rehabilitation project upgrading the boiler and fuel systems that provide all heat as well as hot water and steam systems for various applications throughout the facility.

- Showers – Elmira Correctional Facility provides all incarcerated individuals a minimum of three showers per week. All incoming incarcerated individuals receive a shower upon intake to the Reception Center. The shower areas are cleaned and sanitized daily. Maintenance issues are addressed daily, no matter the time of day to ensure that showers may be provided. A capitol project has been submitted to rehab the entire shower area in the Reception Center gym. This project would involve a complete overhaul of the area, providing an upgraded showering area, including more showers, sinks, toilets, and benches.

- Cameras – The Department supports the deployment of cameras as they provide the opportunity to oversee interactions between staff and the incarcerated population and improve safety and security for all. In accordance with Article 11 of the New York State Finance Law, the Department follows the defined procurement processes to obtain commodities such as cameras, installation services, and the technology required to operate the systems. Capital projects are planned and solicited through fair business models, in order to obtain the most suitable contractors in the most efficient means practical to protect the interests of the taxpayers. Elmira Correctional Facility is currently going through an extensive construction project where CCTV cameras are being installed throughout the facility. Bi-weekly meetings are held between Elmira Correctional Facility Executive staff, the Office of General Services, and contractors to ensure an expedited conclusion to the project. During this process, staff remains vigilant in their efforts to provide appropriate care within settings that maximize the safety and security of both the individuals and the facility.

    - The Department has several safeguards in place to prevent and report misconduct. The incarcerated population has been educated on the many avenues to report allegations of misconduct and incidents of abusive behavior directly to facility staff, the Office of Special Investigations (OSI), or outside agencies. OSI serves as the Department's investigative body. The primary mission of OSI is to advance the mission and statutory mandates of the Department; vigorously pursue justice through fair, thorough, and impartial investigations; and foster accountability, integrity, and safety within the Department. Their investigations are thorough, objective, and evidence based. Any substantiated case of misconduct by an employee will be referred to the Department's Bureau of Labor Relations for consideration of disciplinary action, which may include termination of the

employee. Further, any misconduct where there is evidence of criminality will be referred to outside law enforcement authorities for potential criminal charges.

Mental Health

The Department partners with the New York State Office of Mental Health (OMH) in providing special programs along a continuum of care for incarcerated individuals with a mental illness. OMH has the statutory responsibility for providing mental health services to incarcerated individuals in our custody pursuant to Correction Law § 401. All mental health services in correctional facilities are provided through the Central New York Psychiatric Center (CNYPC), which is fully accredited by an independent organization, The Joint Commission (TJC). Mental Health Specialized Units are therapeutic in nature and are not operated as disciplinary housing units. The environments are designed to create a balanced approach to the care and treatment of incarcerated patients with Serious Mental Illness (SMI) and the ability to ensure the safety and security for all individuals in the setting. All Department staff assigned to Mental Health Specialized Units are required to attend mandatory annual training that addresses suicide prevention, mental health signs/symptoms, how to work with individuals with serious mental illness, effective treatment modalities, and de-escalation techniques for these populations. Incarcerated individuals diagnosed with a mental illness have access to mental health services and for those with serious mental illness, they may have access to the heightened level of care at Elmira Correctional Facility below:

- Intermediate Care Program (ICP) - This program is an Enhanced ICP comprised of 56 beds. The target population is SMI-V (SMI with violent histories) who require an ICP level of care within 18-48 months of release. In addition to traditional clinic services, the Enhanced ICP provides increased clinical contact and specialized programming, utilizing evidence-based treatment to target mental illness, violence, and criminogenic needs. The ICP program is designed for incarcerated individuals who, by virtue of experiencing mental illness, demonstrate difficulty functioning in the least restrictive general population environment. This program is jointly operated by OMH and the Department. OMH clinical staff are responsible for identifying incarcerated individuals who meet the criteria for a SMI designation, through a consistent and clinically appropriate assessment process. This unit is a designated housing location within the correctional facility that is a corrections-based therapeutic community providing mental health services and promoting the development of self-regulation, symptom management, social, recreational, and habilitative skills. In addition to traditional clinic services, the ICP provides case management, crisis intervention, adaptive skills training, self-help, and peer support. Incarcerated individuals are offered four (4) hours of structured, out-of-cell programming five (5) days a week. Identified curriculums include, but are not limited to, psychiatric rehabilitation program therapy, trauma recovery, individual and group therapy, medication management, recreation therapy, task and skill training, education, vocational training, crisis intervention, Integrated Dual Disorder Treatment (IDDT), ART, Transitional Services, Sex Offender Counseling and Treatment Program (SOCTP) and any other therapeutic groups designed to meet specific needs of current program participants.

- Transitional Intermediate Car Program (TrICP) - This program provides a designated housing location within the correctional facility with OMH case management services for incarcerated individuals designated a Mental Health Service Level of 1 and 1S in a general population setting. In addition to mental health outpatient services, incarcerated individuals participate in two groups each week aimed at assisting their adjustment to the general population prison environment. Identified curriculums include, but are not limited to, case management, crisis intervention, adaptive skills training, self-help, peer support, psychiatric rehabilitation program therapy, trauma recovery, individual and group therapy, medication management, recreation therapy, task and skill training, education, vocational training, ART, and Transitional Services.

- Residential Crisis Treatment Program (RCTP) – This program is intended for incarcerated individuals that are exhibiting signs and symptoms of significant psychiatric decompensation or behavior that suggest they are at increased risk for self-harming or suicidal behavior. The goal of RCTP is to provide short-term clinical services to evaluate and treat incarcerated patients in need of 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.

- Diversion Unit – This unit is comprised of 18 beds designed for incarcerated individuals that are prohibited from being placed into segregated confinement, including periods of assessment. Individuals that have been identified to be appropriate for the Diversion Unit are offered seven hours out of cell time daily.

Suicide prevention efforts are vigorously undertaken by the Department to mitigate risk factors in all facilities. In 2015, the Department contracted with a national prevention expert to enhance suicide prevention efforts. From their recommendations, the Department implemented several noteworthy changes including:

  - The revision of suicide prevention screening and mental health referral forms.

  - Requiring correction officer recruits to be presented with 20 hours of mental health training. The course curriculum includes guidance on identifying the signs and symptoms of incarcerated individuals experiencing mental health distress and who may be at risk of suicide.

  - The Department developed a mandatory two-hour suicide prevention refresher course for all staff.

  - Video and pamphlets were created for incarcerated individuals to receive information during their orientation.

- Suicide videos feature incarcerated individuals that the population is able to access from general population tablet. To encourage individuals to download the video, a stamp is provided at no charge to those who do.
- The Department regularly send out messages through the tablets regarding suicide prevention and provides information as to how an incarcerated individual may seek assistance.
- The Department works with outside vendors who monitor an incarcerated individual's messages to monitor and notify DOCCS officials when trigger words are used which may be an indication of a potential suicide risk. This allows the Department to take appropriate responsive measures.

- All staff in OMH Level 1 & 2 facilities, assigned to SHU and RCTP, receive four (4) hours of annual training in recognizing the signs and symptoms of mental illness and suicide prevention.

- Staff assigned in Residential Mental Health Treatment Units receive eight (8) hours of suicide prevention training annually.

- OMH is notified of every incarcerated individual that will be reviewed by the Parole Board as well as the results of their review.

- Handbook for Family/Friends is available on the Department's website. This provides information for visitors and members of the community, who are in contact with the incarcerated population, to identify signs of suicide risk, and whom to contact if warning signs are noticed.

- Suicide Prevention messages are sent out monthly to all family/friends registered with the secure messaging program (JPAY.) Information includes:
  - Signs of suicide risk
  - Examples of concerning statements individuals might make
  - Information on who to contact with any concerns

- A pre-recorded message is played to recipients accepting calls from an incarcerated individual that states "Preventing suicide is important; if you have concerns during this call, please contact the individual's facility to report them"

In 2018, the Department established an RCTP Directive to create statewide policy for treatment and programming specifically for patients housed within this setting. Amenities in RCTP were increased to match suicide risk level. RCTP dormitories have been approved for use as a step-down unit for ongoing monitoring and treatment of patients in a less restrictive environment. The Department revised forms utilized by nursing staff when an incarcerated individual is transferred to a new facility, admitted to SHU, or received at a Reception Center, to assist staff in further identifying and documenting concerns. Also, it is our understanding that OMH will follow-up with their patient within seven-days of being discharged from an RCTP.

In 2020, the Department developed a Peer Supporter Program, which provides support for individuals recently discharged from the RCTP and returning to the general population. This program is currently being expanded at Elmira Correctional Facility and forecasted for expansion to other facilities in the near future. Also, the Department updated Suicide Prevention posters and placed them throughout the facilities. Suicide Prevention videos are now available on incarcerated individual's tablets that provide information and guidance of how to seek help. A suicide prevention hotline for incarcerated individuals (988) is available with a description of services offered made available to all facilities.

In January 2022, a joint workgroup composed of OMH and Department staff conducted a two-day audit at Elmira exploring possible trends related to suicide risk. Recommendations were made and changes were implemented by the Elmira Facility Executive Team in collaboration with OMH. Changes included identifying additional program space for the ICP program along with additional security staff added for programming escorts, which now allow for early returns if clinically indicated. The ICP Treatment Team meetings are attended by the ADMSH, SORC, ORC, SOCTP SW, Security (Sergeant and regular Officer), and OMH clinicians. A third treatment team day has been added to the weekly schedule. A joint review process is in place, and case reviews are done with incarcerated individuals when they arrive in ICP and every 60 days after. This offers an opportunity for the incarcerated individual to express to the treatment team their functioning in ICP, giving them a voice and a chance for staff to make changes to assigned programming. Cut down tools are provided on every housing unit. Staff assigned to overnight shifts can carry the tool during rounds. An entire block has been utilized to house individuals in the Reception Center that are identified with a need for additional mental health care and assessments. Elmira Correctional Facility has received approval to fix electrical conduits in cells per the recommendation of the joint workgroup. Additional computers and printers were added to the Reception Center area to speed up the intake process and obtain additional information related to an incarcerated individual's mental health history that can assist in making a better suicide assessment. Security rounds were increased in high-risk areas, such as the Reception Center and draft processing areas. Members of the Executive Team are conducting rounds daily in the Reception Center to talk to the population and resolve issues. Additionally, joint rounds by OMH Unit Chief and ADSMH are done weekly in high-risk areas.

A Suicide Prevention Steering Committee was organized comprised of both DOCCS and OMH administration. This committee meets to recognize trends and to make recommendations that would improve suicide prevention efforts. Subgroups of the committees review all suicides and suicide attempts and create suicide prevention messages during the holidays. Additionally, subgroups of the committees review fear as a precipitating factor for suicide and how to address concerns. A suicide prevention work group, consisting of DOCCS and OMH staff, review all suicides and suicide attempts incidents, looking for trends, patterns and signs of potential suicide for high-risk incarcerated individuals. This committee makes recommendations to Central Office Committee of high-ranking DOCCS and OMH staff that reviews, determines policy changes and implementation policies changes statewide. A mortality review of all suicides is conducted to ensure all procedures and practices were adhered to and make recommendations to Central Office to improve suicide prevention efforts. Central Office also conducts administrative reviews of all suicide and self-harm statewide. Following each incarcerated individual suicide, the Department conducts a Mortality Review meeting to review the facts

and circumstances surrounding the incident and to identify possible improvements to policies and procedures.

Health Care

The Department is committed to providing quality health care that serves the needs of incarcerated individuals. Elmira Correctional Facility medical and dental staff provide compassion and respect for the dignity of every incarcerated individual they provide treatment to. At the time of the CANY visit, Elmira Correctional Facility employed: two (2) physicians, one (1) full time Nurse practitioner, one (1) part time Nurse Practitioner, one (1) Physician Assistant, three (3) Dentists, three (3) Hygienists, and one (1) Dental Assistant.

Upon entrance to Elmira Correctional Facility, every incarcerated individual is seen by a Registered Nurse. All of their immediate medical concerns are addressed. All incoming incarcerated individuals receive medical care within three (3) days of arrival. This includes a full physical by a medical provider, a full medical history by a Registered Nurse, a Snellen test, a full comprehensive blood/urine analysis, a chest x-ray, TB testing, and an assessment of their vitals. All information gathered is entered into a medical chart that follows the incarcerated individuals if they are transferred to a different facility.

After intake, every incarcerated individual has access to emergency sick call twenty-four hours a day. For non-emergent care, incarcerated individuals are able to access medical staff through the sick call process. Sick calls are triaged, and the individual is seen based on their medical needs. Elmira Correctional Facility received approximately 5,700 sick call encounters within the past year. In addition to sick calls, Elmira Correctional Facility provides inhouse medical care as well as specialized medical clinics with community providers that come to facility. Examples of clinics include Physical Therapy, Ultrasound, EMG, Podiatry, Optometry, Audiology, and Sleep Studies. Telehealth services are available for Endocrinology, Gastroenterology, Hepatitis C, Pre-op screening and infectious disease.

All incoming incarcerated individuals in the Reception Center are seen by dental within three days of arrival. A full dental examination is performed including x-rays. A plan of care is developed and discussed with the incarcerated individual. During their incarceration, an individual is provided with dental cleanings, restorative care, dentures, partials, and extractions when appropriate. Since May of 2021, the average wait time for an incarcerated individual to be seen by dental at Elmira Correctional Facility is between one (1) to three (3) days. Elmira Correctional Facility provides compassionate medical and dental care to all individuals in the Department's custody following community standards of treatment and services.

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. 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 Department of Health (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 Elmira Correctional Facility. With each confirmed case, the Department 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. The Department will continue to evaluate all options as this situation unfolds. Measures taken to ensure the safety and well-being of staff and incarcerated individuals include mandating all staff to wear face masks while on duty, supplying all incarcerated individuals with masks and supplying incarcerated individuals subject to isolation and quarantine with surgical-type masks.

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, the Department, 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, the Department has been vaccinating those staff and incarcerated individuals who wish to be vaccinated, since February 5, 2021. As a Reception Center, all incarcerated individuals coming into Elmira Correctional Facility are screened and evaluated for COVID symptoms and vaccination history. Elmira is able to continue a COVID vaccine series if the incarcerated individual has started in the community or at another facility. 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. The Department provides vaccines when they are available and has made strong efforts to educate the population on the importance of booster shots. To date, Elmira has held 26 vaccination clinics where 1,123 COVID-19 vaccinations were administered to the incarcerated population. Prior to each clinic, medical staff conducts face-to-face education, asks every incarcerated individual if they wish to be vaccinated and provides edification. In addition to these efforts, at every encounter with the incarcerated population in the medical unit, incarcerated individuals were, and continue to be, educated, and encouraged to receive the COVID-19 vaccination. The Department offered incentives to encourage interest in the vaccine in the form of 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 is interested in either the vaccine or the booster shot. When vaccine supplies are received, vaccines are sent out immediately.

The Department, like many institutions, has faced significant staffing challenges when recruiting certain titles. As the Department is an Executive Agency, Elmira Correctional Facility had been 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. Under Governor Hochul's leadership, the Statewide Hiring Freeze was suspended, and the Department is aggressively recruiting for a number of titles, specifically medical personnel. Notwithstanding, the correctional system is not immune to the crisis the community medical field is facing with staff shortages. The Department has expanded its recruitment efforts by utilizing employment websites such as Indeed.com, Targeted Digital Marketing campaigns and attendance at college job fairs. The Department has established a position that is fully dedicated to recruiting qualified medical and dental staff. In addition, facility administrators utilized the resources available to them and creatively filled in cracks as needed. An example of which is utilizing agency nurses to staff the need for medical personnel safely and adequately, when required. Regarding non-medical staffing, the Department is also experiencing the effects of the ongoing national and local economic trends impacted labor markets.

In addition to aggressive recruitment efforts, the Department, by consulting with DOH as well as Albany Medical Center, took similar measures as community hospitals 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 in compliance with CDC COVID-19 guidelines.

The Department takes the continued spread of this global health emergency seriously and shares the same concerns as staff, incarcerated individuals, and their loved ones. Our focus is ensuring that the hardworking men and women of this Department, as well as our incarcerated and formerly incarcerated populations, are healthy and safe. Just as we have successfully managed infectious outbreaks in the past, we have emergency protocols in place and have proactively made adjustments in our facilities and Community Supervision offices in an attempt to limit any outbreaks.

The Department made robust efforts to educate the incarcerated population on the COVID-19 virus and the importance of vaccination through educational material, videos, medical staff speaking one-on-one to the population, facility Executive Team members talking to incarcerated individuals on rounds and educating the ILC. Several times the Department medical staff went around to every housing unit and provided educational material and answered any questions cell by cell.

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 were 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 rotating 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. As previously noted, the Department provides incarcerated individuals with electronic

tablets free of charge, which include a suite of communication, educational, and entertainment applications that help incarcerated users remain connected to their communities and learn skills that will help them succeed after their release.

Discipline

All incarcerated individuals alleged to have violated the standards of behavior for the incarcerated population, are provided with significant due process protections, which include meaningful opportunities to challenge the allegations. 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 serves an important role in rehabilitation of incarcerated individuals and maintaining the morale of the facility.

The Department's disciplinary system has several built-in safeguards to ensure due process. Moreover, it is the Department's policy that the disciplinary procedures are conducted in a fair and equitable manner to ensure that decisions are not influenced by stereotypes or biases. Misbehavior reports set forth three (3) tiers of offenses and, the standards for behavior are provided to all incarcerated individuals. Incarcerated individuals may seek outside assistance after being issued a misbehavior report. The Department's standards of behavior violations are classified based on the severity of the offense and the potential sanctions. The misbehavior reports are tiered as follows:

- 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 directly 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 directly 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.

Facility staff made extensive efforts to educate the incarcerated population in advance of changes to the disciplinary system as a result of the HALT legislation. The facility Executive Team repeatedly met with the ILC to inform the incarcerated population of the pending changes. Also, several notices explaining the changes were posted in the housing units, general library, and law library. For individuals received through the Reception process, additions were made to the weekly orientation program to include updates to the disciplinary system. Finally, the Executive Team made daily rounds in the facility and informed the incarcerated population about HALT.

As of April 1, 2022, if an incarcerated individual is found guilty after a hearing of an eligible offense, the service of potential confinement sanctions limit the amount of time in a special housing unit to 15 days; thereafter, the person is transferred to a residential rehabilitative unit (RRU) for the remainder of the confinement sanction. Special populations are precluded from placement in SHU for any length of time. Individuals serving a SHU sanction receive mandatory out-of-cell programming, including rehabilitative programming in a group setting. Individuals are diverted to an RRU after the 15-day limit has been reached. While in a SHU setting, individuals have full access to mental health and medical treatment, food, clothing, and water, as well as four hours of out-of-cell programming and recreation.

The disciplinary program at Elmira Correctional Facility is in compliance with HALT and Department Directive #4932. The Hearing Officers have received 37.5 hours of training prior to conducting hearings to ensure fairness and consistency. All Superintendent and Disciplinary Hearings are digitally recorded to create a permanent record that can be utilized by the Department to ensure that hearings conducted in a fair and consistent manner. All completed hearing packets are reviewed by executive staff to ensure due process was followed and dispositions are appropriate. The Department provides further administrative due process through an appeal mechanism for an unbiased review by a member of the office of Special Housing and Incarcerated Individual Disciplinary Program. If found guilty, the incarcerated individual is advised of the appellate process before the conclusion of their disciplinary proceeding. Every Tier 3 disciplinary hearing is reviewed by the Superintendent.

Grievance

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

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

comprised of Central Office staff who review grievance appeals on behalf of the Commissioner. CORC is the final level of administrative review for grievances filed through the IGP mechanism.

The incarcerated individual grievance program at Elmira Correction Facility is in compliance with the aforementioned policies. Elmira Correctional Facility staff encourage the incarcerated individuals to resolve their complaints through other existing channels, prior to submitting a grievance. For example, the incarcerated individual can contact security staff, counselors, Executive Team members or a program unit directly affected. Mailboxes are spread throughout the facility where the incarcerated population may submit a grievance complaint. These mailboxes are emptied by the IGP Supervisor. Complaints of misconduct are thoroughly investigated and reviewed by both Deputy Superintendent of Security and the Superintendent. All other complaints received are properly investigated and appropriate action taken.

Conclusion

Elmira Correctional Facility is an example of why New York is a leader in the corrections field. The Department is proud of the wide-ranging programs and services provided at Elmira Correctional Facility, as well as their dedication to fulfilling the Department's mission.

It should also be noted that in the Spring of 2021, Elmira 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. The facility was also examined in the Spring of 2021 by an independent auditor and determined to be in compliance with the Federal Prison Rape Elimination Act standards.

NEW YORK STATE OF OPPORTUNITY. Office of Mental Health

KATHY HOCHUL
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

MOIRA TASHJIAN, MPA
Executive Deputy Commissioner

November 18, 2022

Sumeet Sharma
Director of Monitoring and Advocacy
Correctional Association of New York
Post Office Box 793
Brooklyn, New York 11207

RE: Report No. 22-07: Monitoring Visit to Elmira Correctional Facility

Dear Director Sharma:

We received your report in response to the Correctional Association of New York's (CANY) April 26-27, 2022 monitoring visit to Elmira Correctional Facility (CF). We recognize that several of the findings and recommendations in your report are directed towards the Department of Corrections and Community Supervision (DOCCS); however, we would like to respond to those directed to the Office of Mental Health (OMH).

According to the report, CANY interviewed 112 incarcerated individuals during their visit. It is important to note that this number is not indicative of the population at Elmira CF, particularly those who are on the mental health caseload. As of the date of this letter, Elmira Reception Center has 226 individuals admitted to the OMH caseload and Elmira main has 259, for a total of 485 on the mental health caseload. Addendum Part 1 of CANY's report indicates that, of the 112 interviewed, only 53 were active with mental health. This represents only 10.9% of the mental health caseload at Elmira CF. Given this limited sample and that the claims made in the CANY report are based only on the interviews of incarcerated individuals, without corroborating information from review of data or OMH staff interviews[1], this cannot be considered an exhaustive review.

CANY's recommendations for OMH were as follows:

1. "DOCCS and OMH should take all measures possible to evaluate and address incarcerated people's mental health needs upon arrival at reception, including through use of a suicide prevention screening."

   OMH Response: In accordance with Central New York Psychiatric Center (CNYPC) Corrections-Based Operations (CBO) Policy #1.2 Reception Mental Health Screening, OMH staff are required to screen every individual within 48 hours of their arrival into Reception. For OMH staff, this screening includes a structured interview which incorporates the identification of suicide risk to determine whether a full assessment is required. If so, Reception staff must complete a Patient Safety Screener – 3 Modified (PSS-3M) as part of the full assessment. The PSS-3M is a validated tool which was

[1] Although CANY spoke with the Elmira Unit Chief and Forensic Program Administrator, this is not referenced in the report.

modified for use in the forensic setting and guides clinical decision-making regarding an individual's risk for suicide. Either the PSS-3M or clinical discretion will determine whether a Comprehensive Suicide Risk Assessment (CSRA) must also be completed.

Beginning in 2021, OMH reception staff at Elmira has consistently admitted 40% or more of the individuals screened to the mental health caseload (see Table 1). These admissions required the full screening, as described above, as well as continuous suicide risk assessments conducted during each clinical contact.

2. "[OMH] should also assure that incarcerated individuals are provided sufficient information to understand any diagnoses or [mental health service level] classifications."

   OMH Response: Discussion of an incarcerated individual's diagnoses and mental health service level (MHSL) are a part of regular treatment discussions as needed, particularly when someone is initially admitted to the mental health caseload. This information is relayed and discussed as part of Treatment Plan meetings. If ever a patient has questions about their diagnoses and/or MHSL, they can request this information during their next scheduled callout with OMH, via sending a letter to OMH, and/or by submitting a request to review their records.

3. "DOCCS and OMH should release the complete findings and recommendations from the joint Suicide Prevention Working [sic] Group, along with timeframes for implementing recommendations and fiscal impacts."

   OMH Response: Although a request was not made to OMH for a copy of this review, the report completed by the joint DOCCS and OMH Elmira workgroup is enclosed with this response. The workgroup is slated to meet in October 2022 to discuss feasibility and timeframes for implementation of each of the recommendations made.

Other comments were made regarding mental health care that OMH would like to address:

- "At the time of CANY's monitoring visit, one suicide had taken place at Elmira in 2022…Several people spoke about other incarcerated people desperately requesting mental health support immediately prior to their suicides, but not receiving any before taking their own lives. 'One of my friends died by suicide. He tried to talk to OMH the day of, but they were unavailable,' said one person. 'Two close friends committed suicide here…there was no support for him,' said another. One person described his friend crying out for a psychiatrist but receiving no help from staff."

  OMH Response: OMH clinical staff are available on-site Monday through Friday, 8:00am to 4:00pm. However, specifically at Elmira, OMH staff offices are in another building outside of the main facility. Therefore, individuals reporting being in crisis while on their housing units are making those reports to DOCCS staff. From there, DOCCS staff should be notifying OMH staff that there are immediate concerns requiring their attention. If an individual is in crisis or requests immediate assistance from OMH when they are not on-site, DOCCS staff are able to admit them to the Residential Crisis Treatment Program (RCTP) for their safety and increased monitoring.

  As a result of CANY's report being based solely on incarcerated individuals' interviews, it is difficult for OMH to know the circumstances being referred to in these statements. For example, it is unclear if the reports made to staff relayed the immediacy of the

individual's concerns, if the statements were made during OMH's off hours, and how OMH staff were contacted if the concerns were immediate. Of the six individuals who died by suicide at Elmira in 2021, and the one in 2022 cited by CANY, none had mental health referrals on file at the time of their death. For one individual, a referral was submitted a month prior to his passing; he had been assessed by OMH in response to the referral and subsequently as well. All individuals were assessed by OMH staff in accordance with CNYPC policy, per their housing location, and as needed.

Through internal reviews of each suicide, OMH has found that peers often disclose more to one another than they do to staff, OMH, or DOCCS. As such, efforts are underway to implement targeted messaging for incarcerated individuals encouraging them to alert staff when they become aware of concerns about their peers. This messaging, when developed, will be provided in as many formats as are available within DOCCS.

- "…many incarcerated people at Elmira said they wanted therapy in lieu of medication…The perception among some incarcerated people is that OMH and DOCCS prioritize medication over preventative care such as therapy…"

  OMH Response: It is inaccurate to suggest that therapy is not prioritized as much as medication. OMH staff understand and educate patients on the fact that a combination of therapy and medication may be most effective, as opposed to prescribing medication on its own, and some patients may be appropriate for therapy alone. Moreover, individuals cannot receive psychiatric medication without at least being active on the mental health caseload as an MHSL 3. Therefore, individuals are all provided with therapy on a regular basis in accordance with their treatment needs and diagnoses. For those outside of the Special Housing Unit and Residential Rehabilitation Unit, MHSL 1 and S-designations are required to be seen by clinicians monthly. MHSL 2 and 3 are seen every one to two months depending on their clinical need. This does not account for any cellside contacts or additional callouts that may be scheduled upon an incarcerated individual's request or need. Including these additional callouts, during September 2022 alone, mental health staff completed a total of 1342 clinical contacts (see Table 2). Furthermore, the number of individual clinical contacts does not account for the programming that is offered, by OMH and DOCCS, particularly in the Intermediate Care Program (ICP) and Transitional Intermediate Program (TrICP; see Table 3).

- "People spoke about long waits for mental health treatment, if at all: 'It takes forever to get any response from mental health.'"

  OMH Response: Again, without further information or data to support this statement, it is difficult to know the circumstances being described. As aforementioned, there are over 400 individuals admitted to the mental health caseload. Based on need, this can amount to thousands of callouts taking place in a single quarter (see Table 2). Due to OMH and DOCCS staff shortages, the number of individuals able to be seen and the time allotted to OMH to see them are limited. It is quite possible that individuals will have to wait to be seen in order for every patient's needs to be thoroughly assessed. However, the screening/assessment process conducted upon intake helps to determine an individual's treatment needs and risk for suicide so that appropriate interventions can be implemented as needed.

- "Other expressed dissatisfaction with the lack of on-site counseling at Elmira."

OMH Response: It is important to specify that only psychiatric callouts (i.e., for medication prescribers) are provided via Video Teleconferencing (VTC); otherwise, all mental health counseling is provided in person. While OMH makes every effort to provide on-site psychiatric coverage, some regions of New York State have difficulty obtaining candidates for on-site psychiatric providers, and this requires some facilities, such as Elmira CF, to rely on VTC for psychiatric appointments. Recruitment challenges at Elmira CF are not unique to Elmira, correctional facilities, or OMH. There is a nationwide shortage of psychiatrists which is particularly exacerbated in rural areas. Telepsychiatry is accepted as an effective means of meeting needs, not only in correctional systems, but in community mental health services and private practice. Regardless, endeavors to hire on-site psychiatrists for Elmira CF remain a priority and continue in earnest.

Finally, CANY listed OMH in the recommendation for item four: Medical and dental healthcare. It is unclear why, as these matters fall under the purview of DOCCS. While OMH refers individuals to DOCCS medical as needed, OMH cannot control the response to these services.

OMH will continue to monitor the services provided to individuals in need of mental health services and make changes as indicated and as achievable. Collaboration with DOCCS will continue as many of these processes rely on input from both agencies.

Sincerely,

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

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

Appendix

Table 1: Individuals Entering Reception and Percent Admitted to the Mental Health Caseload per Quarter

Quarter	Number Entering Elmira Reception and Screened	Number Admitted from Reception Screening	Percent Admitted from Reception Screening
1Q19	863	237	27%
2Q19	916	248	27%
3Q19	792	228	29%
4Q19	842	263	31%
1Q20	666	203	30%
2Q20	103	36	35%
3Q20	805	327	41%
4Q20	144	56	39%
1Q21	47	18	38%
2Q21	1314	598	46%
3Q21	1094	433	40%
4Q21	737	322	44%
1Q22	947	396	42%
2Q22	853	353	41%

Table 2: Mental Health Contacts for Elmira main and Elmira Reception per Quarter

Quarter	Facility	Total Completed Mental Health Contacts	Monthly Average Completed Contacts	Seen Cell Side	Missed - No DOCCS Escort Available
2Q21	Elmira	3070	1023	175	24
	Elmira Reception	1548	516	2	0
3Q21	Elmira	2859	953	263	4
	Elmira Reception	1462	487	4	0
4Q21	Elmira	2172	724	127	3
	Elmira Reception	1158	386	8	16
1Q22	Elmira	2642	881	127	2
	Elmira Reception	1640	547	9	2
2Q22	Elmira	2749	916	126	2
	Elmira Reception	2123	708	49	5
3Q22	Elmira	2334	778	96	2
	Elmira Reception	2039	680	25	31

Table 3: TrICP and ICP Census and Programming Hours per Quarter

	TrICP Census	TrICP LOS	ICP Census	ICP LOS	ICP Programming Hours
1Q19	22	232	50	238	6765
2Q19	22	313	51	140	7160
3Q19	20	0	50	129	7225
4Q19	19	229	55	162	6819
1Q20	19	146	55	145	5987
2Q20	18	445	51	291	*
3Q20	24	301	52	266	*
4Q20	21	630	47	385	2701
1Q21	22	344	51	539	7314
2Q21	19	227	45	642	5444
3Q21	20	188	48	143	4643
4Q21	20	86	47	105	3928
1Q22	16	198	56	363	2941
2Q22	16	53	48	189	5068

*Program data was not collected in these quarters due to COVID-19 restrictions and directives.

Addendum Part 1: Closed-Ended Data

Each monitoring visit protocols form yields closed-ended responses. This data comes from closed-ended questions employed as part of the General protocols form, the Reception protocols form, and the Special Housing Unit (SHU) protocols form. Closed-ended questions on the protocols forms help gauge incarcerated people's views and experiences on various aspects of imprisonment, in both general and specific terms. Moreover, closed-ended questions provide the basis for quantitative, generalizable findings about experiences of incarceration across a prison, as well as across the DOCCS facilities. Upon reception of this data, closed-ended responses are tabulated by question, question type, form, and facility (in succeeding order of organization). Closed-ended responses are aggregated, and thus not based on any individual interviewee's responses. Closed-ended questions are usually expressed in the form of "Yes/No" binaries, sometimes with a "Not applicable" option. Other types of closed-ended questions are tabulated by categorical counts and numeric measurements of time or of instances.

Elmira General Form Closed-Ended Data Addendum

Question	Yes	No	Total
Have you requested medical care?	39 68.4%	18 31.6%	57 100.0%
Have you requested dental care?	25 48.1%	27 51.9%	52 100.0%
If you have requested medical care, have you received a response?	17 47.2%	19 52.8%	36 100.0%
If you have requested dental care, have you received a response?	14 58.3%	10 41.7%	24 100.0%
Do you have unaddressed medical or dental needs?	19 50.0%	19 50.0%	38 100.0%
Are you on the OMH caseload?	38 71.7%	15 28.3%	53 100.0%
Have you attempted to hurt yourself in this prison?	4 8.2%	45 91.8%	49 100.0%
Have you experienced or witnessed an emergency medical or mental health situation in this prison?	22 51.2%	21 48.8%	43 100.0%
Do you have access to the academic and vocational programs you need?	33 68.7%	15 31.3%	48 100.0%
Have you seen or been personally subject to verbal, physical, or sexual abuse by staff here?	11 22.9%	37 77.1%	48 100.0%
Have you seen or experienced racialized violence by staff (slurs, stereotyping, discrimination, etc.)?	9 19.6%	37 80.4%	46 100.0%
Have you filed a grievance?	15 31.9%	32 68.1%	47 100.0%

Question	Yes	No	Total
If yes, has your grievance been resolved?	5 33.3%	10 66.7%	15 100.0%
Is the grievance process fair?	4 23.5%	13 76.5%	17 100.0%
Have you been subject to discipline?	20 43.5%	26 56.5%	46 100.0%
Is the disciplinary system fair?	6 30.0%	14 70.0%	20 100.0%
Have you been fully vaccinated for COVID-19, meaning either two doses of the Pfizer/Moderna vaccine or one dose of the Johnson & Johnson vaccine?	35 70.0%	15 30.0%	50 100.0%
Is the commissary adequately stocked with items on a regular basis?	23 52.3%	21 47.7%	44 100.0%
Is the equipment in your cell or living area functional and working?	43 91.5%	4 8.5%	47 100.0%
Do you have enough food to eat?	34 75.6%	11 24.4%	45 100.0%
Do you have access to clean drinking water?	38 84.4%	7 15.6%	45 100.0%
During the winter, do you have adequate heat inside?	32 76.2%	10 23.8%	42 100.0%
During the summer, is it adequately cool inside?	17 58.6%	12 41.4%	29 100.0%
Do you have access to phone calls, either by using the phones or through a tablet?	42 89.4%	5 10.6%	47 100.0%
Do you have access to in-person visits?	33 89.2%	4 10.8%	37 100.0%

Question	Within 2 Days	Within 1 Week	Within 2 Weeks	Within 1 Month	Longer than 1 Month	Total
(MEDICAL) If no, how long has your request been outstanding?	4 17.4%	3 13.0%	2 8.7%	2 8.7%	12 52.2%	23 100.0%
(DENTAL) If no, how long has your request been outstanding?	3 30.0%	1 10.0%	1 10.0%	1 10.0%	4 40.0%	10 100.0%
(MEDICAL) If yes, how long did it take to get care?	7 43.7%	0 0.0%	2 12.5%	3 18.7%	4 25.0%	16 100.0%
(DENTAL) If yes, how long did it take to get care?	2 19.2%	1 9.1%	1 9.1%	2 19.2%	5 45.4%	11 100.0%

Question	Yes	No	N/A	Total
If you have requested medical or dental care, was the level of care adequate?	20 46.5%	15 34.9%	8 18.6%	43 100.0%
Are you receiving medication as prescribed, including schedule and dosage?	35 79.5%	5 11.4%	4 9.1%	44 100.0%
If yes, are you getting the mental health programs you need?	22 56.4%	14 35.9%	3 7.7%	39 100.0%

Question	Within 2 Days	Within 1 Week	Within 2 Weeks	Within 1 Month	Longer than 1 Month	I Have Not Received a Response	Total
If yes, how long did it take to get a response?	2 15.4%	3 23.1%	1 7.7%	0 0.0%	0 0.0%	7 53.8%	13 100.0%

Question	Yes	No	Ineligible	Total
If you are eligible for a booster shot, have you taken it?	19 50.0%	12 31.6%	7 18.4%	38 100.0%

Question	Every Day	Two Times per Day	Every Other Day	Once Every Four Days	Once a Week	Two Times per Week	Once in Two Months	Can't Use	Does Not Use	Total
How often are you able to make calls?	14 50.0%	3 10.7%	2 7.1%	1 3.6%	2 7.1%	1 3.6%	1 3.6%	2 7.1%	2 7.1%	28 100.0%

Question	Occasionally	Don't Know	Every Other Day	Once a Week	Every Other Week	Once a Month	As Often As They Want	Hasn't Had One Yet	Never	Total
How often are you able to receive visits?	1 4.5%	1 4.5%	2 9.1%	1 4.5%	1 4.5%	1 4.5%	1 4.5%	4 18.2%	10 45.5%	22 100.0%

Elmira Reception Form Closed-Ended Data Addendum

Question	Yes	No	Total
Is this your first time in prison?	18 36.7%	31 63.3%	49 100.0%
Have you had an opportunity to make a phone call to your family since your arrival at Elmira?	41 85.4%	7 14.6%	48 100.0%
Since your arrival at Elmira, have you received a shower?	41 85.4%	7 14.6%	48 100.0%
Since your arrival at Elmira, have you received clean clothing?	42 87.5%	6 12.5%	48 100.0%
Since your arrival at Elmira, have you received personal care products?	33 75.0%	11 25.0%	44 100.0%
Have you met with health services staff for a medical screening?	44 91.7%	4 8.3%	48 100.0%
Have you met with either health or mental health staff for a suicide prevention screening?	39 81.2%	9 18.8%	48 100.0%
Have you been assigned an OMH level?	13 31.7%	28 69.3%	41 100.0%
What is your OMH level?	0 0.0%	1 100.0%	1 100.0%
Do you feel that, so far, the reception process has accurately recorded and diagnosed your health and mental health needs?	24 53.3%	21 46.7%	45 100.0%
Do you have special medical, mental health, or programming needs that will determine what prison you are transferred to?	14 40.0%	21 60.0%	35 100.0%
Have you met with staff to complete a PREA (Prison Rape Elimination Act) risk screening assessment?	41 93.2%	3 6.8%	44 100.0%
Did you meet with an Offender Rehabilitation Coordinator (ORC) to get a COMPAS score?	12 35.3%	22 64.7%	34 100.0%
If so, did you understand the reason for the assessment?	6 85.7%	1 14.3%	7 100.0%
Did you undergo a security screening to get a security classification?	19 43.2%	25 56.8%	44 100.0%
If yes, are you aware of the process and criteria used to classify you?	6 25.0%	18 75.0%	24 100.0%
Do you identify as transgender, intersex, or gender nonconforming?	1 2.3%	42 97.7%	43 100.0%
If yes, are the needs specific to your gender identity being met?	2 14.3%	12 85.7%	14 100.0%
Do you have children?	30 63.8%	17 36.2%	47 100.0%
If yes, do you know about the law requiring DOCCS to place incarcerated parents at correctional institutions and facilities closest to their children's home?	16 53.3%	14 46.7%	30 100.0%
Have you witnessed or been subject to verbal abuse by staff while at Elmira?	16 36.4%	28 63.6%	44 100.0%

Question	Yes	No	Total
Have you witnessed or been subject to physical confrontation by staff while at Elmira?	11 25.0%	33 75.0%	44 100.0%
Have you witnessed or been subject to sexual assault by staff while at Elmira?	4 9.3%	39 90.7%	44 100.0%
Did you witness or were you subjected to aggressive pat frisk as part of the reception process?	7 17.1%	34 82.9%	43 100.0%
Were you transferred to Elmira from Rikers Island or another New York City jail?	17 41.5%	24 58.5%	41 100.0%
Do you feel you received an appropriate sentence for your charge?	10 32.3%	21 67.7%	31 100.0%
Have you been fully vaccinated for COVID-19, meaning either two doses of the Pfizer/Moderna vaccine or one dose of the Johnson & Johnson vaccine?	21 48.8%	22 51.2%	43 100.0%
If you are eligible for a booster shot, have you taken it?	8 38.1%	13 61.9%	21 100.0%

Question	1-5	6-10	11-15	16-20	21-25	26-30	31-35	60	122	Total
How many days have you been at Elmira?	7 14.0%	10 20.0%	13 26.0%	4 8.0%	2 4.0%	10 20.0%	2 4.0%	1 2.0%	1 2.0%	50 100.0%

Question	1	2	3	2 or 3	Don't Know	N/A	Total
What is your OMH level?	2 13.3%	2 13.3%	2 13.3%	1 6.7%	5 33.3%	3 20.0%	15 100.0%

Question	New Case	Return from Parole	Return from Probation	Total
Were you admitted to prison on a new case, a parole violation, or a probation violation?	36 81.8%	7 15.9%	1 2.3%	44 100.0%

Question	Plea Bargain	Full Trial	Total
If you were sentenced on a new case, did you accept a plea bargain or did you go to trial?	33 91.7%	3 8.3%	36 100.0%

Question	Up to 4 Weeks	5 to 8 Weeks	9 to 16 Weeks	17 to 32 Weeks	33 to 52 Weeks	53 to 104 Weeks	105 Weeks or More	Total
Prior to arriving at Elmira for your current bid, how long were you incarcerated at a local jail or other facility?	4 12.1%	2 6.1%	2 6.1%	10 30.3%	5 15.2%	5 15.2%	5 15.2%	33 100.0%

Elmira SHU Form Closed-Ended Data Addendum

Question	Yes	No	Total
Have you been incarcerated in this unit longer than 14 days?	3 23.1%	10 76.9%	13 100.0%
Are you in this unit because of a disciplinary sentence?	10 90.9%	1 9.1%	11 100.0%
Besides this SHU unit at Upstate, have you been in any other disciplinary units here or at other prisons? (If yes, choose all that apply from the options following this question.)	7 63.6%	4 36.4%	11 100.0%
Keeplock	3 33.3%	6 66.7%	9 100.0%
Longterm Keeplock	3 33.3%	6 66.7%	9 100.0%
Step-down program	0 0.0%	9 100.0%	9 100.0%
Mental health or other alternative to solitary	0 0.0%	9 100.0%	9 100.0%
Were you medically evaluated on arrival?	6 50.0%	6 50.0%	12 100.0%
Did you receive a suicide prevention screening on arrival?	10 83.3%	2 16.7%	12 100.0%
Did you receive clean clothing on arrival?	8 66.7%	4 33.3%	12 100.0%
Did you undergo a mental health assessment within one day of your arrival?	4 50.0%	4 50.0%	8 100.0%
Do you currently have access to congregational recreation? (i.e., with other incarcerated people)?	2 20.0%	8 80.0%	10 100.0%
Are you able to access phone calls, either through the tablet or other means while in SHU?	11 100.0%	0 0.0%	11 100.0%
Have you received additional disciplinary tickets while in SHU?	1 8.3%	11 91.7%	12 100.0%
Have you received additional punishment in SHU?	1 10.0%	9 90.0%	10 100.0%

Question	Yes	No	Total
Are you offered any programs in SHU?	10 90.9%	1 9.1%	11 100.0%
Have you heard about the HALT Solitary Confinement Act?	7 58.3%	5 41.7%	12 100.0%
Have you heard about any plans or changes being made at Elmira related to implementation of HALT, including any new construction or other changes?	1 16.7%	5 83.3%	6 100.0%
Has the administration distributed any information regarding the HALT law?	2 20.0%	8 80.0%	10 100.0%

Question	1 Day	6 Days	8 Days	12 Days	13 Days	15 Days	Total
How long have you been incarcerated in this unit?	1 8.3%	5 41.7%	1 8.3%	2 16.7%	1 8.3%	2 16.7%	47 100.0%

Question	Not Sentenced	4.3 Weeks	8.6 Weeks	12.9 Weeks	19.3 Weeks	21.4 Weeks	38.6 Weeks	Total
How long is your total disciplinary sentence?	3 27.3%	1 9.1%	3 27.3%	1 9.1%	1 9.1%	1 9.1%	1 9.1%	11 100.0%

Question	First Time	Two Weeks	Four Weeks	39.1 Weeks	51 Weeks	156.4 Weeks	Total
What is the total amount of time you have spent in SHU during your current bid?	4 44.4%	1 11.1%	1 11.1%	1 11.1%	1 11.1%	1 11.1%	9 100.0%

Question	0 Days	1 Day	2 Days	3 Days	4 Days	5 Days	6 Days	7 Days	Total
How many days per week do you go outside for recreation?	9 90.0%	0 0.0%	0 0.0%	1 10.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	10 100.0%
How many days per week are you able to use a tablet?	1 7.7%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	12 92.3%	47 100.0%

Question	6.5 Hours	6.75 Hours	7 Hours	8 Hours	Total
How many hours per day are you able to use the tablet?	3 27.3%	2 18.2%	5 45.5%	1 9.1%	11 100.0%

Addendum Part 2: Open-Ended Data

Each monitoring visit protocols form yields open-ended responses. This data comes from open-ended questions employed as part of the General protocols form and the Special Housing Unit (SHU) protocols form. This data is either directly quoted or paraphrased in the third person from oral responses. Open-ended questions on the protocols forms help gauge incarcerated people's views and experiences on various aspects of imprisonment, in both general and specific terms. Moreover, open-ended questions provide incarcerated respondents the ability to describe the novelty and nuances of their experiences in ways valuable to data collection and analysis. Upon reception of this data, open-ended responses are tabulated by question, protocols 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. The data from each question has been coded into an overarching list of themes and then into subthemes. Within this document, the numbers next to each theme and subtheme refer to the number of responses (instances) coded within them. These numbers should not be construed as observations from unique incarcerated people; rather they are an aggregate tally of each time an incarcerated person spoke to that theme during an interview.

Elmira General Form Open-Ended Data Addendum

1.	Mental healthcare	**160 Total**
a.	Isolation from loved ones	23
b.	DOCCS response to self-harm and emergencies	23
c.	Dehumanizing experience/Mental anguish	19
d.	Variety of mental health issues and needs	17
e.	Substandard quality of mental healthcare	17
f.	Experiences with self-harm at Elmira	15
g.	Long waits for treatment, if at all	11
h.	Adequate experience	10
i.	Desire for better mental health programming and therapy	9
j.	Experiences with self-harm before Elmira	6
k.	Experience with other emergency situations	4
l.	Interference of correctional staff with mental healthcare	3
m.	Coping with prison experience	2
n.	No experiences with self-harm	1

2.	Academic and vocational programs	**138 Total**
	a. Programs currently enrolled in	27
	b. Dissatisfaction/Failure to meet programming needs	21
	c. Desire for more career preparation programming	13
	d. No program enrollment	14
	e. No desire for more programming	11
	f. Desire for more educational programming	10
	g. Under-stimulation	9
	h. Restrictions because of unit or status	8
	i. Perception of being program-satisfied/Completed programs	8
	j. Other programming desires	7
	k. Desire for substance abuse or aggression replacement training programming	4
	l. Affected by program pauses	2
	m. Adequate experience	2
	n. Experience with jobs	2
3.	Basic provision of services	**51 Total**
	a. Issues with commissary	29
	b. Issues with phones	8
	c. Adequate experience with phones	4
	d. Issues with packages	3
	e. Adequate experience with commissary	2
	f. Neutral experience with phones	2
	g. Issues with clothing	2
	h. Adequate experience with tablets	1
4.	Material conditions and environment issues	**52 Total**
	a. Issues with water	14
	b. Issues with cell	12
	c. Issues with temperature	11
	d. Neutral experience with temperature	11
	e. Issues with toilets	2
	f. Adequate experience with temperature	2
5.	Family contact and visits	**30 Total**
	a. Issues with visits	26
	b. Adequate experience with visits	4

6.	Staff behavior	**112 Total**
	a. Reported violence and abuse by prison staff	24
	b. Adequate experience	20
	c. Tense environment/Try to stay out of trouble/Tensions and violence among incarcerated people	18
	d. Poor treatment by staff	14
	e. Race- or religion-based abuse	14
	f. Mixed experience	14
	g. Lack of care	4
	h. Reported violence and abuse by staff at other prisons	2
	i. Use/Misuse/Lack of cameras	2
7.	Issues with medical and dental healthcare	**78 Total**
	a. Long waits for treatment, if at all	25
	b. Variety of medical and dental issues and needs	23
	c. Substandard quality of care	9
	d. Injuries from violence	6
	e. Adequate experience	6
	f. Issues with MAT	5
	g. Interference of correctional staff with healthcare/Harsh treatment	3
	h. Staffing shortages	1
8.	Issues with grievance system	**52 Total**
	a. Reasons for filing grievances	14
	b. Biased or dysfunctional grievance process	11
	c. Do not see value in filing grievances	9
	d. Retaliation or fear of retaliation for filing grievances	5
	e. Long waits for resolution, if at all	3
	f. Filed grievances at other prisons	3
	g. No grievance filed	2
	h. Adequate experience	2
	i. Mixed experience	1
	j. Awaiting grievance resolution	1
	k. Did not wish to elaborate	1
9.	Issues with disciplinary process	**52 Total**
	a. Experience with discipline	16
	b. Arbitrary and unfair disciplinary measures	11
	c. Experience with discipline at other prison	8
	d. Use of SHU/Keeplock for:	
	i. Physical behavior, general disciplinary issues, or contraband	4

	e. Restrictions on access to services and programming as disciplinary measure	4
	f. Mixed or neutral experience	3
	g. Improvements to discipline	3
	h. No experience with discipline	2
	i. Adequate experience	1
10.	COVID-19	**47 Total**
	a. Vaccine hesitancy	17
	b. Vaccination status	13
	c. Inadequate COVID-19 mitigation procedures from DOCCS/Lack of rule-following	11
	d. Experience with COVID-19 and effects on physical health	4
	e. Aggravated isolation and restrictions	1
	f. Adequate experience	1
11.	Experience of incarceration	**45 Total**
	a. Poor experience of incarceration	19
	b. Adequate experience of incarceration	14
	c. Neutral experience/No desire to elaborate	10
	d. Economic issues	2
12.	Issues with food	**33 Total**
	a. Issues with food quality	23
	b. Issues with food accessibility	7
	c. Lack of trust in prison food	1
	d. Special diet	1
	e. Reliance on commissary or packages	1
13.	Use of solitary confinement	**17 Total**
	a. Experience with solitary confinement	17
14.	Custody concerns	**15 Total**
	a. Issues with transfer or release process	5
	b. Opinion that sentence or assignment was unfair	4
	c. Previous assignments	4
	d. Problems with parole	2
15.	Staffing issues	**1 Total**
	a. Staffing needs	**1**

Elmira Reception Open-Ended Data Addendum

1.	Basic provision of services	**65 Total**
	a. Issues with phones and tablets	29
	b. Issues with clothing	11
	c. Issues with personal care products	9
	d. Issues with mailing supplies	4
	e. Issues with library	4
	f. Issues with commissary	3
	g. Adequate experience with phones and tablets	2
	h. Neutral experience with phones and tablets	2
	i. Issues with packages	1
2.	Material conditions and environmental issues	**25 Total**
	a. Issues with showers	14
	b. Issues with water	5
	c. Adequate experience with showers	2
	d. Issues with toilets	2
	e. Adequate experience with conditions	2
3.	Family contact and visits	**10 Total**
	a. Issues with family contact and visits	10
4.	Custody concerns	**73 Total**
	a. Assignment status	15
	b. Opinion that sentence or assignment was unfair	13
	c. Experience with security screening and security classification	11
	d. Problems with parole and parole violations	11
	e. Experience with Offender Rehabilitation Coordinator (ORC)	10
	f. Issues with transfer, reception, or release process	8
	g. Have not received security screening/Unsure	5
5.	Experience of incarceration	**62 Total**
	a. Under-stimulation and isolation	29
	b. Poor experience of incarceration	26
	c. Adequate experience of incarceration	6
	d. Neutral experience/No desire to elaborate	1

6.	Staff behavior	**48 Total**
	a. Reported violence and abuse by prison staff	21
	b. Tense environment/Try to stay out of trouble	7
	c. Experiences with violence and abuse at other prisons and jails	4
	d. Lack of care	3
	e. Use/Misuse/Lack of cameras	2
	f. Poor experience with pat frisks	2
	g. No experience with pat frisks	2
	h. Adequate experience with staff	2
	i. Sexual abuse	2
	j. Poor treatment by staff	1
	k. Race-based abuse	1
	l. Lack of staff accountability	1
7.	Medical and dental healthcare	**43 Total**
	a. Variety of medical and dental issues and needs	13
	b. Long waits for treatment, if at all	9
	c. Poor experience with health services staff for screening	6
	d. Problems with medication	4
	e. Adequate experience with health services staff for screening	3
	f. Interference of correctional staff with healthcare/Harsh treatment	2
	g. Issues with MAT	2
	h. Substandard quality of care	2
	i. Gender-based issues	1
	j. Adequate experience with medical care	1
8.	Mental healthcare	**42 Total**
	a. Variety of mental health issues and needs	14
	b. Dehumanizing experience/Mental anguish	13
	c. Poor experience with health services staff for screening	5
	d. Coping with prison experience	5
	e. Isolation from loved ones	2
	f. Substandard quality of mental healthcare	1
	g. Problems with medication	1
	h. Long waits for treatment, if at all	1

9.	COVID-19	**38 Total**
	a. Vaccine hesitancy	16
	b. Comfort with vaccine	8
	c. Inadequate COVID-19 mitigation procedures from DOCCS/Lack of rule-following	8
	d. Vaccination status	6
10.	Academic and vocational programming and recreation	**14 Total**
	a. Experience with recreation	11
	b. Programs currently enrolled in	1
	c. Desire for educational programming	1
	d. Desire for career preparation programming	1
11.	Food	**8 Total**
	a. Adequate experience with food	3
	b. Issues in mess hall	2
	c. Issues with food quality	2
	d. Issues with food accessibility	1
12.	Disciplinary process	**4 Total**
	a. Arbitrary and unfair disciplinary measures	3
	b. Tickets and restrictions access to services and programming as disciplinary measure	1

Elmira SHU Open-Ended Data Addendum

1.	Academic and vocational programming and recreation	**33 Total**
	a. Reasons for not going to recreation:	
	i. Prefers not to go/Pointless	6
	ii. Forced to choose between recreation and other services	5
	iii. Not offered	3
	iv. Weather	1
	v. Other	1
	b. Programs currently enrolled in	7
	c. No desire for programming	5
	d. Location of recreation	4
	e. Under-stimulation	1

2.	Use of solitary confinement	**29 Total**
	a. Poor experience in solitary confinement	8
	b. Neutral experience in solitary confinement	7
	c. Some understanding of HALT	4
	d. Reported positive observations of impact of HALT implementation	4
	e. Extent of DOCCS effort to distribute information about HALT	3
	f. Little to no understanding of HALT	2
	g. Previous experience in solitary confinement	1
3.	Basic provision of services	**9 Total**
	a. Problems with phone and tablets	3
	b. Problems with property	2
	c. Adequate experience with phone and tablets	2
4.	Issues with disciplinary process	**7 Total**
	a. Arbitrary and unfair disciplinary measures	5
	b. Adequate experience	1
	c. Use of SHU/Keeplock for:	
	i. Collective punishment	1
5.	Issues with mental health	**6 Total**
	a. Dehumanizing experience/Mental anguish	6
6.	Material conditions and environmental issues	**2 Total**
	a. Problems with cell	2

CANY Post-Visit Briefing and Recommendations

Monitoring Visit To Elmira Correctional Facility

No.22-07: April 26-27, 2022

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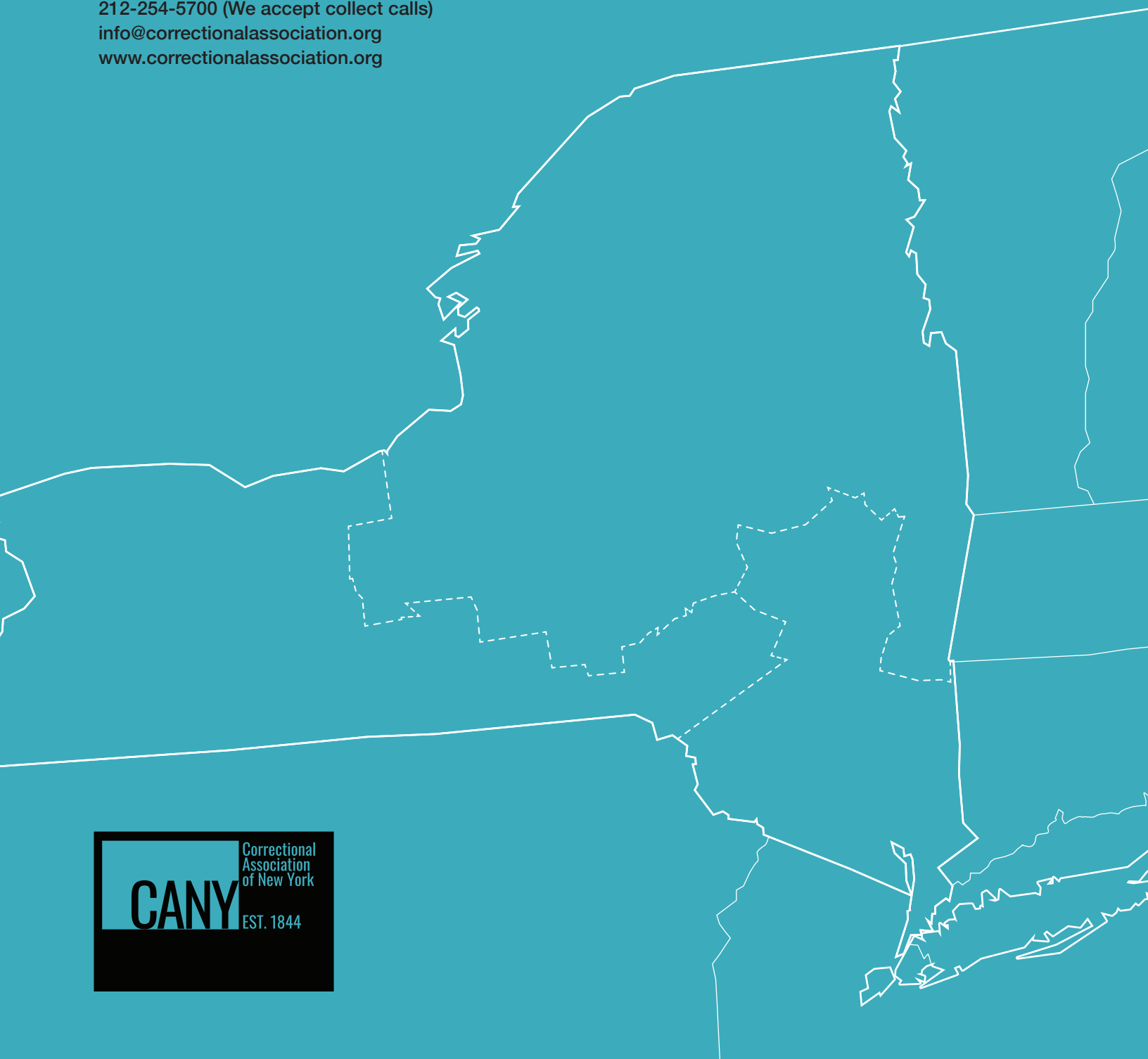

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