

June 13-14, 2023

Monitoring Visit to Wende Correctional Facility

Correctional Association
of New York

Post-Visit Briefing
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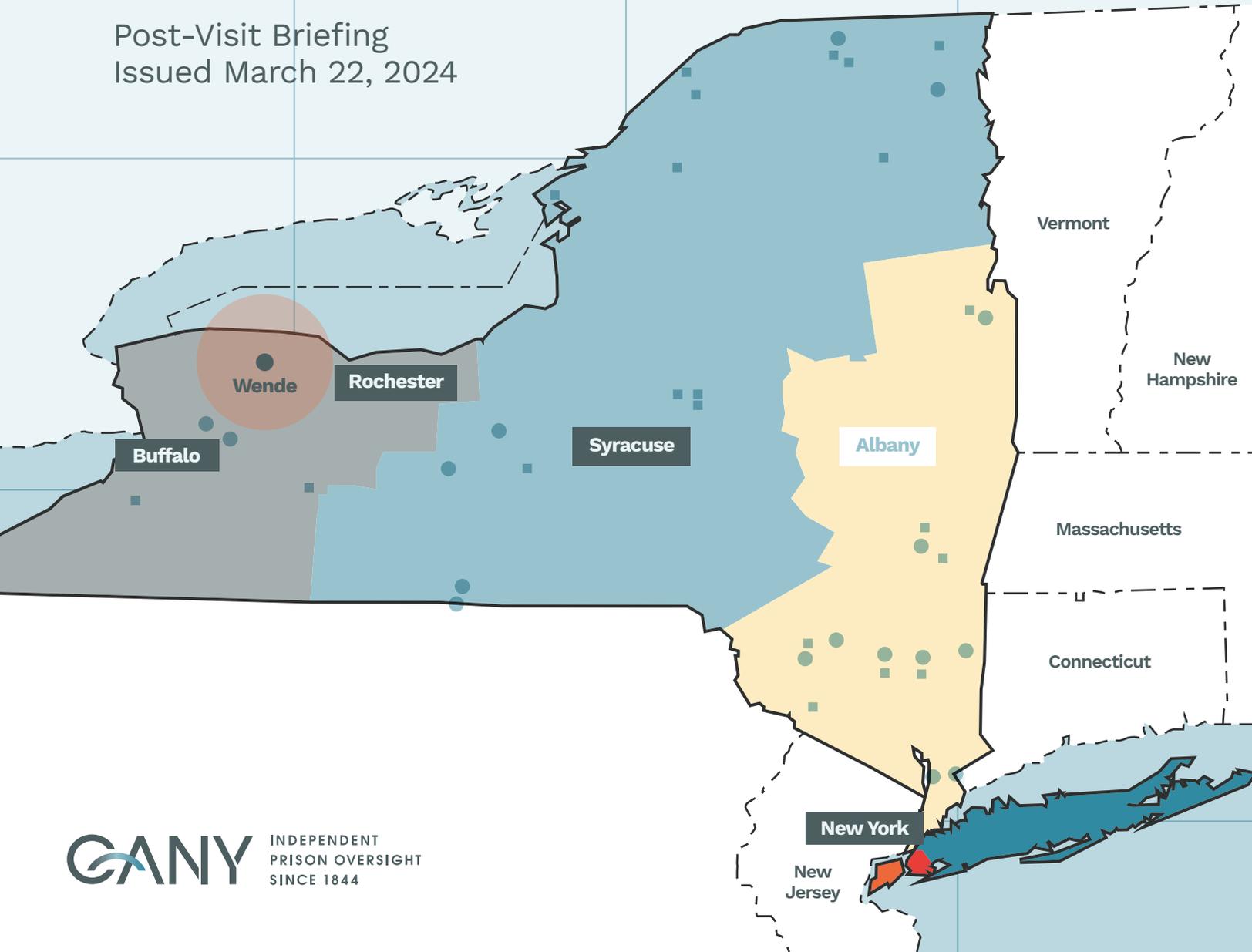


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Background

On June 13-14 2023, the Correctional Association of New York (CANY) conducted a monitoring visit to Wende Correctional Facility, a maximum-security facility for adult men in Alden, New York, located in Erie County. CANY's monitoring visit to Wende was conducted as part of its oversight mandate pursuant to Correctional Law §146(3).

During the monitoring visit, CANY representatives held meetings with the Department of Corrections and Community Supervision (DOCCS) Executive Team, the facility health service administrator, a physician, and a nurse in the Regional Medical Unit (RMU), 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 Regional Medical Unit (RMU), package room, academic and vocational classrooms, and general library.

The CANY visiting party carried out interviews with 174 incarcerated individuals in general population housing areas and a variety of specialized units: the Diversion Unit, individuals with an Immigration and Customs Enforcement hold (ICE), Intermediate Care Program (ICP), the Transitional Intermediate Care Program (TriICP), Protective Custody (PC), the Special Housing Unit (SHU), the Special Needs Unit (SNU), the Transitional Special Needs Unit (TriSNU), the Step Down to Community Unit (SDC), and the Transitional Therapeutic Services Unit (TTSU).

Table 1. Breakdown of the Number of People Interviewed

Housing Unit	Interviewees
General Population	99
Diversion Unit	7
Immigration and Customs Enforcement Unit	1
Intermediate Care Program	17
Transitional Intermediate Care Program	10
Protective Custody	5
Special Housing Unit	8
Special Needs Unit	14
Transitional Special Needs Unit	7
Step Down to Community Unit	5
Transitional Therapeutic Services Unit	1
Total	174

Impressions from Visit

Below are the initial impressions from the visit to Wende that CANY representatives reported to the DOCCS facility executive team during a debrief meeting. A version of these impressions was also emailed to DOCCS’ central office and mailed to the ILC and IGRC groups following the visit.

Medical and Mental Healthcare

- CANY monitors observed that staff and leadership of the RMU appeared very committed to caring for people with complex needs, both advocating for them to return to population when possible and arranging for ongoing care in the RMU when needed. CANY monitors were also impressed by the large number of incarcerated workers trained in hospice care, both as an added support to hospice patients and a valuable skill set for the workers.
- Incarcerated people gave positive reports of dental services, including several individuals who had received cleanings recently.
- Many incarcerated people spoke highly of the services and programs delivered by OMH.

Programming

- Incarcerated people spoke highly of cultural events offered at the facility, particularly that they were looking forward to the upcoming Juneteenth celebration. It was apparent that the staff worked hard to put on such events and solicit participation, contributing to a positive community and culture.
- CANY monitors were particularly impressed by the library. The librarian had a wealth of experience drawn from previous work in the community. She fostered community and a culture of reading through establishing book club challenges, partnerships with community libraries, and other resources. The library was bustling with activity when monitors visited.
- Incarcerated people indicated a need for ESL instruction.
- Incarcerated people reported experiencing idle time and a lack of constructive opportunities, particularly those who had completed their mandatory programs (referred to as “program satisfied”). The executive team cited limited classroom space during the day, and a lack of security staff to support programming in the evening. The executive team mentioned that individuals who were not programmed had ample recreation opportunities. Several incarcerated people expressed excitement about the opportunity to take college courses starting in the fall through Wende’s forthcoming partnership with University of Buffalo and Erie County Community College.
- Incarcerated people reported issues with punctuality of movement, citing delays when being escorted to recreation, the mess hall, and religious services, for example, leading to reduced time in those activities and frustrations due to inconsistency.
- The ILC and IGRC representatives expressed the need for staff to give out more commendable behavior reports that could help individuals who appear before the parole board.

Specialized Units

- CANY monitors were impressed by the level of programming and positive environment created in the SNU. Staff were highly engaged and taking pride in their work, and the participants in turn seemed to be receiving much support in this specialized unit.
- People incarcerated in the Diversion Unit reported that recently all outlets had been removed, leaving their cells without access to power. The executive team was unaware of this and resolved to investigate. People in the Diversion Unit also reported that movie and book selections available in programs were very limited.
- CANY monitors were impressed by the quality of reentry-focused programming

available in the Step-Down Unit, having observed an ORC leading a highly engaging and participatory class about mindsets to promote successful reentry.

Packages

- Incarcerated people reported that the implementation of recent changes (May 8, 2023) to Directive 4911 had led to confusion and challenges with interpretation, for example, brand-name sneakers were being accepted while sneakers with signatures were not.
- Incarcerated people also reported delays in accessing items from packages because packages were remaining in the storehouse before going to the package room. The executive team explained that packages are brought from the storehouse to the package room twice per day and that there shouldn't be any delays; they speculated that perhaps family members were tracking a package and see that its status is "out for delivery" even though the facility had not yet received it.

Phones

- Overall, CANY monitors formed a positive impression of regular access to phones and kiosks at Wende. Some incarcerated people cited issues accessing phones in the yard at times. The executive team reported that they had previously made a request for more phones which was not fulfilled due to the existing ratio of phones to the population at Wende. The executive team said they would support any future initiative to add phone calls to tablets used in general population units.

Commissary

- Incarcerated people reported commissary items often being out of stock and some confusion around when the different housing areas would be going to commissary according to the new rotating schedule.

Visits

- Incarcerated people reported that some family members experience harassment on visits to Wende, including allegations of staff interfering with family dynamics and family members being aggressively searched by dogs in the canine unit. This has reportedly resulted in family members opting not to return or incarcerated people telling their loved ones not to bother visiting. The executive team reiterated that visitors may call Central Office with any complaints and that facility leadership does not manage the canine unit (which is operated by OSI). They stated that thus far complaints about visits had been infrequent and that the executive team regularly conducts rounds in the visiting room.

Material Conditions and Environmental Issues

- People in D Block reported that their water was brown; there were concerns about whether it was safe to drink.

Staff-Incarcerated Individual Interactions

- CANY monitors observed executive team members answering questions and concerns from incarcerated individuals in housing units displaying strong rapport and accessibility. Monitors heard especially high praise of the Deputy Superintendent of Mental Health and her efforts to resolve issues among the population.
- Incarcerated people conveyed a need for cameras at Wende and both facility leadership and CANY monitors acknowledged the importance of the current project to install cameras throughout the facility.
- Several individuals in D Block cited recent assaults by staff.

Grievances

- Incarcerated people reported that grievances were refused for not being written in English.

Overview of Wende Correctional Facility

Wende Correctional Facility is a maximum-security facility for adult men in Alden, New York, located in Erie County. It was first established in 1922 as a county jail and acquired by NY State in 1983¹. Today the facility is used as general confinement facility for males 18 years of age and older. During CANY's visit, the executive team reported information about Wende's layout, capital projects, programs, staff, and incarcerated population. CANY supplemented the information reported by the executive team by reviewing administrative datasets obtained via FOIL request. CANY uses these datasets to compare the demographic characteristics of the Wende population and incidents reported in Wende to those of the entire DOCCS system.

Physical Layout

Wende has one long corridor with seven individual housing blocks off to the right and left of the corridor. The housing blocks house general population units, SHU, SNU, TrICP, Diversion unit and RRU. There is a separate building for Office of Mental Health (OMH) units, ICP and Residential Crisis and Treatment Program (RCTP) and another one for the RMU. Wende has a perimeter camera system that surrounds the compound.

1 Dowd, Joe (May 25, 1983). "State will buy Erie County Penitentiary". *Democrat and Chronicle*.

Capital Projects

To maintain the physical plant and comply with regulations, the executive team recently completed several capital projects and is working to initiate several others. These projects include masonry work on interior and cell blocks and electrical and generator improvements. Camera installation was underway; currently only the SHU, SDC and RCTP have cameras. There were no body cameras in use at Wende at the time of CANY's visit. The facility is on the municipal water and sewer lines. Some recent improvements include electrical projects and replacement of generators.

Programs

The executive team described the academic, vocational, and re-entry programs available at the facility. Table 2 below summarizes the programs listed by the executive team and any additional discussion of a particular program, which was occasionally driven by follow-up questions from CANY representatives. During the monitoring visit, CANY representatives observed a container garden in the yard for the SNU. CANY learned that the participants will cook and eat the vegetables they grow in that garden.

Table 2. Programs Listed by Wende Executive Team

Type	Program	Additional Discussion
Vocational	Building Maintenance	9 enrolled. Participants in this program are eligible to receive industry-recognized certification
	Custodial Maintenance	12 enrolled. Participants in this program are eligible to receive industry-recognized certification
	Plumbing / Heating	12 enrolled
	General Business	12 enrolled. Phasing out, they just submitted to fill instructor position for Computer operator program instead
Academic²	Adult Basic Education (ABE)	11 enrolled in AM module; 12 enrolled in PM module
	Pre-High School Equivalency (Pre-GED)	
	High School Equivalency (HSE)	11 enrolled in AM module and 10 enrolled in PM module
	Under 21 years of age	There is a small population of under 21 in this facility.
	College Program	In Fall 2023, University of Buffalo and Erie Community College programs will begin offering AA/ BA courses.
Re-Entry	Aggression Replacement Training (ART)	
	Transitional Services Program (Phases I, II & III)	Three phases available: Phase I facility and department orientation. Phase II Thinking for Change, similar to ART. Phase III resume, research opportunities in the area.
	Medicaid enrollment	According to facility, 100% are enrolled prior to release.
	Volunteer-Led Programs	These programs are facilitated by incarcerated people.
Other	Step Down to Community Program	Criteria: People within 60 days of release with disciplinary sentences and identified for placement by Central office. The facility uses the RRU Directive for this unit. Programming is offered 7 days per week. Additional staff were hired for this program since the implementation of HALT.
<p><small>Source: The information in this table is compiled from CANY representatives' notes from the initial meeting with Executive Team on June 13, 2023.</small></p>		

² All instructors are dual certified for different levels. Classes run through summer recess (year-round).

Staffing

The executive team answered questions about their security, administration, and program staffing needs. The executive team reported current staffing levels at Wende as 490 correctional officers out of a Budgeted Fill Level (BFL) of 510, 31 sergeants out of a BFL of 30, 8 lieutenants out of a BFL of 8, no captains, and a civilian staff BFL of 39. The executive team cited understaffing as a challenge.

Union representatives described how security staffing shortages lead to efficiency issues when trying to conduct movement for programming and other activities. They mentioned that there are only 42 posts on the night shift and that officers frequently get “stuck” with mandated overtime. They are concerned that impending retirements and the lasting effects of a hiring freeze starting in 2005 mean that there will not be enough new officers in the pipeline to fill the gaps left by retirements.

The executive team’s presentation of the facility’s staffing needs roughly mirrors the data in a bi-weekly staffing report issued on January 4, 2023, suggesting that many of the open positions discussed during CANY’s visit had been unfilled since the beginning of the year. According to DOCCS administrative staffing data, as of January 4, 2023, Wende had 529.3 security staff out of a BFL of 553, 78 health services staff out of a BFL of 116.2³, and 51.3 program staff out of a BFL of 60.5.⁴ Wende had 0 captains out of a BFL of 2, and 488.6 correction officers out of a BFL of 510. Vacancies were evenly distributed throughout program services except for two teacher vacancies in academic and general education.

Union representatives cited a positive culture among staff characterized by camaraderie and collaboration and the fact that most of the staff works close to home, which means they don’t spend long hours on the road for their commute. They also reported that there had been seven deaths of active-duty officers in 2021 and 2022; the losses have weighed heavily on staff. Union representatives cited access to the Critical Incident Stress Management system; however, they felt they had received little support to cope with their colleagues’ losses.

Population

Per the executive team, the facility’s capacity is 911 incarcerated people. On the first day of the visit, June 13th, the executive team reported that there were 782 people in custody, ten (10) of whom were housed in the SHU.

CANY reviewed an administrative dataset, “Incarcerated Individuals Under Custody,” to (1) supplement the information reported by the executive team and (2) compare the demographic characteristics of the Wende population with that of the rest of the New York State prison

3 This is the total number of health service staff in Wende and Wende RMU. According to the DOCCS administrative staffing data as of January 1, 2023, there were 27 health service staff out of BFL 35.5 in Wende, and 51 health service staff out of 80.7 in Wende RMU.

4 This includes a total for both Wende and Wende RMU. According to the DOCCS administrative staffing data as of January 1, 2023, there were 47.3 program services staff out of BFL 56 in Wende, and 4 program services staff out of 4.5 in Wende RMU.

population. “Incarcerated Individuals Under Custody” represents the individuals under the custody of DOCCS on a particular day. CANY reviewed the data file from June 1st, 2023, the closest available file to the visit date.

On June 1st, there were 760 people incarcerated in Wende. The administrative data reflects the trends described by the executive team—77% (583/760) of the population is housed in general population units and the remaining 23% (177/760) housed in specialized units like RMU, ICP, SNU, Step Down Program.

Unusual Incidents and Deaths

CANY reviewed: (1) DOCCS’ unusual incident data for January through March of 2023 and (2) State Commission of Correction’s (SCOC) death data, which reflects a more complete record of deaths in DOCCS facilities, as some deaths in custody do not necessarily trigger an unusual incident report.⁵ SCOC data shows that eight deaths occurred in Wende through the end of March 2023. Wende has an RMU, which provides incarcerated people with a higher level of medical care. Facilities with RMUs have a higher rate of deaths in custody as people in these units may be diagnosed with chronic or terminal illnesses.⁶ Additional details about deaths in custody can be reviewed on CANY’s website: www.correctionalassociation.org/data.

The facility leadership informed CANY representatives that they run a hospice program at Wende. There was one person receiving hospice services at the time of the CANY visit. Medical staff explained that they submit medical parole applications for all individuals incarcerated in the RMU and that while the numbers remain low, DOCCS Central Office⁷ has granted more applications as of late.

The unusual incidents data reveals that the rates of (1) accident, (2) lost/stolen property, and (3) contagious disease are higher at Wende compared to the system overall. Higher rates of lost/ stolen property and contagious disease may be related to the facility’s previous function as an intake facility and the fact that Wende has an RMU. The rate for contraband weapons at Wende is equal to the system overall. Rates of (1) assaults both on staff and incarcerated individuals, (2) disruptive behavior, and (3) staff use of force, particularly use of chemical irritant, are lower at Wende compared to the system overall.

5 DOCCS defines an unusual incident in Directive 4004 as, “a serious occurrence that (1) may impact upon or disrupt facility operations, or (2) has the potential for affecting the Department’s public image, or (3) might arouse widespread public interest. In general, any incident shall be reportable under the provisions of this directive which (1) satisfies the definition (above) of ‘unusual incident,’ or (2) involves the use of chemical weapons, or (3) involves staff use of a weapon, or (4) results in moderate or serious injury to any incarcerated individual/releasee or staff. SCOC’s death data reflects a more complete record of deaths because, pursuant to [New York Correction Law, section 47\(1\)](#), the SCOC’s correction medical review board is responsible for (1) investigating and reviewing the cause and circumstances surrounding the death of an incarcerated person in a correctional facility and (2) submit a report thereon to the commission and to the governor.

6 [Medical Services | Department of Corrections and Community Supervision \(ny.gov\)](#)

7 The term “Central office” used in this report refers to DOCC’s office in Albany comprising executive leadership.

Table 3. Unusual Incidents, January — March, 2023

Type	Incident	Wende		System Wide	
		Count	Avg. Monthly Rate 1K PPL. in Custody	Count	Avg. Monthly Rate 1K PPL. in Custody
Assaults	Assault on Incarcerated Individual	2	0.9	374	4.0
	Assault on Staff	1	0.4	270	2.9
	Other Assault	0	0.0	1	0.0
Contraband	Weapons	14	6.2	583	6.2
	Drugs/Alcohol	0	0.0	71	0.8
	Other	0	0.0	104	1.1
Disruptive Behavior	Refused Instruction/ Refused Strip Frisk	2	0.9	295	3.1
	Cell Extraction	0	0.0	51	0.5
	Other	2	0.9	60	0.6
Facility Disruption	Accident	3	1.3	85	0.9
	Lost/Stolen Property	3	1.3	18	0.2
	Fire	0	0.3	9	0.3
Health-Related	Use of Narcan	2	0.9	111	1.2
	Use of AED	1	0.4	25	0.3
	Contagious Disease	6	0.0	85	0.9
Self-Harm & Suicide	Self-Inflicted Injury	2	0.9	14	0.1
	Suicide Attempts	1	0.4	31	0.3
	Suicides	0	0.0	1	0.0
Staff Use of Force	Use of Chemical Irritant	2	0.9	422	4.5
	Use of Baton	0	0.0	33	0.4
	Use of Other Weapon	0	0.0	3	0.0

Source: DOCCS Unusual Incident Reports, January – March 2023

Methodology

Throughout the visit, CANY representatives conducted one-on-one structured interviews with 174 incarcerated individuals and held semi-structured informational meetings with (1) incarcerated individuals serving on various committees, (2) the facility’s executive team, (3) medical staff, (4) mental health staff, and (5) union representatives. CANY’s findings as presented on page 9 primarily draw from interviews. To supplement the information gathered through these interviews, CANY representatives recorded notes ad hoc as they walked through housing units, the RMU, and academic and vocational programming areas. The sections below contain additional details about CANY’s interview methods.

One-on-One Interviews

CANY representatives interviewed 174 incarcerated individuals: 99 in general population housing, 8 in SHU and 67 in various specialized units. Three protocols were used to guide these interviews: (1) a 28-question protocol for people in general population housing units, (2) a 58-question protocol for people in the SHU, and (3) a 14-question protocol for people in other specialized units. The questions in the general population protocol are organized into five (5) topic areas: (1) medical and dental services, (2) mental health services, (3) programs and work, (4) treatment, grievances, and discipline, and (5) conditions at Wende, which includes questions about the provision of environmental conditions as well as basic services and entitlements (e.g., commissary, access to clean water, access to phones, etc.). The questions in the SHU protocol are organized into six (6) topic areas: (1) compliance with the Humane Alternatives to Long-Term Solitary Confinement Act (HALT); (2) discipline; (3) programs, recreation, and tablets; (4) medical, dental, and mental health services; (5) treatment in the SHU; and, (6) awareness of the HALT act. The questions in the specialized unit protocol are all open-ended questions and are organized into four topic areas: (1) Medical and Mental health, (2) Programs and work, (3) Treatment, Grievances and Discipline, (4) Conditions at Wende, which includes questions about the provision of environmental conditions as well as basic services and entitlements (e.g., commissary, access to clean water, access to phones, etc.) Demographic information like race, ethnicity, and gender identity are also collected in this protocol form. The first and last questions on all three protocol forms are open-ended. The inclusion of these questions makes it possible for incarcerated people to discuss experiences and/or concerns that might not have come up otherwise.⁸ Additionally, all protocols clarify that participation is voluntary and that respondents do not have to answer every question.⁹

CANY representatives transcribed their interview notes in the week following the visit. Once the interview data was transcribed, CANY staff tabulated responses to closed-ended questions. To gauge whether the people’s responses at Wende mirror those at other maximum-security prisons, CANY

8 All interview protocols contain open-ended questions. Responses to these questions are captured by CANY representatives, who take notes during each interview. These notes typically include a combination of direct quotes and paraphrase.

9 Due to incarcerated people’s preferences and the visit’s time constraints, CANY representatives may not ask all the questions in a particular protocol form. For these reasons, the total number people who responded to a particular question does not always match the total number of respondents interviewed in general population or SHU units.

compares close-ended responses collected on this visit to those collected at other maximum-security prisons between January 2022 and May 2023, including Elmira, Eastern and Coxsackie.¹⁰

To identify prevalent themes, the open-ended interview data is coded using a combination of “top-down” and “bottom-up” approaches. Staff begin coding the data using a predetermined set of codes based on the topics outlined in CANY’s protocol forms, which include questions about key services and entitlements, as well as CANY’s thematic analysis of past visit data. As staff conduct this initial round of coding, they keep notes to identify additional patterns that emerge from the interviews. Subsequently, staff re-code the data using the codes derived from the interviews. This report highlights (1) counts how often a particular theme or sub-theme came up across all interviews, and (2) illustrative quotes.¹¹

Informational Meetings

During the visit, CANY representatives held meetings with (1) Wende’s Executive Team, (2) the Nurse Administrator and other medical staff, (3) the ILC and the IGRC, (4) the Grievance supervisor and sergeant, (5) representatives from the New York State Public Employees Federation (PEF) and Correctional Officers and Police Benevolent Association (NYSCOPBA), and (6) OMH mental health staff. These meetings followed semi-structured interview guides, with questions tailored to each stakeholder group.

CANY representatives held two meetings with the executive team: an informational meeting at the start of the visit and a debrief at the end of the visit. At the debrief meeting, CANY representatives outlined and asked questions about their initial impressions of conditions at Wende. The issues CANY representatives raised at this meeting were issues that appeared to come up repeatedly or to be especially urgent and concerning, regardless of their prevalence. For a high-level summary of these issues see the “Impressions from Visit” section of this report.

Following the visit, CANY representatives transcribed their notes from the informational meetings. CANY staff reviewed meeting notes to gain a better understanding of the institution’s policies, procedures, and practices, and major initiatives underway (e.g., capital projects). CANY staff reviewed the debrief meeting notes as they analyzed interview data to (1) assess the prevalence of and/or (2) further illuminate the issues raised to the executive team.

Findings from Interview Data

Basic Provision of Services

1. Incarcerated people reported that items in commissary were inconsistently available and often unaffordable.

¹⁰ CANY visited Elmira in April 2022, Coxsackie in July 2022, and Eastern in March 2023.

¹¹ A theme or sub-theme may come up repeatedly in a single interview, so the number of individuals who mention a particular issue does not always align with the number times that issue came up.

2. While a large portion of people at Wende reported being afforded three meals a day, many people expressed dissatisfaction with the food quality and consequently sought out costly alternatives.
3. People reported good access to phones and tablets in general population units.
4. Incarcerated people reported mixed experiences with visits at Wende.
5. Incarcerated people expressed frustrations with packages including experiencing arbitrary denials and delays causing fresh food to spoil. They reported a significant burden on families due to high costs and an overall lack of clarity about which items are allowable.

Medical and Mental Healthcare

6. CANY received positive reports about timeliness of medical care and quality of dental care; yet understaffing, waits for treatment, and concerns about quality of care in the infirmary persist.
7. People incarcerated in specialized mental health units gave mostly positive reviews of OMH staff and programs, while members of general population and staff desired more mental health support.

Programming and Recreation

8. Incarcerated people reported limited programming options leading to under-stimulation and recurrent movement delays leading to loss of time in programs and recreation.

Staff-Incarcerated Individual Interactions

9. Many incarcerated people provided positive reports about treatment from staff at Wende compared to other prisons. Despite that, some allegations of verbal, physical, and racialized abuse in general population units were still reported.

Grievances

10. Overall, incarcerated people at Wende expressed a lack of confidence in the grievance process.

Discipline

11. Overall, incarcerated people perceived the disciplinary process at Wende to be unfair and biased.

Material Conditions and Environmental Issues

12. Incarcerated people asserted that fixtures and appliances were in good working order and that staff resolve maintenance issues in a timely manner; incarcerated people reported a lack of adequate temperature controls in housing areas.

Analysis of Interview Data

CANY staff analyzed the information collected during the monitoring visit to better understand (1) the provision of basic services, (2) medical and dental healthcare, (3) mental health care, (4) programming, (5) staff behavior, (6) grievances, (7) discipline, and (8) material conditions at Wende. This analysis supports the impressions that CANY representatives presented to the executive team.

Basic Provision Of Services

CANY representatives asked incarcerated people in general population units about their access to services such as commissary, packages, food, phone calls and visits. Below are the findings and responses to those questions.

Table 4. Provision of Basic Services in General Population Units

Questions	Responses					
	YES		NO		TOTAL	
	Percent	Count	Percent	Count	Percent	Count
Is the commissary adequately stocked with items on a regular basis?	22%	17	78%	56	100%	73
Are you able to access items from packages in a timely manner?	48%	33	52%	36	100%	69
Are you receiving three meals per day in adequate portions?	84%	62	16%	12	100%	74
Are you able to make phone calls , either by using the phones or through a tablet?	94%	83	6%	5	100%	88
Do you receive in-person visits ?	40%	36	60%	53	100%	89

Commissary

- 1** Incarcerated people reported that items in commissary were inconsistently available and sometimes unaffordable.

Only 22% (17/73) of respondents in general population units at Wende agreed that the commissary is adequately stocked on a regular basis. Concerns related to commissary are common across

facilities. A greater share of respondents at other maximum-security prisons felt that the commissary was adequately stocked, 52% (23/44) at Elmira, and 48% (28/58) at Coxsackie, while responses at Eastern, 25% (16/63), were similar to those at Wende.

ILC and IGRC representatives reported that commissary items are regularly out of stock and that the items list changes only once per year and the vendors change only every five years. They recommended that administrators revisit the items list more frequently and involve incarcerated people in the process.

ILC and IGRC representatives also brought up affordability issues, asserting, “The pay we receive is minimal but prices are skyrocketing.”

Prices and availability

Incarcerated individuals in general population frequently reported problems with commissary (68 instances) including concerns that many items being out of stock at any given time (37 instances), prices are high and have been increasing with inflation (20 instances), and that commissary items are unhealthy and overall lacking in fresh fruits and vegetables (6 instances). A few incarcerated individuals reported adequate experience with commissary (6 instances).

Some incarcerated individuals in specialized units also reported problems with commissary (15 instances) while a smaller number of people reported adequate experiences with commissary (5 instances). Some people described commissary not running on schedule due to delays or not being called out on designated days (5 instances) and items frequently being out of stock (2 instances). In Step Down to Community and Diversion units, individuals raised concerns that they were limited to a \$20 purchase limit or “buy” for both food and hygiene products every two weeks, a significantly smaller amount than in general population (4 instances).

- ▶ “Prices keep going up – can’t buy Ramen noodles”
- ▶ Regarding staples like rice, soap, deodorant: “Always out”
- ▶ “I cook a lot of soups. Get soups and beef sticks...last store had no soups. A lot of people don’t go to chow and live on soups.”
- ▶ “Have you seen the out of stock list? No butter in 9 months.”
- ▶ “Full of unhealthy junk that kills you.”

Food

2 While most people at Wende reported being afforded three meals a day, many people expressed dissatisfaction with the food quality and consequently sought out costly alternatives.

The vast majority of respondents, 84% (62/74), in general population units at Wende reported

being afforded three meals a day in adequate portions. This number is similar to responses of incarcerated people in other maximum-security prisons CANY has visited recently: 76% (47/62) at Coxsackie and 89% (55/62) at Eastern.

Incarcerated individuals in the Earned Housing unit have access to stoves and other appliances they could use to cook their own meals.

Mess Hall Participation

Many incarcerated individuals in general population units reported that while food is afforded via the mess hall they choose not to participate (25 instances). Some described preferring to eat what they buy through commissary and cooking their own meals (12 instances). A few individuals cited choosing to eat in their cells to avoid the hassle of going to the mess hall either due to mobility issues or having to pass through a metal detector (5 instances).

- ▶ “If you don’t have money in here, you’re screwed.”
- ▶ “I haven’t eaten in the mess hall for two years.”

Food Quality

Incarcerated people in general population units frequently reported problems with food quality (28 instances), including insufficient portion sizes (5 instances) and an overreliance on soy (6 instances). A smaller proportion of incarcerated people reported adequate experience with food quality (8 instances). Some incarcerated people in specialized units reported adequate experiences with food quality (9 instances) and fewer reported problems with food quality (6 instances), citing bland food, low nutritional value, and high soy content.

- ▶ “[I] wouldn’t eat half the food served.”
- ▶ “[The] food is not great; I know it’s prison, but it could be better.”

Phones and Tablets

3 People reported good access to phones and tablets in general population units.

The overwhelming majority of respondents in general population units at Wende, 94% (83/88), reported being able to make phone calls. Similarly, a high proportion of respondents at other maximum-security prisons indicated that they were able to make calls: 89% (42/47) at Elmira, 92% (56/61) at Coxsackie, and 93% (56/60) at Eastern.

Members of the ILC and IGRC expressed that members of the general population would like the ability to make calls through their tablets. They also stated that limited phone access means less time to call hotlines that would connect them to various resources and support services.

The Executive Team told CANY representatives that they had previously requested more phones and their request was denied by Central Office due to their existing ratio of phones per person.

Experience with phones

A few incarcerated individuals in general population units reported problems with phones (7 instances) including phones disconnecting (3 instances) and limited numbers of phones causing tension and fights (3 instances). People in general population units expressed a desire to make phone calls via the tablets and in their cells, noting that these options are available to people in the SHU (5 instances).¹²

Experiences with phones were mixed in specialized units, with some reporting problems (4 instances) and others reporting adequate experiences (3 instances). Notably, one individual in the TrICP reported that TTY phones had recently been installed, one in the yard and one on the gallery.

Experience with tablets

Some people incarcerated in the SHU reported problems with tablets (5 instances), mostly citing technical difficulties such as tablets not keeping a charge and hardware malfunctioning (3 instances) and a desire to keep tablets and chargers in their cells rather than handing them back at designated times. Others reported no problems or discussed the mental health benefits of being able to talk to family throughout the day (2 instances).

Experiences with tablets were mixed in specialized units, with complaints ranging from hardware malfunctioning to not receiving them on time. One individual described how he and others had been asking to extend the time tablets are afforded on weekends because there is little else to occupy their time.

Visits

4 Incarcerated people reported mixed experiences with visits at Wende.

Only 40% (36/89) of people in general population units at Wende reported that they receive visits.

Incidents Impacting Visitors

ILC and IGRC representatives described how dogs from the Office of Special Investigations (OSI) canine unit had been getting close enough to touch them and sniffing intrusively. Representatives reported that visitors have chosen or been asked by their loved ones not to return for this reason. When CANY representatives raised this concern with the Executive Team they were told that visitors can file complaints with Central Office, but that prison administration has no jurisdiction over OSI activities.

¹² In October 2023, DOCCS announced they will be installing Wi-Fi in all housing units to provide all incarcerated people with access to make phone calls via their tablets. The Department will pilot this at all three female facilities: Albion, Bedford Hills, and Taconic.

People incarcerated in specialized units reported mixed experiences with visits, including one individual in Diversion Unit who asserted that individuals in that unit are not allowed to take photographs with loved ones during visits.

Packages

5 Incarcerated people expressed frustrations with packages including experiencing arbitrary denials and delays causing fresh food to spoil. They reported a significant burden on families due to high costs and an overall lack of clarity about which items are allowable.

Incarcerated people frequently reported problems with packages (64 instances) and rarely cited adequate experiences with packages (3 instances). Only 48% (33/69) of respondents in general population units at Wende reported being able to access items from packages in a timely manner, far lower than that at Eastern, 73% (41/56).

ILC and IGRC representatives asserted that packages were a key concern for the incarcerated population at Wende, especially following a May 8th, 2023, policy update that included restrictions on receiving certain sneakers and tank tops. Problems included vague language in the directive that was often subject to officer discretion, and difficulty accessing fresh foods. Many vendors will not sell fresh foods, and when incarcerated individuals manage to order them, they often spoil due to delays in package processing. Representatives also emphasized that families purchase items from vendors at great expense, asserting, “at the end of the day, family is the one that suffers.”

Some facility staff expressed wanting further clarity regarding the package directive and explained that they have been encouraging incarcerated individuals to appeal package-related grievances in order to receive more information and direction from Central Office. Some staff felt that it had been difficult to keep up with the changes and to educate officers and incarcerated individuals alike. During a walkthrough of the facility, package room staff explained to CANY representatives that they receive between seven and 35 packages per day and that they process packages faster than the required; the directive calls for a 72-hour turnaround. They asserted their belief that the changes to package policy in the last few years had reduced contraband entering the facility. When asked about problems with packages, the Executive Team clarified that packages are brought from the storehouse to the package room twice per day and that they were not aware of any processing delays.

Financial Hardship

Many incarcerated people in general population units described the package program under Directive 4911A as burdensome to their families due to the high cost of purchasing items through vendors, the cost of having to send unapproved items back, and the hassle of determining which items are approved and not (24 instances). Some stated they had asked family members to stop sending packages because of financial hardship and logistical challenges.

Denials and Delays

Several incarcerated individuals in general population units cited delays in receiving their packages, sometimes leading to fresh food spoiling (19 instances). Some people described package room staff arbitrarily denying items despite having been purchased through vendors (9 instances). There were also several reports of specific clothing items being denied as of late including V-neck shirts, tank tops, certain types of shoes, and clothing that was blue or black or featured a logo (8 instances). A few incarcerated individuals identified staffing issues in the package room alleging that certain staff subjectively interpret which items are allowable leading to wide variation in the policy's implementation, as well as corruption and stealing (8 instances).

Individuals in specialized units reported mixed experiences with packages, including a few individuals citing problems with delays and denials.

- ▶ "[It's a] hardship for our families."
- ▶ "[It's] horrific to the point of abuse; it's weaponized."
- ▶ "It depends on who's working. They play a lot of games."
- ▶ "Rules [are] changing every couple of months."
- ▶ "[It] takes one week [to get packages], I guess it's timely."

Medical and Dental Healthcare

6 CANY received positive reports about timeliness of medical care and quality of dental care; yet understaffing, waits for treatment, and concerns about quality of care in the infirmary persist.¹³

Medical

The majority of respondents in general population units, 81% (59/73), reported receiving medical care when requested, which was similar to at Coxsackie, 80% (37/46), and lower than at Eastern, 89% (51/57). Despite this, 46% (32/69) of respondents at Wende still felt they had unaddressed medical and dental needs which mirrored that at Coxsackie, 46% (26/56), was slightly lower than at Elmira, 50% (19/38), and significantly lower than at Eastern, 67% (37/55).

Slightly more than half, 56% (29/52), of respondents in general population units agreed that the level of medical care they received was adequate, which was higher than that at Eastern, 44% (20/45), and similar to Coxsackie, 54% (28/52). The majority of respondents at Wende stated they received care within a week of requesting it, however, 27% reported having to wait longer than a month for care.

A variety of specialty care services were available on-site at Wende: podiatry, urology, chiropractic, optometry, imaging, orthopedics, physical therapy, occupational therapy, and neurology. Medical staff

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The term infirmary is used throughout this report to refer to all medical care provided to the population outside of the RMU.

reported that medical emergencies that cannot be handled at the facility are treated at Erie County Medical Center; they estimated they make three trips per week.

Dental

The majority of respondents in general population units, 71% (44/62), reported receiving dental care when requested, which was significantly higher than the 58% (14/24) of respondents at Elmira who received care, and similar to that at Coxsackie, 70% (28/40) and Eastern, 70% (31/44). A higher proportion of people in general population units at Wende, 72% (28/39), believed the dental care they received was adequate than that at Coxsackie, 60% (27/45) and Eastern, 44% (11/25).

Table 5. Medical and Dental Health Care in General Population Units

Questions	Responses					
	YES		NO		TOTAL	
	Percent	Count	Percent	Count	Percent	Count
If you requested medical care, have you received a response?	81%	59	19%	14	100%	73
If you requested dental care, have you received a response?	71%	44	29%	18	100%	62
Do you have unaddressed medical or dental needs?	46%	32	54%	37	100%	69

	YES		NO		N/A		TOTAL	
	Percent	Count	Percent	Count	Percent	Count	Percent	Count
If you have received medical care, was the level of care adequate?	56%	39	40%	21	4%	2	100%	52
If you have received dental care, was the level of care adequate?	72%	30	18%	7	10%	4	100%	39
Are you receiving medication as prescribed, including scheduling and dosage?	44%	41	26%	18	30%	21	100%	70

	2 DAYS		1 WEEK		2 WEEKS		1 MONTH		>1 MONTH		TOTAL	
	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count
If you have received medical care, how long did it take to get care?	43%	16	16%	6	8%	3	5%	2	27%	10	100%	37
If you <i>have not</i> received medical care, how long has your request been outstanding?	0%	0	17%	1	0%	0	0%	0	83%	5	100%	6
If you have received dental care, how long did it take to get care?	10%	2	24%	5	0%	0	24%	5	43%	9	100%	21
If you <i>have not</i> received dental care, how long has your request been outstanding?	0%	0	0%	0	0%	0	0%	0	100%	1	100%	1

Regional Medical Unit

CANY representatives walked through the Regional Medical Unit (RMU), a three-floor building housing both medical services for all of Wende's population and specialized services for people admitted to the RMU with complex medical needs. The infirmary had 18 beds and the staff estimated they average between 5 to 10 patients in the infirmary at any given time. There were 2 patients on the day of CANY's visit. Six of the beds are designated for medication isolation or contraband watch. There were 80 people in the RMU on the day of CANY's visit. The RMU has large day rooms on each floor and classrooms for programming, including one being used for Aggression Replacement Training (ART) during the walkthrough. RMU staff performs a review every 90 days for individuals in the RMU to determine whether they can attend their programming in general population.

The Wende RMU's hospice program employs 24 incarcerated people as hospice care workers divided among three daily shifts. The workers must undergo an interview process and receive specialized training from the Hospice of Buffalo. They also receive support during a monthly meeting with the Imam. Only one person was receiving hospice care at the time of CANY's visit.

Staffing Challenges

CANY representatives met with medical staff who believed their staffing allocation was insufficient. At the time of CANY's visit, Wende had two physicians and a physician vacancy of 1.5 positions. They had three nurse practitioners. They had five full-time nurses and two part-time nurses and were filling the gaps with agency nurses. Medical staff cited 19 nurse vacancies and explained that it had been this way since the COVID-19 pandemic. They did not have any physician's assistants on site. Wende had an occupational therapy vacancy at the time of the visit. Dental services were better staffed; Wende had 1 dentist, 1 dental assistant, and 1 hygienist which they were sharing with another facility.

Wende medical staff reported that nearly 50 individuals were enrolled in the Medication Addiction Treatment (MAT)¹⁴ program at the time of the visit, and they anticipated that number would increase in the near future. They reported providing buprenorphine, naltrexone, and methadone. After the first week of enrollment, a nurse brings MAT medication to incarcerated individuals in their cell. They reported this change has reduced the burden on staff, however, staffing challenges persist.

Mixed Experiences with Medical Care

Some individuals in general population units reported receiving an adequate quality of medical and dental care at Wende (18 instances) and a significant number of individuals in specialized units described adequate experiences (27 instances). Several incarcerated people in general population units noted the relatively higher quality of medical care at Wende as compared to other facilities they have experienced as well as improvements to dental care (8 instances).

¹⁴ On October 7, 2021, Governor Kathy Hochul signed multiple pieces of legislation intended to combat drug-related overdose deaths across New York State and to help people currently suffering from addiction to seek help. This included establishing programs for incarcerated individuals. [Governor Hochul Signs Legislation Package to Combat Opioid Crisis | Governor Kathy Hochul \(ny.gov\)](#)

Some individuals in general population units (23 instances) as well as a few individuals in specialized units (3 instances) reported receiving a substandard quality of care. Despite many positive reports about relatively better medical care at Wende, many incarcerated people reported experiencing a variety of ongoing medical and dental needs: 41 instances in general population units and 8 instances in specialized units. Several individuals reported problems with medication including not having a prescription refilled, being assigned the wrong medication schedule, not being allowed to self-carry medication, and being given ibuprofen only when more was needed to treat their ailments.

Several people incarcerated in specialized units reported positive experiences with dental care (8 instances).

- ▶ “[The] new dentist is quick to fix, [the] old dentist wanted to pull [teeth].”
- ▶ “I have a dental cleaning coming up. This jail is up to date with everything medical.”
- ▶ “[Medical is] better than most places.”

Emergency response

Reviews of emergency healthcare response in general population units at Wende were mixed, with many people reporting adequate response (18 instances) and some reporting problems with response (10 instances.) While some of the positive reports cited quick response times (4 instances), in several instances, incarcerated people reported delayed emergency response (7 instances). Four of these instances described OMH as slow to respond to a mental health emergency. One individual cited, “someone hung themselves in B Block; they didn’t do their rounds for the guy in B Block...certain things can be prevented.” In two instances, incarcerated people described security responses to medical or mental health emergencies such as when a man who didn’t speak English well was having a stroke and sounded incoherent, they handcuffed him to restrain him rather than providing care. In two instances, incarcerated people told of security staff “thinking [someone] was playing” and subsequently not responding quickly to a medical emergency.

Long waits for treatment

Some incarcerated people in general population units cited slow response to sick call slips (7 instances) and long waits to see a provider, for example being called to the infirmary at 5:30am and waiting until 9:30am to be seen by the nurse or doctor (3 instances). Three individuals reported waiting a long time for surgeries.

Several people incarcerated in specialized units also reported slow or no response to sick call requests (8 instances).

- ▶ “[They’re] not very punctual for call outs”
- ▶ “You have to go again and again to get the help you need.”

- ▶ “The system is slow and it ain’t helpful.”

Mental Health Care

7 People incarcerated in specialized mental health units gave mostly positive reviews of OMH staff and programs, while members of general population and staff desired more mental health support.

Wende is an OMH designation level 1 facility¹⁵ operating several mental health-specific units: ICP, TrICP, RCTP, and TTSU. According to Central New York Psychiatric Center data, 41% (317 people) of the total population at Wende was on the OMH caseload in June 2023. According to OMH data, as of June 30th, there were 13 people in the TrICP and 37 people in the ICP.¹⁶

During interviews, 25% of respondents in general population (22/89) and SHU (2/8) at Wende reported being on the OMH caseload. Only 20% (15/74) of respondents in general population units and 40% (2/5) of respondents in SHU agreed that they were receiving the mental health programs that they needed. Some respondents in general population units reported having attempted to hurt themselves while at Wende, 7% (6/81), which was lower than at Coxsackie, 10% (5/57), similar to Elmira, 8% (4/53), and higher than at Eastern (0%, 0/65). One person in SHU reported having attempted to hurt themselves while at Wende, which amounts to 13% (1/9) of people interviewed.

¹⁵ Level 1 means an OMH staff is assigned on a full-time basis and able to provide treatment to incarcerated individual-patients with a major mental disorder. The array of available specialized services include residential crisis treatment, residential/day treatment, case management, medication monitoring by psychiatric nursing staff, and potential commitment to the Central New York Psychiatric Center. [Mental Health Program Descriptions – 7/5/11 \(nysed.gov\)](#)

¹⁶ CNYPC Monthly Program Census Report, June 30, 2023.

Table 6. Mental Health

	Responses							
	YES		NO		N/A		TOTAL	
	Percent	Count	Percent	Count	Percent	Count	Percent	Count
General Population								
Are you on the OMH caseload?	25%	22	75%	67			100%	89
Are you getting the mental health programs you need?	20%	15	18%	13	62%	46	100%	74
Have you attempted to hurt yourself in this prison?	7%	6	93%	75			100%	81
SHU								
Are you on the OMH caseload?	25%	2	75%	6			100%	8
Are you getting the mental health programs you need?	40%	2	60%	3	0%	0	100%	5
Do you have unaddressed mental health needs?	40%	2	60%	3			0%	5
Have you attempted to hurt yourself in this prison?	13%	1	88%	8			100%	9

Staffing

OMH staff reported having 4 psychiatrists (1 full-time and 3 part-time), 8 nurses including 6 RNs and 1 RN II performing medication management and 1 nurse administrator, 9 social workers providing clinical treatment, 1 unit chief, and 2 clerical staff. They also had a psychologist position which was vacant at the time of CANY’s visit. Most OMH staff work 6am-10pm Monday through Friday and nurses come in on weekends.

Staff Training

OMH staff reported providing staff training in conjunction with DOCCS including training for civilians and security staff working in the SHU on an annual basis and training for staff working in the ICP and RCTP. Trainings cover diagnosis, symptoms, de-escalation, and suicidality. OMH staff also reported partnering with DOCCS to launch staff wellness training utilizing the company Desert Waters, which started four months prior to CANY’s visit. OMH staff expressed that security staff not assigned to mental health units were welcome to attend OMH trainings, however, they acknowledged that “perhaps it’s not advertised that way” which could explain why they reported not receiving training.

A NYSCOBA representative described to CANY representatives their belief that correctional officers receive very little training on working with people with mental health conditions. Officers permanently assigned to mental health units receive training, however, other officers might be

assigned to those posts on occasion to fill gaps and they would be doing so without training. The union representative expressed an interest and willingness to partner with OMH staff on developing more training for officers, while emphasizing that they are quite busy with the mandated training already in place. They also expressed a need for staff wellness training.

People in general population units expressed mixed feelings about mental health services; some acknowledged the benefits and ease of getting care, while others portrayed it as difficult to get a response and felt their concerns were not taken seriously.

Positive experiences in specialized units

People in specialized units, some of which are dedicated to addressing the population's mental health needs, largely rated their experiences with OMH services as positive (24 instances) and adequate (11 instances). In particular, individuals in the ICP spoke of the benefits they gain from structured group programming (6 instances), and about staff that is responsive to their needs (7 instances).

- ▶ “[ICP] helped me deal with my depression...[they have] good therapists.”
- ▶ “I have a serious mental illness. This is the best environment [in prison] that helps me. I do good with the support.”
- ▶ “[There’s] decent OMH here, I think that they’re sincere. They do curriculum every day.”

Programming and Recreation

8 Incarcerated people reported limited programming options leading to under-stimulation and recurrent movement delays leading to loss of time in programs and recreation.

People incarcerated at Wende reported less access to academic and vocational programs at Wende compared to their counterparts at other maximum-security prisons. Only 48% (43/89) of respondents in general population units reported being able to enroll in the academic and vocational programs they needed at Wende, which is slightly lower than at Elmira, 54% (31/57), and significantly lower than the 69% (33/48) at Coxsackie and 77% (55/71) at Eastern.

Table 7. Programs and Recreation

	Responses							
	YES		NO		N/A		TOTAL	
	Percent	Count	Percent	Count	Percent	Count	Percent	Count
General Population								
Are you able to enroll in the academic and vocational programs you need?	48%	43	25%	22	27%	24	100%	89
SHU								
Do you have at least three hours of out of cell programming per day?	38%	3	63%	5			100%	8
Do you have at least one hour of out of cell congregate recreation per day?	75%	6	25%	2			100%	8

A key challenge Wende faces is the limitations of its physical plant and lack of programming space (perhaps owing to its original use as a county jail). Wende provides academic (GED, pre-GED, ABE¹⁷, education for individuals under 21 years old) and vocational (building maintenance, custodial maintenance, general business, plumbing and heating), and therapeutic programming. At the time of the visit, General Business was on hold due to an instructor vacancy. The executive team reported that they would be phasing out General Business and had submitted a request to fill an instructor position for Computer Operator instead.

The executive team cited small classrooms as a limitation on how many people can enroll in programs at a given time, especially during the day. A lack of security staff to support programming in the evening was also cited as a limitation for expanding programming. Multiple incarcerated people cited a need for ESL instruction.

Positive programming in specialized units

Individuals incarcerated in specialized units generally reported positive reviews of programming (27 instances), except for the Diversion unit where they reported a lack of therapeutic programming including groups and described program offerings as limited to a handful of movies that were being repeatedly shown. Several individuals in the ICP reported experiencing the benefits of programming and described program staff as approachable (5 instances). Individuals in the Step Down to Community unit consistently cited benefiting from workshops led by Osborne Association and resources to assist them with reentry (5 instances).

Movement and programming delays

Several incarcerated people in general population units expressed concerns with prison staffing and operations leading to delays in movement and loss of critical time in recreation, programs, commissary, and the mess hall (8 instances). One individual illustrated, “they’re not very punctual with call outs.” Another explained that recreation regularly gets cut short and blamed on staff

17 [Adult Basic Education | Department of Corrections and Community Supervision \(ny.gov\)](#)

shortages, “but when an alarm goes off, you see 40 ‘police’ go running. Where were they at when it was rec time?”

Under-stimulation in general population units

While some individuals, particularly in Earned Housing, cited long lists of the programs they had experienced at Wende (for example legal certificate, mobility aide, braille transcription, hospice aide, and peer support in addition to the typical academic and vocational offerings), several people in general population units complained of under-stimulation and lack of meaningful program opportunities (17 instances). Several people in general population units reported that they are never called out for their work assignments and subsequently spend most if not all day in their cells (8 instances). Several respondents in general population units expressed a desire for more educational programming (16 instances) and vocational programming (7 instances), while some described adequate or positive experiences with programming (11 instances).

- ▶ “[There’s] nothing to do here”
- ▶ “[There are] not a lot of programs [here] compared to other places since it’s small.”
- ▶ “I have a [work assignment] but they don’t let me out for it... [I asked for] heavy work to keep me busy and to keep me from thinking about negative things.”
- ▶ “[I] wish there was something for us to do.”

Concerns with wages

ILC and IGRC representatives raised concerns about low wages, especially for skilled jobs such as sign language interpreters receiving 50 cents per hour, hospice workers receiving \$1 per 7-hour shift for emotionally taxing work, and barbers receiving \$2 per shift and not being allowed to log hours toward a certification. They commented that wages have not kept up with inflation.

Library Services and Cultural Events

CANY representatives were impressed by the general librarian’s dedication to creating a community around reading including facilitating book clubs and other special events and soliciting ideas for new reading materials from the population. The librarian has a wealth of experience drawn from previous work in the community.

Incarcerated people spoke highly of cultural events taking place at Wende, including the upcoming Juneteenth celebration. The ILC described a time when they proposed conducting a town hall meeting at Wende to include a panel of three staff and three incarcerated individuals. The administration supported the idea, however, Central Office did not approve the request.

Programming in Specialized Units

Wende operates a Step Down to Community program for individuals serving a disciplinary

sentence that are within 60 days of their release date. While mandatory programming such as ART and ASAT is not offered in the SDC, specialized programming is offered which includes content covering reentry, substance abuse, and leisure time divided into eight modules of five sessions each. Individuals designated for the SDC have already completed any mandatory programming. The executive team reported that of all the disciplinary units, individuals were coming out for programs most consistently in the Step Down unit. CANY representatives observed a Level One class which consisted of three incarcerated participants and an Offender Rehabilitation Coordinator (ORC) in a small classroom. Representatives observed a participatory, engaging discussion of relationships and money management in preparation for reentry. There were also employment resources posted on the classroom wall. The executive team reported that 40 people had been released from the SDC thus far in 2023 at the time of CANY's visit and 28 people were released from the SDC in 2022.

CANY representatives were impressed by the quality of programming and positive atmosphere they observed while walking through the Special Needs Unit which houses people with developmental disabilities. Representatives noted that the walls and bulletin boards were beautifully decorated and that participants seemed well established in their routines of activities and games during the afternoon program module. They also observed a container garden in the yard that had recently been constructed by SNU participants with support from building maintenance program participants using donated materials. They were told the future plan is for SNU participants to cook and eat vegetables that they grow in the garden.

Staff-Incarcerated Individual Interactions

9 Many incarcerated people provided positive reports about treatment from staff at Wende compared to other prisons. Despite that, some allegations of verbal, physical, and racialized abuse in general population units were still reported.

A third of respondents in general population units, 34% (31/90), reported having seen or experienced verbal, physical, or sexual abuse by staff at Wende which was identical to that at Eastern, 34% (25/73), and significantly lower than at two medium-security facilities CANY visited recently, 53% (63/118) at Wyoming in May 2023 and 61% (28/46) at Fishkill in July 2023¹⁸. A similar share of respondents in general population units, 33% (28/86), reported having seen or experienced racialized abuse by staff which was slightly higher than at Eastern, 27% (19/70) and significantly lower than at Wyoming, 58% (38/65) and Fishkill, 46% (21/46).

¹⁸ Staff behavior data is compared to medium-security facilities recently visited by CANY because the staff behavior questions have been updated since visiting Coxsackie and Elmira, maximum-security facilities.

Table 8. Staff-Incarcerated People Interactions

	Responses					
	YES		NO		TOTAL	
	Percent	Count	Percent	Count	Percent	Count
General Population						
Have you seen or experienced verbal, physical, or sexual abuse by staff at this prison?	34%	31	66%	59	100%	90
Have you seen or experienced racialized abuse by staff at this prison?	33%	28	67%	58	100%	86
SHU						
Have you seen or experienced verbal, physical, or sexual abuse by staff at this prison?	43%	3	57%	4	100%	7
Have you seen or experienced racialized abuse by staff at this prison?	38%	3	63%	5	100%	8

Adequate and mixed experiences

Many incarcerated people in general population units reported adequate experiences with staff (55 instances). Some described being treated better at Wende relative to their experiences at other prisons (8 instances). Some incarcerated people in general population units reported mixed experiences with staff (14 instances), mostly asserting that some officers treat them well while others do not.

Many individuals in specialized units reported adequate experiences with staff (54 instances), commonly citing relatively better treatment at Wende than other prisons. One individual stated, “90% of them are good. They want to be respected and if you do they respect you.” Another described officers as “extremely courteous and respectful...[they] treat me like the 51-year-old human being that I am.”

Negative experiences

Incarcerated people in general population units reported poor treatment by staff (46 instances) including inciting conflict (7 instances) and utilizing verbal abuse and hostility (13 instances), with one individual describing that they had been “talked to any kind of way” and another stating “verbal abuse is normal.” Individuals in general population units cited race-based abuse (25 instances), alleging that officers use racial slurs sometimes and observing that only Hispanic porters were being called out for work, not Black porters, on a given block. Some individuals alleged violence and abuse by prison staff (18 instances), with some describing how people are beat up in corridors and told to put their hands on the wall.

Grievances

10 Overall, incarcerated people at Wende expressed a lack of confidence in the grievance process.

Nearly a third or 31% (11/35) of respondents in general population units at Wende believed the grievance process to be fair. Of those respondents who had filed a grievance at Wende, only 36% (13/36) felt their grievance had been resolved. Mistrust of the grievance process is a common theme CANY representatives hear across facilities.¹⁹ A smaller portion of Elmira respondents, 24% (4/17), and a far smaller share of Coxsackie respondents, 15% (6/41), in general population units believed the grievance process was fair.

Table 9. Grievances in General Population Units

Questions	Responses					
	YES		NO		TOTAL	
	Percent	Count	Percent	Count	Percent	Count
Have you filed a grievance at this prison?	48%	44	52%	48	100%	92
If yes, has your grievance been resolved?	36%	13	64%	23	100%	36
Is the grievance process fair?	31%	11	69%	24	100%	35

	2 DAYS		1 WEEK		2 WEEKS		1 MONTH		>1 MONTH		NO RESPONSE		TOTAL	
	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count
If you filed a grievance at this prison, how long did it take to get a response?	15%	5	32%	11	6%	2	9%	3	9%	3	29%	10	100%	34

The grievance supervisor and sergeant estimated the most common reasons for filing a grievance at Wende were medical (most likely related to the RMU and MAT), packages, and commissary (especially during the height of the pandemic). They reported having received 68 grievances to date in 2023 at the time of CANY’s visit. The grievance supervisor explained that grievances at Wende are filed via the mail and the sergeant picks up the mail once per week. There is a rotating group of civilians who sit in the hearings.

¹⁹ To better understand the concerns CANY has documented about the grievance system from many monitoring visits, CANY administered a system wide survey to 10% of the prison population in September 2022. CANY collected responses through March 2023. The report can be found here [CANY_GrievanceReport_2023Oct.pdf \(squarespace.com\)](#).

Data from the DOCCS grievance program semi-annual report of 2022²⁰ showed that incarcerated people filed 10,584 grievances in the first half of 2022 systemwide. During this period, Wende logged a total of 337 grievances (3% of the systemwide total²¹). Most grievances filed at Wende were related to health services (n=105), executive direction (n=69), and facility operations (n=63). The majority of executive direction grievances were related to staff conduct (44) and the majority of facility operations grievances were related to either packages (25) or housing – internal block affairs (23).

Dissatisfaction with Grievance Process

People incarcerated in general population units reported problems with the grievance system including experiencing a faulty investigation or no investigation at all (3 instances), not receiving a response (8 instances), issues with the grievance supervisor (4 instances), and allegations of retaliation for filing grievances (5 instances). Individuals incarcerated in specialized units reported similar experiences with the grievance process, including allegations of retaliation (6 instances).

- ▶ “[It’s a] kangaroo court.”
- ▶ “They don’t care, they do whatever they want...it’s a joke.”
- ▶ “[They] told me to sign off on [my] grievance or ‘there would be more issues.’”

A smaller share of individuals cited adequate experiences with the grievance process (11 instances).

Discipline

11 Overall, incarcerated people perceived the disciplinary process at Wende to be unfair and biased.

Less than half of respondents, 39% (33/85), in general population units reported having been subject to discipline at Wende and only 14% (8/58) of people interviewed agreed that the disciplinary system is fair, which was comparatively lower than the 30% (6/20) at Elmira, 26% (10/39) at Eastern, and 23% (10/43) at Cossackie.

20 NYS DOCCS Grievance Program Semi Annual Report, 2022 incarcerated-grievance-program-semi-annual-report-2022.pdf

21 In June 2023, the total incarcerated population was 31,792, Wende was 2.5% (n=782) of the total population.

Table 10. Discipline

	Responses							
	YES		NO		N/A		TOTAL	
	Percent	Count	Percent	Count	Percent	Count	Percent	Count
General Population								
Have you been subject to discipline at this prison?	39%	33	61%	52			100%	85
Is the disciplinary system fair?	14%	8	41%	24	45%	26	100%	58
SHU								
Have you received additional disciplinary tickets while in SHU?	0%	0	100%	7			100%	7
Have you received additional disciplinary confinement time and/or additional punishment in the SHU (e.g. loss of privileges)?	14%	1	86%	6			100%	7

Wende has three disciplinary units: the SHU, the Diversion unit housing individuals ineligible for SHU placement per HALT, and the Step Down to Community unit. The executive team explained that the Diversion unit is a central office initiative.

Perceptions of Bias and Arbitrariness:

Some incarcerated people in general population units described the disciplinary process as unfair and biased (12 instances), sometimes alleging that staff perspectives were being privileged over that of the incarcerated population during hearings, unpredictable enforcement of rules, and pressure to plead guilty. Several people also alleged an arbitrary and unfair disciplinary process (11 instances), with some feeling the discipline was disproportionate to the incident or being disciplined for actions that should not be considered violations. Several people in the SHU also alleged an arbitrary and unfair disciplinary process (7 instances). Many felt that they were in SHU on false allegations and that officers lied about an incident to send them to SHU.

- ▶ “[It’s your word against somebody’s coworker’s word.]”
- ▶ “[It’s] at [the] officer’s discretion if they don’t like me.”
- ▶ “When you don’t do what they want, they make it hard.”

ILC and IGRC representatives suggested that staff could write more commendable behavior reports to assist incarcerated individuals when going before the Parole Board.

Material Conditions and Environmental Issues

12 Incarcerated people asserted that fixtures and appliances were in good working order and that staff resolve maintenance issues in a timely manner; incarcerated people reported a lack of adequate temperature controls in housing areas.

Water

71% (51/72) of respondents in general population units at Wende believed they had access to clean drinking water outside of the commissary. This proportion was significantly higher than at Eastern, 27% (18/66), and lower than at Fishkill, 84% (36/43), which CANY visited in July 2023. The executive team explained that Wende’s water supply is municipal water.

Table 11. Material Conditions and Environmental Issues in General Population Units

Temperatures

54% (40/74) of respondents in general population units at Wende believed the prison had adequate temperature controls for each season, which was slightly lower than the portion of respondents at Eastern, 63% (34/54).

Table 11. Material Conditions and Environmental Issues in General Population Units

Questions	Responses					
	YES		NO		TOTAL	
	Percent	Count	Percent	Count	Percent	Count
Do you have access to clean drinking water outside of the commissary?	71%	51	29%	21	100%	72
Does this prison have adequate temperature controls for each season?	54%	40	47%	34	100%	74

Water quality

Despite a relatively high proportion of people agreeing that they have access to clean drinking water, several individuals expressed mistrust or other problems with the water (47 instances), with many reporting they boil their water or drink only bottled water they buy at commissary out of fear the water is unhealthy. Some individuals cited adequate experience with the water (16 instances).

- ▶ “I boil my water, don’t take chances.”
- ▶ “Good water compared to other places.”

Temperature Controls

People in general population units cited feeling too cold in the winter (24 instances) and too hot in

the summer (26 instances) in relatively equal proportions. Some individuals pointed to fans that cool the housing block and mentioned areas of the prison that feel cooler in the summer such as the bottom floor of each cell block, “the flats.” Others cited housing areas where the radiators are broken or stop working at times.

- ▶ “Summer we cook, winter we freeze.”
- ▶ “[It’s] hotter than hell in the summer.”
- ▶ “[It’s] so cold my body shakes.”

Proper maintenance

The executive team cited recent updates to the electrical and generator systems and a current masonry project to update building interiors and cell blocks. Many individuals reported that the fixtures and appliances in their cells were working (44 instances), with several individuals citing that when something breaks, it is typically fixed quickly (6 instances); “everything in the unit is good, gets fixed fast.

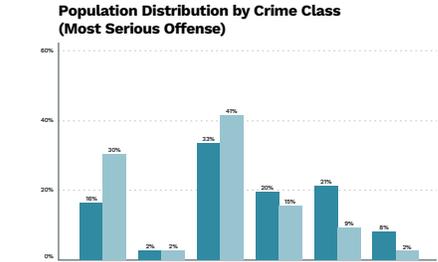
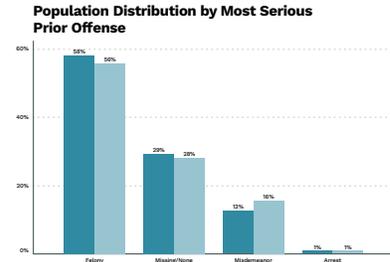
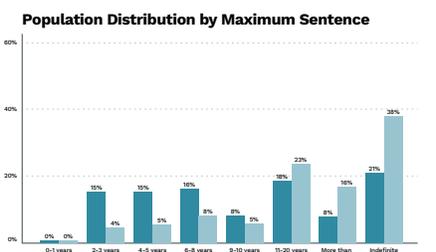
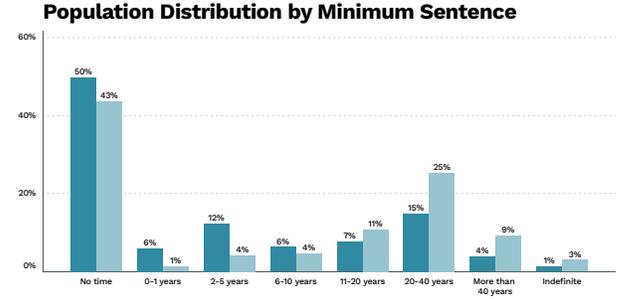
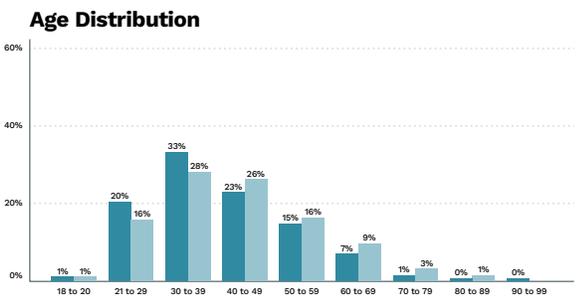
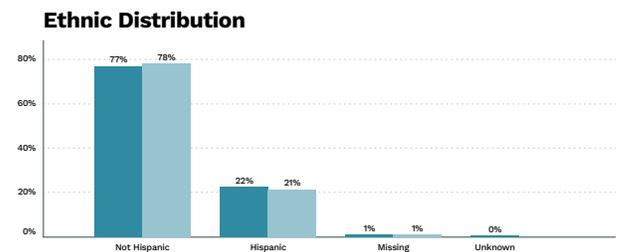
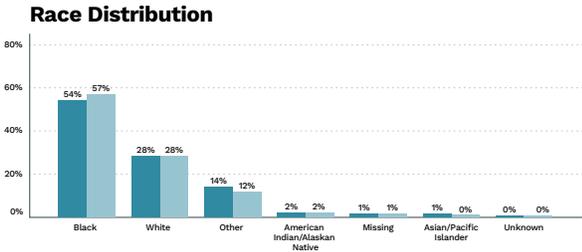
Conclusion

The executive team cited recent updates to the electrical and generator systems and a current masonry project to update building interiors and cell blocks. Many individuals reported that the fixtures and appliances in their cells were working (44 instances), with several individuals citing that when something breaks, it is typically fixed quickly (6 instances); “everything in the unit is good, gets fixed fast.

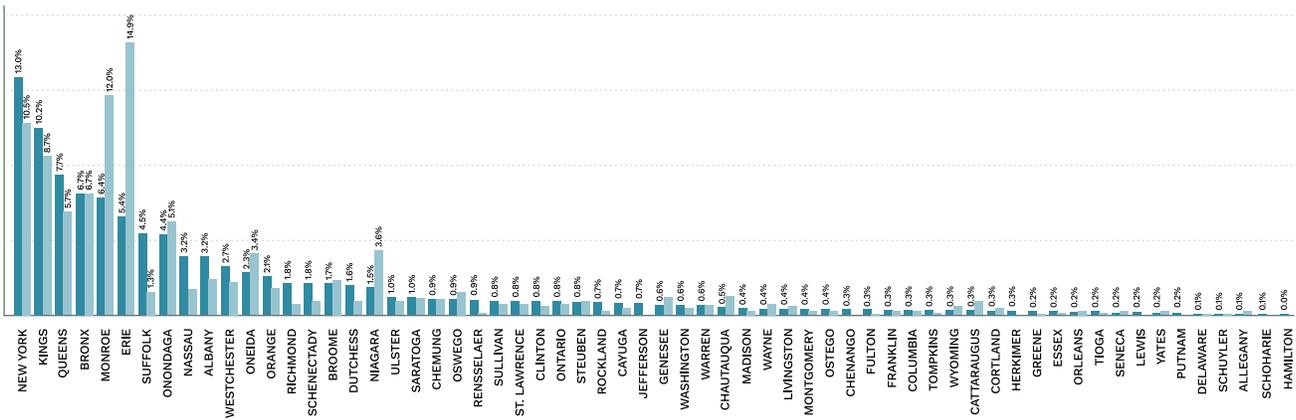
Appendix A: Snapshot of Demographic Data

Population Demographics as of June 1, 2023 | Wende Correctional Facility

Systemwide Population: 31792 | Wende Population: 760



Population Distribution by Commitment County (Most Serious Offense)

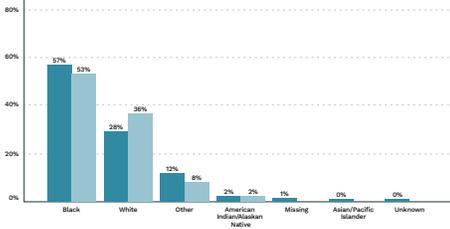


Population Demographics as of June 1, 2023 | Wende Correctional Facility

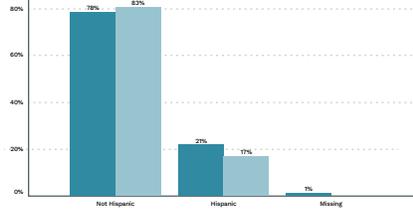
Wende Population 760
 Interview Sample 162

● Wende ● Incarcerated People Interviewed by CANY (valid DINS only)

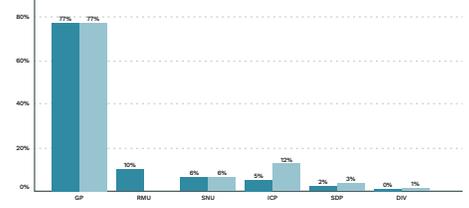
Race Distribution



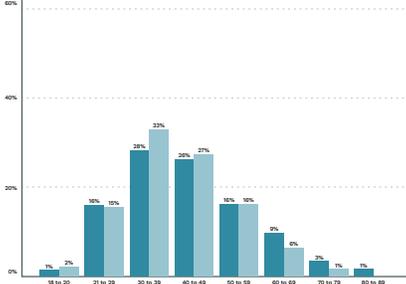
Ethnic Distribution



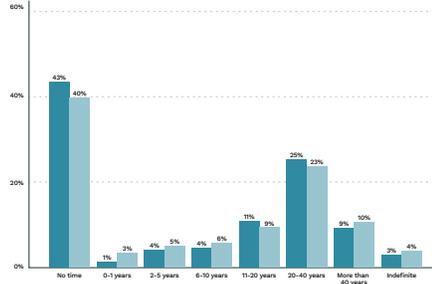
Population Distribution by Unit



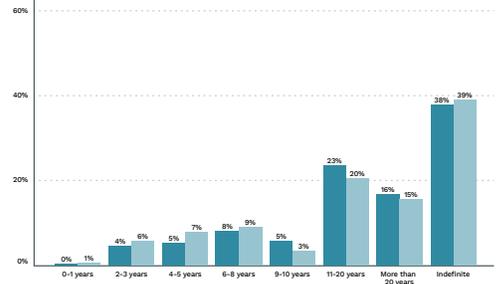
Age Distribution



Population Distribution by Minimum Sentence



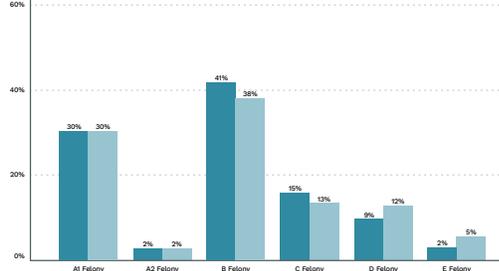
Population Distribution by Maximum Sentence



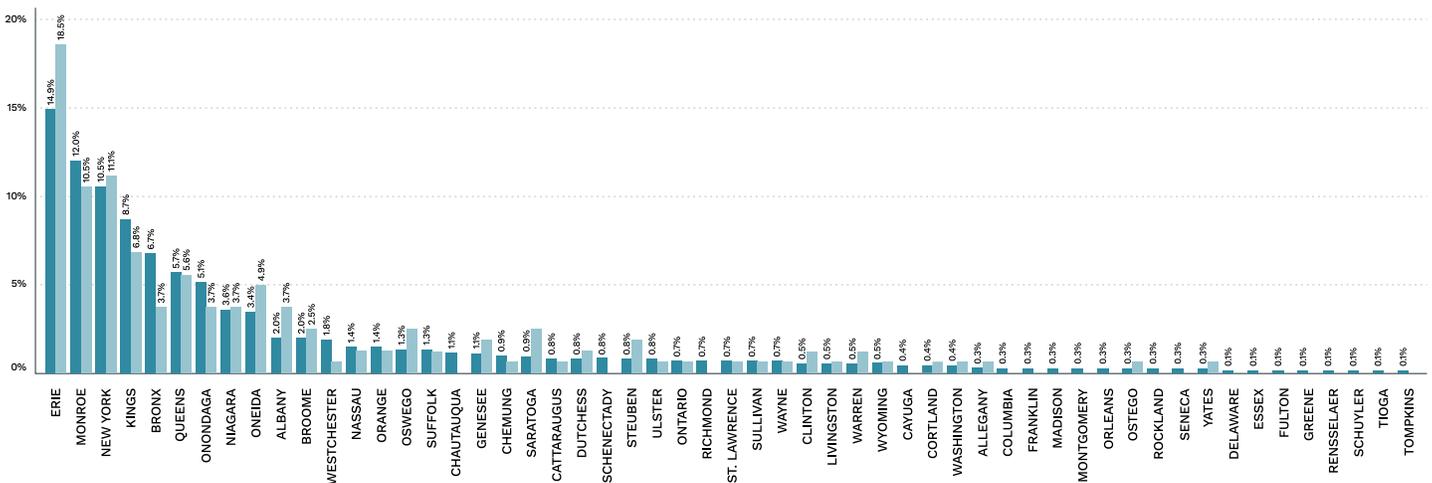
Population Distribution by Most Serious Prior Offense



Population Distribution by Crime Class (Most Serious Offense)

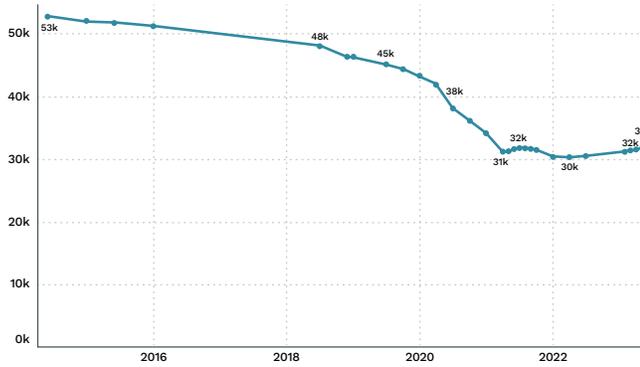


Population Distribution by Commitment County (Most Serious Offense)

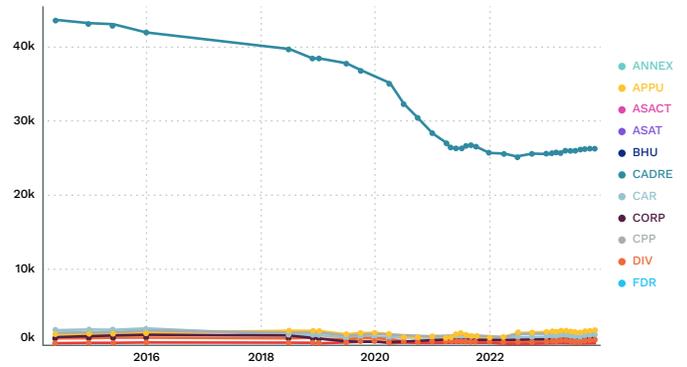


Population Demographics as of June 1, 2023 | Wende Correctional Facility

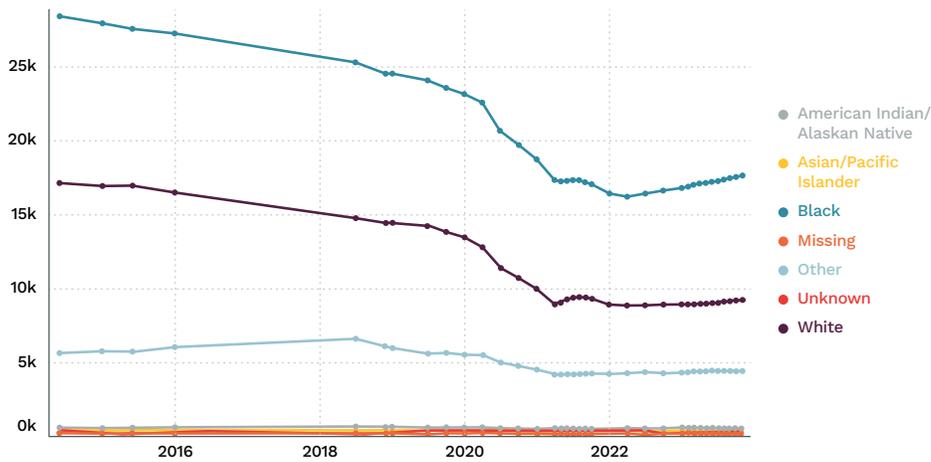
Incarcerated Population Over Time



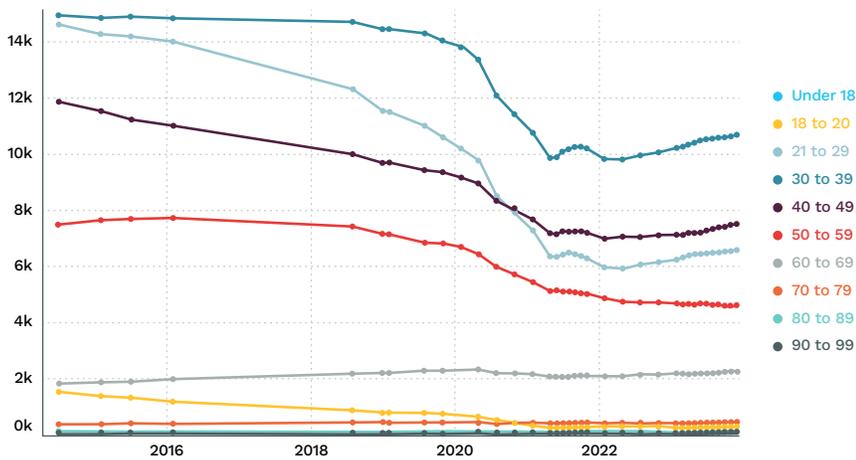
Incarcerated Population Over Time by Unit



Incarcerated Population Over Time by Race

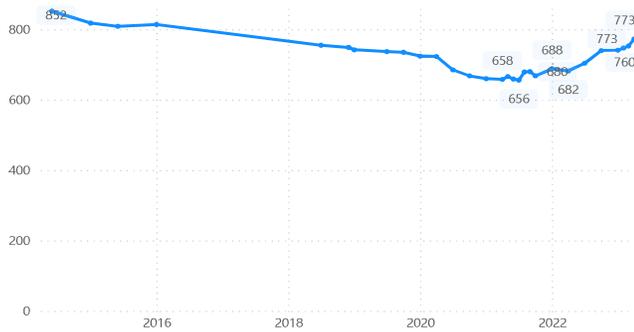


Incarcerated Population Over Time by Age Range

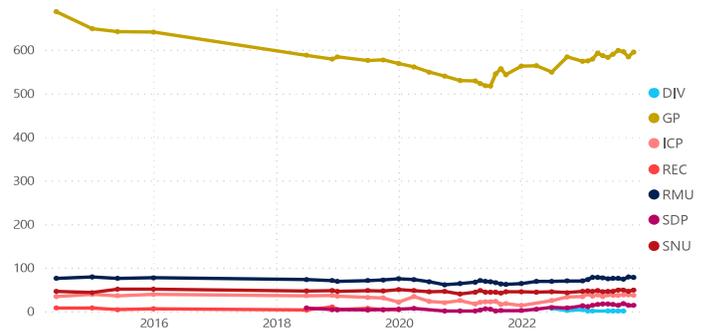


Population Demographics as of June 1, 2023 | Wende Correctional Facility

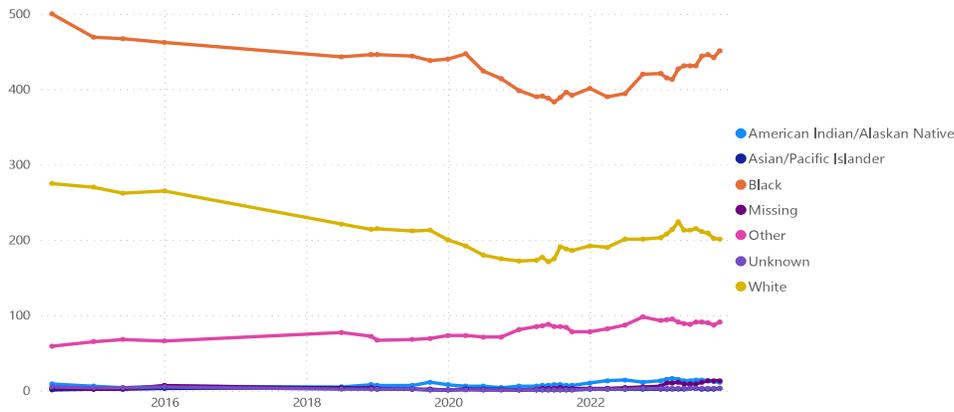
Incarcerated Population Over Time



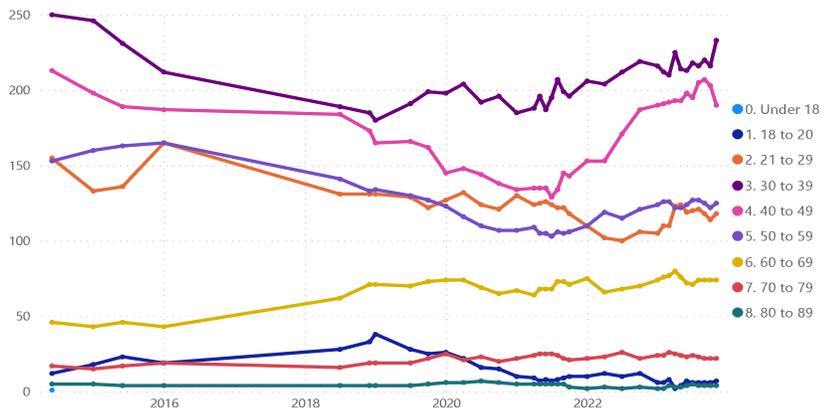
Incarcerated Population Over Time by Unit



Incarcerated Population Over Time by Race



Incarcerated Population Over Time by Age Range



Appendix B: Data Addendum

Wende General Population Quantitative Data Addendum

Question	Yes	No	Total
2m) If you have requested medical care, have you received a response?	59	14	73
	81%	19%	100%
2d) If you have requested dental care, have you received a response?	44	18	62
	71%	29%	100%
5) Do you have unaddressed medical or dental needs?	32	37	69
	46%	54%	100%
7) Are you on the OMH caseload?	22	67	89
	25%	75%	100%
10) Have you attempted to hurt yourself in this prison?	6	75	81
	7%	93%	100%
11) Have you experienced or witnessed an emergency medical or mental health situation in this prison?	42	39	81
	52%	48%	100%
14) Have you seen or been personally subject to verbal, physical, or sexual abuse by staff at this prison?	31	59	90
	34%	66%	100%
15) Have you seen or experienced racialized abuse (slurs, stereotyping, discrimination) by staff at this prison?	28	58	86
	33%	67%	100%
16) Have you filed a grievance at this prison?	44	48	92
	48%	52%	100%
16c) If yes, has your grievance been resolved?	13	23	36
	36%	64%	100%
16d) Is the grievance process fair?	11	24	35
	31%	69%	100%
17) Have you been subject to discipline at this prison?	33	52	85
	39%	61%	100%
17b) Is the disciplinary system fair?	8	24	32
	25%	75%	100%

Question	Yes	No	Total
18) Is the commissary adequately stocked with items on a regular basis?	17	59	76
	22%	78%	100%
19) Are you able to access items from packages in a timely manner?	33	36	6
	48%	52%	100%
21) Are you receiving three meals per day in adequate portions?	62	12	74
	84%	16%	100%
22) Do you have access to clean drinking water outside of the commissary?	51	21	72
	71%	29%	100%
23) Does this prison have adequate temperature controls for each season (i.e., cooling in the summer, heat in the winter)?	40	34	74
	54%	46%	100%
24) Are you able to make phone calls, either by using the phones or through a tablet?	83	5	88
	94%	6%	100%
25) Do you receive in-person visits?	66	20	86
	77%	23%	100%
26) Have you ever been locked inside your cell for more than 17 hours a day?	36	53	89
	40%	60%	100%

Question	Yes	No	N/A	Total
3m) If you have received medical care, was the level of care adequate?	29	21	2	52
	56%	40%	4%	100%
3d) If you received dental care, was the level of care adequate?	28	7	4	39
	72%	18%	10%	100%
4) Are you receiving medication as prescribed, including schedule and dosage?	31	18	21	70
	44%	26%	30%	100%

Question	Yes	No	N/A	Total
8) Are you getting the mental health programs you need?	15	13	46	74
	20%	18%	62%	100%
12) Are you able to enroll in the academic and vocational programs you need?	43	22	24	89
	48%	25%	27%	100%

Question	2 days	1 week	2 weeks	1 month	>1 month	Total
2a) (MEDICAL) If no, how long has your request been outstanding?	0	1	0	0	5	6
	0%	17%	0%	0%	83%	100%
2a) (DENTAL) If no, how long has your request been outstanding?	0	0	0	0	1	1
	0%	0%	0%	0%	100%	100%
2b) (MEDICAL) If yes, how long did it take to get care?	16	6	3	2	10	37
	43%	16%	8%	5%	27%	100%
2b) (DENTAL) If yes, how long did it take to get care?	2	5	0	5	9	21
	10%	24%	0%	25%	43%	100%

Question	2 days	1 week	2 weeks	1 month	>1 month	No Response	Total
16b) (GRIEVANCE) If yes, how long did it take to get a response?	5	11	2	3	3	10	34
	15%	32%	6%	9%	9%	29%	100%

Wende SHU Quantitative Data Addendum

Question	Yes	No	Total
2) Have you been in a SHU or other form of isolated or solitary confinement for longer than 15 consecutive days?	4	4	8
	50%	50%	100%
4) Are you in this unit because of a disciplinary sentence?	7	1	8
	88%	13%	100%
8) 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?	4	4	8
	50%	50%	100%
10) Besides the SHU unit at Wende, have you been in any other disciplinary units here or at other prisons? (If yes, choose all that apply from the following):	4	3	7
	57%	43%	100%
11) Were you medically evaluated on arrival?	4	3	7
	57%	43%	100%
12) Did you receive a suicide prevention screening on arrival?	7	1	8
	88%	13%	100%
13) Did you receive clean clothing on arrival?	4	3	7
	57%	43%	100%
14) Did you undergo a mental health assessment within one day of your arrival?	6	1	7
	86%	14%	100%
15) Did you have a hearing where you were sentenced to this current bid in the SHU?	4	2	6
	67%	33%	100%
17) Were you told that you could have representation at your hearing by an attorney, paralegal, law student, or fellow incarcerated person?	7	0	7
	100%	0%	100%
18) 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	3	7
	57%	43%	100%
21) Have you received additional disciplinary tickets while in SHU?	0	7	7
	0%	100%	100%
23) Have you received additional disciplinary confinement time and/or additional punishment (e.g., loss of privileges) in the SHU?	1	6	7
	14%	86%	100%
25) Do you have at least three hours of out of cell programming per day? (Can include individual or group programming)	3	5	8
	38%	63%	100%
26) Do you have at least one hour of out of cell congregational recreation per day (i.e., with other incarcerated people)?	6	2	8
	75%	25%	100%

Question	Yes	No	Total
34) Are you able to access phone calls, either through the tablet or other means while in the SHU?	0	7	7
	0%	100%	100%
36m) If you have requested medical care, have you received a response?	5	1	6
	83%	17%	100%
36d) If you have requested dental care, have you received a response?	4	2	6
	67%	33%	100%
37) If you received medical care, was the level of care adequate?	4	1	5
	80%	20%	100%
37) If you received dental care, was the level of care adequate?	3	1	4
	75%	25%	100%
39) Do you have unaddressed mental health needs?	3	4	7
	43%	57%	100%
41) Are you on the OMH caseload?	2	6	8
	25%	75%	100%
43) Do you have unaddressed mental health needs?	2	3	5
	40%	60%	100%
45) Have you attempted to hurt yourself in this prison?	1	7	8
	13%	88%	100%
48) Have you seen or experienced verbal, physical, or sexual abuse by staff in the SHU?	3	4	7
	43%	57%	100%
50) Have you seen or experienced racialized abuse by staff (slurs, stereotyping, discrimination, etc.) in the SHU?	3	5	8
	38%	63%	100%
52) Have you heard about the HALT Solitary Confinement Act?	7	1	8
	88%	13%	100%

Question	Yes	No	N/A	Total
42) Are you getting the mental health programs and services you need?	2	3	0	5
	40%	60%	0%	100%

Question	Before	After	Total
18) Is the commissary adequately stocked with items on a regular basis?	17	59	76
	22%	78%	100%

Question	Residential Rehabilitation Unit (RRU)	Protective Custody	Administrative Segregation	Keeplock	Longterm Keeplock	Step-Down Program	Mental Health or Other Alternative to Solitary
10) Besides the SHU at Wende, have you been in any other disciplinary units here or at other prisons? If yes, choose all that apply from the following.	2	0	2	5	3	0	1

*Respondents were able to select more than one options

Question	21 and younger	55 and older	Pregnant	Postpartum	With a mental health need	With a disability
19) Are you a member of any of the following populations? (Check all that apply)	0	0	0	0	1	0

*Respondents were able to select more than one options

Question	Hand shackles	Ankle shackles	Cages	RESTART chairs	Waist chains	No restraints
30) During programs, are any of these restraints used:	0	2	0	2	0	0

*Respondents were able to select more than one options

Question	Black or African American	White	White and Black	Spanish	Total
56) Please describe your racial identity.	4	1	1	1	7
	57%	14%	14%	14%	100%

Question	Male	Total
66) In your own words, please describe your gender identity	7	7
	100%	100%



Corrections and Community Supervision

KATHY HOCHUL
Governor

DANIEL F. MARTUSCELLO III
Acting Commissioner

The Correctional Association of New York's (CANY) visited Wende Correctional Facility on June 13th and 14th of 2023 and issued a final draft report. The Department responds to the report as follows:

Programming

The New York State Department of Corrections and Community Supervision (DOCCS) welcomes the positive feedback received regarding the quality of programming, cultural events, library services available and staff dedication to the programming at Wende Correctional Facility. This is one example of the efforts being taken state-wide that provide life-changing academic, vocational, and rehabilitative programs, highlighting opportunities that are not often seen behind prison walls, which has made the Department a national leader in corrections. As noted in the report, Wende Correctional Facility has a large academic and vocational staff who provide enhanced academic and vocational programming as well as a diverse range of volunteer programs.

DOCCS is reimagining our educational programming by identifying curriculum, modalities, and scheduling strategies to further promote and ensure best practices in lesson development and classroom instruction. This includes 13 incarcerated students at Wende Correctional Facility who are currently being individually assessed for English language proficiency to be placed into individualized adult basic education (ABE) programs and English as a second language (ESL) coursework. Wende Correctional Facility has a relatively low waiting list for incarcerated individuals requiring an ESL class. Notwithstanding, to alleviate the wait, the individuals requiring ESL have been placed into ABE coursework. This Spring Wende Correctional Facility will assign classrooms to provide college classes via Erie County Community College with the anticipation that the University of Buffalo will also add opportunities for higher education in the Fall of 2024.

In addition to the programs noted in the report, in September 2023, Wende Correctional Facility began offering the Moderate Aggression programming to certain individuals. This program offers a cognitive-behavioral treatment program delivered with a trauma informed approach that includes Thinking for a Change curriculum integrated with Interactive Journaling. Also, alcoholics anonymous (AA), narcotics anonymous (NA), and strategies for parenting from prison and beyond (Parenting Program) are offered to appropriate individuals.

DOCCS continues to evaluate risk and needs based programming statewide for the incarcerated population. As of February 2024, there were only 28 full time unemployed incarcerated individuals at Wende Correctional Facility, which is illustrative of the appropriate number of programs being offered given the relatively small number compared to the general population. Additionally, DOCCS recently implemented a Master Job Organization Table Analysis (MJOTA), which reviews the programming

being offered at facilities to identify areas of particular interest or need for the incarcerated population. Wende is scheduled for their MJOTA to be conducted in May 2024.

Regarding behavior reports, DOCCS Directive #4006, "Reporting Incarcerated Individual Attitude and Behavior," outlines procedures for staff to report their unbiased observations of an incarcerated individual's progressive and regressive behaviors. Commendable behavior is noted when a participant's actions or behaviors go above and beyond the regular program assignments. Incarcerated individuals have been and continue to be given accolades by the Wende Correctional Executive Team and programming staff for commendable efforts. DOCCS is happy to acknowledge their efforts and accomplishments as they highlight the underlying rehabilitation that is consistent with our mission.

Basic Provisions of Services

Commissary - Commissary is a privilege that provides incarcerated individuals with the opportunity to purchase personal food items, clothing, and other provisions to maintain cleanliness, health, and morale. Commissary vendors are selected via a competitive bid process in compliance with New York State Finance Law. All food items are sold at cost. DOCCS is aware of the effects of inflation on commissary items. Unfortunately, commissary vendors have been subject to the same inflationary pressures and product availability issues that have impacted the economy for everyone. In September 2022, the commissary buy limit for incarcerated individuals was increased from \$75 to \$90. This change was made due to an increase in the price of goods in the community, which has impacted the prices of items within facilities, including fresh produce being sold in the commissary.

In accordance with contracting requirements, as our staff are notified of documented item price changes by the vendor (due to manufacturer increases, increased shipping/freight costs, etc.), it is incumbent upon staff to update our prices accordingly so that we are not selling items at a loss. Also, when staff are notified of instances where items are no longer available, alternative vendors are sought for the specific items effected. As of February 2024, the listed out-of-stock items is minimal, with the Commissary offering approximately 150 food and 115 non-food items daily.

As the report acknowledges, the Incarcerated Individual Liaison Committee (ILC) addresses the population suggestions on possible item changes and/or replacements via meetings with the Wende Correctional Executive Team. The business office schedules annual meetings with the ILC for this sole purpose. In 2022, Wende Correctional Facility surveyed the incarcerated population, with assistance from the ILC, regarding the addition of fresh fruits and vegetables. The facility previously offered fresh onions and garlic, and added fresh bananas, lettuce, peppers, etc. in 2022, based on the conducted survey and there are currently several options regarding fresh produce that are available.

At the time of visit, Wende Correctional Facility was in the final stages of switching vendors. The Deputy Superintendent of Administration and the Institution Steward met with the ILC on numerous occasions regarding the change, allowing the incarcerated population to provide input and make changes as to what products were offered in the Commissary. While this change was taking place, the vendors themselves were having supply shortages, which in turn, affected in-stock items at the facility, to a degree. Additionally, prior to this visit, the facility Commissary schedule had been modified to

accommodate programs and various mandatory call outs. To date, the incarcerated population has adapted to the modification of a rotating buy schedule, which has been running smoothly.

Packages - Directive #4911, "Packages & Articles Sent to Facilities," outlines procedures for processing, issuing, having item discrepancies reviewed and returning packages, as well as a listing of allowable items that can be received by incarcerated individuals through the package room. Wende Correctional Facility package room has consistent staff coverage. All packages received with appropriate items are processed and distributed in a timely fashion. This is consistent with the report as staff noted packages are processed faster than required by Directive #4911.

Regarding financial hardships and families sending packages, similar to Commissary, DOCCS is aware of the effects of inflation on all items. However, it is important to note that DOCCS does not set the price of goods sourced from third party vendors, and does not increase the costs of the items.

All unauthorized items are appropriately documented and returned. Regarding unauthorized items, on June 15, 2023, a memorandum was sent to staff and the incarcerated population to clarify "Special Edition Footwear." This site visit was conducted less than a month after the implementation of the revision to Directive #4911. The Wende Correctional Executive Team met with staff and the ILC regarding the changes and is adhering to Directive #4911.

Incarcerated individuals are encouraged to file a claim for any item(s) declared missing/damaged in accordance with Directive #2733, "Incarcerated Individual Personal Property Claim." Claims are then investigated per Department policy and the incarcerated individual is notified of the determination. In addition to filing a grievance, incarcerated individuals can lodge complaints to the area Sergeant. From 622 grievances filed at the Facility in 2023, 32 were related to the package room. Without specific examples, the allegations of packages not being handled in accordance with Directive #4911, the claims cannot be investigated. DOCCS requests that CANY during their visits encourage the incarcerated individuals to utilize the well-established processes in place to address their concerns.

Nutrition

DOCCS strives to provide a variety of foods on all available menus and takes into consideration visual appeal, nutritional requirements, preference, and religious requirements. Food is randomly sampled monthly at the Office of Nutritional Services to ensure quality and consistency. For example, fresh produce is delivered two days per week and inspected to ensure quality. Wende Correctional Facility staff and incarcerated individuals are thoroughly trained on the safe handling of all food. The food that is served at Wende Correctional Facility follows a statewide 8-week cycle menu. This menu is created within the Nutritional Service office and approved by a registered dietician. The nutritional values and portions are adequate for healthy adult individuals. During the time of the visit, the average population was approximately 785 incarcerated individuals, with the average feeding count for the entire facility being 778.

Special menus are created to address medical, allergic, and religious requirements. Religious meal participation is handled pursuant to Directive #4202 "Religious Programs and Practices" and the

DOCCS Religious Menu, which is published annually. Special dietary meals, religious meals, holiday meals, organization sponsored meals and special event meals all contribute to the unique variety of meals available.

Members of the ILC are polled quarterly on menu items they like; menu items they don't like and can even offer menu items they would like instead. This quarterly report is also filled out by the Food Service Administrator, and Superintendent. Once signed by all parties, it is forwarded to Correctional Food Nutritional Services Director and then to the Food Production Center. This process allows the population to share items they prefer, items they do not prefer, and items they would like to add to the menu.

Phone Calls and Tablets

DOCCS welcomes the acknowledgment from the overwhelming majority of incarcerated individuals that they are able to make phone calls. Incarcerated individuals have access to telephones and tablets in accordance with Directive #4423, "Incarcerated Individual Telephones," and Directive #4425, "Incarcerated Individual Tablet Program." Individuals have two opportunities each day to go to the yard and access the phones. Recreation yard staff monitor phone usage in order to ensure equitable access for all and to limit unauthorized groups from influencing their usage. Any instances of abuse are addressed immediately. There is sufficient time during the yard periods for the incarcerated population to access the phones. In addition to the yard phones, the incarcerated population is afforded emergency phone calls when needed. Incarcerated individuals within a Special Housing Unit (SHU) have the ability to make calls through the tablets.

The Department recognizes the importance of the population being able to communicate with family and friends at reasonable rates. Accordingly, the Department has recently extended our current incarcerated phone contract and renegotiated the rates associated with the phone program. This process has reduced the total cost per minute for a domestic call from \$.0399 per minute to \$.035 per minute and provides each incarcerated individual with two free 15-minute calls per week. Additionally, the Department has entered into a new tablet contract that has resulted in additional cost reductions. This includes reducing the price of a single stamp from \$.20 per stamp to \$.15 per stamp for single purchases, with stamp bundles being similarly reduced from \$.15 to \$.12 per stamp, for a bundle of 100 stamps. Each incarcerated individual with access to a general confinement tablet and kiosk now receives eight (8) free stamps per month to use for secure messaging. The Department has successfully negotiated up to 15,000 free stamps annually that are allocated equitably to college prison programs and other educational providers. This allows educational providers to send and receive secure messages at no cost. A new reduced-price fee structure for online/phone money transfers has been negotiated for each amount category. Of course, there continues to be no cost for depositing funds via the conventional visitor deposit lockbox located at each correctional facility or by money order/personal check mailed to the JPay lockbox address.

Regarding hardware malfunctioning, incarcerated individuals may address any concerns directly with staff, or by filing a grievance. If the matter cannot be diagnosed and repaired at the facility, technical support is available through the vendor. However, if the issues are not documented, they are not able

to be resolved. DOCCS requests CANY to encourage the incarcerated individuals that have questions regarding the functionality of tablets, to use the well-established processes in place to address their concerns.

The Department has also successfully negotiated the deployment of Wi-Fi technology that will allow for the installation of a phone application on all general population tablets, as well as the ability to send and receive secure messages and access additional services without connecting to the kiosk. The Department plans to bring this process with a pilot program and then move forward with installation in the remainder of the facilities.

Material Conditions and Environmental Issues

Potable water service to Wende Correctional Facility is provided by Erie County Water Authority, which serves over 500,000 customers. Potable water serving Wende Correctional Facility is treated at the Erie County Van de Water Treatment Plant in the Town of Towanda and draws water from the Niagara River. The water is treated by conventional treatment and filtration and chlorine disinfection. Wende Correctional Facility is in full compliance with all New York State Department of Health regulatory requirements for potable water standards. The 2022 annual water quality report is conspicuously posted in areas throughout the facility. There were no reported violations, and Wende Correctional Facility has not received any complaints or negative reports.

Temperature controls are regularly monitored by the engineers in the powerhouse, as well as the plant superintendent. Temperatures at the facility have generally ranged within the appropriate winter and summer comfort zones. During the winter months, the temperature in the housing areas averages 70-72 degrees, and does not drop below the required minimum of 68 degrees. The facility provides fans on the housing units for circulating air during the summer months. Regarding deviations in temperatures amongst the different levels during the summer, as heat rises, the top floors may feel hotter than the lower floors. Accordingly, ventilation is provided through a combination of operable windows and mechanical ventilation. During periods of extreme outdoor temperatures, fans are provided in various locations, including housing units within the facility, to provide further comfort of the occupants. Temperature-controlled showers are available in all housing units at the facility.

Unforeseen disruptions that impact temperatures throughout the facility are responded to in a timely manner to ensure all issues are repaired. For example, during the visit there was an issue with a controller for the Building Automation System in D-Block. Contractors were called in the same day to troubleshoot the issue. Facility staff were able to control temperatures manually in the interim.

All areas of Wende Correctional Facility are inspected on a weekly basis, and deficiencies are addressed promptly and appropriately. Capital projects are continually being undertaken to properly maintain the integrity and of the facility as well as modernize the infrastructure. There are currently

over \$42 million in capital projects and upgrades to Wende Correctional Facility to ensure its safety, security, and good working order.

Professionalism

Allegations of unprofessional conduct by staff is taken very seriously. DOCCS has a zero tolerance for violence or discrimination within our facilities and anyone engaged in misconduct will be disciplined, and if warranted, incidents will be referred for outside prosecution. DOCCS utilizes the Office of Special Investigations (OSI) to investigate allegations of staff misconduct and complaints of sexual abuse. Furthermore, allegations made regarding discrimination or racialized abuse are delegated to the Office of Diversity and Inclusion (ODI) for review. When facts indicate that staff have acted unprofessionally, the matter is forwarded to the Department's Bureau of Labor Relations for appropriate disciplinary measures. Facilities must also be in compliance with all Prison Rape Elimination Act standards, which are audited on a regular basis.

Additionally, DOCCS has invested millions of dollars to implement pilot programs 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 in all facilities, including Wende Correctional Facility.

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 and are taken very seriously. 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 OSI, as well as outside agencies. The Facility Executive Team conducts daily rounds to observe facility operations and speak with staff and the incarcerated population by engaging with them directly. This assists the Executive Team in ensuring that the Department's policies are administered in a fair, equitable, and consistent manner and to spot any other issues of concern that hasn't been reported.

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. The incarcerated population have unrestricted access to OSI via the hotline and can report all alleged abuse.

As part of its functions, ODI reviews and monitors Incarcerated Individual Programs and Services for Fairness and Equity, as well as respond timely to complaints with allegations of discrimination. It is the policy of DOCCS to eliminate, mitigate, and respond to racial disparities to ensure a fair and equitable distribution of benefits and burdens in the placement of incarcerated individuals in housing unit

assignments, institutional work assignments, and programs. ODI takes all allegations of racial slurs and misconduct seriously gives each incident the necessary time for a thorough review. The Department is committed to maintaining a respectful, positive and productive environment for the population under our care and supervision. Furthermore, all oral and written communications by employees to incarcerated individuals shall be accomplished in a professional, courteous, and dignified manner. As such, conduct or language which violates the Employees' Manuals or fails to comply with direct orders it contains could result in administrative and/or disciplinary action. Any administrative processes associated with incarcerated individual who may be subject to discipline and grievances are conducted fairly and in an impartial manner, to ensure that decisions are not influenced by stereotypes or bias based on their membership in a protected class, which include: age, race, religion, national origin, sex, sexual orientation, gender identity, disability, marital or familial status, veteran's status, or criminal convictions history. To note, all staff must receive implicit bias training on an annual basis.

It should be noted that the reported instances of poor treatment; staff inciting conflict; hostility, and alleged race-based abuse, are contrary to the experiences and sentiment from staff and not consistent with the positive feedback reported by the majority of incarcerated individuals. As such, it is not an accurate depiction of the macro relationship between staff and the incarcerated population. There are thousands of daily interactions, in which staff maintain fairness, professionalism, and integrity when providing essential services.

As previously discussed, the body worn camera 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.

Unusual Incidents - All Unusual Incidents and Uses of Force are documented and reviewed by executive staff. Any concern that an application of force is inconsistent with Department policy is referred to OSI for examination. Further, all staff involved in an incident are required to provide written documentation of their involvement in the incident and supervisors are required to provide written documentation of their independent investigation of the incident. All video footage that is available is made part of the record along with any photographs of the incident to include incarcerated individuals and staff. Since the inception of Humane Alternatives to Long Term (HALT) Solitary Confinement Law, assaults on staff by incarcerated individuals have dramatically increased. Moreover, assaultive behavior amongst the incarcerated population has also increased. This behavior is directly related to gang activity, owed debts, and may be used as a tool by the incarcerated population to be transferred to another facility.

The safety and well-being of staff and incarcerated individuals is our top priority. A review of the Unusual Incidents at Wende Correctional Facility highlights that the higher rates of Unusual Incidents related to deaths, accidents, and contagious disease; as well as lower rates of assault on staff/incarcerated individual, disruptive behavior, and staff use of force at Wende Correctional Facility can be attributed to the Regional Medical Unit (RMU) who provide care to incarcerated individuals with

higher levels of medical needs, as well as other specialized programs at this facility. For example, the Wende RMU has a hospice program that utilizes incarcerated individuals to assist in providing spiritual, emotional, and supportive care to other incarcerated individuals receiving end of life care.

To note, at any time during an individual's incarceration, the individual, someone acting on their behalf, or a DOCCS staff, may make a request for the person to be considered for Medical Parole or Compassionate Release. If not disqualified by reason of crime and sentence, the Commissioner may, in their discretion, order a medical evaluation and preliminary discharge plan.

Regarding deaths, the official cause of an incarcerated individual's death is determined and released by the Medical Examiner's Office pursuant to County Law §§ 671, 674, whereby state coroners and medical examiners determine the cause of death. Any death that appears to not be from natural causes or a known medical condition is thoroughly investigated by New York State Police and OSI Investigations. Additionally, all deaths within the Department are reviewed by the State Commission of Correction. A review of the Unusual Incidents established that the referenced 2022 was in fact memorialized with an Unusual Incident Report.

Staffing - The Department has filled the critical role at Wende Correctional Facility of Captain. However, DOCCS, like many law enforcement agencies across the country, is experiencing challenges in its recruitment of staff. DOCCS is focused on recruiting and training those individuals interested in working for the Department. The Albany Training Academy continually holds Correction Officer Trainee Recruit classes, and the Department works swiftly to place qualified candidates into the training program. The Department partnered with the Department of Civil Service to move the Correction Officer Trainee examination process to one of continuous recruitment, allowing the Department to better respond to our workforce needs.

Individuals who complete the Correction Officer Trainee application can expect to be canvassed within two to four weeks of their submission. Those who are interested in continuing the process are then screened to determine if they meet the qualifications. Once qualified, incoming recruits are placed in a Recruit Class, which are currently running on an approximately monthly basis.

Visitation

The Department is currently working in collaboration with the Osborne Association to create a visitor experience awareness training. This training will be geared toward assisting staff in successfully communicating with visitors and family members, specifically those with special needs and children. The project is intended to include a combination of interactive scenarios and guided discussions to help improve the visitors understanding of DOCCS' staff role in visitor processing. Also, for DOCCS staff to see the visitor's perspective in the interest of improving the overall communication between and experience for all involved.

This will further enhance the goal of appropriate participation in the visitor program, which provides incarcerated individuals with opportunities to maintain relationships with friends and relatives and to promote better community adjustment upon release. Contact with persons from the community

provides incarcerated individuals with emotional support in adjusting to the custodial environment. With that in mind, we ensure that the space is accommodating and suitable for visits. Any issues that require attention regarding interactions with staff are shared and reviewed by the appropriate office. Wende Correctional Facility has a bright, clean, and inviting space for family and friends to connect with the incarcerated individuals. Wende visitation programs runs daily including weekends and holidays between the hours of 9:00a.m. to 3:00p.m. The scheduled is posted on the DOCCS website.

Medical

With regards to accessibility of healthcare services, access to emergency medical care is available twenty-four hours a day, seven days a week. Scheduled sick call is available four days a week along with on-site clinical services five days a week. An incarcerated individual can request emergency sick call at any time during the day or night. Clinic wait times may vary depending on the number of emergency cases requiring evaluation and treatment.

When incarcerated individuals are transferred to Wende Correctional Facility, medical reviews with each incarcerated individual the sick call procedures, emergency sick call procedures, medication refill processing, how to access providers, and appointment processing so that the incarcerated individual is well informed and educated.

Wende Correctional Facility has an on-site registered pharmacy; the timeframe requirements for submitting refill requests are reviewed at facility orientation with each incarcerated individual. The expectation is that individuals will submit their refill requests within the specified timeframe to ensure refills are completed in a timely manner. Ability to self-carry medication is determined by the provider. If refills are current, they are promptly filled. Concerns regarding medications, including questions related to what medications were ordered by the provider and the route of administration, can always be addressed through the sick call process and with their treatment providers.

In response to concerns about wait times for surgeries, it should be noted that specialty care appointments are scheduled with community providers, not DOCCS providers. Appointments are prioritized and scheduled based on medical urgency. With regards to concerns related to emergency responses within the facility, as a general notion all sick calls are triaged by nursing staff and based on acuity levels scheduled to see a provider. It not possible to respond to general medical concerns or examine response times without identifying the individual with a specific concern or citing a specific call out. As such, we are not able comment on whether the response was appropriate for the medical condition. Additionally, if an Incarcerated Individual is identified, their health information is considered confidential, and its release is protected by the Federal Health Insurance Portability and Accountability Act of 1996, the New York State Public Health Law, and Department policies. Privacy requirements do not allow the disclosure of specific health information without the Incarcerated Individual's written authorization. All requests for Incarcerated Individual health information, as well as inquiries regarding treatment, require authorization before the release of any information. Notwithstanding, the healthcare and security staff in all DOCCS 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. Documentation of this annual emergency response drill is required for ACA expected practice compliance.

Wende Correctional Facility is committed to providing quality health care that serves the medical needs of incarcerated individuals. The infirmary can hold 16 patients. All incarcerated individuals in the infirmary are seen daily by the nursing staff 24 hours a day, 7 days a week. A divergence occurs when an individual gets what they “need” and that need diverges from what they want. The Department requests CANY to encourage the incarcerated individuals who they are in contact with to utilize the medical call out system to request, at any time, and to be placed on a sick call to discuss their treatment with their facility provider.

Wende has three full-time Physicians: two full-time Nurse Practitioners; one full-time Physician’s Assistant; 16 Registered Nurses, and one part-time Physician vacancy was just recently filled. Vacancies are supplemented with agency nursing staff, and recruitment efforts through agency, internet, radio advertisements, and job fairs are ongoing. The dental unit at Wende is fully staffed with one Dentist, one Hygienist and one Dental Assistant. After hours emergent dental issues are seen by Medical for assessment and appropriate treatment. Outside dental referrals are scheduled as needed.

Regarding the Medication Addiction Treatment (MAT), as of January 26, 2024, Wende Correctional Facility had 57 incarcerated on being treated with MAT medication options. The MAT program is growing every month.

Mental Health

The Department partners with the New York State Office of Mental Health (OMH) in providing special programs along a continuum of care for incarcerated individuals with a mental illness. Wende Correctional Facility is classified as Mental Health Level 1, as defined in Correction Law, § 2 (27). 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).

Wende Correctional Facility offers an array of mental health services including specialized mental health units that 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. The units with heightened levels of care at Wende Correctional Facility include: Intermediate Care Program (ICP), a Special Needs Unit (SNU), a Transitional Special Needs Unit (TRSNU), an Intensive Intermediate Care Program (IICP), a Transitional Intermediate Care Program (TrICP), and a Residential Crisis Treatment Program (RCTP). 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. DOCCS continues to examine opportunities to provide staff with additional mental health, suicide prevention, and wellness trainings to provide them with the skills they can utilize in the performance of their duties.

Referrals to OMH can come from staff, other incarcerated individuals or by the incarcerated individuals themselves. When a referral is made, the individual will be scheduled to be seen by OMH. Anyone in duress is immediately referred for OMH intervention. All common areas (libraries, transitional services, chapels, etc.) have posters encouraging the population to speak to staff if they are having a mental health crisis or need to speak to OMH.

Incarcerated individuals in general population who are on the OMH caseload are seen routinely by OMH staff at least every 30 days or as indicated. Incarcerated individuals in SHU are seen daily by OMH staff during their daily rounds and assessed within one business day of admission. Subsequently, they are offered an out of cell interview with OMH within 7 calendar days of their initial assessment. Individuals who need more support can request to see OMH or ask DOCCS staff to make a referral on their behalf. Security and civilian staff can make immediate referrals if they have any concerns related to mental health or suicide risks according to Directive #4101 “Incarcerated Individual Suicide prevention”. All incarcerated individuals who engage in self-harm or suicidal gestures/attempts are immediately assessed by medical and OMH staff for a higher level of care, if indicated. Once they are medically stable, they are assessed in RCTP and evaluated for suitability for special programs to promote appropriate custodial adjustment given their unique mental health needs. This includes placement into ICP, TriCP, or transfer to CNYPC when appropriate. OMH and DOCCS have collaborated to develop a peer support program for patients discharged from RCTP that may need additional support.

Regarding the staff mental health resources, the Critical Incident Stress Management (CISM) team had been requested by the Executive Team at Wende Correctional Facility 3 times between March of 2022 and September of 2023. This occurred after a tragic mass shooting in the city of Buffalo had a significant impact the nation and especially the nearby communities, which the majority of staff have ties to as well as two staff member deaths. Staff appreciated the services when offered and went to help others in response. Three CISM deployments were well attended by staff in group settings as well as one-on-ones sessions. Follow ups with CISM service providers and Employee Assistance Program (EAP) are always offered if attendees feel it is needed. Additionally, to provide resources for staff to promote their wellness, several trainings such as Desert Waters seminars and VALOR Law enforcement wellness have been offered. The well-being of our staff continues to be a focus for DOCCS.

Grievances

The Incarcerated Grievance Program (IGP) is designed to provide each incarcerated individual with an orderly, fair, simple, and expedited 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 twenty-one calendar days of the incident in question (exceptions may be granted up to 45 days). The incarcerated grievance resolution committee (IGRC) has sixteen 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 seven 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 seven 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.

Regarding grievances submitted in Spanish, a review of the 2023 records established that grievances submitted in languages other than English were not rejected. Rather, they are formally logged, and examined in the normal course after being translated with the assistance of qualified staff members.

Discipline

Incarcerated individuals in a correctional facility are expected to abide by certain rules of conduct which are established to protect them 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. Disciplinary action is one of many essential elements in correctional treatment. When applied reasonably and fairly, 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 control of incarcerated individual activities, including disciplinary action, must be administered in a completely fair, impersonal, and 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. Therefore, it is DOCCS policy that any administrative processes associated with incarcerated individuals who may be subject to discipline and grievances are conducted fairly, to ensure that decisions are not influenced by stereotypes or bias based on age, race, religion, national origin, sex, sexual orientation, disability, marital status, veteran's status, or non-violent political views.

SHU confinement guidelines are in compliance with the HALT. The guidelines reflect the elimination of “Keeplock,” the elimination of prehearing confinement and confinement sanctions for Tier II incidents, and reduced confinement penalties for certain Tier III proceedings. Such sanctions are less restrictive than being confined to a Special Housing Unit (SHU). 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.

When an incarcerated individual is subject to a Superintendent’s Hearing, they are permitted to be represented by an attorney, law student, paralegal, or incarcerated individual contingent upon the representative satisfying the requirements established by the Department’s objective criteria. To ensure incarcerated individuals have the ability to contact their representative, direction have been issued to all facilities to accomplish this in an efficient and timely manner.

If an incarcerated individual believes a hearing was conducted unfairly or in violation of HALT, they are able to appeal its decision in accordance with Department policy dependent on the Tier level of the hearing.

The safety of staff and incarcerated individuals continues to be of primary importance to the Department. As such, the Department has closely monitored the activities within our Residential Rehabilitation Units (RRU) and alternative units, monitored program participation, along with key violence indicators, and engaged Superintendents, staff, and the incarcerated population. Careful steps have been taken to methodically perform individualized assessments to determine if an individual should be restrained while participating in out-of-cell programming, consistent with HALT. Incarcerated individuals within RRU are escorted and programming unrestrained, unless, an individual assessment is performed that determines restraints are required due to a significant and unreasonable risk to the safety and security of other incarcerated individuals or staff.

In conclusion, Wende Correctional Facility staff continually demonstrate the ability to maintain care, custody, and the well-being of the individuals sentenced to State imprisonment. Wende Correctional Facility enhances the quality of the New York State criminal justice system by protecting lives, preserving peace, maintaining order, and enhancing public safety by having incarcerated persons return home less likely to revert to criminal behavior.



KATHY HOCHUL
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

MOIRA TASHJIAN, MPA
Executive Deputy Commissioner

March 15, 2024

Jennifer Scaife
Executive Director
Correctional Association of New York
Post Office Box 793
Brooklyn, New York 11207

RE: Monitoring Visit to Wende Correctional Facility – June 13-14, 2023

Dear Executive Director Scaife:

Thank you for sharing your post-visit briefing and recommendations from CANY's June 13-14, 2023, visit to Wende Correctional Facility. We recognize that most of your report and findings are directed towards the Department of Corrections and Community Supervision (DOCCS); however, we would like to respond to the matters pertaining to the Office of Mental Health (OMH).

Page 20, under Staffing, contains an inaccuracy: "Most OMH staff work 6am-10pm Monday through Friday and nurses come in on weekends." Most clinical staff typically work between 7:30am-3:30pm; this may vary by an hour on either end. OMH nursing staff work until 10pm.

With regard to the findings noted under Staff Training, also on page 20, OMH would like to reiterate that all security staff are welcome to attend OMH trainings. Mental health staff are also prepared to develop training on specific mental health topics requested at the facility level. It is the responsibility of security staff and their supervisors to make these requests and approve the necessary time to attend trainings they are interested in.

We appreciate the notation that many incarcerated individuals spoke highly of OMH services, which is reflective of the commitment of OMH staff. With regard to some incarcerated individuals in general population expressing difficulty receiving a response from mental health staff, there are various means by which incarcerated individuals are able to contact OMH. All incarcerated individuals are made aware, and should be reminded as needed, of how to contact OMH should they need mental health support. They are able to do this either via self-referral or by asking a staff member to submit a referral on their behalf. There are policies in place dictating how long OMH staff have to respond to referrals, based on the content. Additionally, all DOCCS staff should be familiar with the referral process and with the kinds of incidents that warrant an immediate versus a regular OMH referral.



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June 13-14, 2023

Monitoring Visit to Wende Correctional Facility

Post-Visit Briefing
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