

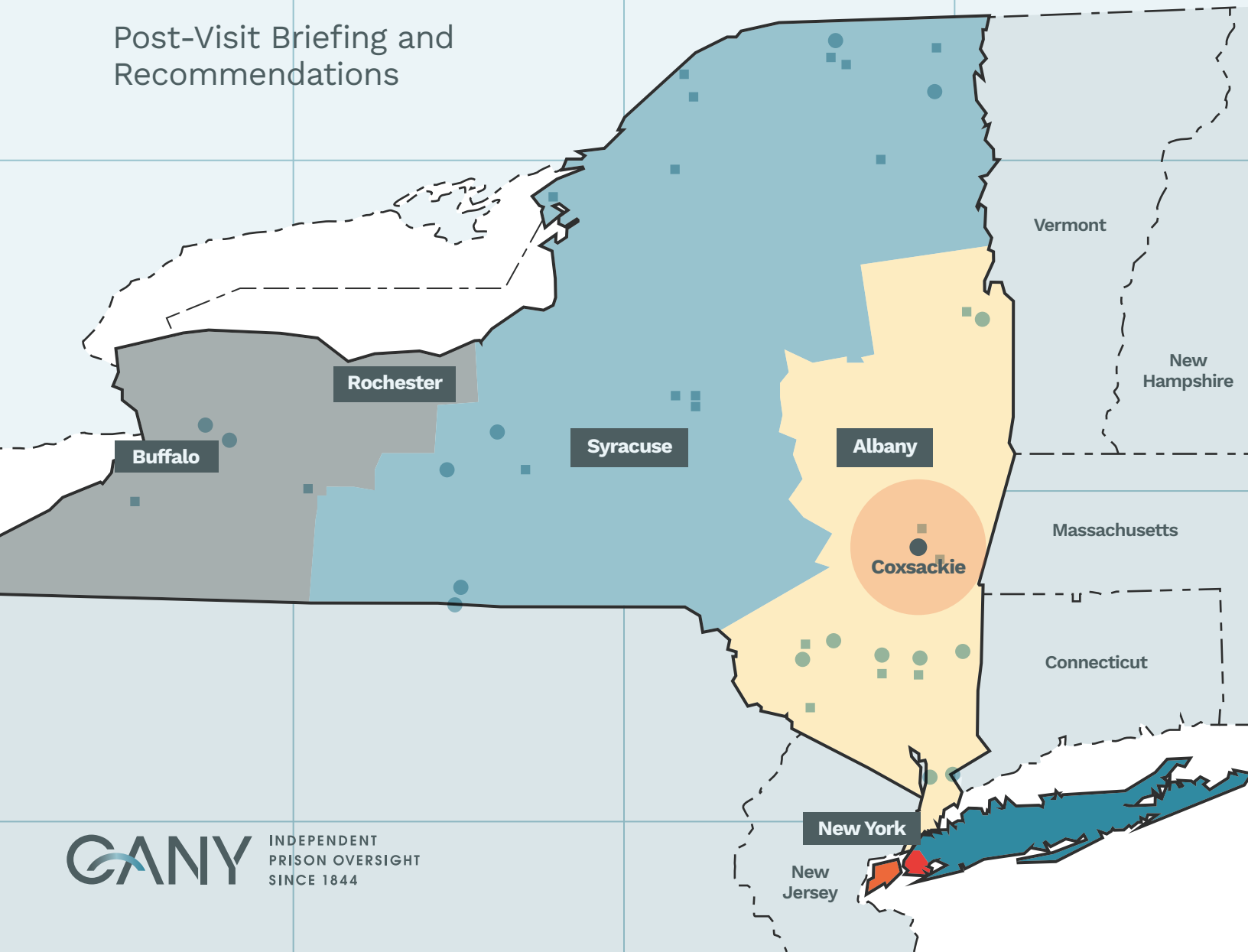
No. 22-09

July 20-21, 2022

# Monitoring Visit to Coxsackie Correctional Facility

**Correctional Association  
of New York**

Post-Visit Briefing and  
Recommendations



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# Executive Summary

On July 20 and 21, 2022, the Correctional Association of New York (CANY) conducted a monitoring visit to Coxsackie Correctional Facility, a maximum-security men's prison in Coxsackie, NY. CANY's monitoring visit to Coxsackie was conducted as part of its oversight mandate pursuant to Correctional Law §146(3). CANY representatives held meetings with prison staff as well as interviews with incarcerated people. The CANY visiting party carried out a total of 97 interviews with incarcerated individuals in general population housing areas, the Residential Rehabilitation Unit (RRU), the Special Housing Unit (SHU), the Residential Mental Health Unit (RMHU), and the Regional Medical Unit (RMU). CANY developed findings and recommendations from its analysis of data collected, observations and conversations with both incarcerated individuals and staff during its monitoring of Coxsackie. A detailed account of each of the findings can be found in the full report below.

## Findings

### *Basic Provision of Services*

- Incarcerated people reported concerns with commissary. Items in commissary were inconsistently available and often unaffordable.
- Access to phones is generally good across the general population units, the RRU, and the SHU. People in general population raised concerns about the duration of calls, maintenance of the phones, and the desire to have access to phone calls via tablets.
- Incarcerated people have access to visits, but their ease and frequency are complicated by distance and unwelcoming treatment in the visiting room.
- Incarcerated people reported that changes to Department of Corrections and Community Supervision's (DOCCS) Directive 4911A<sup>1</sup> have limited the accessibility of packages, straining their food options and financial resources.
- Incarcerated people reported food provisions served in the mess hall at Coxsackie are unappetizing, unhealthy, and insufficient. The Culinary Arts Program, however, offers vocational programming and certifications for those enrolled. Staff may eat food prepared by the Culinary Arts Program in the Officer Mess.

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<sup>1</sup> NYS Directive #4911 Packages and Articles Sent or Brought to Facilities: effective June 28, 2019. <https://doccs.ny.gov/system/files/documents/2020/11/4911.pdf>

### *Healthcare and Mental Health Services*

- The quality and accessibility of healthcare services at Coxsackie are generally positive, despite concerns with timely responses to emergencies and long waits for treatment.
- Incarcerated people reported mixed experiences with OMH services at Coxsackie, with problems related to medication, responses to emergencies, and management of the RMHU.
- People in the RRU were unsatisfied with healthcare services, especially dental care.
- OMH leadership has not yet promulgated regulations for the implementation of HALT.

### *Programs and Recreation*

- Incarcerated people reported the quality of programs across all units at Coxsackie is negatively impacted by staffing shortages and long waitlists. There also were some concerns about safety in industry jobs and a lack of certifications following completion of vocational programs.
- People reported the RRU did not offer sufficient or engaging programs and other services.
- The RRU did not offer regular or satisfactory rehabilitation plans as required under the HALT.
- Incarcerated people reported the SHU was not offering adequate access to out of cell time and programs or stimulating recreational activities as required under the HALT law.

### *Staff Behavior*

- Incarcerated people alleged both verbal and physical abuse by staff in general population, RRU and the SHU. There were alleged instances of racialized abuse by staff in the SHU.

### *Discipline*

- Incarcerated people see the disciplinary system as overused and unfair, and expressed concerns about disciplinary measures that amounted to the informal continuation of Keeplock at Coxsackie.
- People in the RRU and the SHU felt that they did not have access to fair disciplinary hearings before their sentencing as required under the HALT law.

- Individuals in RRU reported a lack of access to rehabilitation plans.

### *Grievances*

- Incarcerated people at Cocksackie expressed a lack of confidence in the grievance process.

### *Material Conditions and Environmental Issues*

- Incarcerated people expressed concerns about the safety of drinking water in general population and the SHU.
- High summertime temperatures posed serious challenges to the health and comfort of incarcerated people and staff at Cocksackie, across the general population units, RRU, and the SHU.

## Recommendations

### *Basic Provisions of Services*

- The administration at Cocksackie should ensure that incarcerated people receive the full mealtime allocation and ensure that portions are sufficient.<sup>2</sup>
- DOCCS should conduct an assessment into commissary availability to identify items that are out of stock, the range of listed items available, and the effects of inflation on the pricing of items at the commissary.

### *Health Care Services*

- 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.
- OMH should articulate its role and needs in the operation of RRUs and expand its important partnership with DOCCS to provide additional mental health services and establish programs in these units.

### *Programs and Recreation*

- DOCCS should continue to develop meaningful program opportunities for people in SHU and RRU that inspire robust participation. DOCCS should make every effort to provide congregate recreation in the RRUs as required under the Halt law.

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<sup>2</sup> See "Food Service Operations Manual, Directive #4310, January 2022," NYDOCCS. Office of Nutritional Services, p.4. [https://doccs.ny.gov/system/files/documents/2022/02/fsom-01-22\\_0.pdf](https://doccs.ny.gov/system/files/documents/2022/02/fsom-01-22_0.pdf)

## *Staff Behavior*

- DOCCS should implement the recommendations made by the New York State Inspector General in the November 2022 report entitled “Racial Disparities in the Administration of Discipline in New York State Prisons.”<sup>3</sup>

## *Discipline*

- DOCCS should incorporate procedural justice principles into all aspects of the due process for RRU and SHU. Research has shown that individuals are more likely to cooperate with law enforcement when they perceive they have been treated fairly.<sup>4</sup>
- DOCCS should ensure individuals understand the process and how decisions are made. Provide training and guidance for DOCCS and incarcerated individuals as the implementation of the HALT law progresses.

## *Material Conditions and Environmental Issues*

- The Department should create an annual heat mitigation plan to ensure incarcerated individuals and staff have options available to stay cool, hydrated and safe during high heat temperatures. The plan should include access to industrial fans, water, ice, and additional access to showers. Commissaries should be fully stocked with personal fans prior to the beginning of summer. Additional measures such as monitoring temperatures in housing, program and industry areas; maintaining a list of incarcerated people and staff with medical conditions that make them more susceptible to heat and monitor their well-being; increasing rounds and wellness checks; and providing shade on the exercise yards.
- The Extreme Heat Action Plan Work Group of the New York Department of Environmental Conservation (DEC)<sup>5</sup> should analyze the impact of extreme heat on incarcerated individuals and people working in prisons and articulate their specific needs in their long-term heat adaptation plan.
- DOCCS should make testing results easily available to incarcerated people, staff, and the public, to resolve concerns about the safety of drinking water on their website.

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3 Lucy Lang, “Racial Disparities in the Administration of Discipline New York Prisons,” State of New York Offices of the Inspector General, November 2022. <https://ig.ny.gov/system/files/documents/2022/12/oig-doccs-racialdisparities-report-12.1.22.pdf>.

4 See TOM.R.TYLER, WHY PEOPLE OBEY THE LAW (2006) and Lorraine Mazerolle et al, Procedural Justice, Routine Encounters and Citizen Perceptions of Police: Main Findings from the Queensland Community Engagement Trial (QCET), 8J. Experimental Criminology 343 (2012).

5 DOCCS is a member of the Extreme Heat Action Plan Work Group. The work group’s report can be found here: [https://www.dec.ny.gov/docs/administration\\_pdf/ehapinterimrecommendationsreport.pdf](https://www.dec.ny.gov/docs/administration_pdf/ehapinterimrecommendationsreport.pdf).

## Background

On July 20 and 21, 2022, the Correctional Association of New York (CANY) conducted a monitoring visit of Cocksackie Correctional Facility, a maximum-security men's prison in Cocksackie, NY. CANY's monitoring visit to Cocksackie was conducted as part of its oversight mandate pursuant to Correctional Law §146(3).

The CANY visiting party included nine representatives who carried out a total of 97 interviews with incarcerated individuals: 52 individuals incarcerated in general population housing areas, 18 individuals incarcerated in the Residential Rehabilitation Unit (RRU), 10 individuals incarcerated in the Special Housing Unit (SHU), 14 individuals in the Residential Mental Health Unit (RMHU), and 3 individuals in the Residential Medical Unit (RMU). As of July 20, 2022, Cocksackie housed approximately 588 incarcerated people. See Appendix B, Snapshot of Demographics at Cocksackie, for additional information about the characteristics of incarcerated people at Cocksackie.

## Methodology

CANY representatives held meetings with the Department of Corrections and Community Supervision (DOCCS) Executive Team, the head physician and facility health service administrator, and staff from the State Office of Mental Health (OMH). CANY also held meetings with the Incarcerated Liaison Committee (ILC) and the Incarcerated Grievance Resolution Committee (IGRC), as well as representatives from the New York State Public Employees Federation (PEF) and the New York State Correctional Officers and Police Benevolent Association (NYSCOPBA). CANY conducted visual observations of housing units, the RMU, infirmary, chapel, package room, law library, mess hall, vocational programs, and industry shops.

CANY representatives deployed a variety of data collection methods. Individual respondents housed in general population, the RMU, and the RMHU were interviewed using a 72-question general protocol. Individuals housed in the RRU were interviewed using a 68-question unit-specific protocol. Individuals housed in the SHU were interviewed using a 68-question unit-specific protocol. Meetings with staff and incarcerated groups followed a semi-structured interview guide and visual observations were documented using various note-taking methods.

Discussions of monitoring visit open-ended data often include numerical counts in parentheses that refer to the number of responses (instances) in the open-ended data that

referred to the issue in question.<sup>6</sup> These counts of instances are different from the sample sizes from individual questions presented in the monitoring visit closed-ended dataset.<sup>7</sup>

## Acknowledgements

CANY thanks the leadership and staff of the NYS Department of Correction and Community Supervision, State Office of Mental Health, and incarcerated individuals for their knowledge and assistance in supporting our visit.

We also acknowledge and thank CANY staff, Board members, and designees who devoted many hours to this report and monitoring visit.

## Basic Provision of Services

### Commissary

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

General Population Units	Yes	No	Total
Is the commissary adequately stocked with items on a regular basis?	24 41.4%	34 58.6%	58 100.0%

<sup>6</sup> Each monitoring visit protocols form yields open-ended responses. This data comes from open-ended questions employed as part of the General protocols form, the Special Housing Unit (SHU) protocols form, and the Residential Rehabilitation Unit (RRU) 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 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 openended 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 a tally of each time an incarcerated person spoke to that theme during their interview.

<sup>7</sup> 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 Special Housing Unit (SHU) protocols form, and the Residential Rehabilitation Unit (RRU) 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.



- Incarcerated people in general population units frequently reported problems with the quality and accessibility of goods in the commissary (48 instances). People reported that the commissary was frequently out of stock of basic or staple items such as fruit, vegetables, cheese, teabags, and meat and poultry. Respondents highlighted that available food options were unhealthy. “It’s the worst - just junk food,” one person said. Respondents also highlighted that fans were out of stock, and that prices generally were unaffordable.<sup>8</sup>

## Recommendation

- DOCCS should conduct an assessment into commissary availability to identify items that are out of stock, the range of listed items available, and the effects of inflation on the pricing of items at the commissary.

## Phone Calls & Tablets

Access to phones is generally good, despite complaints about the short duration of calls in general population. People in RRUs were dissatisfied with access to tablets and their property. Respondents in the SHU were satisfied with access to tablets.

General Population Units	Yes	No	Total
Do you have access to phone calls, either by using the phones or through a tablet?	56 91.8%	5 8.2%	61 100.0%

General Population Units	None	Once	2-3 Times	4-7 Times	More than 7 Times	Total
How many times per week are you able to access the phones?	2 3.5%	2 3.5%	6 10.5%	30 52.7%	17 29.8%	57 100.0%

- Though nearly all respondents in general population units reported having regular access to phone calls in the recreation yard, incarcerated people frequently reported problems with the duration of calls, among other issues (36 instances). Most explained that the ten minutes they were allotted was not enough. One person highlighted that the officers measured his ten-minute allotment from the moment he left his cell, not when he placed the call. He said this left him with only four actual minutes of phone time. Others raised concerns with phone maintenance, desire for phone access on tablets in general population, and their perception that they had to choose between phone calls and going to programs and recreation.

<sup>8</sup> CANY has uncovered problems with the accessibility of goods from the commissary across several prisons. Only 28% of respondents at Bare Hill (n=82, March 2022); 52% of respondents at Elmira (n=44, April 2022); and 21% of respondents at Albion (n=63, June 2022) reported that the commissary was adequately stocked with items on a regular basis.

Residential Rehabilitation Units	Yes	No	Total
Do you have access to all of your property in the RRU?	6 33.3%	12 66.7%	18 100.0%
Are you able to access phone calls, either through the tablet or other means while in the RRU?	18 94.7%	1 5.3%	19 100.0%

- People in the RRU highlighted problems with tablets (12 instances). Respondents reported a lack of consistent provision of tablets, or the limited provision of them. Another reported losing tablet access due to discipline, while others said that the wireless connection that the tablets rely on was poor sometimes.

Special Housing Units	Yes	No	Total
Are you able to access phone calls, either through the tablet or other means while in the SHU?	6 75.0%	2 25.0%	8 100.0%

- Respondents reported tablet access to be one of the best aspects of the SHU, because of the extended access to phone calls via tablets.

## Visits

Incarcerated people in general population have access to visits, but their ease and frequency is complicated by distance and unwelcoming treatment in the visiting room.

General Population Units	Yes	No	Total
Do you have access to in-person visits?	47 94.0%	3 6.0%	50 100.0%

- Though nearly all respondents reported having access to in-person visits, open-ended data offered a more complicated picture of families' experiences (27 instances). Some incarcerated people reported long travel times of up to six hours for their families and long wait times to access the visiting room. Incarcerated people also highlighted poor treatment of visitors by staff, including denial of visits for reasons perceived as arbitrary and subjective, such as clothing. One person explained: "They nitpick with certain visitors. They have tactics, scrutiny of clothing. They do things to discourage outside support." Respondents also highlighted what they perceived to be onerous COVID-19 testing requirements for their loved ones to access the visiting room.
- The facility superintendent reported that Coxsackie is undertaking a visiting room expansion. The new visiting room, which is expected to be twice the size of the current one and have bathrooms for incarcerated people and visitors, may help to alleviate the wait times reported above.

## Packages

Changes to Directive 4911A have limited the accessibility of packages for incarcerated people, straining their food options and financial resources.

- Incarcerated people also underscored their concerns with packages (8 instances). Respondents spoke about heightened staff scrutiny of their packages, which they linked to delays in receipt, missing items, and arbitrary and careless handling of their goods. Some people specifically blamed the new package policy, as defined in Directive 4911A<sup>9</sup>, for the problems in the package room. The ILC and IGRC identified the main issues stemming from Directive 4911A to be the imposed limit of two packages per month, the prohibition on the use of Electronic Benefits Transfer (EBT) cards for package buys, and general slowdowns in the package room that they attributed to the heightened scrutiny brought about by the policy. Several incarcerated people reported to CANY monitors that the package room did not have cameras.

## Food

Food provisions at Coxsackie are perceived to be unappetizing, unhealthy, or insufficient.

- Incarcerated people reported problems with the quality of food available in the mess hall (16 instances). Respondents described the food offerings as unappetizing and lacking in variety; some expressed concerns about the amount of soy and carbohydrates they were served in place of meat. One person described the mess hall meals as “three sodium meals.” Several respondents reported avoiding the mess hall as a result (9 instances), instead relying on commissary and packages. A mess hall worker told CANY monitors that he would not eat food produced in the mess hall.
- Others described problems with the quantity of food available in the mess hall (14 instances). One person said he felt that incarcerated people were “fed like kids” with too-small portions, which he believed was a cost-saving measure for DOCCS. Others also voiced concern with the too-small meals, with several people emphasizing the small meat portions especially. Several respondents also highlighted that they did not have enough time to eat in the mess hall (5 instances). Two respondents said they had as little as five minutes to eat.

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<sup>9</sup> See DOCCS Directive 4911A at <https://doccs.ny.gov/system/files/documents/2022/04/4911a-draftversion.pdf>. ILC and IGRC representatives also raised concerns with the package policy in their meeting with CANY representatives. They brought attention to the reported theft of items from packages, and general lack of clarity with package room procedures. See also, Andrea Wang, “New Package Restrictions at NY State Prisons Create Financial and Emotional Hardships,” NowThis News, August 15, 2022. <https://nowthisnews.com/news/packagerestrictions-at-new-york-state-prisons-create-hardships/>

## Recommendation

- The administration at Cocksackie should ensure that incarcerated people receive the full mealtime allocation and ensure that portions are sufficient.
- CANY will review food policy concerns system wide and provide recommendations to improve food accessibility and quality and health of those incarcerated in NY State prisons.

## Mental and Dental Healthcare

The quality and accessibility of healthcare services in general population units at Cocksackie is generally positive, despite concerns with timely responses to emergencies and long waits for treatment. Medical staff working in the administration and in patient-facing positions were knowledgeable, approachable, and highly engaged during conversations with CANY monitors.

General Population Units	Yes	No	Total	
Have you requested medical care?	52 80.0%	13 20.0%	65 100.0%	
Have you requested dental care?	42 66.7%	21 33.3%	63 100.0%	
If you have requested medical care, have you received a response?	37 80.4%	9 19.6%	46 100.0%	
If you have requested dental care, have you received a response?	28 70.0%	12 30.0%	40 100.0%	
Do you have unaddressed medical or dental needs?	26 46.4%	30 53.6%	56 100.0%	
<b>General Population Units</b>				
General Population Units	Yes	No	N/A	Total
If you have received medical care, was the level of care adequate?	28 54.9%	20 39.2%	3 5.9%	51 100.0%
If you have received dental care, was the level of care adequate?	27 61.4%	6 13.6%	11 25.0%	44 100.0%
Are you receiving medication as prescribed, including schedule and dosage?	40 67.8%	7 11.9%	12 20.3%	59 100.0%

General Population Units	2 Days	1 Week	2 Weeks	1 Month	Longer Than 1 Month	Total
(MEDICAL) If no, how long has your request been outstanding?	1 8.3%	2 16.7%	2 16.7%	2 16.7%	5 41.7%	12 100.0%
(DENTAL) If no, how long as your request been outstanding?	1 10.0%	2 20.0%	1 10.0%	1 10.0%	5 50.0%	10 100.0%
(MEDICAL) If yes, how long did it take to get care?	18 50.0%	3 8.3%	5 13.9%	2 5.6%	8 22.2%	36 100.0%
(DENTAL) If yes, how long did it take to get care?	5 21.7%	5 21.7%	6 26.1%	3 13.0%	4 17.4%	23 100.0%

- Coxsackie provided healthcare services through an infirmary for patients from general population, the RRU, and the SHU. It also operates a Regional Medical Unit (RMU) for patients in need of a higher level of care. Services in the RMU are provided by YesCare, a private medical corporation.<sup>10</sup>
- The quality and accessibility of healthcare at Coxsackie was generally positive. Compared to other prisons recently monitored by CANY, respondents reported higher response rates to their requests for medical<sup>11</sup> and dental<sup>12</sup> care, and a lower rate of respondents reported having unaddressed medical needs in the prison.<sup>13</sup>
- CANY monitors observed that RMU staff were compassionate and patient-inclined in their approaches to care. Monitors also observed a support group hosted by a nurse with many incarcerated people in attendance. Nursing staff ran quality-of-life support groups and expressed interest in holistic patient care including the provision of healthy food options.
- Incarcerated people in general population reported problems with long waits for treatment (28 instances), as well as in some experiences, a substandard quality of healthcare (13 instances). Respondents reported long wait times for treatment of a variety of needs, such as medication, a brace for an injured leg, medical permits, physical therapy, and more.
- Incarcerated people also reported problems with emergency healthcare response (14 instances). Open-ended data revealed that many of these problems were worsened by slow responses to crises such as seizures, chest pains, and suicide and self-harm attempts. For example, an incarcerated person reported an instance in which correctional officers laughed at a man who told them he had chest pains,

<sup>10</sup> The contract for YesCare, formerly called Corizon LLC, can be found here: <https://www2.osc.state.ny.us/transparency/contracts/contracttransactions.cfm?DocType=pdf&Contract=00000000000000000000000028331&entitytype=Agency>.

<sup>11</sup> At Elmira in April 2022, only 47% of respondents reported having received a response to their request for medical care (n=36), and 72% at Albion in June 2022 (n=53).

<sup>12</sup> At Elmira in April 2022, only 58% of respondents reported having received a response to their request for dental care (n=24), and 73% at Albion in June 2022 (n=51).

<sup>13</sup> At Bare Hill in March 2022, 50% of respondents reported having unaddressed medical needs (n=86), 50% at Elmira in April 2022 (n=38), and 61% at Albion in June 2022 (n=56).

accusing him of being high on K2<sup>14</sup>; he said that that man later died. In another instance where officers dismissed an incarcerated person’s reported heart attack, the respondent said: “They think all [medical incidents] are K2-related.” Another person corroborated this report. Furthermore, incarcerated people reported witnessing wait times of 15-20 minutes for staff to respond to people engaged in self-harm.

Residential Rehabilitative Units	Yes	No	Total
If you have requested medical care, have you received a response?	11 57.9%	8 42.1%	19 100.0%
If you have requested dental care, have you received a response?	7 41.2%	10 58.8%	17 100.0%
If you received medical care, was the level of care adequate?	5 31.2%	11 68.8%	16 100.0%
If you received dental care, was the level of care adequate?	2 25.0%	6 75.0%	8 100.0%

- People in the RRU reported long waits for medical care, with some not receiving care at all (7 instances). Respondents explained that medical care was reserved only for emergency situations: “Medical care wasn’t given until [I] literally had an asthma attack.” Others highlighted the persistence that being seen by healthcare services requires, sometimes without success: “Must submit 10 slips before medical responds. I’ve never been seen by dental.”
- Respondents in the RRU reported having a range of medical issues and needs, including diabetes, loose teeth, headaches, and more.

Special Housing Units	Yes	No	Total
If you have requested medical care, have you received a response?	6 75.0%	2 25.0%	8 100.0%
If you have requested dental care, have you received a response?	4 50.0%	4 50.0%	8 100.0%
If you received medical care, was the level of care adequate?	4 50.0%	4 50.0%	8 100.0%
If you received dental care, was the level of care adequate?	4 100.0%	0 0.0%	4 100.0%
Do you have unaddressed medical or dental needs?	6 85.7%	1 14.3%	7 100.0%

- People in the SHU described having a variety of medical issues and needs (6 instances). The medical needs included treatment for hearing loss, back pain, broken teeth and jaws, and leg injuries.

14 “K2” is a synthetic cannabinoid cited by DOCCS staff as a common drug in New York prisons.

## Recommendation

- 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.

## Mental Healthcare

Incarcerated people in general population units and RRU units reported mixed experiences with OMH services at Coxsackie, with problems related to medication, responses to emergencies, and management of the RMHU. People in the SHU reported the SHU being an emotionally and mentally difficult environment.

General Population Units	Yes	No	Total	
Are you on the OMH caseload?	24 37.5%	40 62.5%	64	100.0%
Have you attempted to hurt yourself in this prison?	5 9.6%	47 90.4%	52	100.0%
Have you experienced or witnessed an emergency medical or mental health situation in this prison?	33 61.1%	21 38.9%	54	100.0%
General Population Units	Yes	No	N/A	Total
Are you getting the mental health programs that you need?	15 37.5%	10 25.0%	15 37.5%	40 100.0%

- According to DOCCS Directive 0048<sup>15</sup>, Coxsackie general population, the SHU, and the RRU are classified as Mental Health Service Level 2 by OMH. The Coxsackie RMHU and RMU are classified as Mental Health Service Level 1.
- In general population, open-ended data revealed mixed experiences with mental healthcare at Coxsackie. Some respondents reported good experiences with mental healthcare, namely regular interaction with OMH counselors and clinicians. Other respondents highlighted problems with the quality and accessibility of mental healthcare, such as arbitrary diagnoses and the infrequent availability of mental health services in lieu of medication.
- Others highlighted health problems that they linked to their mental health medication. Several respondents underscored that they sought therapy and not just medication alone, and one person reported that staff made accepting medication a precondition for access to therapy.

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NYS Corrections and Community Supervision, Directive # 0048, eff.2/10/22. 0048 0 0.pdf (ny.gov)

- Coxsackie presented a higher rate of reported experiences of emergency medical or mental health situations than other prisons recently monitored by CANY.<sup>16</sup>
- Coxsackie OMH staff reported that OMH leadership had not yet promulgated regulations for the implementation of HALT. Coxsackie OMH reported efforts to maintain a therapeutic space, such as the use of positive behavior reports to garner incentives such as time cuts, extra food items, and visits; individual and congregate recreation spaces, and educational programs for two hours in the morning.
- In interviews in the RMHU, respondents reported that staff were not sufficiently trained to meet their mental health needs. One person reported that a therapist told him he had no training in trauma or post-traumatic stress disorder treatment. Another said: “RMHU should be shut down. No competent staff, and staff are gone on weekends.” NYSCOPBA representatives at Coxsackie also told CANY monitors about their concerns regarding understaffing in the rehabilitative units; they felt that rehabilitative programs would be unsuccessful without sufficient staff. The Coxsackie sector of NYSCOPBA communicated to CANY in a letter their perception of a lack of training of staff for the RMHU, as well as a lack of civilian and mental health staff in the unit.
- Several people described the RMHU as effectively a SHU and criticized the quality of mental healthcare and the availability of other services there.

Residential Rehabilitative Units	Yes	No	Total
Do you have any unaddressed mental health needs?	10 58.8%	7 41.2%	17 100.0%
Are you on the OMH caseload?	4 22.2%	14 77.8%	18 100.0%
Are you getting the mental health programs you need?	5 45.5%	6 54.5%	1 100.0%
Have you attempted to hurt yourself in this prison?	0 0.0%	16 100.0%	16 100.0%

- A few respondents in the RRU (3 instances) reported struggling with mental health issues. One person said the small cell and lack of air circulation was intensifying his anxiety. Another reported having a persistent headache contributing to suicidal thoughts.
- OMH staff reported to CANY monitors that, as of July 20, 2022, no mental health programs were being offered, but that counselors were completing rounds in the RRU.

<sup>16</sup> At Elmira in April 2022, 51% of respondents reported having experienced or witnessed an emergency medical or mental situation in the prison (n=43). At Albion in June 2022, that figure was 61% (n=61), like at Coxsackie (n=54).



Special Housing Units	Yes	No	Total	
Are you on the OMH caseload?	5 55.6%	4 44.4%	9 100.0%	
Are you getting the mental health programs you need?	1 16.7%	5 83.3%	6 100.0%	
Do you have unaddressed mental health needs?	2 50.0%	2 50.0%	4 100.0%	
Have you attempted to hurt yourself in this prison?	2 22.2%	7 77.8%	9 50.0%	
Special Housing Units				
Special Housing Units	Level 2	Level 3	I Don't Know	Total
If yes, what is your OMH level:	2 50.0%	1 25.0%	1 25.0%	4 100.0%

- Respondents described the SHU as a stressful and dehumanizing place (5 instances) that exacerbated their mental health issues.

## Recommendation

- OMH should articulate its role and needs in the operation of RRUs and expand its important partnership with DOCCS to provide additional mental health services and establish programs in these units.

## Programs and Recreation

The quality of programs at Coxsackie is negatively impacted by staffing shortages, long waitlists, and concerns about safety and a lack of certifications after completion of vocations. The RRU did not offer sufficient or engaging programs and other services. The SHU was not offering adequate access to out of cell time and programs or stimulating recreational activities.

General Population Units	Yes	No	Total
Do you have access to the academic and vocational programs you need?	31 54.4%	26 45.6%	57 100.0%

- As of July 20, 2022, Coxsackie offered vocational training in custodial maintenance, electrical shop, welding, plumbing, heating, masonry, computer programming, and culinary arts. A classroom for barbering vocational programming was reportedly under construction, according to the executive team. The executive team reported that computer programming, barbering, and food handlers' programs offered certification. Coxsackie offered industry programs in the sock shop, and two tailor shops.

- As of July 20, 2022, Cossackie offered academic training through the High School Equivalency (HSE) program as well as a one-year college program operated by the Bard Prison Initiative.<sup>17</sup> The program has a competitive admissions process, and it enrolled about 17 students from Cossackie from an applicant pool of 40.<sup>18</sup>
- In the industry shops, incarcerated workers manufactured a variety of products,<sup>19</sup> including uniforms, socks, and suicide safety smocks.<sup>20</sup> Incarcerated workers expressed a desire for higher wages. One person reported that injuries were frequent, though not major.
- Some incarcerated people reported dissatisfaction with the program offerings at Cossackie (21 instances), with concerns related to low work wages, a lack of certifications to help with job placement after re-entry, long waitlists, lack of stimulation in programs – and, if one could not access programs, remaining in cell for extended periods of the day.<sup>21</sup>
- DOCCS administrative data<sup>22</sup> revealed a 58.3% fill rate of program staff items (positions) at Cossackie. The prison had a recommended program services staffing allocation of 72 items, of which 42 were filled. Program services were lacking staff across various areas. The largest vacancies were in guidance activities,<sup>23</sup> where four of 12 recommended items were filled; academic and general education, where 10 of 13 recommended items were filled; and vocational education, where four of nine recommended items were filled.

Residential Rehabilitation Units	Yes	No	Total
Do you have at least seven hours of out of cell time per day?	10 58.8%	7 41.2%	17 100.0%
Do you have at least one hour of out of cell congregational recreation per day (i.e., with other incarcerated people)	11 61.1%	7 38.9%	18 50.0%
Do you have at least six hours of out of cell programming per day? (Can include individual or group programming)	3 21.4%	11 78.6%	14 100.0%

17 See more about the Bard Prison Initiative at: <https://bpi.bard.edu/>.

18 The program was previously two years but reduced to one due to difficulties with transfer holds for the incarcerated students.

19 The executive team reported that the tailor garment shop manufactures 20 different products.

20 The executive team reported that throughout the COVID-19 pandemic, Cossackie’s industry shop produced over 1 million cloth masks.

21 Cossackie had a lower rate of satisfaction with program offerings than other prisons recently monitored by CANY. At Bare Hill in March 2022, 81% of respondents reported having access to the academic and vocational programs they needed (n=69). At Elmira in April 2022, 69% of respondents reported having such access (n=48), and 70% reported having access at Albion in June 2022 (n=63).

22 These figures were accessed through a Freedom of Information Law (FOIL) request to DOCCS for data on staffing. CANY received data on security staff, program staff, and support staff levels as of February 27, 2022.

23 Guidance activities includes the position of Offender Rehabilitation Coordinator (ORC). Cossackie’s recommended allocation of ORCs was for six items, of which two were filled.

Residential Rehabilitation Units	Yes	No	Total		
Have you ever been denied access to a program?	9 50.0%	9 50.0%	18 100.0%		
Have you ever refused to participate in programs?	3 17.7%	14 82.3%	17 50.0%		
Do you have access to programs consistent with those you would have in general population?	1 6.2%	15 93.8%	16 100.0%		
Do you have access to services consistent with those you would have in general population? (Commissary, packages, property, etc.).	2 11.8%	15 88.2%	17 50.0%		
Do you have access to trauma-informed therapeutic programming?	1 6.7%	14 93.3%	15 100.0%		
Have you ever been forced to choose between getting a tablet and going to programming or recreation?	7 43.8%	9 56.2%	16 50.0%		
<b>Residential Rehabilitation Units</b>					
	<b>Restart Chairs</b>	<b>Cages</b>	<b>Hand Shackles</b>	<b>Ankle Shackles</b>	<b>Wrist Chains</b>
During programs, are any of these restraints used:	5	1	3	3	1
<b>Note: Respondents were able to select more than one option.</b>					

- Some respondents in the RRU reported dissatisfaction with the program offerings (15 instances). Respondents expressed frustration with the simplicity and repetitiveness of programming: “I don’t know what these ‘programs’ are – it’s just TV.” Others said their access to programs was limited, and that they were not getting their full allotment of time. Others, meanwhile, said that the programs they had received had been uplifting and beneficial.
- The open-ended data from the RRU also highlighted frequent instances of denial of program access by staff (10 instances), for incidents such as not being dressed or otherwise ready to leave one’s cell in time, or other things considered by the respondents to be arbitrary. “Stressful in here. We get tickets for petty stuff,” one person explained.
- Respondents in the RRU frequently reported the undesirability of recreation as their reason for not attending. People explained that they refuse recreation to avoid hostile interactions with staff, hot temperatures, or a lack of things to do in the recreation space.
- Like other RRUs monitored by CANY, the Coxsackie RRU appeared to make automatic use of RESTART chairs during programs. One respondent in the RRU emphasized the difficulties of being “always caged up.”

Residential Rehabilitation Units	Yes	No	Total		
Do you have at least one hour of out of cell congregational recreation per day (i.e., with other incarcerated people)	6 66.7%	3 33.3%	9 100.0%		
Do you have at least three hours of out of cell programming per day? (Can include individual or group programming)	2 22.2%	7 77.8%	9 50.0%		
Have you ever been denied access to a program?	1 25.0%	3 75.0%	4 100.0%		
Have you ever refused to participate in programs?	1 25.0%	3 75.0%	4 50.0%		
<b>Residential Rehabilitation Units</b>					
	<b>Restart Chairs</b>	<b>Cages</b>	<b>Hand Shackles</b>	<b>Ankle Shackles</b>	<b>Wrist Chains</b>
During programs, are any of these restraints used:	2	2	2	3	2
Note: Respondents were able to select more than one option.					

- Incarcerated people reported recreation in the SHU was offered in the fenced area outside of the unit, or in the balcony behind people’s cells.
- Respondents in SHU reported not going to recreation because of a lack of stimulation there, or because of hot temperatures.
- No respondent reported having received programs in the SHU (6 instances). “There are none,” one person said.

## Recommendation

- DOCCS should continue to develop meaningful program opportunities for people in SHU and RRU that inspire robust participation.
- DOCCS should make every effort to provide congregate recreation in the RRUs as required under the HALT law, even pending future construction of congregate recreation areas.

## Staff Behavior

Incarcerated people in general population units, RRU and SHU, alleged verbal and physical abuse by staff. There were also alleged instances of racialized abuse by staff in the SHU.

General Population Units	Yes	No	Total
Have you seen or been personally subject to verbal, physical, or sexual abuse by staff at this prison?	28 48.3%	30 51.7%	58 100.0%
Have you seen or experienced racialized abuse by staff (slurs, stereotyping, discrimination, etc.) at this prison?	24 40.7%	35 59.3%	59 100.0%

- Incarcerated people reported experiences of abuse by prison staff (31 instances).<sup>24</sup> Respondents highlighted a variety of abusive behaviors by staff, such as random assaults in cells and in transit by groups of correctional officers; overtightened handcuffs; destructive cell searches; denial of food; verbal abuse, including threats of violence; and sexual harassment. Incarcerated people reported instances of assaults with batons, pepper spray, and other items such as a fire extinguisher and a hose. Another reported that a correctional officer in a tower pointed his gun at him and simulated shooting him.
- A smaller subset reported sexual abuse and harassment by staff.
- Others reported mixed experiences with staff (18 instances), highlighting that some officers were abusive, while others behaved fairly. Some reported adequate to positive experiences with staff (16 instances).
- Incarcerated people also frequently reported experiences of racialized abuse and discriminatory treatment by staff (26 instances).<sup>25</sup> Respondents highlighted their perception that job assignments in the prison was discriminatory, alleging that the “good jobs” were given to white people. Others explained that staff favored white incarcerated people in provision of services and targeted Black incarcerated people in distribution of disciplinary tickets. Respondents also recounted their experiences of racially abusive slurs, such as being called “boy,” “nigger,” “monkey,” “A-rab,” and “terrorist.” A Jewish incarcerated person reported that an officer said to him “Welcome to Auschwitz.”<sup>26</sup>
- The executive team reported that 1,721 cameras had been installed, covering 98% of the prison. The closed-circuit television system was equipped with microphones. The Office of Special Investigations (OSI), the Deputy of Security, and the executive team had access to the camera footage. Some incarcerated people reported a decrease in abuse since the installation of cameras with microphones.

<sup>24</sup> For comparison, 58% of respondents at Bare Hill in March 2022 reported having seen or been personally subject to verbal, physical, or sexual abuse by staff (n=104). The rate was 23% at Elmira in April 2022 (n=48). At Albion in June 2022, 50% of respondents reported having seen or been personally subject to verbal or physical abuse by staff (n=64), while 26% reported having seen or been subject to sexual abuse or sexual harassment (n=66). Coxsackie falls on the higher end of this range.

<sup>25</sup> At Bare Hill in March 2022, 55% of respondents reported having seen or experienced racialized violence (n=98), while this figure was 20% at Elmira in April 2022 (n=46), and 43% at Albion in June 2022 (n=60).

<sup>26</sup> The New York State Offices of the Inspector General outlined evidence of significant racial disparities in the issuance of disciplinary (misbehavior) reports to incarcerated people by DOCCS staff. See Lucy Lang, “Racial Disparities in the Administration of Discipline New York Prisons,” State of New York Offices of the Inspector General, November 2022, p. 3, passim. <https://ig.ny.gov/system/files/documents/2022/12/oig-doccs-racialdisparities-report-12.1.22.pdf>.

- DOCCS administrative data<sup>27</sup> revealed overfilled security staff levels at Coxsackie, amounting to a workforce 102.7% of the recommended staffing allocation. Coxsackie had a recommended staffing count of 412 items for “supervision of inmates” and 423 items filled. This amounts to a ratio of 1.39 incarcerated people per security staffer, well below the DOCCS system-wide ratio of 1.88 as of September 1, 2022.<sup>28</sup> The prison’s recommended allocation for the deputy superintendent of security, captains, and lieutenant were filled. For the sergeant position, 21 of 24 recommended items were filled. The discrepancy arose in the correctional officer position, where 334 staff filled a recommended allocation of 316.<sup>29</sup>

Residential Rehabilitative Units	Yes	No	Total
Have you seen or been personally subject to verbal, physical, or sexual abuse?	7 38.9%	11 61.1%	18 100.0%
Have you seen or experienced racialized abuse by staff (slurs, stereotyping, discrimination, etc.) in the RRU?	4 26.7%	11 73.3%	15 100.0%

- Some respondents in the RRU reported being subject to abuse by staff (6 instances), including after trying to comply with disciplinary orders, while in handcuffs, and through the denial of food. People highlighted the generalized poor treatment by staff as well (8 instances), alleging that staff do not treat incarcerated people in the RRU with respect. “They are running it very disrespectful,” one person said. Respondents also noted the presence of racialized abuse (3 instances), including the use of slurs and derogatory language.

Special Housing Units	Yes	No	Total
Have you seen or been personally subject to verbal, physical, or sexual abuse by staff in the SHU?	3 33.3%	6 66.7%	9 100.0%
Have you seen or experienced racialized abuse by staff (slurs, stereotyping, discrimination, etc.) in the SHU?	4 44.4%	5 55.6%	9 100.0%

27 These figures were accessed through a Freedom of Information Law (FOIL) request to DOCCS for data on staffing. CANY received data on security staff, program staff, and support staff levels as of February 27, 2022.

28 “DOCCS Fact Sheet,” New York Department of Corrections and Community Supervision, September 1, 2022. <https://doccs.ny.gov/system/files/documents/2022/09/doccs-fact-sheet-september-2022.pdf>. NYSCOPBA Central Region vice president Brian Hluska has publicly stated that New York prisons are in a “staffing crisis right now,” despite DOCCS’ contention that their “ratio of 1 security staff for every 1.8 incarcerated individuals” is “among the best ratios in the country.” In a letter to CANY following the monitoring visit to Coxsackie, NYSCOPBA representatives also stated that their staffing levels were inadequate. Publicly available data from the Association of Correctional Administrators’ 2010 staff to inmate survey revealed that NYDOCCS had the lowest incarcerated people per security staffer ratio in the United States, at 3.0 (the national average was 6.4). As observed above, the DOCCS system-wide ratio of incarcerated people to security staff has become more favorable to staff between 2010 and 2022, falling from 3.0 to 1.88.

29 Coxsackie maintained Spanish-speaking security staff at the sergeant (two items) and correctional officer positions (six items; recommended staffing of four). And in the RMU, all three sergeant items were filled, and 41.5 of 50 correctional officer items were filled. There also was a Spanish-speaking correctional officer.

- People in the SHU reported mixed (6 instances) to negative experiences with staff (3 instances), and some noted their experiences of abuse by staff.

## Recommendation

- DOCCS should implement the recommendations made by the New York State Inspector General in the November 2022 report entitled “Racial Disparities in the Administration of Discipline in New York State Prisons.”<sup>30</sup>

## Discipline

Incarcerated people in general population units and RRU see the disciplinary system as overused and unfair, and expressed concerns about disciplinary measures that amounted to the informal continuation of Keeplock at Coxsackie. Few respondents reported problems with additional discipline in the SHU.

General Population Units	Yes	No	Total
Have you been subject to discipline at this prison?	34 56.7%	26 43.3%	60 100.0%
Is the disciplinary system fair?	10 23.3%	33 76.7%	43 100.0%
Since March 31 of this year, have you ever been locked inside your cell for more than 17 hours a day?	28 50.0%	28 50.0%	56 100.0%

- Incarcerated people reported a variety of disciplinary measures at Coxsackie, including use of segregated confinement in the SHU or the RMHU and loss of access to basic services and other privileges.
- Some people explained that the loss of access to recreation and programs effectively amounted to the continuation of Keeplock or otherwise isolated confinement, as they were restricted to their cells in this maximum-security prison.<sup>31</sup> One person explained: “Disciplinary loss of privileges means you basically have to spend the whole day in your cell – loss of privileges is the new SHU.”
- Incarcerated people reported that correctional officers routinely and arbitrarily gave out tickets.<sup>32</sup> Respondents reported receiving tickets for a range of incidents

<sup>30</sup> Lucy Lang, “Racial Disparities in the Administration of Discipline New York Prisons,” State of New York Offices of the Inspector General, November 2022. <https://ig.ny.gov/system/files/documents/2022/12/oig-doccs-racialdisparities-report-12.1.22.pdf>.

<sup>31</sup> For comparison, at Albion, a medium-security women’s prison whose general housing areas consist of open dormitory-style cubicles as opposed to cells on a gallery, only 12% of respondents reported having been restricted to their living area for more than 17 hours per day since March 31, 2022 (n=52).

<sup>32</sup> Coxsackie closed-ended data showed similar levels of reported discipline as other prisons recently monitored by CANY. At Bare Hill in March 2022, 58% of respondents reported having been subject to discipline (n=96). At Elmira in April 2022, the figure was 43% (n=46), and at Albion in June 2022, it was 58% (n=59).

that they did not feel required discipline, such as being victims of staff assault, having grievance paperwork in one’s cell, wearing the wrong color shirt to the mess hall, not wearing the state-issued shoes, and refusing to work double shifts in the mess hall. Incarcerated people expressed their perception of an unfair and biased disciplinary process: “Whatever the officer says – goes,” one person said. “They need more fairness. You can never beat a ticket here,” said another.<sup>33</sup>

Residential Rehabilitation Units	Yes	No	Total
Have you received disciplinary tickets while in the RRU?	7 41.2%	10 58.8%	17 100.0%
If yes, did you receive a hearing for those disciplinary tickets?	5 71.4%	2 28.6%	7 100.0%
Have you received additional punishment in the RRU? (e.g., loss of privileges)	5 45.5%	6 54.5%	11 100.0%

Residential Rehabilitation Units	1 Ticket	2 Tickets	3 Tickets	5 Tickets	Total
If you have received disciplinary tickets while in the RRU, how many?	2 33.3%	1 16.7%	1 16.7%	2 33.3%	6 100.0%

- Respondents reported receiving additional discipline in the RRU (8 instances). People reported receiving tickets excessively and arbitrarily, which made it difficult for them to secure release back to general population. As punishment, respondents reported loss of access to some or most of programs, recreation, phones and tablets, commissary, and packages. Others reported loss of their “good time” credits, and that they received additional time in the RRU.

## Arrival in the RRU

People in the RRU reported not having access to procedurally just hearings before their sentencing.

Residential Rehabilitation Units	Yes	No	Total
Were you in the SHU or another form of segregated confinement before being transferred to this RRU?	13 76.5%	4 23.5%	17 100.0%
Did you have a hearing where you were sentenced to this current time in the RRU?	16 94.1%	1 5.9%	17 50.0%
Were you told that you could have representation at your hearing by an attorney, paralegal, law student, or fellow incarcerated person?	11 64.7%	6 35.3%	17 100.0%

<sup>33</sup> Coxsackie displayed similar rates of perception of unfairness in the disciplinary system as other prisons recently monitored by CANY. At Bare Hill in March 2022, 11% of respondents reported that the disciplinary system was fair (n=66). At Elmira in April 2022, this figure was 30% (n=20), and at Albion in June 2022, it was 19% (n=37).



Residential Rehabilitation Units		Yes	No	Total					
If yes, did you have a representative at your hearing?		1 8.3%	11 91.7%	12 100.0%					
Were you provided an opportunity to make a phone call to your family or an attorney, or to speak to a fellow incarcerated person, to request such representation?		7 46.7%	8 53.3%	15 100.0%					
Residential Rehabilitation Units		21 and Younger	55 and Older	Pregnant	Post-Partum	With a Mental Health Need	With a Disability		
Are you a member of any of the following populations? (check all that apply):		5	2	0	0	3	3		
Note: Respondents were able to select more than one option.									
Residential Rehabilitation Units		Up to 1 Week	Up to 2 Weeks	Up to 1 Month	Up to 2 Months	Up to 3 Months	Up to 6 Months	No Specific Time Given/Incalculable	Total
How long have you been in this RRU?		4 22.2%	0 0.0%	3 16.7%	2 11.1%	3 16.7%	6 33.3%	0 0.0%	18 100.0%
How long is your total disciplinary sentence?		0 0.0%	0 0.0%	1 5.6%	2 11.1%	2 11.1%	7 38.9%	6 33.3%	18 100.0%
If yes, how long were you in the RRU before that review?		1 12.5%	0 0.0%	1 12.5%	0 0.0%	0 0.0%	0 0.0%	6 75.0%	8 100.0%
Residential Rehabilitation Units		14 Days or Under	15 Days	Up to 1 Month	Up to 2 Months	Longer than 2 Months	No Specific Time Given/Incalculable	Total	
How long were you in the SHU or segregated confinement before transfer to the RRU?		2 12.5%	2 12.5%	3 18.7%	3 18.7%	2 12.5%	4 25.0%	16 100.0%	

- Respondents reported being in the RRU for physical altercations, threatening officers, gang tattoos, and weapon possession. Some reported that the acts of aggression were provoked by staff assaults. Some questioned the fairness of their disciplinary sentence, contending that they had been “in the wrong place at the wrong time” in the run-up to an altercation, or that the sentence they received was excessive.

- People in the RRU reported negative and otherwise unfair experiences with the hearing process (13 instances). Experiences included but were not limited to reported requests for representatives that were denied or ignored; denied requests for camera footage of the incident; or dismissal of their objections or arguments by hearing officers during the hearing. One person noted the imbalance of knowledge of the system and preparation that incarcerated people face before their hearings: “We have no information regarding new rules and regulations; therefore I’m looking stupid.”

## Recommendations

- DOCCS should incorporate procedural justice principles into all aspects of the due process for RRU and SHU. Research has shown that individuals are more likely to cooperate with law enforcement when they perceive they have been treated fairly.<sup>34</sup> DOCCS should ensure individuals understand the process and how decisions are made. The HALT law provides for the participation of incarcerated individuals in disciplinary hearings and access to legal representation.
- Provide training and guidance for DOCCS and incarcerated individuals as the implementation of the HALT law progresses.

## Rehabilitation and Review

The RRU did not offer regular or satisfactory rehabilitation plans.

Residential Rehabilitation Units	Yes	No	Total
Do you have a rehabilitation plan for your time in the RRU?	3 17.7%	14 82.3%	17 100.0%
Have you had a periodic review of your status in the RRU?	6 35.3%	11 64.7%	17 100.0%

- Respondents highlighted their lack of rehabilitation plans, or that they were limited in scope or application.

<sup>34</sup> See TOM.R.TYLER, WHY PEOPLE OBEY THE LAW (2006) and Lorraine Mazerolle et al, Procedural Justice, Routine Encounters and Citizen Perceptions of Police: Main Findings from the Queensland Community Engagement Trial (QCET), 8J. Experimental Criminology 343 (2012).

## Recommendation

- Individual rehabilitation plans and reviews are essential steps that need to occur for an individual’s progression out of RRUs. DOCCS must ensure that periodic reviews and rehabilitation plans are being conducted and created in accordance with DOCCS RRU manual.<sup>35</sup>

Special Housing Units	Yes	No	Total
Have you received additional disciplinary tickets while in SHU?	2 22.2%	7 77.8%	9 100.0%
Have you received additional punishment in the SHU? (e.g., loss of privileges)	2 28.6%	5 71.4%	7 100.0%
<b>Special Housing Units</b>			
	<b>2 Tickets</b>	<b>4 Tickets</b>	<b>Total</b>
Do you have a rehabilitation plan for your time in the RRU?	1 50.0%	1 50.0%	2 100.0%

## Arrival in the SHU

Some people in the SHU reported unfair experiences in their disciplinary hearings.

Special Housing Units	Yes	No	Total
Since March 31 of this year, have you been in a SHU or other form of segregated confinement for longer than 15 consecutive days?	3 33.3%	6 66.7%	9 100.0%
Did you have a hearing when you were sentenced to this current bid in the SHU?	9 100.0%	0 0.0%	9 100.0%
Were you told that you could have representation at your hearing by an attorney, paralegal, law student, or fellow incarcerated person?	6 66.7%	3 33.3%	9 100.0%
Were you provided an opportunity to make a phone call to your family or an attorney, or to speak to a fellow incarcerated person, to request such representation?	4 50.0%	4 50.0%	8 100.0%
<b>Special Housing Units</b>			
	<b>Before</b>	<b>After</b>	<b>Total</b>
If yes, did that hearing happen before or after you were placed in SHU?	2 22.2%	7 77.8%	9 100.0%

<sup>35</sup> See DOCCS Residential Rehabilitation Unit Program Manual revised 9/2022. rrupm 0.pdf (ny.gov) See also (Directive 4933D) 4933d.pdf (ny.gov)

## Grievances

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

Special Housing Units	Yes	No	Total
Have you filed a grievance at this prison?	31 50.8%	30 49.2%	61 100.0%
If yes, has your grievance been resolved?	9 36.0%	16 64.0%	25 100.0%
Is the grievance process fair?	6 14.6%	35 85.4%	41 100.0%

- Incarcerated people in general population units reported filing grievances for a variety of reasons, including but not limited to denial of recreation and property; staff abuse; broken tablets; unfair disciplinary measures; and healthcare needs.
- Incarcerated people frequently reported not seeing a value in filing grievances at Coxsackie (28 instances). Respondents situated their lack of confidence in the grievance process in experiences of long wait times for responses and resolution (and often not receiving a response at all); selective responses to grievances favorable or non-threatening to staff; and fear of retaliation by staff for filing. “When you file a grievance,” one person explained, “nothing gets done.” Another person referred to the grievance process as a pacifier.<sup>36</sup>
- Common issues grieved at Coxsackie were packages, property not being transferred from a person’s previous facility, and treatment in the RRU.

## COVID-19

Despite some concerns about vaccine hesitancy, COVID-19 seems to have been managed effectively.

General Population Units	Yes	No	Total
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?	40 63.5%	23 36.5%	63 100.0%

<sup>36</sup> The perception of an unfair grievance process at Coxsackie was comparable to that observed at other prisons recently monitored by CANY. At Bare Hill in March 2022, 15% of respondents reported that the grievance process was fair (n=48), 24% at Elmira in April 2022 (n=17), and 25% at Albion in June 2022 (n=40).

General Population Units	Before	After	Not Eligible	Total
If you are eligible for a booster shot, have you taken it?	23 42.6%	25 46.3%	6 11.1%	54 100.0%

- As of July 20, the executive team reported no positive COVID-19 cases among the incarcerated population. There were one to two reported positives among staff. The executive also reported that there were no incarcerated people in quarantine, for which one general housing unit had been repurposed.
- The executive team reported a vaccination rate of approximately 53% for incarcerated people. Medical staff noted operating routine vaccination and booster clinics every two weeks. They also explained that they had begun offering second boosters.
- Some incarcerated people in general population units reported hesitance to take the COVID-19 vaccine at Coxsackie (17 instances), with almost all these respondents expressing mistrust of the vaccine and unknown side effects.

## Material Conditions and Environmental Issues

### Drinking Water

Incarcerated people in general population units and SHU expressed concerns about the safety of drinking water.

General Population Units	Yes	No	Total
Do you have access to clean drinking water?	36 59.0%	25 41.0%	61 100.0%

- Incarcerated people frequently reported problems with their access to clean drinking water at Coxsackie (37 instances).<sup>37</sup> Respondents reported that tap water in the cells smelled like chlorine and tasted metallic, fishy, or earthy. They explained that the tap water was discolored and had particles in it. One person referred to tap water as “drink at your own risk.” People reported boiling their tap water or relying on commissary buys of bottled water. “Clean water costs money,” one person explained.

<sup>37</sup> Closed-ended data from Coxsackie showed a much lower rate of satisfaction with the drinking water supply than at other prisons recently monitored by CANY. At Elmira in April 2022, 84% of respondents reported having access to clean drinking water (n=45). At Albion in June 2022, 83% of respondents reported having such access (n=59).

- Respondents mentioned the drinking water supply as a source of concern in the SHU (4 instances). One person said the sink water was “horrible,” and another said that the drinking water smelled bad.

## Temperature

High summertime temperatures posed serious challenges to the health and comfort of incarcerated people and staff at Cocksackie. Excessively hot temperatures posed a serious problem in solitary confinement.

General Population Units	Yes	No	Total
During the winter, do you have adequate heat inside?	39 90.7%	4 9.3%	43 100.0%
During the summer, is it adequately cool inside?	13 21.3%	48 78.7%	61 100.0%

- Incarcerated people frequently reported problems with the hot temperatures inside during the warmer months (51 instances). “We’re locked in a lot. It’s very hot,” one person said. “No cold water provided,” one person explained. Numerous respondents highlighted the need for central air conditioning or fans in the buildings, and especially in their cells, where they reported that the small spaces made the air stagnant. People reported that the commissary did not have a sufficient stock of fans. The RMU had air conditioning.
- CANY monitors also experienced hot temperatures during the visit. At one point, a correctional officer asked a CANY monitor for help securing air conditioning and ice machines for the facility because of the inhospitable working conditions.
- People in the RRU consistently highlighted the hot temperatures as a problem (21 instances). Respondents highlighted the persistent heat in cells in the RRU during CANY’s July visit. They noted that there is little to no ventilation or air circulation in the unit. “We have no cross ventilation in here,” one person said. “It is like an oven.” Some people noted that the heat worsened their health conditions, and others emphasized that it was contributing to feelings of agitation among incarcerated people.
- Respondents pinpointed the hot temperatures as a problem in the SHU (4 instances). They noted that the air was stagnant and humid, temperatures were high, and that they lacked air conditioning or ice to help cool down.

## Recommendations

- The Department should create an annual heat mitigation plan to ensure incarcerated individuals and staff have options available to stay cool, hydrated

and safe during high heat temperatures. The plan should include access to industrial fans, water, ice, and additional access to showers. Commissaries should be fully stocked with personal fans prior to the beginning of summer. Additional measures such as monitoring temperatures in housing, program and industry areas; maintaining a list of incarcerated people and staff with medical conditions that make them more susceptible to heat and monitor their well-being; increasing rounds and wellness checks; and providing shade on the exercise yards.

- The Extreme Heat Action Plan Work Group of the New York Department of Environmental Conservation (DEC)<sup>38</sup> should analyze the impact of extreme heat on incarcerated individuals and people working in prisons and articulate their specific needs in their long-term heat adaptation plan.
- DOCCS should make water testing results easily available to incarcerated people, staff, and the public, to resolve concerns about the safety of drinking water.

## Equipment and Fixtures

Maintenance of living environments was generally good.

General Population Units	Yes	No	Total
Are the equipment and fixtures in your cell or living area working properly? (toilet, lights, bed etc.)	47 77.0%	14 23.0%	61 100.0%

## HALT Implementation

People in the SHU learned about HALT from sources other than the Coxsackie administration.

Special Housing Units	Yes	No	Total
Have you heard about the HALT Solitary Confinement Act?	8 88.9%	1 11.1%	9 100.0%
Have you heard about any plans or changes being made at Coxsackie related to implementation of HALT, including any new construction or other changes?	3 50.0%	3 50.0%	6 100.0%
Has the administration distributed any information regarding the HALT law?	1 11.1%	8 88.9%	9 100.0%

- Almost all respondents had heard about the HALT Solitary Confinement Law, despite almost none reporting that the prison administration had distributed any information about the legislation. Respondents generally expressed an understanding of HALT (12 instances).

<sup>38</sup> DOCCS is a member of the Extreme Heat Action Plan Work Group. The work group's report can be found here: [https://www.dec.ny.gov/docs/administration\\_pdf/ehapinterimrecommendationsreport.pdf](https://www.dec.ny.gov/docs/administration_pdf/ehapinterimrecommendationsreport.pdf).



## Corrections and Community Supervision

**KATHY HOCHUL**  
Governor

**ANTHONY J. ANNUCCI**  
Acting Commissioner

This responds to the Correctional Association of New York's (CANY) report on their visit to Coxsackie Correctional Facility on July 20<sup>th</sup> and 21<sup>st</sup> 2022. The Department discusses below the programmatic and operational functions raised in their post visit report.

### Programing

Coxsackie Correctional Facility (Coxsackie) is a Maximum-Security General Confinement facility, which provides a wide range of programs to further the Department's mission of preparing individuals for release to be successful when they return to their communities. Coxsackie is yet another example of the efforts being taken state-wide to provide the population life-changing academic, vocational, and rehabilitative programs, highlighting opportunities that are not often seen behind prison walls. This approach has made the Department a national leader in corrections.

All facilities are continuously examined for programming opportunities in order to maximize the rehabilitative programs 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. All work and program assignments are made without regard to an incarcerated individual's age, race, religion, national origin, sex, sexual orientation, or non-violent political views. The Program Chairman ensures that work assignments reflect, to the extent possible, the demographic composition of the facility's incarcerated individual population. The Program Committee places an incarcerated individual in an assignment deemed most appropriate for the individual and the facility.

Placement in therapeutic, vocational, and academic programs are made based on the incarcerated individual's earliest release date. When a program is at capacity, incarcerated individuals are given a choice of other vocational programs and are added to the program list for their chosen vocational program. Classes for these programs are filled based on an equitable evaluation of the individual's position on the required program list. Below is an overview of the rehabilitative programs currently available to individuals at Coxsackie 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.
- Substance abuse treatment is provided in a number of modalities. Alcohol and Substance Abuse Treatment (ASAT) for general population and those residing on the Regional Medical Unit (RMU), and Integrated Dual Disorder Treatment (IDDT) for those residing on the Residential Mental Health Unit (RMHU) are all designed to provide intensive, structured substance abuse treatment that employs some or all elements of the Therapeutic Community model. Each modality offers progress through the early stages of recovery, with the potential for continued treatment upon release. IDDT is specifically designed to provide substance abuse services 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 incarcerated individuals to work towards obtaining their Diploma. An Education Counselor is assigned to incarcerated individuals under the age of 21 that have been identified to receive special education and related services. Incarcerated Individuals under the age of 21 are provided an individual assessment of their academic needs and if warranted, the development of an Individualized Education Program (IEP). If they possess an IEP, their individual goals are met with appropriate individualized instruction.
  - Coxsackie Correctional Facility offers college level credited courses provided by Bard College. Qualified incarcerated individuals may obtain an Associate Degree through these programs with the potential of earning a Bachelors. This is a full-time program. A Bard Entrance Committee develops an entrance exam, decides who will be interviewed, and accepted for the year. Students are paid for two full time modules and are not required to work. Students may work in the College Computer Lab or attend classes at their discretion. This program has been in operation for approximately 10 years at Coxsackie Correctional Facility and has been a positive attribute. To enhance the student experience, the college has brought in outside professors, speakers from the community and other special guests to engage with the students.

- Industry – Coxsackie Correctional Facility manufactures products to assist in the Department's overall mission to prepare incarcerated individuals for release through skill development, work ethic, respect and responsibility. The program's goals are responsibility, pride, teamwork, quality, commitment to customers, and continuous improvement. Incarcerated individuals are provided with an orientation where they are given direction and training regarding their activities and surroundings. This includes shop safety, equipment shutoffs, first aid kits, eyewash stations location and use, evacuation procedures, personal protective equipment, and the proper use and safety for the tools they are assigned.
- Library – The General Library Program offers library services and programs in a manner similar to those offered by public libraries in the community. Materials are selected based on a systematic selection process designed to determine and meet library service standards and educational, informational, vocational, recreational, and re-entry needs of the Coxsackie Correctional Facility incarcerated population. General library services are available to all incarcerated individuals five days a week.
  - Law Library Program – Provides basic resources for legal research and preparation of legal papers. Legal assistance services are available to incarcerated individuals who are unable to do their own legal work. Incarcerated individuals who are law clerks and have been certified through a Department-sponsored legal research course, provide these legal assistance services or refer individuals to free legal service organizations in the community. Other services usually available through the Law Library Program include notary services, photocopying legal materials for a fee, typing services, and the provision of legal writing supplies.
- Marriage Program – Coxsackie Correctional Facility provides assistance to qualified incarcerated individuals who wish to become married. This program fosters ties to the community that help create stability in the incarcerated individual's personal life. With an individual's confinement causing impediments to the contracting of a marriage, Coxsackie Correctional Facility conducts facility marriages for incarcerated individuals and their intended spouses with the assistance of local officials, who issue the marriage licenses.
- Recreation – At Coxsackie Correctional Facility there is a trend towards providing more individualized health and fitness for the incarcerated population. Incarcerated individuals engage in basketball, jogging, walking, weight-lifting, Cross Fit training, and Powerlifting competitions.
- Religious Services – Coxsackie 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, congregate worship, study of scripture, and Holy Day celebrations.

- Ted Talk – Cocksackie Correctional Facility hosted a recent TED (Technology, Entertainment and Design) Talk in December of 2022. This project was accomplished by collaborating with the Proximity for Justice organization. This platform created a unique opportunity for both incarcerated individuals and staff to collaborate and share their personal experiences with an audience of peers and distinguished guests. The participants and guests contributed to a “live” memorial, documenting their personal thoughts about what one would like to accomplish before death.
  
- Transitional Services
  - Phase One – An introductory phase provided to all entering the state correctional system. The goal is to assist incarcerated individuals with transitioning to incarceration and to begin preparing them for successful reentry to the community as law-abiding and productive citizens. This phase consists of the following courses: Relating to the correctional situation; Maintaining significant relationships and positive community ties; Developing work ethics; Decision making; Goal setting and time management; and, socialization skills.
  
  - Phase Two – Thinking for a Change (T4C) Program -- is an integrated, cognitive behavioral change program designed for incarcerated individuals and delivered by trained staff in small group (12-15 participants) settings. The program is closed-ended and intended for the general population. It includes cognitive restructuring and developing social and problem-solving skills. Participants learn how to take change of their lives by taking control of their thoughts and feelings. T4C is a close-ended program consisting 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** – Setting goals, 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.
  - **Phase Three** – This phase is designed to assist in planning for reentry into society as crime free, productive citizens. Participants receive a "portfolio" to assist in organizing documents, such as birth certificates, social security cards, and resumes. They keep vocation and education certificates in one place, locating reentry strategies and plans, and preserving service referral information and employment related materials. The curriculum calls for them to prepare for Department staff to evaluate the following:
    - A release portfolio that will include vital documents, education and vocational training history, and a functional resume.
    - An examination of barriers to family relationships and a written plan that addresses issues likely to arise when returning to their family environment.
    - A "mock job interview" exercise to practice interviewing skills that also involve responding to difficult questions. In addition, they will learn how to dress for success and tailor their resume by matching skill sets acquired to meet the job description, etc.
    - A realistic six-month "job search plan" using their Education Achievement and Employability Profile Report as a tool/resource in preparing functional resumes and responding to an employer's job application.
    - A "recreation plan" to address personal wellness issues and family reintegration concerns.
    - Opioid Overdose prevention and rescue training is provided to all participants, and they are offered rescue naloxone kits to take home upon release.
  - **Vocational Programs** – There are multiple vocational opportunities at Coxsackie Correctional Facility that provide marketable skills. The vocational programs offer a variety of disciplines for participants to obtain occupational titles in a trade that may bring value to themselves, their families, and to their returning communities. The following programs offer apprentice, license opportunities or certification programs at Coxsackie Correctional Facility:
    - **Barbering** – Participants engage in classroom and hands on applications that offer them the skills required to complete the requirements to make them eligible to participate in the NYS licensing program. Completion of the NYS licensing program enables participants to become licensed barbers.
    - **Computer Operator** – This program offers instruction and examinations for computer fundamentals, living online, and key applications. Once all three of these exams are

completed, participants will receive their Digital literacy Certification (IC3), Microsoft Office Specialist (MOS) certifications in Word, Excel, and PowerPoint.

- Culinary Arts – This program provides instruction in the proper handling of food, kitchen sanitation, and procedures used when serving food. Participants also learn best practices in how to operate a food service business. Upon completion, participants receive certifications in ServeSafe, and NYS Department of Labor Cook-chef.
- Custodial Maintenance – This program provides students with instructions and training in the proper applications of residential, commercial, and industrial cleaning techniques. Participants receive NYS Department of Labor certifications upon their completion for basic cleaning technician and advanced cleaning technician.
- Masonry – This program provides instruction in all phases of the masonry trade including set up and site preparation, cost estimating, and a hands-on experience using various materials. Participants receive NYS Department of Labor certifications as masonry apprentices upon completion.
- Electrical Trade – This program provides instructions in the basic electrical trade applications. There is an emphasis on the installation and securing of a variety of residential and commercial wiring systems. Participants receive NYS Department of Labor certifications as electrician apprentices upon completion.
- Painting and Decorating – This program provides instruction on a variety of painting techniques, decoration and design. Participants receive NYS Department of Labor certifications in this field upon completion.
- Plumbing and Heating – This program provides instruction and basic experiences in the plumbing and heating trades. This including code restrictions, blueprint interpretation, fixtures for domestic and commercial establishments, oil burner repair and servicing, installation of water, gas, waste disposal systems and heating units. Participants receive NYS Department of Labor certifications as apprentices in plumbing and heating upon completion.
- Welding – This program provides participants opportunities to learn a variety of welding techniques. This includes arc, oxyacetylene, tungsten inert gas (TIG), metallic inert gas (MIG) and cutting. Participants receive NYS Department of Labor certifications as welding apprentices upon completion.
- Volunteer Programs – Volunteers provide several programming opportunities at Coxsackie Correctional Facility for religious practice, higher education, substance abuse, life skills, re-

entry, and visitor services. There are over 100 qualified community volunteers that work with Coxsackie Correctional Facility to further the Department's mission. They represent 20 different groups and provide tutoring and mentoring to Incarcerated Individuals. Our largest groups of volunteers registered to assist with religious retreats, include Kairos and Residents Encounter Christ (REC). Additional volunteers assist with the General Library Program, and the Long-Term Care Unit's Hospice programs. Coxsackie Correctional Facility guidance staff facilitate community engagement with volunteers providing programs such as Narcotics Anonymous, Alcoholics Anonymous, and the incarcerated individual Family Visiting Program.

### Commissary

Coxsackie Correctional Facility makes every effort to ensure the entire population is able to purchase all items sold in the commissary. Stock levels are monitored daily. Commissary items are purchased through contract vendors. Coxsackie Correctional Facility maintains an adequate inventory of hygiene products that are supplied to the housing units. In addition to essential provisions provided upon intake, 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 wider 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, and in compliance with New York State Finance Law, 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.

The Coxsackie Correctional Facility Executive Team and the Incarcerated Individual Liaison Committee (IILC) representatives periodically discuss produce items by evaluating what is being purchased and make changes based on the wants and needs of the Incarcerated population.

### Visits

The Department encourages visits by family and friends, which can be a positive influence during the time a person spends in prison and after their release. Appropriate participation in the visitor program provides incarcerated individuals an opportunity to maintain relationships with friends and relatives and to promote better community adjustment upon release. Contact with persons from the outside provides all offenders emotional support in adjusting to the prison environment. Research shows that incarcerated individuals who receive regular visits adjust much better once they are released from prison. Visitation enhances positive relationships during incarceration.

The Department's policies support the visiting experience to be family friendly and positive. The Department has Visitor Hospitality Centers that provide shelter and respite for visiting families and friends prior to entering the facility. Restrooms, a baby changing station, lockers for storing personal belongings, and information concerning rules and regulations pertaining to visitation are available.

Coxsackie provides access for family and friends to visit daily between the hours of 9:00 A.M. to 3:15 P.M., including incarcerated individuals housed in segregated confinement.

In addition to in-person visitation, Coxsackie Correctional Facility provides opportunities for incarcerated individuals to communicate with their families and communities by telephone. Coxsackie has a telephone system with over 95 physical phones that allow daily calls. The Department also provides incarcerated individuals with electronic tablets with access to a suite of communication, education, and entertainment applications. 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, Coxsackie Correctional Facility offers the following additional methods for communication: standard postage stamps and access to authorized legal representatives through privileged correspondence, legal calls, and confidential legal visits.

#### Packages

The goals of the Department's Vendor Package program are to maximize the availability of food and articles for incarcerated individuals from vendors that offer a variety of items at competitive pricing, while maintaining security and safety in the facility. In response to the uptick in violent conduct in DOCCS facilities and assaults on staff, a Prison Violence Task Force (PVTF) was created in December 2021, with the mission to evaluate and develop recommendations to enhance safety and security in the prisons. The PVTF includes representatives from correctional facilities and each of the unions representing the Department staff, members from Central Office and, at times, advocates.

As a part of this continuous battle to prevent contraband from getting into DOCCS' correctional facilities and maintaining security and safety for both staff and the incarcerated population, the Department revised its policy concerning packages and articles received through facility package rooms. The recommendation for this initiative was a direct result of the work of the PVTF. Input was also solicited from several Incarcerated Individual Liaison Committees, while several advocacy organizations were also consulted on the initiative.

In addition to the increase in violence, the Vendor Package Program idea was driven by the increasing number of packages found to contain contraband. In 2019, 290 packages were found to contain contraband during examination in package rooms. In 2020, that number jumped to 924 packages, and 710 packages were found to be concealing contraband in 2021. Since the implementation of the Vendor Package Program, 30+ packages were found to have contain contraband. In addition, overdose deaths have dropped from fourteen (14) in 2021 to eight (8) in 2022 with the implementation of the Vendor Package Program. Incarcerated individuals who are not serving a Loss of Packages

sanction continue to order packages and articles utilizing disbursement forms and ordering from vendor catalogs.

The Vendor Package program has made the system safer and aided in reducing drug overdoses and violence. Family and/or friends are permitted to send two (2) non-food packages from home per year by mail. The number of food packages allowed increased from two (2) to three (3) per month and the total weight increased from 35 to 40 lbs. There are no limits on non-food packages received from vendors, whether ordered by the incarcerated individual or family/friends. The "Receipt Value Record" increased from \$20 to \$30. The maximum value of an allowable item of clothing increased from \$80 to \$90, the mini-calculator max value increased from \$30 to \$50, and the typewriter max value increased from \$350 to \$370.

### Nutrition

The Department utilizes a standard statewide menu to provide incarcerated individuals with meals that meet their dietary needs, are nutritionally balanced, and provide adequate portions. A cycle menu has been developed with categories of menus accompanied by a standard portion list. Adherence to the standard, statewide menu and portion list assures nutritional adequacy. Menus are designed so that at least three meals (including two hot meals) are provided at regular mealtimes during each 24-hour period, with no more than 14 hours between the evening meal and breakfast meal. The menus are reviewed and approved by a registered dietitian. Alternative diets are available for incarcerated individuals for religious accommodations as well as those who have been identified to have a therapeutic need.

- Kosher Diet – A Kosher menu is available to incarcerated individuals who request kosher dietary consideration. This meal is provided after validation and verification of religious need by the Director of Ministerial Services.
- Therapeutic – Modified menus are designed to address therapeutic diet needs aimed at improving health outcomes. The modified menu is based on the general statewide menu utilizing as many of the same food items as possible. Food items are changed when necessary for therapeutic or production purposes. The modified menu is offered to incarcerated individuals.

The General Confinement Menu, when served according to the Department's approved standard portion chart, meet and/or exceed the Recommended Dietary Allowances and are nutritionally adequate for healthy adults. Sodium levels are closely monitored and must adhere to established product specifications before being purchased and placed on menus.

The Department strives to provide a variety of foods on all available menus, in relation to visual appeal, nutritional requirements, preference, and religious concerns. In most cases, when a meat entrée item is served, a non-meat alternative is also offered. Due to supply chain issues in the food industry, there have been occurrences where unavailable products have been temporarily substituted with available



products. These isolated instances can have limited impact of variety for the duration of the product shortage.

To ensure that incarcerated individuals' concerns are heard, the Office of Nutritional Services conducts monthly QI meetings. As a result of these meetings, such changes as adjusting recipes based on feedback, removing unpopular items, and adding requested items have been made. In making these decisions, the broader impact of nutritional and religious considerations is taken into account for the macro facility population.

### Facility Infrastructure

- Water Quality – The drinking water system at the Coxsackie Correctional Facility serves approximately 1,500 people through eleven (11) service connections. The water source at the facility is surface water drawn from a reservoir which is fed by Bronk Lake and cold springs. The water flows by gravity through a transmission line to the Facility Water treatment plant. Upon entering the plant, the water is treated with chemicals to induce and enhance the treatment process which includes oxidation, flocculation, sedimentation and filtration. The finished water is chlorinated for disinfection purposes and run through an ultra-violet disinfection system. A zinc, orthophosphate compound is added to the finished water for corrosion control purposes. The finished water is then pumped into the water distribution system. As required by the NYS Department of Health, the drinking water is tested routinely by a third-party independent laboratory for numerous contaminants. These contaminants include total coliform, turbidity, inorganic compounds, nitrate, nitrite, lead, copper, volatile organic compounds total trihalomethanes, and synthetic organic compounds. As described in the most recent Annual Water Quality Report, there are no exceedances of the regulatory limits for any of the compounds tested. While trace levels of some contaminants were detected, it should be noted that all drinking water, including bottled drinking water may be reasonably expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that the water poses a health risk. The water at the facility is in compliance with all applicable Drinking Water Standards. The annual water quality report is posted conspicuously at the facility in areas accessible to Staff, Incarcerated Individuals, and visitors.
- Temperature – Coxsackie 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 Coxsackie 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. Temperatures experienced at Coxsackie Correctional Facility indoor living and work areas are appropriate to the summer and winter comfort zones. 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. The Department uses the Integrated Health Alerting and Notification System

(IHANS) to notify superintendents when Excessive Heat Warnings or Heat Advisories are issued. These notifications include a summary of the event, results of an increased risk of heat stress and heat-related illness, a list of people more susceptible to heat related illnesses, notification for staff and incarcerated individuals to remain hydrated, signs and symptoms of heat-related illnesses, and evaluating the necessity for outside assignments. In addition, watch commanders at each facility monitor for the most up-to-the-moment information and the information is reiterated at all line-ups for 72 hours following issuance. The Department continues to actively participate and engage in the Extreme Heat Action Plan Work Group. The Work Group is comprised of more than 70 NYS agency and authority staff serving a wide range of populations.

### Mental Health

Coxsackie Correctional Facility is classified as a Mental Health Level 2 facility, as defined in Correction Law § 2(28). Coxsackie Correctional Facility also contains a separate Regional Medical Unit, which is classified as a Mental Health Level 1 unit, as defined in Correction Law § 2(27). 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 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, dispute resolution techniques, Trauma Informed Care, and Restorative Justice 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 Coxsackie Correctional Facility in the Residential Mental Health Unit (RMHU). This unit is jointly operated by the Department and OMH to provide services to incarcerated individuals who are designated Seriously Mentally Ill (SMI) and are either serving confinement sanctions or, in some instances, awaiting the outcome of a disciplinary proceeding(s). Incarcerated individuals are offered four (4) hours of structured, out-of-cell therapeutic programming seven days per week in addition to three (3) hours of other out-of-cell activities offered daily. The program is designed to provide a heightened level of mental health care to incarcerated individuals while taking into consideration their disciplinary status in balancing the safety and security needs of the correctional system. OMH and DOCCS conduct daily rounds to address any issues. All incarcerated individuals admitted to RMHU are assessed upon arrival with continue assessments throughout their placement in RMHU by DOCCS and OMH. Additionally, OMH staff see all incarcerated individuals in RRU and SHU settings within 24-hours of their admission; the seventh day post admission, and then every 30 days thereafter. Rounds are made on these units several times a week by OMH supervisors.

The Department strongly disagrees with the notion that staff do not respond to emergencies immediately. During evening and night shifts, the Department's medical staff respond as well. Additionally, the Department is not aware of any precondition for an incarcerated individual to accept medication in order for them to receive therapy. There is a well-established OMH grievance process that allows their incarcerated patients to write OMH staff, or their Risk Management Office, with any complaints regarding their treatment. Any complaints/grievances regarding OMH that are received by the Department from the incarcerated population are expeditiously forwarded to OMH to handle accordingly.

In addition to mental health treatment access, 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 annual two-hour suicide prevention refresher course for all staff.
- Video and pamphlets were created for incarcerated individuals to receive information during their orientation at Reception as well as transfers between facilities.
  - Suicide videos feature messages from incarcerated individuals, that the population is able to access from their general population tablets. To encourage individuals to download the video, a stamp is provided at no charge to those who do.
  - The Department regularly sends 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 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 incarcerated individuals receive pamphlets and educational material every time they are transferred to another facility.
  - All incarcerated individuals are seen by medical professionals and a suicide prevention screening is completed on all transfers.
- 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.
- Staff assigned in Residential Regional Units receive suicide prevention training prior to assignment and 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"
- Security has increased the frequency of rounds in ICP and RRU.

In 2018, the Department established an RCTP Directive to create statewide policy for treatment and programming specifically for patients housed within this setting. 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 any incarcerated individual within seven-days of being discharged from an RCTP.

Suicide Prevention Steering Committee, comprised of both DOCCS and OMH administration, meets to establish trends and to make recommendations to improve suicide prevention efforts statewide. The recommendations have included sending joint audit teams to a specific facility to look at any contributing factors to suicide risks and how to mitigate them. A Suicide Prevention Workgroup was refocused to identify trends for recent suicides.

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. In 2023, this program is forecast for expand. Also, the Department updated Suicide Prevention posters and placed them

throughout the facilities. Suicide Prevention videos are now available on an incarcerated individual's tablet that provides 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 2020, a stronger focus was placed on staff wellness in the interest of improving morale and performance, which is projected to also benefit the incarcerated and supervised populations as well. The Department contracted with a vendor to train master trainers for Corrections Fatigue, Correction Wellness and Trauma. The Department now has 156 master trainers hosting trainings throughout the Department.

A Suicide Prevention Steering Committee was organized comprised of both DOCCS and OMH administration staff. 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 a Central Office Committee of high-ranking DOCCS and OMH staff that reviews proposed policy changes, determines what changes to make, and then implements the policy 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 and timely health care that serves the needs of incarcerated individuals. Coxsackie 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, Coxsackie Correctional Facility medical services included a sixty (60) bed long term care unit, a twenty (20) bed infirmary, forty-two (42) bed RMHU with two (2) observation cells, emergency services, primary care, full pharmacy, dental unit, physical therapy, medication assisted treatment, nursing, radiology, and lab services. Coxsackie Correctional Facility Primary Care Clinic and Infirmary employed: nine (9) full time Registered Nurses (RN); one (1) full time Licensed Practical Nurse (LPN); two (2) Registered Nurse Supervisors; two (2) extra service nurses; one (1) Medical Doctor (FHSD); one (1) Physician's Assistant (PA); two (2) Dentists; one (1) Dental Hygienist; one (1) Senior Radiology Technologist, and two (2) Office Assistants. Additionally, the Long Term Care Unit has the following resources at Coxsackie Correctional Facility: one (1) Administrator; two (2) Administrative Assistants; one (1) Director of Nursing; one (1) Physician; one (1) Nurse Practitioner; two (2) Agency Nurse Practitioners; one (1) Infection Control /Staff Health Nurse; one (1) Storeroom Clerk; one (1) Medical Records Supervisor; two (2) Unit Clerks; one (1) Social Worker; two (2) Patient Care Assistants;

fourteen (14) Certified Nursing Assistants; eleven (11) Licensed Practical Nurses, and fifteen (15) Registered Nurses.

Coxsackie Correctional Facility provides compassionate medical and dental care to all individuals in the Department's custody following community standards of treatment and services. The Hospice Aide Program at Coxsackie Correctional Facility is another component which contributes to the compassionate care provided. The purpose of the Hospice Aide Program is to utilize incarcerated individuals to assist in providing spiritual, emotional, and supportive care to peers in the Regional Medical Unit (RMU) who are receiving end-of-life care. The collaborative interdisciplinary approach is a critical element for the success of this program and includes volunteers, staff, and executive team input.

The healthcare and security staff in all of the Department's facilities receive initial and on-going training to respond to healthcare emergencies. Staff are trained on a variety of elements including, but not limited to, the recognition of signs and symptoms and knowledge of actions required in potential emergencies; administration of first aid, CPR and AED; and administration of Narcan to unresponsive persons. Additionally, to ensure staff can respond to a healthcare emergency anywhere in a facility within three minutes of being notified, each facility is required to conduct an annual emergency response drill on each shift.

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. Coxsackie Correctional Facility received approximately 1,300 sick call and 1,400 emergency sick call encounters within the past year. In addition to sick calls, Coxsackie Correctional Facility provides access to specialized medical services as well as Telehealth services. Coxsackie Correctional Facility has the benefit of being the host facility for specialty care clinics provided by Albany Medical Center providers, with a wide range of medical specialties being represented. Onsite specialty care services include: ophthalmology; retina and glaucoma specialists; orthopedics; otolaryngology; urology; endocrinology; orthotics; prosthetics; reconstructive surgery; pulmonary medicine; neurology; neuro-ophthalmology; ultrasound; MRI and CT scan mobile services; dermatology; optical services; optometry; audiology; general surgery; gastroenterology; oncology, and hematology. The combination of all these factors allows the incarcerated population timely access to quality medical care.

Coxsackie Correctional Facility has a registered pharmacy onsite, which provides medication to the incarcerated population, except for those housed in the Regional Medical Unit, which is provided by an outside vendor pharmacy. The timeframe requirements for submitting refill requests to the pharmacy are reviewed at facility orientation with each incarcerated individual. The expectation is that individual's will submit their refill requests within the specified timeframe to ensure refills are completed in a timely manner.

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 Coxsackie 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. A multitude of measures have been taken to ensure the safety and well-being of staff and incarcerated individuals include mandating all staff, incarcerated individuals, visitors and contractors to wear face masks while in the facility, which is no longer the case based on DOH guidance, supplying all incarcerated individuals with masks and supplying incarcerated individuals subject to isolation and quarantine with surgical-type masks. Additionally, all visitors are supplied a COVID test that must produce a negative result prior to allowing the visit.

Our physicians, nurse practitioners and physician assistants, working with our nurses, are following the guidance of DOH so that 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 ten (10) days. For those in quarantine who receive a negative test, they remain in quarantine for the ten (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. All incarcerated individuals coming into Coxsackie Correctional Facility are screened and evaluated for COVID symptoms and vaccination history. Coxsackie 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, Coxsackie has held vaccination clinics where 344 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, including boosters. 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, Coxsackie 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 impacting all 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, and 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 layout 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.

### Staff

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

OSI serves as the Department's investigative body. The primary mission of OSI is to advance the mission and statutory mandates of the Department; vigorously pursue justice through fair, thorough, and impartial investigations; and foster accountability, integrity, and safety within the Department. The incarcerated population may write to any facility supervisory staff to report complaints. All complaints that are received by the facility are documented and investigated. This includes staff communications with incarcerated individuals.

Of significant value is Coxsackie Correctional Facility's comprehensive CCTV system with microphones. Additionally, the Department has invested millions of dollars to implement a pilot program to improve safety within its facilities that includes deployment of body-worn cameras and accompanying policies for their use. The Department is currently working to upgrade our existing body-worn cameras and significantly expand the deployment of these devices. These systems bolster the efforts of investigators through objective and evidence-based examinations. Any substantiated case of misconduct by an employee is referred to the Department's Bureau of Labor Relations for consideration of disciplinary action, which may include termination of the employee. In addition, any misconduct, where there is evidence of criminality, will be referred to outside law enforcement authorities for potential criminal charges. The Department maintains a zero-tolerance policy regarding verbal or

physical abuse. Furthermore, allegations made regarding discrimination or racialized abuse are delegated to the Office of Diversity and Inclusion for review.

### Incarcerated Discipline

Incarcerated individuals in correctional settings are expected to abide by published rules of conduct, which are established to protect all individuals from potential harm, either as a result of injury to their person, or loss or damage of their property. Rules of conduct also serve to establish standards for behavior, which are both reasonable and consistent. When discipline is applied reasonably and with fairness, it not only assists in protection of the health, safety, and security of all persons within a correctional facility, but also is a positive factor in rehabilitation of incarcerated individuals and the morale of the facility.

Persons vested with responsibility for disciplinary measures in facilities of the Department are expected to consider each situation individually. The Department believes that disciplinary action must be administered in a fair, impersonal, impartial manner, and must be as consistent as possible. Disciplinary measures should not be overly severe and must never be arbitrary or capricious, or administered for the purpose of retaliation or revenge. Staff is trained on how to use focused observations to assess situations; exhibit a command presence, establish rapport with incarcerated individuals, and manage conversations, which allows them to impact the incarcerated individual's behavior. Additionally, all staff assigned to a Special Housing Unit, Residential Rehabilitation Unit, Step-Down Program, Residential Mental Health Unit, Therapeutic Behavioral Unit, Behavioral Health Unit, Correctional Alternative Rehabilitation, or Diversion Unit and their supervisors, received training prior to working those units - and annual training thereafter to include the following topics: The Non-Punitive Therapeutic Environment, Trauma-Informed Care, Restorative Justice, and Dispute Resolution.

Disciplinary action is one of many essential elements in correctional treatment and is a necessary part of correctional security, which should not be construed as harassment or other malfeasance by staff. To that end, Departmental employees are trained that disciplinary action shall be taken only in such measures and degree as is necessary to regulate an incarcerated individual's behavior within acceptable limits, assist in achieving acceptable standards of behavior for the entire incarcerated population, and preserve the confidence of all concerned in the administration's commitment to maintaining those standards.

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 the health, safety, and security of all persons within a correctional facility, and serves an important role in the rehabilitation of incarcerated individuals, while and maintaining the morale of the facility's workforce.

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. In certain cases where an incarcerated individual is charged with serious misconduct, the individual may seek employee assistance to gather additional evidence, and be represented by an attorney, law student, paralegal, or other incarcerated individual at the hearing. 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 Commissioner, which is thoroughly reviewed by the Commissioner's designee in the Office of Special Housing.

Review officers are expected to utilize the lowest appropriate tier level designation. Additionally, hearing officers must ensure they are progressive with the imposition of sanctions, dependent on articulable facts for the specific incident and circumstances at issue. If an incarcerated individual is found guilty after a hearing of an eligible offense, the service of potential confinement sanctions limits the amount of time in segregated confinement to 15 days. Thereafter, the person is transferred to a residential rehabilitative unit (RRU), at which time an individualized rehabilitation plan is implemented, and the individual's confinement sanction runs concurrently, while assigned to the RRU. Individuals serving confinement sanctions are offered seven hours out-of-cell, which includes rehabilitative programming in a group setting. They also full access to mental health and medical treatment, food, clothing, water, and recreation. An incarcerated individual in an RRU setting receives meaningful periodic reviews conducted every sixty (60) days. If upon completion of this review the incarcerated individual is not discharged, program and mental health staff shall specify the reason for such determination and the corrective action required to attain a future discharge.

The Coxsackie Correctional Facility RRU is operated to provide each incarcerated individual with substantive programming. The curriculum for their programming includes cognitive behavioral treatment (CBT), emotional regulation techniques, wellness, recreation, communication, and a variety of topics that emphasize personal growth. Participants are offered CBT lessons for approximately 1/2 of each program module. CBT and holistic programming are designed to be repetitive as a best practice

to achieve meaningful behavioral changes. The remaining time is dedicated to activities developed to assist the group members in achieving the goals and tasks of their Individual Rehabilitation Plan (IRP) and promote successful reintegration into, and participation in, general population. RRU lesson plans and activities are continually added to the library of resources available to staff. The programming includes incentive-based opportunities for the incarcerated individuals, which have received positive feedback regarding the curriculum and activities available in the classroom. Coxsackie operates a wide variety of activities and topics to choose from with RRU participants including CBT; Health, Bio, Psycho, Social Addiction and Compulsive Behavior; Core Issues; Relapse Prevention Plan; Self-Help, and Health.

The disciplinary program at Coxsackie 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 are 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. Upon appeal, Tier 2 Disciplinary hearings and Tier 3 Superintendent's hearings are subject to an unbiased and thorough review by the Superintendent or by a member of the Office of Special Housing and Incarcerated Individual Disciplinary Program, respectively.

### Grievance

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

The grievance procedure is initiated by the incarcerated individual. If an incarcerated individual is unable to resolve the problem through informal channels, the individual may file a written grievance within 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 Cocksackie is in compliance with the aforementioned policies. Cocksackie 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

Cocksackie 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 Cocksackie Correctional Facility, as well as their dedication to fulfilling the Department's mission.

It should also be noted that in April of 2022, Cocksackie 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 July of 2022 by an independent auditor and determined to be in compliance with the Federal Prison Rape Elimination Act standards.

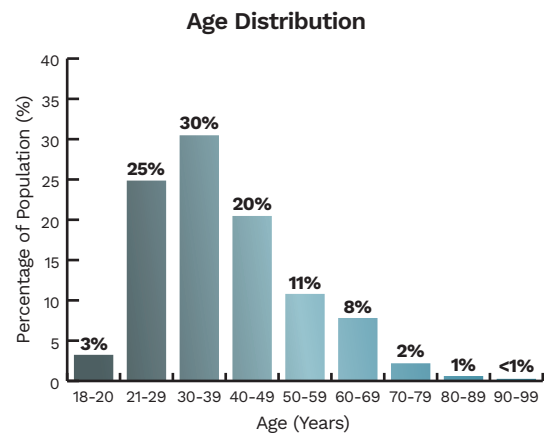
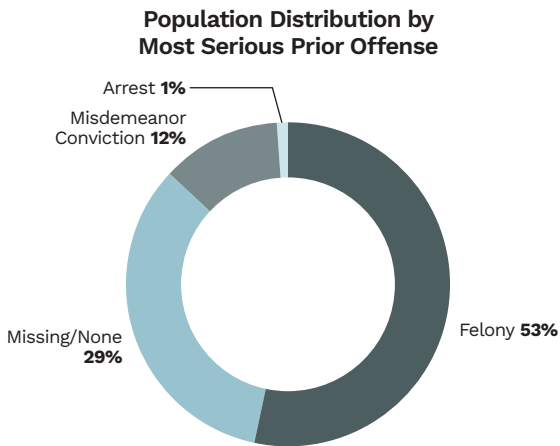
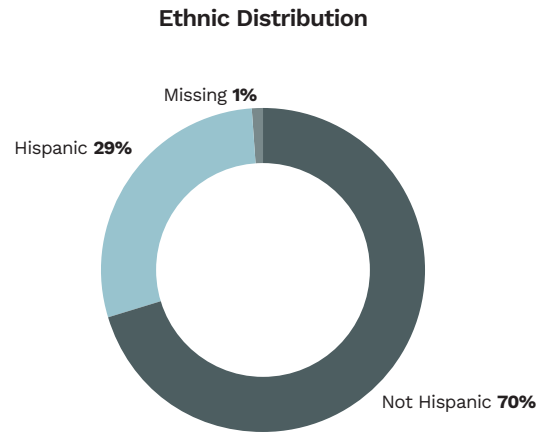
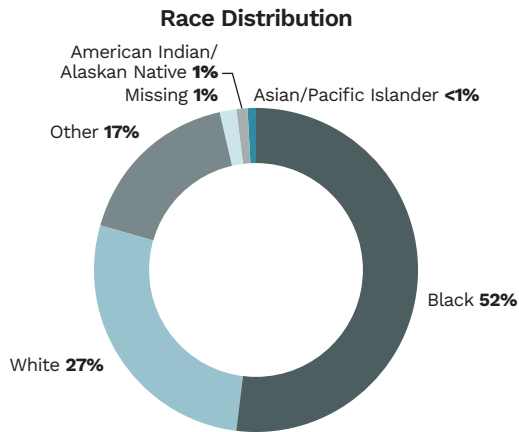
## Appendix A: Additional SHU Tables

Special Housing Units	Yes	No	Total
Are you in this unit because of a disciplinary sentence?	9 90.0%	1 10.0%	10 100.0%
Have you been in a SHU or other form of segregated confinement for a total of more than 20 days in the last 60 days?	3 33.3%	6 66.7%	9 100.0%
Besides the SHU unit at Coxsackie, have you been in any other disciplinary units here or at other prisons? (If yes, choose all that apply from the following)	8 88.9%	1 11.1%	9 100.0%
Residential Rehabilitation Units (RRUs)	2 22.2%	7 77.8%	9 100.0%
Protective custody	9 90.0%	1 10.0%	10 100.0%
Administrative segregation	1 12.5%	7 87.5%	8 100.0%
Keeplock	9 90.0%	1 10.0%	10 100.0%
Longterm Keeplock	7 77.8%	2 22.2%	9 100.0%
Step-down program	9 90.0%	1 10.0%	10 100.0%
Mental health or other alternative to solitary	2 22.2%	7 77.8%	9 100.0%
Were you medically evaluated on arrival?	5 55.6%	4 44.4%	9 100.0%
Did you receive a suicide prevention screening on arrival?	6 66.7%	3 33.3%	9 100.0%
Did you receive clean clothing on arrival?	5 55.6%	4 44.4%	9 100.0%
Did you undergo a mental health assessment within one day of your arrival?	6 66.7%	3 33.3%	9 100.0%
Special Housing Units	With a Mental Health Need	With a Disability	
Are you a member of any of the following populations? (Check all that apply)	4	2	
Note: Respondents were able to select more than one option.			

Special Housing Units	Up to 1 Week	Up to 2 Weeks	Up to 1 Month	Up to 2 Months	Up to 3 Months	Up to 6 Months	Up to 1 Year	Longer than 1 Year	Total
How long have you been incarcerated in this unit?	2 22.2%	2 22.2%	5 55.6%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	9 100.0%
How long is your total disciplinary sentence?	0 0.0%	1 12.5%	2 25.0%	3 37.5%	0 0.0%	1 12.5%	1 12.5%	0 0.0%	8 100.0%
If you were previously in some form of segregated confinement, how long were you in such confinement for?	1 20.0%	0 0.0%	0 0.0%	0 0.0%	3 60.0%	1 20.0%	0 0.0%	0 0.0%	5 100.0%
What is the total amount of time you have spent in the SHU during your current bid?	0 0.0%	1 20.0%	1 20.0%	0 0.0%	1 20.0%	1 20.0%	0 0.0%	1 20.0%	5 100.0%
If the hearing happened after you were placed in the SHU, how long were you in the SHU before the hearing took place?	7 100.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	7 100.0%

# Appendix B: Snapshot of Demographic Data<sup>39</sup>

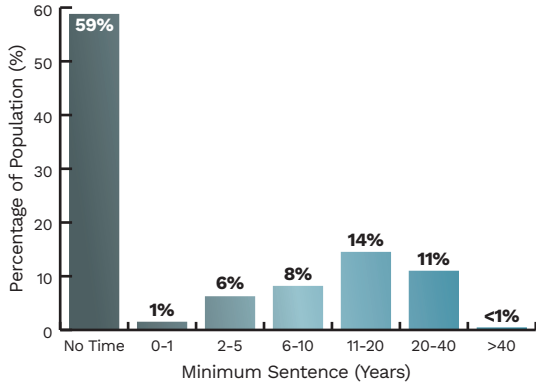
## Population Demographics as of July 1, 2022 Coxsackie Correctional Facility



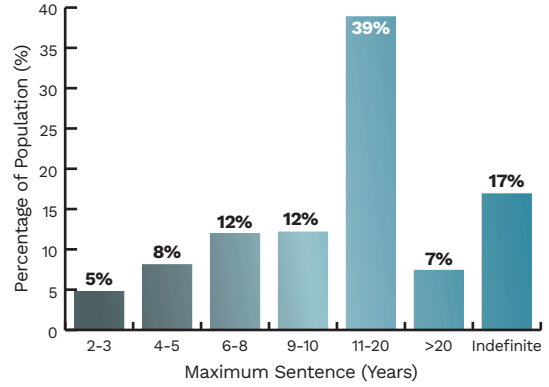
<sup>39</sup> CANY created these visualizations using the July 2022 DOCCS Under Custody dataset. The dataset contains demographic and criminal history information on each incarcerated individual under DOCCS custody at the time of its publication.



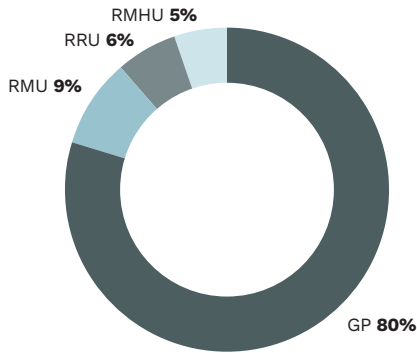
**Population Distribution by Minimum Sentence**



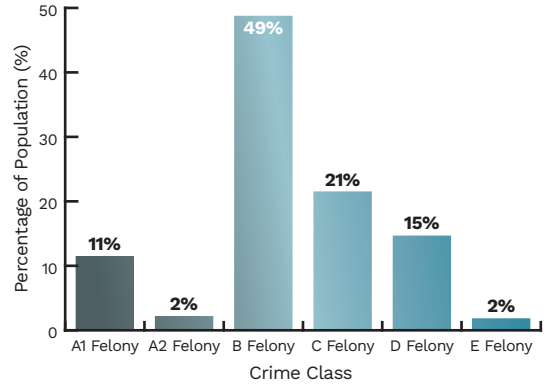
**Population Distribution by Maximum Sentence**



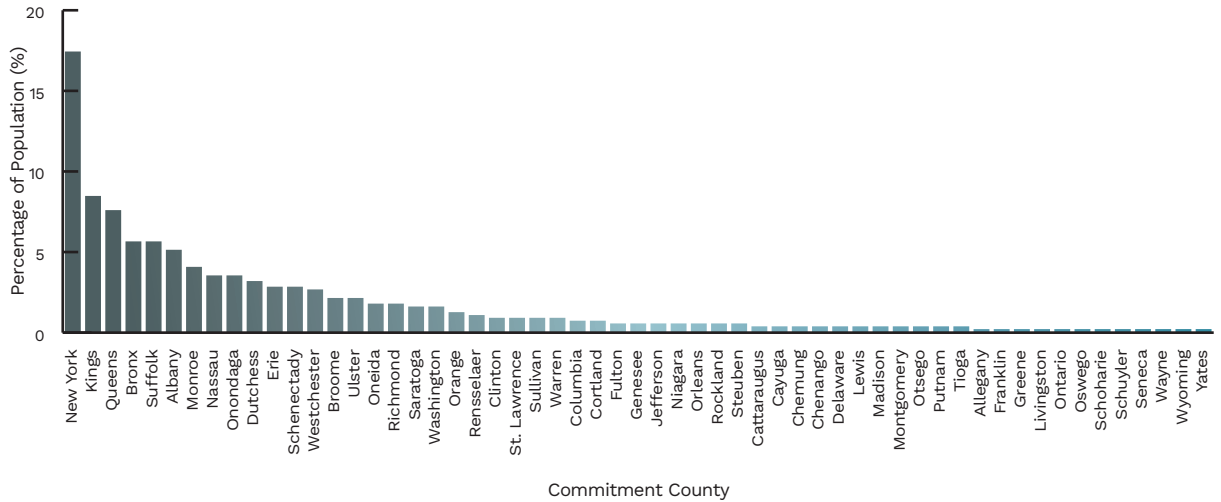
**Population Distribution by Unit**



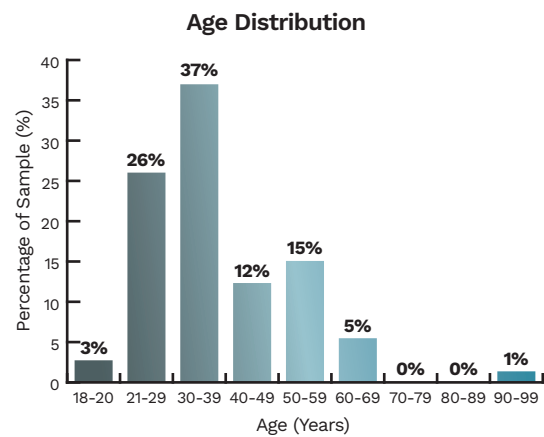
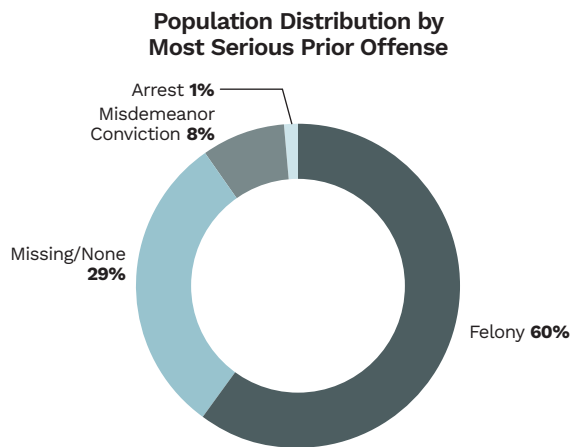
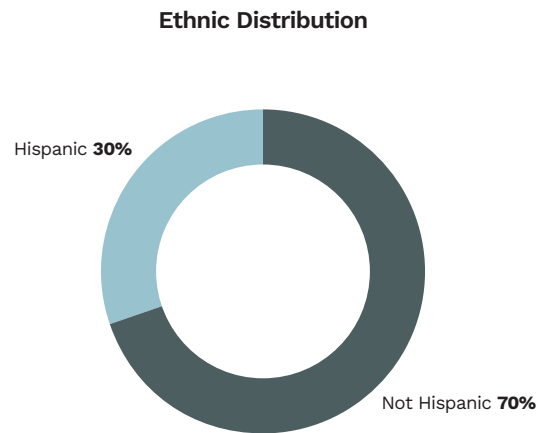
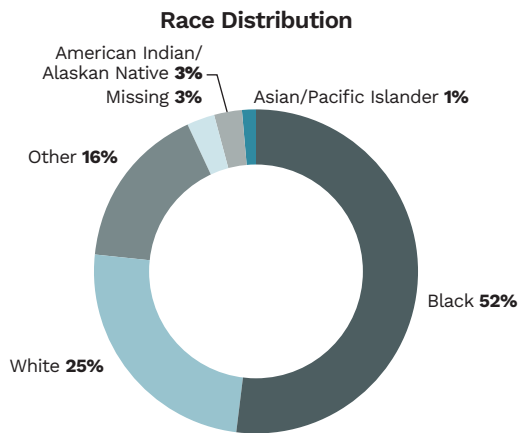
**Population Distribution by Crime Class (Most Serious Offense)**



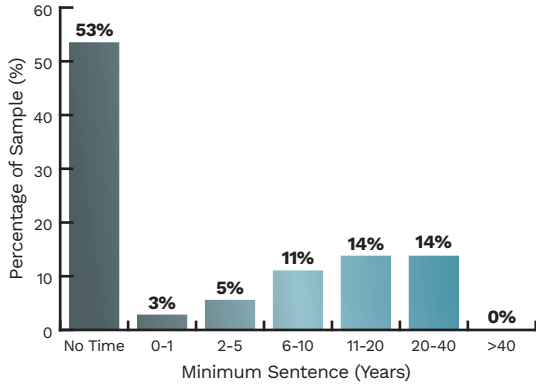
**Population Distribution by Commitment County (Most Serious Offense)**



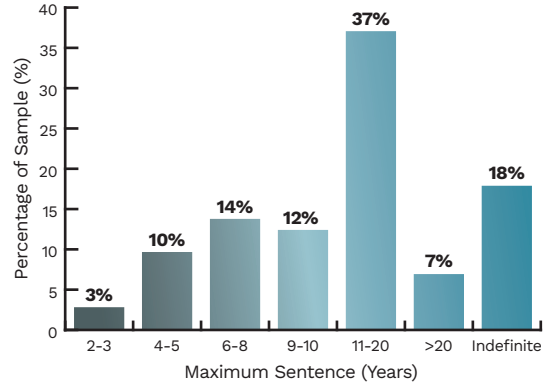
## Demographics of Incarcerated Individuals Interviewed by CANY July 20-21, 2022 Coxsackie Correctional Facility



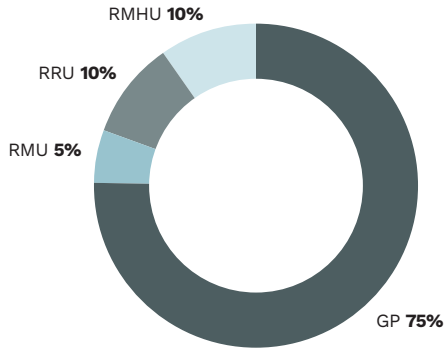
**Population Distribution by Minimum Sentence**



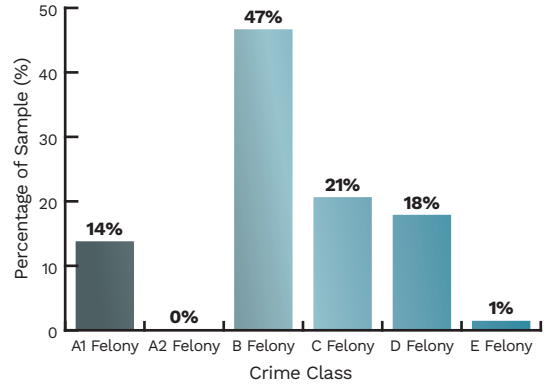
**Population Distribution by Maximum Sentence**



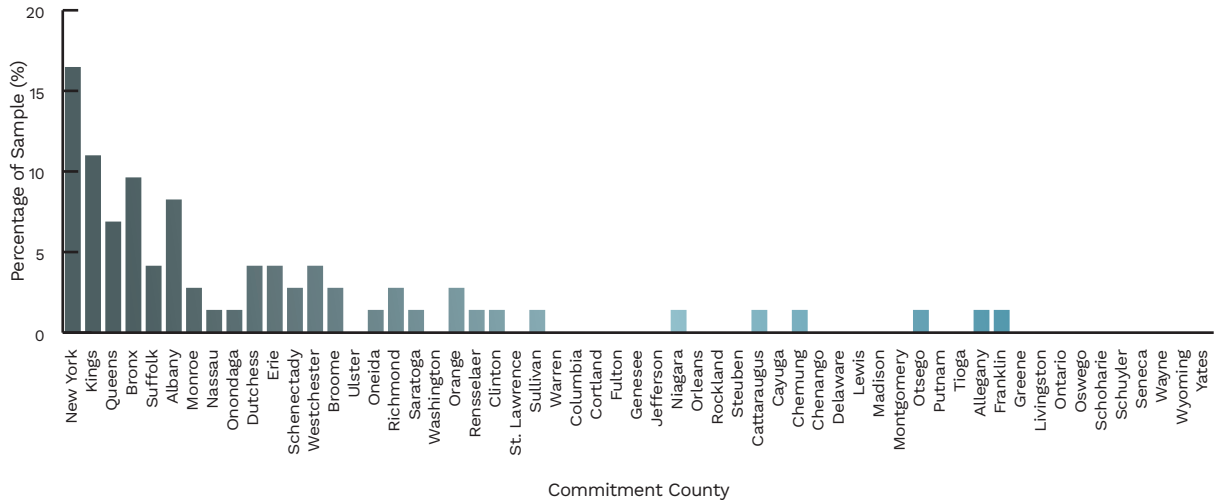
**Population Distribution by Unit**



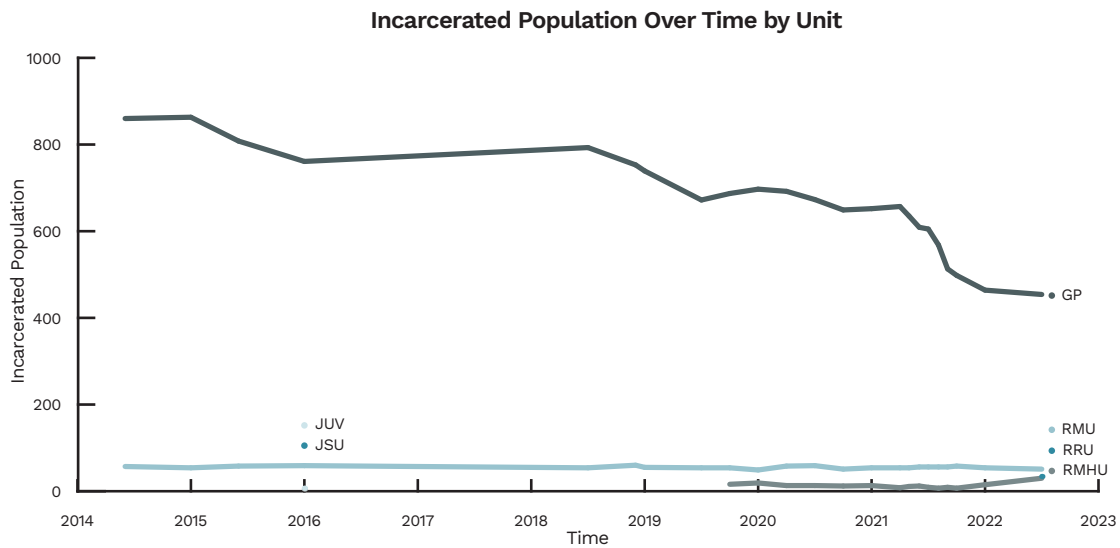
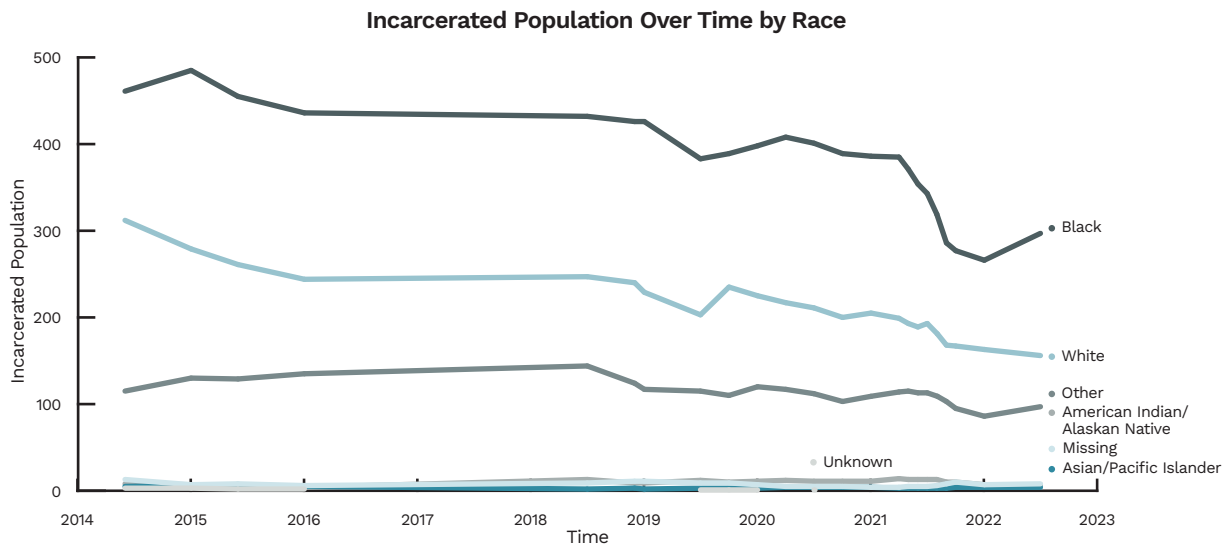
**Population Distribution by Crime Class (Most Serious Offense)**



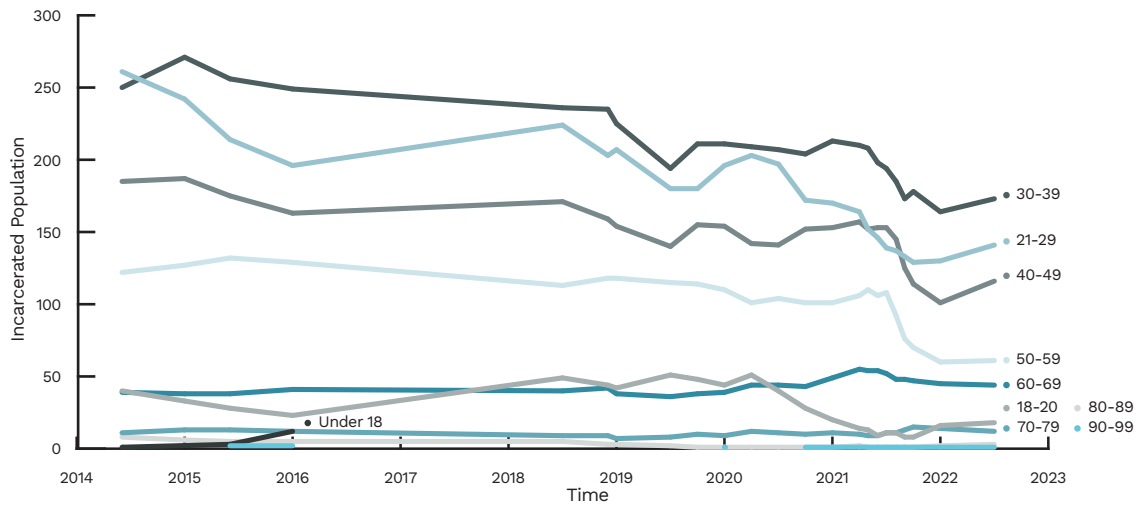
**Population Distribution by Commitment County (Most Serious Offense)**



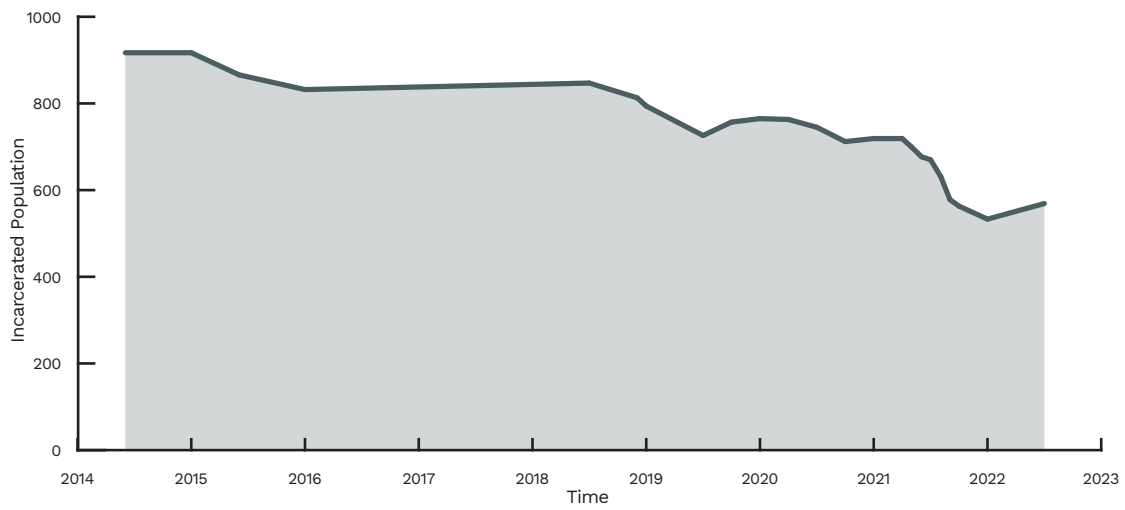
## Population Demographics as of June 2014 - July 2022 Coxsackie Correctional Facility



**Incarcerated Population Over Time by Age Range**



**Incarcerated Population Over Time**



CANY Post-Visit Briefing and Recommendations

# Monitoring Visit to Coxsackie Correctional Facility

**No. 22-09** July 20-21, 2022

**Correctional Association of New York**

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