



Groveland Correctional Facility: 2012

Groveland Correctional Facility is a medium security facility located in Western New York in Livingston County. Originally part of a Shaker Colony, the facility has previously served as a state institution for people with epilepsy and then for those with developmental disabilities, before becoming a prison in 1982. Today, Groveland incarcerates men committed to the New York State Department of Corrections and Community Supervision (DOCCS). In addition to general confinement, where incarcerated persons live in dormitories and multiple occupancy rooms, Groveland has a 24-bed Special Housing Unit (SHU) for confining people in isolated confinement in single cells. At the time of our visit, Groveland offered academic, vocational, transitional services and volunteer programs, substance abuse treatment, counseling for those convicted of sex offenses, Aggression Replacement Training (ART), and an incarcerated veterans program. Through the Office of Mental Health (OMH), Groveland also provides limited mental health services to a large number of people suffering from mental illness in the prison's general population. The Visiting Committee of the Prison Visiting Project (PVP) of the Correctional Association of New York (CA) visited Groveland on June 18 and 19, 2012. The purpose of our visit was to assess programs, physical facilities, and conditions for both incarcerated persons and staff within the prison.

METHODOLOGY

In order to accurately assess the services and conditions of the prison, the CA obtained information from the facility and DOCCS, talked with staff, and obtained surveys from 224 people incarcerated at Groveland about general prison conditions, 16 surveys from individuals housed in ASAT program areas regarding substance abuse treatment, and eight surveys from individuals in disciplinary housing. To obtain survey participants, the Visiting Committee asks individuals in programs and in their housing units if they would like to participate in this voluntary process, and then sends surveys through privileged legal mail to those who choose to participate.¹ We visited every housing area and program area during our two-day visit, mailed surveys to over 570 people, and received surveys back from over 230 people.

This report is based on findings from data supplied by the facility and DOCCS prior to our visit; survey responses from people in prison; conversations with the superintendent, executive team, program staff and people in prison; meetings with the staff union representatives

¹ According to DOCCS Directive 4421, "Outgoing privileged correspondence may be sealed by an inmate, and such correspondence shall not be opened, inspected, or read without express written authorization from the facility superintendent." Similarly, except in exception circumstances, "Incoming privileged correspondence shall not be opened outside the presence of the inmate to whom it is addressed, and shall not be read without express written authorization from the facility superintendent."

and members of the Inmate Liaison Committee (ILC) and the Inmate Grievance Resolution Committee (IGRC). After providing a draft of this report to DOCCS and Groveland officials, the CA had a conference call on October 30, 2013 with the Superintendent and members of the Executive Team to discuss our findings and recommendations. We appreciate the cooperation of the facility's administration during our visit and the extensive information staff provided to us during and after our visit. We would also like to sincerely thank all the individuals confined at Groveland who spoke with us during our visit and/or participated in our survey.

SUMMARY OF FINDINGS AND KEY RECOMMENDATIONS

During our two-day visit and through information gathered from DOCCS, the facility, and people incarcerated there, the CA was pleased to find a relatively calm atmosphere with freedom of movement significantly greater than many DOCCS prisons, allowing for more autonomy and positive congregative interactions. We were also pleased to find relatively positively rated academic and vocational programs and some limited opportunities for peer-led initiatives that are not often present across the system.

At the same time that the CA found these positive aspects, our analysis of information obtained from the facility and incarcerated persons raised concerns about access to, and quality of, medical care and mental health services, as well as limitations on the ability of the facility to work with the large numbers of people with mental health needs in the general population and the SHU. We were also concerned to find a lack of capacity to meet the programmatic needs of many people incarcerated at Groveland.

Our principle recommendations to relevant state, DOCCS, and prison officials include:

- Expand freedom of movement and opportunities for greater personal autonomy exhibited at Groveland to other DOCCS prisons.
- Increase and improve educational, vocational, transitional services, and substance abuse treatment programs in order to provide more meaningful opportunities.
- Enhance measures to ensure confidentiality and protection of participants in the Sex Offender Counseling and Treatment Program (SOCTP).
- Decrease use of SHU and keeplock, reduce lengths of stay, remove people with mental health needs, and provide meaningful human contact and programs for those in SHU/KL.
- Take appropriate measures to ensure all medical staff treat patients with respect and care.
- Reduce delays in seeing clinical providers and specialists, ensure appropriate follow-up to specialists' recommendations, and reduce difficulties in obtaining medications.
- Explore opportunities for more and earlier mental health interventions, including group therapy and peer support, for people with mental health needs in general population.
- Enhance training for all security and program staff on how to effectively work with people with mental health needs.
- Increase the SOCTP's capacity and improve the quality and relevance of group sessions.
- Address delays in mail and packages, and missing and destroyed package items.

- Amend Parole Board practices to ensure decisions are primarily made based on an applicant’s readiness for reentry and rehabilitation, rather than emphasizing the nature of his crime of conviction or past criminal history.

GENERAL PRISON POPULATION AND CORRECTIONAL STAFF DATA

According to data provided by the facility, Groveland has a capacity to incarcerate 1,106 people, and confined 1,056 people at the time of our visit. As seen in **Table A – Basic Demographic Data at Groveland and in DOCCS Prisons System-Wide**, Groveland has an unusually high percentage of incarcerated people who are white and an unusually low percentage who are black compared to other DOCCS prisons. Specifically, nearly half the population is white, which is more than double the percentage of incarcerated people who are white across the DOCCS system. Groveland also has a significantly higher percentage of the population who were convicted of a drug offense, almost three times the system-wide percentage, and a significantly lower percentage who were convicted of a violent felony. In addition, compared to system-wide data, Groveland has a slightly older population, and a population serving significantly shorter sentences and who have already served most of their sentence.

Table A – Basic Demographic Data at Groveland and in DOCCS Prisons System-Wide²

Groveland’s Prison Population	System-Wide DOCCS Data (Jan. 2012)
<ul style="list-style-type: none">• 1,056 people incarcerated; capacity 1,106• 34% black; 25% Latino; 49% white• 20% under 30; 15% over 55• Median age: 41• Median minimum sentence: 16 months• 44% convicted of violent felony• 41% convicted of drug offense• Survey median time at GD 10 months• Survey median time in DOCCS 2 years	<ul style="list-style-type: none">• 55,979 people incarcerated• 49.5% black; 24.5% Latino; 23.3% white• 32.1% under 30; 15.9% 50+; 3.6% 60+• Median age: 37• Median minimum sentence 62 months• 63.2% convicted of violent felony• 13.9% convicted of drug offense • Median time in DOCCS 2.1 years

Overseeing this population, Groveland employed 324 correction officers and had 10 vacant correction officer positions at the time of our visit. Roughly five percent of security staff were black, two percent were Latino, and almost 10% were women, a higher percentage than at many CA-visited facilities in upstate New York for all of these categories, but still representing the vast overrepresentation of people of color amongst the incarcerated population and the vast underrepresentation of people of color amongst the security staff overseeing them.

SAFETY

Groveland has a relatively unique policy that gives persons incarcerated at the facility much greater freedom of movement than at many other DOCCS facilities, and the ability to

² DOCCS data comes from DOCCS January 2012, *Profile of Inmate Populations*.

Groveland violence is actually pretty low with the freedom's we are allowed. Free movement and the amount of wooded lands with trees, grass, and wildlife keep a lot of violence down. - Anonymous

remain and congregate outside in the vast yard areas whenever they are not scheduled for a program. Indeed, during our visit to Groveland we observed large numbers of people standing in groups outside their dorm areas at various points throughout the day, and staff indicated that people are able to remain outside under

street-lamp lights until 10 pm if they so choose. In addition, as discussed above, the facility has a relatively older population of people with shorter sentences who have already served long portions of their sentences and are closer to returning home. Based on information from staff and incarcerated persons, this combination of factors appears to help create an environment at Groveland that is overall marked by a relatively more laid back atmosphere amongst incarcerated persons, greater feelings of safety, and relatively low reported levels of physical and verbal abuse by staff.

The yard is the whole compound. - Anonymous

Table B- Survey Responses in Regards to Feelings of Safety, Physical Assault, Sexual Abuse at Groveland

	Very Frequently	Frequently	Once in a while	Once	Never	Rank*
How often you feel unsafe	8%	13%	35%	5%	39%	7
How often experience a physical confrontation here	2%	3%	10%	9%	77%	20
How often hear about sexual abuse	4%	4%	18%	10%	64%	16
How often experience pat frisk	6%	6%	14%	13%	61%	11
How often hear of sexual abuse other than pat frisk	3%	5%	15%	7%	71%	3 of 7
	Very unsafe	Somewhat unsafe	Only a little			
How unsafe you feel	33%	35%	32%			9
	Most common	Common	Not common			
How common are physical assaults	18%	37%	45%			15
How common is sexual abuse	3%	8%	89%			18
How common are abusive pat frisks	22%	32%	46%			19

* CA-visited facilities are ranked from the best to the worst with one being the best and 35 being the worst, unless noted otherwise.

Specifically, as seen in **Table B- Survey Responses in Regards to Feelings of Safety, Physical Assault, Sexual Abuse at Groveland**, Groveland has a relatively positive ranking amongst CA-visited facilities for how often survey respondents feel unsafe at the facility and the degree to which they feel unsafe. Many survey respondents praised the free movement policies and thought such policies fostered greater relations between staff and incarcerated persons. On other safety and violence related indicators, Groveland ranked relatively average amongst CA-visited facilities, which indicates both the relatively positive treatment at Groveland and the

general problems across the DOCCS system, as more than half of survey respondents reported physical assaults to be common and almost a quarter reported having experienced a physical confrontation with staff at the facility, although only a small percentage reported having experienced such confrontations frequently. Corroborating these responses, DOCCS data on the number of Unusual Incident Reports (UIRs) for assault on staff also ranked Groveland near the middle of DOCCS medium security facilities.³ With respect to sexual misconduct, Groveland again ranked near the middle of CA-visited facilities on various indicators, including how commonly sexual abuse occurs and how often survey respondents hear about sexual abuse. Similarly, based on data collected in accordance with the Prison Rape Elimination Act (PREA), Groveland's rate of officially reported sexual abuse by staff of 6.76 assaults per 1,000 incarcerated persons for 2008-2011 was worse than the median rate for DOCCS prisons of 4.64 and ranked the facility near the bottom third of DOCCS prisons.

With respect to other staff abuses, Groveland had somewhat more mixed reviews, though relatively better than other CA-visited facilities overall. Specifically, regarding verbal harassment, as seen in **Table C-Harassment, Threats, Discipline, and Retaliation at Groveland**, Groveland ranked near the best quarter of CA visited facilities, although more than three-quarters reported having experienced verbal harassment and more than 90% reported hearing about verbal harassment at least once in a while. Consistent with the relatively positive but mixed reporting of relations with staff, when asked to compare Groveland to other DOCCS facilities with respect to relations between staff and incarcerated persons and the level of confrontations between the two groups, survey respondents split relatively evenly between those who viewed Groveland as about the same as other facilities, those who perceived Groveland as worse, and those that perceived it as better. Also consistent with being relatively better than other CA-visited facilities but still potentially concerning, around three-quarters of survey respondents reported threats and intimidation, retaliation, and false tickets to be common, again ranking Groveland in the top half or better for each indicator.

Part of the explanation for the relatively positive but mixed reviews could stem from a situation indicated by many survey respondents that certain staff members engage in misconduct and that there is a lack of accountability by supervisory and administrative staff. With regard to improper staff conduct, one survey respondent wrote that "it should be a laid back place, but the staff seem to go out of their way to goad you, antagonize you, or just make it miserable for you here," while another reported that "COs want us to respect them but treat us like animals. Belittling, intimidating, and causing emotional stress." Some survey respondents believed that some of this misconduct, as well as the transfer of incarcerated persons from the facility for any relatively serious offense, occurred because some security staff wanted to be able to punish incarcerated persons believed to have too many privileges at Groveland. Also, as with many DOCCS prisons, the disconnect, albeit less at Groveland than most DOCCS facilities, between a mostly urban incarcerated population of people of color, and a mostly white and suburban or rural population of security staff, plays a role in harassment that does take place. As one survey

³ From 2007-2011, Groveland had an average rate of 2.21 assaults on staff per 1,000 incarcerated persons per year. In 2012 and 2013, Groveland saw slight increases, with four assault on staff UIRs in 2012 and four in 2013 as of November.

respondent noted, “being from the NYC area, . . . coming upstate to prison was a complete culture shock.” With regard to a lack of oversight and accountability, as one person reported:

Unfortunately, a few officers ruin the rest. The wall of blue tends to surround even the most sadistic and inept officers. If other officers started to report or get in trouble for abuse, it would be a starting point. There are a handful of officers who think [incarcerated persons] are toys and here for their recreation. Then you have another handful who just dislike [incarcerated persons]. All the power is in the officers’ hands and there is no real way to make them accountable for abuse . . . The number of abusers is not large, but the number of officers who see the abuse and turn a blind eye is much greater.

Table C-Harassment, Threats, Discipline, and Retaliation at Groveland

	Very Frequently	Frequently	Once in a while	Once	Never	Rank
How often personally experience verbal harassment	17%	18%	32%	11%	22%	9
How often hear about verbal harassment	34%	30%	28%	2%	6%	9
	Most Common	Common	Not Common			Rank
How common is verbal harassment?	53%	33%	14%			15
How common is racial harassment?	28%	33%	39%			23
How common are threats and intimidation?	43%	35%	22%			18
How common is turning off lights or water?	11%	29%	60%			25
How common is retaliation for complaints?	34%	42%	24%			18
How common are false tickets?	37%	37%	26%			11
How common is the destruction of property?	25%	36%	39%			28

Overall, then, it appears that Groveland has a relatively more positive atmosphere and general relations between staff and incarcerated persons, with some concerns about petty misconduct by security staff without adequate accountability.

Relations Among Incarcerated Individuals

Survey responses and DOCCS data raised some concerns about the level of conflict among people incarcerated at Groveland. As seen in **Table D- Survey Responses in Regards to Conflict Among Incarcerated Persons**, Groveland ranked in the bottom half, though near the middle, of CA-visited facilities on several indicators related to peer conflict.

Table D- Survey Responses in Regards to Conflict Among Incarcerated Persons

	Very Frequently	Frequently	Once in a while	Once	Never	Rank
How often are fights amongst peers	7%	25%	59%	2%	8%	21
How often you were in fight w/ peer	1%	2%	11%	14%	71%	22
How often staff involved	3%	7%	22%	7%	61%	9
How often non-consensual sexual contact among peers	5%	18%	55%	5%	17%	12 of 12
	Much Worse Here	Somewhat Worse	Average	Somewhat Better	Much Better	
Compare peer fights to other prisons	2%	10%	31%	31%	26%	17
Compare drug use to other prisons	11%	9%	45%	19%	17%	25
Compare gangs to other prisons	7%	11%	34%	25%	23%	20
<i>Factors Contributing to Peer Conflict</i>	Most Common	Common	Not Common			
Personal Conflicts	43%	48%	9%			34
Gangs	27%	46%	26%			23
Drugs	22%	39%	39%			23
Theft of property	43%	44%	13%			35
Gambling	34%	51%	15%			35
Stress of being in prison	32%	50%	17%			28
	Very Common	Somewhat Common	Somewhat Rare	Very Rare	None	
Contraband Drug Use	26%	43%	15%	12%	4%	23
Gang Activity	38%	42%	11%	4%	4%	20
	A Lot	Somewhat	Very Little	Not at All		
Drugs as source of violence	13%	29%	32%	26%		24
Gangs as source of violence	24%	37%	33%	6%		22

For example, almost a third of all survey respondents reported that fights among peers happened at least frequently. When asked how often they themselves had been in a fight, more than 70% reported that they had never been in a fight, although this percentage ranked Groveland in the bottom half of CA-visited facilities. Some survey respondents raised concerns, as have been raised at other CA-visited prisons, that people who have been convicted of sexual offenses in particular face harassment and abuse by other incarcerated persons. Corroborating the survey data, DOCCS' UIR data places Groveland in the bottom third for medium security facilities for the level of assaults between incarcerated persons, based on an average of almost eight assaults

per 1,000 incarcerated persons per year.⁴ In addition to the general peer conflict, it is concerning that more than three quarters of survey respondents reported that non-consensual sexual contact occurs amongst peers at least once in a while, ranking the facility as amongst the worst CA-visited facilities for the smaller number of facilities for which we have comparable data.

When asked what most contributes to conflict among peers, survey respondents reported, as seen in **Table D**, that personal conflicts, theft of property, and gambling contributed the most, with some of the higher indications of these factors amongst all CA-visited facilities. Survey responses also indicated that the stress of being in prison, drugs, and gangs were also contributing factors, albeit less so. Indeed, almost 70% of survey respondents reported that contraband drug use was at least somewhat common and more than 80% reported that gang activity was at least somewhat common, ranking the facility respectively near the bottom third and bottom half of CA-visited facilities. Some survey respondents linked the problematic behavior of incarcerated persons inside with the lack of meaningful programs available to them. As one survey respondent commented:

There is no rehabilitation in this prison. Anger escalate[s] as well as criminal behavior. Extortion, drug dealing, intimidation all contribute to no change, but furthering the ability of the convicted to learn more illegal activities. There should be educational classes, business, web development, computer programming, psychology.

SPECIAL HOUSING UNIT (SHU)

The 24-bed capacity Special Housing Unit (SHU) at Groveland held 22 people at the time of our visit. Groveland's SHU was marked by the extreme conditions of deprivation experienced in all SHUs, relatively positive ratings from survey respondents regarding physical and sexual abuse, relatively negative ratings regarding verbal harassment and destruction of property, and substantial concerns regarding access to and quality of services such as medical and particularly mental health care. Also of concern at Groveland were the frequency with which the facility seemed to impose keeplock sentences and the large proportion of individuals admitted to the SHU who receive long sentences to isolated confinement and are transferred out of Groveland to other facilities.

Like all SHUs throughout the DOCCS system, the Groveland SHU is characterized by extreme isolation and deprivation, with individuals spending 23-24 hours a day alone in a small cell, with no meaningful human interaction, access to programming, or significant physical or mental stimulation. While these conditions of deprivation are inherently dehumanizing, survey responses from individuals confined in the SHU at the time of our visit ranked the SHU at Groveland better than most CA-visited isolation units on a number of variables related to feelings of safety on the unit and the prevalence of physical conflict with staff, abusive pat frisks, and other sexual abuse by staff. On the other hand, the SHU ranks among the worst quintile for

⁴ Slightly above this average between 2007 and 2011, there were 11 peer assault UIRs in 2012. In 2013, there were seven peer assault UIRs as of November.

prevalence of destruction of property and verbal harassment by staff and among the worst half for retaliation, threats and intimidation, and turning off lights or water or denying services. Survey comments from individuals in the SHU at the time of our visit and from individuals formerly confined in the SHU elaborated on these negative aspects, describing staff who engage in harassment and petty behavior. Some survey respondents additionally complained that food is often served cold and portions are too small, while others complained that cells were typically hot and did not have enough airflow or ventilation, exacerbating the poor conditions of SHU confinement.

Regarding services available in the SHU, feedback from survey respondents was largely negative, with some mixed responses. Specifically, overall medical and mental health care were both ranked among the worst quarter of all CA-visited SHU and S-block units. Ratings of doctors, nurses, and delayed appointments for physicians all ranked Groveland's SHU in the bottom half of all CA-visited units. On the positive side, ratings of access to sick call ranked the unit as one of the best of all CA-visited units. Of serious concern, nearly 60% of all people in the SHU at the time of our visit were on the mental health caseload. This high percentage raises substantial concerns about both the use of punitive, rather than therapeutic, responses to "problematic" behaviors exhibited by people with mental health conditions and the effects of SHU confinement on this group, as conditions in the SHU can be particularly detrimental for people with pre-existing mental health needs. Worse still, survey respondents reported negative assessments of mental health care in the SHU. Half of survey respondents rated overall mental health care as fair and the other half as poor, ranking Groveland's SHU in the worst quintile of CA-visited units. Similarly, one third of survey respondents reported problems receiving their mental health medications in the SHU, ranking Groveland's SHU as one of the worst CA-visited disciplinary units. Related to other types of services, while the facility reported having cell study available for individuals confined in the SHU, there were no individuals in the SHU participating in cell study at the time of our visit. Additionally, among the few items permitted to individuals in the SHU are books and periodicals from the library; however, staff informed the visiting team that the book cart is stocked from a separate supply of books and access to volumes from the Groveland general library was not permitted to individuals in the SHU. One survey respondent commented that "the book cart is a joke" and the worst he has seen at any SHU.

In addition to concerns with conditions of confinement in Groveland's SHU, there are concerns regarding the frequency and duration of SHU and keeplock sentences imposed. Overall, 43% of general survey respondents reported being confined in keeplock while at Groveland, a percentage higher than the median of 37.8% for CA-visited facilities with comparable data, and ranking Groveland in the bottom third of CA-visited facilities with comparable data.⁵ Frequent utilization of keeplock sentences at Groveland, a facility with dorm-style housing, is particularly significant because those sentences are served in the SHU, thereby exposing individuals who have not received SHU sentences to the harsh conditions of SHU confinement.⁶ For SHU sentences, 20% of general survey respondents reported having spent time in SHU confinement at

⁵ Groveland ranks number 8 out of 12 CA-visited units for frequency of individuals having spent time in keeplock at their current facility.

⁶ Conditions of confinement for individuals with keeplock sentences within SHUs are outlined in DOCCS Directive 4933 *Special Housing Units*.

Groveland, equal to the median percentage for all CA-visited facilities.⁷ This frequent imposition of SHU and keeplock sentences is especially concerning in light of the fact that in 2010, 2011, and 2012 up until the time of our visit, nearly 97% of people charged with a Tier III ticket and nearly 100% of people charged with a Tier II ticket were found guilty, indicating a disciplinary system that has even higher conviction rates than the extremely high rates system wide, raising concerns about the fairness of the disciplinary system.

Groveland writes outrageous tickets. Then the hearings are done by the boss of the person who wrote it. How is an [incarcerated person] supposed to have a fair chance? - Anonymous

Also of concern, as across many DOCCS prisons, people at Groveland were receiving lengthy SHU sentences. In 2011, 90% of SHU sentences at Groveland were for 60 days or more, 78% were for 90 days or more, and 30% were for 180 days or more.⁸ Moreover, administrative staff stated that people who receive longer sentences – estimated around the order of 45 days or more – are typically transferred from the facility, raising concerns about whether the SHU is being used as a way to move people out of Groveland.⁹ Indeed, nearly half of all people admitted to the SHU in 2011 and 2012 up to the time of our visit either to serve SHU or keeplock sentences, were transferred to a SHU or S-block unit at another facility. Transfers can result in disruption in a person’s educational, vocational, substance abuse treatment, or other programs, make it more difficult for people to complete such programs, and can likely mean that a person may not be able to return to Groveland. Particularly in light of the unique movement policy and increased autonomy at Groveland, the lengthy SHU sentences at Groveland raise concerns not only about the potentially devastating impacts of such lengths of time in isolation, but also about whether the facility may be using long SHU sentences and the transfer that results to disproportionately punish people who engage in behavior deemed inappropriate.

GRIEVANCE PROGRAM

Similar to most DOCCS facilities, the Groveland grievance system is characterized by low numbers of grievances resolved in favor of the grievant, a low level of satisfaction with the grievance system among the population, and some fear of retaliation for filing grievances. Somewhat more unique to Groveland, the facility uses a grievance hearing process that is more inclusive of program staff, has relatively higher, albeit still low, numbers of grievances resolved in favor of grievants, and saw a dramatic drop in the number of non-calendar contacts with the grievance office between the last two years of available data.

At the time of our visit, the grievance office was staffed by one civilian staff member, two “Inmate Grievance Representatives” (IGRs), and one clerk. The civilian staff member had served as grievance supervisor at Groveland since 2004. Staff explained that grievance hearings

⁷ Groveland ranks 15 out of 34 facilities for percentage of respondents who have spent time in the SHU.

⁸ The United Nations Special Rapporteur on Torture has found the isolated confinement beyond 15 days amounts to torture or cruel, inhuman, or degrading treatment depending on the circumstances.

⁹ During the follow-up phone call with the facility, staff indicated that because of department-wide policies, the Superintendent reviews any imposed SHU sentence of 90 days or more.

are conducted weekly by the “Inmate Grievance Resolution Committee” (IGRC),¹⁰ which is comprised of the two IGRs, two rotating staff members, and one staff chairperson. The chair position does not have a vote and is often, though not always, filled by the grievance supervisor while the two other staff positions rotate among staff from all different departments, including both program and security staff, according to a schedule which allows each staff representative to sit on the committee once every three months.

According to DOCCS data, the most common formally grieved topic in 2011 was medical, followed by staff conduct and package room. **Table E – Most Grieved Areas at Groveland** shows the number of formal and informal grievances for the five most commonly grieved categories in 2011, which are similar to other DOCCS facilities.

Table E – Most Grieved Areas at Groveland¹¹

Grievance Category	2010 Formally Filed	2011 Formally Filed	% Change	2010 Non-Calendared	2011 Non-Calendared	% Change
Medical	96	88	-8%	220	136	-38%
Staff Conduct	64	43	-32%	77	36	-53%
Package Room- #4911	30	24	-20%	129	62	-52%
Guidance Unit/Counseling	71	24	-66%	22	24	+8%
Rules and Regulations	7	17	+59%	12	5	-58%

Potentially due in part to the rotating system of grievance officers and the involvement of program staff, Groveland has a slightly higher percentage of grievances resolved in favor of the grievant than at other CA-visited facilities, although still a low percentage in absolute terms. Specifically, as reported by the facility, of the 345 grievances formally filed¹² and heard by the IGRC in 2011, 24% were either resolved in favor of the grievant or withdrawn or informally resolved prior to an IGRC decision. Similarly, of the 180 grievances either directly heard by the superintendent or referred to the superintendent from the IGRC, 36% were resolved in favor of the grievant. Breaking down further the cases handled by the Superintendent, while over 80% of the grievances referred to the Superintendent for action after the IGRC and the grievant agreed on the outcome were resolved in favor of the grievant, only 14% of the grievances directly handled by the Superintendent or appealed by the grievant to the Superintendent from the IGRC were resolved in favor of the grievant. Overall, then, the success rate of grievants is generally

¹⁰ Staff explained that individuals may file grievances in person with the grievance counselor or in writing; the grievance counselor makes weekly rounds in the SHU and grievances from people in the SHU are also accepted in writing. In 2011, there were 68 grievances filed from the SHU.

¹¹ This table is organized by the most frequently *formally* grieved areas. For non-calendared grievances, the five most frequently grieved areas in 2011, in order beginning with most frequently grieved, were: medical, package room, incarcerated person accounts (55), the grievance program (38), and staff conduct.

¹² Formally filed grievances are heard by the IGRC, except for staff conduct grievances (Code 49), which are referred directly to the Superintendent. All committee recommendations can be appealed to the Superintendent.

low, but relatively higher than some other CA-visited facilities, indicating something more positive at Groveland but also a grievance process across the DOCCS system that generally rules against grievants. Similarly, almost three-quarters of survey respondents classified Groveland's grievance system as poor, ranking the facility in the top half of CA-visited prisons but still indicating the general dissatisfaction with the system.

Of particular concern at Groveland was a 35% drop in the number of non-calendared, informally resolved, grievances¹³ in the two latest years of available data, from 944 in 2010 to 614 in 2011, without any increase in the number of formally filed grievances. Although the reason for the dramatic decline is not clear, it raises questions about people's faith in the grievance system and/or their fear of retaliation for participating. As one incarcerated person reported:

Correction officers treat this like the [incarcerated persons] are here for their amusement. They have absolute power and there is very little chance that [incarcerated persons] can report and get justice through grievance. The facility really has no safe routes for [incarcerated persons] to file.

Staff noted the decline in informally resolved grievances, attributing it to a change in characteristics of the population and growing skepticism with informal resolutions. Looking particularly at retaliation, survey respondents reported relatively lower levels of fear of retaliation in comparison to other CA-visited facilities, ranking Groveland in the top quarter of CA-visited prisons with regard to fear of retaliation. Despite this high ranking, 21% of respondents still reported experiencing retaliation either frequently or very frequently, and some reported avoiding the grievance system entirely, while others reported specific instances of retaliation for filing grievances, including being threatened, harassed, and physically assaulted; receiving false tickets; or being sent to the SHU. As one survey respondent reported:

[The grievance committee] completely veers the hearings in the favor of the facility...Add this to the retaliation of the grieved party and no one chooses to use grievance often. If you grieve the package room, your package is lost or delayed. If you grieve an officer, they have another officer write you up.

Overall, Groveland's grievance system appears to operate more favorably toward grievants than other CA-visited facilities, with fewer reports of retaliation, but like most CA-visited prisons, the grievance process still raises substantial concerns about the efficacy of the system and the safety consequences for individuals who choose to utilize it.

¹³ Non-calendared grievances are informally resolved between the IGRs and the grievant prior to a formal filing. Examples of informal resolution provided by staff included: providing grievants with a directive, looking up account information, or contacting a staff member to clarify an issue such as status of a medication refill.

PROGRAMS

Groveland had a relatively high percentage of people involved in some job or program at the time of our visit,¹⁴ with the facility offering morning, afternoon, early evening, and late evening modules. Groveland also had relatively positive ratings of academic and vocational programs by survey respondents. On the other hand, there were some significant concerns raised about the capacity of programs to meet many incarcerated persons' needs and the ability to provide programs meaningful for life skills and employment in the community upon release.

Academic Programs

Groveland's academic programs received relatively positive feedback from survey respondents, compared to other CA-visited facilities. However, the facility's capacity to match the educational needs of its population, and the lack of higher education or other opportunities for individuals with a GED raised concerns. Also, while Groveland appeared to provide some limited opportunities for peer support for academic classes – to a greater extent than some other DOCCS facilities – the still limited utilization of peers as a resource raises concerns.

At the time of our visit, Groveland operated three Adult Basic Education (ABE) classes,¹⁵ five pre-GED classes, four GED classes, and one bi-lingual multi-level class. The facility also had 13 individuals enrolled in cell study.¹⁶ The facility did not offer any Special Education or English as a Second Language classes. According to the facility, at the time of our visit Groveland had two vacant instructor positions and a vacancy for the Educational Supervisor position. At the time of our visit, the instructor vacancies had been open for nine months and 17 months while the Supervisor position had been vacant for 10 months. Staff reported that the facility had authorization to fill one of the instructor vacancies and the supervisor vacancy. Very positively, the facility reported in November 2013 that its academic program was fully staffed. Specifically, the facility had filled the Education Supervisor position in September 2012, and had filled one teacher vacancy in September 2012 and the other teacher vacancy in April 2013. The facility did have one Spanish-speaking instructor at the time of our visit who taught a bilingual multi-level education course for ABE and GED students. Staff stated that one of the biggest challenges within the educational program was that since a majority of individuals only spend about one year at Groveland, while the average time to complete the pre-GED and the GED courses together is 12-16 months, it is difficult for people to complete the coursework and take the GED exam while at Groveland. When individuals do take the GED at Groveland, the pass rate is approximately 77%, relatively high for CA visited facilities.¹⁷ The higher rate at

¹⁴ According to data provided by the facility, 379 people, or 36% of the population, had a morning program assignment, 432 or 41% of the population had an afternoon program assignment, 176 or 17% had an early evening program assignment, and 107 or 10% had a late evening program assignment.

¹⁵ The ABE course level provides education instruction for individuals below a fifth-grade reading level.

¹⁶ Cell study is available to individuals in SHU or infirmary units or with job schedules that precluded them from participating in the class schedule. Staff stated that cell study included individual time with an instructor two times per week and would soon include daily instructor access.

¹⁷ This pass rate is for all GED exams administered from 2009-2012, up to the point of our visit. Fifty-six GED exams were administered on average per year from 2009-2011; the exam is administered by the facility three times per year. Data from 21 CA-visited facilities since 2009 shows an average annual GED pass rate of 64%.

Groveland could indicate higher levels of GED preparedness and/or a stricter screening process pre-exam which would minimize opportunities for individuals less likely to pass the exam to take it. One survey respondent lamented that a high pre-test score was required by the facility before individuals were permitted to take the GED exam.

During our visit, staff described a recent influx of younger individuals with lower educational attainment to Groveland and subsequent plans to change course offerings by decreasing to one GED class while increasing to seven pre-GED classes and four ABE classes. During our follow-up conference call, staff indicated that the planned shift in classes was implemented, noting that the educational needs of people incarcerated at the facility changes frequently and that they attempt to match the classes to students' needs. Although it is very positive that the facility is attempting to match program resources with the needs of the population, eliminating three GED classes based on the current information available at the time of our visit raises serious concerns. Specifically, while this plan to redistribute existing educational resources would alleviate some of the ABE and pre-GED waitlists, it would also appear to greatly increase the GED waitlist by eliminating three GED classes, and would have no overall effect on expanding the facility's capacity to increase the proportion of their population enrolled in academic programming or provide academic opportunities for individuals who have already obtained their GED. It is also not clear how flexible the new plan will be to allow for a return to having more GED classes as students progress through pre-GED classes or if there is a change in incoming students' needs. **Table F – Groveland's Academic Program Capacity, Enrollment and Waitlist at the Time of the CA's Visit in 2012** reflects the capacity of Groveland's educational programming at the time of our visit. As seen in that table, 21.6% of the total population was enrolled in academic programming, with an additional 9.6% waitlisted, meaning that Groveland's capacity for providing educational instruction to individuals without their GED could only accommodate at most two thirds of the actual need, and no higher education opportunities were provided at the facility. Also, some people we met during our visit and some survey comments complained that the facility utilized too strict a standard for people to prove that they had attained a high school diploma, thereby requiring people to take basic academic classes who did not need them and taking up space from others on waitlists who were in need of classes.

Table F – Groveland's Academic Program Capacity, Enrollment and Waitlist at the Time of the CA's Visit in 2012

Class	Capacity	Enrolled	Enrolled as % of Pop	Wait List	Enrolled + Waiting List	Total as % of Pop
ABE	60	51	4.80%	67	118	11.20%
Pre-GED	98	92	8.70%	27	119	11.30%
GED	68	49	6.40%	4	53	5.00%
Bi-lingual ABE and GED	35	18	1.70%	8	26	2.50%
Cell Study	33	13	1.20%	N/A	13	1.20%
Total	294	223	21.60%	106	329	31.20%

Because the facility was able to hire additional staff, as of November 2013, academic enrollments were higher than at the time of our visit. Specifically, there were 11 people enrolled in ABE classes, 93 in pre-GED, and 35 in GED.¹⁸ Again, while the overall capacity increase is very positive, there are concerns about the distribution of classes, with all of the enrollment increases coming in the ABE classes, while pre-GED class enrollment levels remained the same and GED class enrollment levels decreased.

Regarding survey feedback about existing academic programs, survey responses ranked the facility in the top quarter of all CA-visited facilities, with around two-thirds reporting at least being sometimes or somewhat satisfied with academic programs. Survey comments highlighted mixed feedback about teacher performance, a need for updated materials and technology more relevant to work and continuing education opportunities on the outside, and concerns about harassment on the way to and from educational programs by security staff. Several survey respondents expressed concerns about teacher quality. For example, as one person reported, “Teachers never taught us anything at all. We had to learn ourselves.” Other respondents, however, described positive experiences with teaching staff including comments such as, “I like that the instructor really wanted us to learn something.” Related to outdated materials and harassment, individuals shared comments such as, “classes are not equipped with current subject matters,” and, “the officers harass you too much, like they are trying to discourage you from coming to school.”

When first attending I didn't want to be there because I'm 43 years old. But I have a good teacher and I'm doing good. - Anonymous

Survey respondents who identified their current enrollment as ABE or pre-GED were more likely to rate their academic program as poor or fair compared to respondents enrolled in GED classes, who were more likely to rate their academic program as good.

Regarding options for higher education, a substantial number of survey respondents expressed concern that there were no educational opportunities for people who had already obtained their GED. As of April 1, 2012, nearly 65% of the population at Groveland already had a GED or high school diploma, higher than the 58% system-wide. Also of note, 5% of the Groveland population was serving life sentences. Despite the benefits of providing higher education to individuals with a GED or equivalent and providing meaningful activities for the life-sentence population, the facility did not offer any post-secondary education options, aside from correspondence courses through Ohio State, for which members of the population must be able to finance independently. At the time of our visit, the facility reported that there was only one individual enrolled in correspondence courses, and during our follow-up conference call staff indicated that there were two people enrolled in correspondence courses.

Relatedly, the presence of a significant proportion of the population that have already obtained a GED or equivalent or higher provides opportunities for peer tutoring to increase support for individuals with lower educational attainment, without increasing full time staff, and for meaningful work for incarcerated individuals who have completed all educational

¹⁸ Since the time of our visit, the Department no longer refers to academic classes as pre-GED and GED, but rather refers to those same class levels as Pre High School Equivalency (PHSE) and High School Equivalency (HSE).

opportunities available at the facility. Like other facilities, Groveland employed IPAs in academic programs and had 20 IPAs working in academic classes as of November 2013. Also, somewhat more unique to Groveland, there was a peer-run volunteer, after-school program and study hall on Tuesdays and Thursdays, organized by the African-American Organization and supervised by two staff members. While such programs used to be more prevalent across the DOCCS system, support for them has generally declined, and it is thus commendable that Groveland has such initiatives running. Support for these peer-led programs is very important and should be expanded, particularly given the large proportion of the population with GEDs.

Vocational Programs

The Visiting Committee visited most of the vocational shops at Groveland, spoke with staff and participants, and received feedback about vocational programs via survey responses. Survey responses rank Groveland's vocational programming relatively favorably compared to other CA-visited facilities. At the same time, there were some concerns regarding the capacity of the vocational programs, mixed feedback about vocational instructors, and issues raised related to the relevance of vocational programming.

With respect to capacity, staff vacancies contributed to an inability of the vocational programs at Groveland to meet the needs of the people incarcerated at the facility. At the time of our visit, Groveland was authorized to have nine full-time instructors, but had two vacant instructor items for almost two years, and had no Spanish-speaking staff. Staff indicated at the time of our visit that a majority of the vocational classes had at least one clerk or TA position filled by an incarcerated person and that in some classes, one of the positions was filled by a Spanish-speaker. Staff also shared during the visit that due to a recent lapse in IPA training, many of the vocational shops had been operating with a reduced number of IPAs for months.

In significant part due to the staff vacancies, Groveland's vocational programs were not able to meet the needs of the people incarcerated at the facility. As seen in **Table G – Groveland's Vocational Program Capacity, Enrollment and Waitlist at the Time of the CA's Visit in 2012**, Groveland has a sizable vocational program, with 285 participants, ranking Groveland in the top fifth of CA-visited facilities for the proportion of the population enrolled in a vocational program. At the same time, however, **Table G** also shows that every vocational program had substantial waitlists at the time of our visit, placing Groveland in the middle of CA-visited facilities for the proportion of the population who is waitlisted for vocational programs. Staff described that members of the incarcerated population are assessed by the program committee for one vocational program and are then placed on the waitlist for that program until there is an opening in the course. One incarcerated individual during our visit described the waitlists as "indefinite." Positively, the total enrollments in Groveland's vocational programs increased slightly to 299 people as of November 2013 from 285 at the time of our visit. The facility reported that as of November 2013, the facility was again operating building maintenance and computer operator programs, but was not operating custodial maintenance.

Table G – Groveland’s Vocational Program Capacity, Enrollment and Waitlist at the Time of the CA’s Visit in 2012

	Capacity	Enrolled	Enrolled as % of Pop	Wait List	Enrolled + Waiting List	Total as % of Pop
Custodial Maintenance	26	25	2.37%	35	60	5.68%
Electrical Trades	32	31	2.94%	15	46	4.36%
Floor Covering	34	35	3.31%	18	53	5.02%
General Business	40	37	3.50%	15	52	4.92%
Horticulture	34	26	2.46%	9	35	3.31%
Plumbing and Heating	30	27	2.56%	15	42	3.98%
Printing	34	31	2.94%	7	38	3.60%
Small Engine Repair	34	34	3.22%	12	46	4.36%
Welding	34	33	3.13%	40	73	6.91%
Asbestos (Industry)	6	6	0.57%	0	6	0.57%
Building Maintenance	34	CLOSED Sept 2009		16	16	1.5%
Computer Operator	40	CLOSED Dec 2010		8	8	0.76%
Total	378	285	26.99%	190	475	44.97%

Turning from capacity to participant satisfaction, Groveland’s vocational programs received relatively positive feedback, falling just within the top third of ratings of vocational programs at all CA-visited facilities with two-thirds of survey respondents reporting satisfaction with vocational programs at least sometimes or somewhat. Comments from incarcerated persons were mixed regarding instructor quality, and consistently expressed both a desire for more updated technology and materials and concerns that the vocational programs are not relevant to actual employment opportunities in the community. Regarding instructor quality, for example, one individual wrote, “I really enjoy the class and the instructor. He makes learning fun and is very knowledgeable;” while others expressed concerns such as, “The instructor didn’t care; he was more interested in writing tickets.” Several individuals also commented that classes were often canceled due to instructors being out frequently.

Regarding overall program quality and relevance, one respondent commented, “I believe that DOCCS should be offering more current job training for [incarcerated persons] who will be in the outside world.” Other individuals wrote comments such as, “most of the material is

[DOCCS needs to be] giving people “real” skills; not just vocational skills! - Anonymous

outdated. No new technology” and, “the software we use is out of date.” One instructor also commented that as time goes on, more technology and books could be used, though there are less resources and materials to work with because of decreased budgets. Another instructor remarked that it is difficult to know how useful the vocational programs are in

preparing individuals for jobs in the community because there is no follow-up with people who have completed programs and returned home. Limited offerings of Department of Labor (DOL)

and National Center for Construction Education and Research (NCCER) certification were a related concern. The facility did offer seven DOL apprenticeships, for any vocational programs except for General Business and Custodial Maintenance, and two NCCER apprenticeships, one in Plumbing and Heating and one in Electrical Trades. However, there had been no NCCER certificates from 2010-2012, one DOL certificate recipient annually for 2010 and 2011, and no DOL certificate recipients in 2012 at the time of our visit. Both the DOL and NCCER certificates require participation of several years in one vocational area and long wait lists for vocational programming, discussed further below, can complicate the ability of individuals to remain in their vocational program longer than six months to one year. The asbestos industry program provides participants with a state license, which can be quite meaningful in attaining employment upon release. However, the program had only six people at the time of our visit, with low numbers stemming in part from stringent requirements for outside security clearance.

Transitional Services

Groveland’s transitional services (TS) programs – Orientation, Phase I, Thinking for a Change (T4C), Phase III, and Aggression Replacement Training (ART) – were challenged, like many across the state, by long waitlists caused by limited capacity and by limited connections to community resources. With respect to capacity, at the time of our visit, transitional services had two full time ORCs and 10 IPAs, while having one vacant full time civilian staffing item since December 2010. This lack of capacity has a significant impact on the ability of the facility to meet the needs of the population. Staff indicated during our follow-up conference call that the facility had received authorization to fill one vacant ORC position and was awaiting approval for a particular individual to hire; hopefully, the additional staff member will help address some capacity issues. For T4C, the sessions of which are run by civilian staff, the course is six weeks in length, the facility operates one course at a time, and the typical size of each course is 10-12 students. As seen in **Table H- Groveland’s Transitional Services, Capacity, Enrollment and Waiting List**, this small number of enrollments leads to a large waitlist consisting of 77% of the facility.

Table H- Groveland’s Transitional Services, Capacity, Enrollment and Waiting List

Program	Capacity	Enroll-ment	Waiting List	Completed 2009	Completed 2010	Completed 2011	Completed by June 2012
Phase I	27	0	23	346	458	470	203
T4C	57	9	811	n/a	92	114	50
Phase III	79	32	872	357	285	173	143
ART	54	54	359				
Total	217	95	2065				

At the time of our visit, there were only nine people enrolled in T4C, and only an average of about 100 people complete the program in a year, meaning it would take eight years to get through the current waitlist. Similarly for Phase III, the waitlist comprises almost 83% of Groveland’s population. Moreover, the number of Phase III completions has dramatically declined, with the number of completions cut in half from 2009 to 2011. Although the completions had increased again in 2012 at a rate that would put the yearly completions on par

with 2010 numbers, still the completions are down from 2009 and would take multiple years to get through all the people on the waitlist. For ART, two classes are held four days a week every nine weeks. Although the waitlists are not as long as in the other TS programs, they are still significant. The long waitlists across the TS programs delay people being able to obtain the services provided often until just prior to being released.

Instead of being able to plan ahead of time, they make you wait until you have a definite date to go home. Sometimes it's not enough time. - Anonymous

Separate from concerns about the long waitlists, people who participated in transitional services programs gave mixed reviews of the programs. As seen in **Table I - Transitional Services Satisfaction by Groveland Survey Respondents**, survey responses were fairly evenly distributed between being satisfied, somewhat satisfied, and not satisfied for both T4C and Phase III, ranking the facility in the bottom quarter for T4C and top third for Phase III for the limited CA-visited facilities with comparable data.

Table I - Transitional Services Satisfaction by Groveland Survey Respondents

TS Program	Satisfied	Somewhat	Not Satisfied	Rank
T4C	36.2%	22.4%	41.4%	9 of 12
Phase III	34%	32%	34%	8 of 23
ART	36.4%	18.2%	45.5%	18 of 23

Based on survey comments, many people found the programs useful, but thought that they could be improved. According to staff at Groveland, the facility does try to assist people in preparing for employment by obtaining social security numbers and birth certificates, providing assistance with resumes, engaging in pre-interview preparation, practicing job applications, and conducting mock interviews. Also, although no outside groups present to people in Phase III, some outside agencies, like Action for a Better Community, provide assistance to people at Groveland, including HIV and hepatitis peer education. Still, many survey respondents raised concerns about not having enough up-to-date materials or mechanisms to connect people to services, employment and housing resources, and organizations upon their release. Survey respondents also gave mixed reviews of staff, with some people complimenting staff's efforts as the best they could do with limited available resources.

For ART, again survey respondents gave mixed reviews. As seen in **Table I**, over 45% of survey respondents reported not being satisfied with the program, ranking the facility in the bottom half of the limited CA-visited facilities with comparable data. According to staff, ART utilizes cognitive behavioral therapy, involving skits to try to recognize cognitive difficulties and internal and external triggers. Like at most DOCCS facilities, IPAs generally run the ART sessions at Groveland, while the civilian ART coordinator (who also serves as an AVP – Alternatives to Violence Project – coordinator) typically attends class a couple of times per week. Survey respondents raised concerns about the difficulty of getting into ART, and gave mixed reviews of the program itself, with some people praising the fact that the program helped them to understand themselves and address their own issues, while others raised concerns about the relevance and usefulness of the program, as well as whether there was enough involvement

by civilian staff. During our follow-up conference call, staff reported that DOCCS central office issued a new ART manual system-wide in the fall of 2013, that staff and IPAs had been trained on the new manual, and that the new program was around one week shorter in length.

Jobs

Jobs, like some of the programs at Groveland, painted a mixed picture. Over three-quarters of survey respondents reported that they were at least sometimes or somewhat satisfied with their job, ranking the facility near the top third of CA-visited facilities. Moreover, a substantial portion of the population at Groveland had a job at the time of our visit. Despite these positive aspects, a large percentage of the available jobs were porter assignments, which involve mostly menial tasks that do not provide meaningful opportunities to learn job skills. Specifically, 529 people at Groveland, or more than 50% of the population, had porter assignments, while only 419 people had other types of job assignments. Such a high percentage of porter assignments raises substantial concerns about the lack of job opportunities that could provide meaningful skills to people incarcerated at Groveland. In addition to the limited opportunities, people at Groveland, as across DOCCS prisons, complained about the ridiculously low payment they receive for their work.

[We] should receive a fair pay wage for the work and jobs we do. Commissary prices keep going up but our pay remains the same. - Anonymous

SUBSTANCE ABUSE TREATMENT PROGRAM

Groveland's ASAT program received poor ratings by program participants who the CA met during our visit or who submitted an ASAT-specific survey. The Visiting Committee toured Groveland's ASAT areas, observed some group sessions, spoke with various ASAT staff and participants, and received 16 ASAT-specific surveys in addition to responses about ASAT from general survey respondents. Information gathered from these various sources raised concerns about: a) staffing levels for meeting the needs of the population at Groveland; b) the related ability of treatment staff to adequately support participants, c) the degree to which the ASAT program effectively utilizes the therapeutic community model techniques intended for the program; and d) the level at which the ASAT program provides a safe environment in which people can share, grow, and address their addiction needs.

Program Opportunities v. Treatment Needs

With regard to the facility's ability to meet the needs of the people incarcerated there, at the time of our visit, there were 118 people enrolled in ASAT at Groveland, and more than double that number – 349 people – on the waitlist. Three ASAT group sessions were running in the morning module and three sessions in the afternoon. The facility employed one offender rehabilitation coordinator (ORC) and three program assistants (PA) at the time of our visit, and staff indicated during our follow-up call with the facility that staffing levels had remained the same. With such a large waiting list to get into what is at least a six month program, this current staffing level is not able to meet the needs of Groveland's population. In addition to the inability

to receive potentially helpful treatment, some people at Groveland complained that the long waiting lists are particularly problematic because some people get denied merit time because they have not had the opportunity to complete ASAT. Relatively positive, as seen in **Table J- The Number of ASAT Completions and Program Removals**, Groveland’s ASAT program had a relatively low, though not insignificant, number of removals from the program, over the last few years prior to our visit. In 2012, the number of administrative removals had seemed to increase as of the time of our visit, as only 68 people had completed ASAT while 40 people had been removed from the program, with half of the removals being administrative removals. Staff indicated that participants who are within two weeks of completing ASAT when they are transferred are given completion certificates, that the facility is allowed to place administrative holds on people to complete ASAT prior to transfer to another facility, and that the facility has begun a policy where it will not transfer someone in a mandatory ASAT program unless they are being transferred to a mandatory program for those convicted of sex offenses.

Table J- The Number of ASAT Completions and Program Removals

<i>ASAT</i>	2009	2010	2011	2012*
Number of Individuals Completing the Program	220	151	157	68
Number of Disciplinary Removals	20	15	26	12
Number of Removals for Inadequate Performance	3	5	5	7
Number of Administrative Removals	38	24	25	21
Total Removals:	61	44	56	40

*The 2012 data only includes completions and removals as of the time of our visit in June.

Treatment Staff

In addition to the staffing limitations on Groveland’s ability to enroll ASAT participants, information from participants and ASAT staff raised concerns about the ability of staff to meet the treatment needs of those who are enrolled in ASAT. ASAT participants who responded to a survey specifically about their substance abuse treatment reported very negative views of

I do need help. However, I won't get it here. - Anonymous

treatment staff. Groveland ranked as one of the worst few CA-visited facilities for a composite score of answers to various questions about the degree to which ASAT staff were supportive and helpful to participants.

Survey respondents reported problems with staff attitudes, running of groups, and individual counseling. With respect to staff attitudes, when asked whether substance abuse treatment staff support their goals, only 21% of survey respondents answered mostly true or true, while 64% reported it was not true and 14% that it was somewhat true, ranking Groveland toward the bottom of CA-visited facilities. Similarly, only 14% of survey respondents reported that it was mostly true that substance abuse treatment staff were sincere in wanting to help them, again ranking Groveland as one of the worst CA-visited prisons. Multiple survey respondents complained that counselors view participants negatively and act in an unprofessional manner toward them as a result. As one participant reported, “counselors treat us like garbage.”

Regarding group sessions and the content of the program, many people during our visit and in survey responses complained about the lack of helpful, substantive content in the program and the lack of engagement by staff. Many people indicated that other program participants, rather

than staff, run the group sessions and that staff generally do not participate. Many others complained that the program just routinely goes through the motions without people actually learning anything or growing in any meaningful way. As one survey respondent commented, “how do you put 28 [persons] in a room and expect recovery? No direction, no counselor. The basic principles of getting sober and changing your life are not being introduced.”

Some staff members indicated that part of the reason that they are less engaged in group sessions is that under relatively new OASAS guidelines, they have been given additional paperwork and documentation to do, while also maintaining the same sized caseload and the same number of responsibilities. According to staff, each PA has a caseload of around 35 persons, and the ORC covers the remaining participants. For each participant, staff estimated that completing the paperwork for an intake and initial treatment plan takes about an hour and twenty minutes, and then each participant receives monthly evaluations and updates to the treatment plan, including a discharge, aftercare, and relapse prevention plan during the fourth or fifth evaluation. In order to complete all of the evaluations, staff indicated that one out of five days a week in the program is designated as a recreation day for participants, allowing staff to complete paperwork, as well as do some individual sessions with participants. In addition, some staff indicated that they often engage in paperwork while the group sessions take place.

With respect to individual counseling, when specifically asked about their ASAT treatment plan, more than a third of all ASAT survey respondents were very dissatisfied, ranking the facility in the bottom 40% of CA-visited facilities. Worse still, when specifically asked about ASAT counseling, more than half of all survey respondents were very dissatisfied and nearly 70% were at least somewhat dissatisfied, ranking Groveland as the worst of all CA-visited facilities. Some survey respondents made specific comments complaining about delays and the lack of relevance of one-on-one counseling. One respondent noted that he had been in ASAT for a month and had not yet had a one-on-one counseling session, and another respondent who had already been in ASAT for two and a half months similarly indicated that he had not had any one-on-ones with the treatment staff. Staff indicated that the one-on-one sessions are relatively mechanical and average about nine to twelve minutes per session, with evaluations for persons on the OMH caseload taking up to 30 minutes.

Therapeutic Community Model Techniques

While staff reported that various components of a therapeutic community (TC) model are implemented in Groveland’s ASAT program, survey respondents raised questions about the degree to which and manner in which they are implemented in practice. According to staff, Groveland’s ASAT program uses a hierarchy in which participants are assigned certain roles within the therapeutic community. During our visit, some of the ASAT group areas had a hierarchy posted on the wall. Staff also reported that they hold regular community meetings and use push-ups and pull-ups during group sessions. Despite these reported formal elements of a TC model, survey responses raised concerns about the degree to which the underlying treatment techniques intended to be part of a TC model, such as increasing privileges, modeling good behavior, and using confrontation in a therapeutic manner, were being practiced. Specifically, nearly half of all ASAT participants who responded to a substance abuse treatment specific

survey reported being very dissatisfied with the TC techniques,¹⁹ ranking Groveland as one of the worst few CA-visited facilities for how important a component these techniques are to the treatment program. When asked about these particular techniques of a therapeutic community model, many survey respondents commented that few or none of the techniques are actually practiced in Groveland's ASAT program. As one survey respondent noted when asked about therapeutic community model techniques, "It's a good idea but it does not exist here," and multiple others commented "none of this happens" or indicated that the degree to which the techniques happen are less than at other ASAT programs. Some staff also indicated that although staff attempt to implement TC techniques during group sessions, security staff are not well trained in TC issues and that the way correction officers interact with participants when treatment staff are not around can spoil the therapeutic community.²⁰ Another treatment staff member similarly indicated a lack of knowledge of what happens in the ASAT dorm outside of group sessions.

Program Environment

Observing group sessions, speaking with staff, and receiving oral and written information from participants also raised concerns about the overall environment in Groveland's ASAT. On the positive side, many of the areas where ASAT groups were taking place had murals and motivational messages on posters, the walls, and/or white boards.²¹ In addition, some staff indicated that they attempt to encourage an environment in which people can share how they are feeling. Also during observed group sessions, most of the sessions involved participants sitting in a circle or semi-circle. Despite these potentially positive mechanisms, ASAT participants who responded to a substance abuse treatment specific survey raised questions about the environment in the ASAT program and how comfortable and safe a space has been created for people to be able to open up and share. Compiling the answers to several questions about how participants are able to communicate, resolve disputes, have frank discussions, share their viewpoints, and so forth, Groveland ranked in the worst 15% of CA-visited facilities.²² In addition to the lack of staff involvement and negative attitudes by staff, and the lack of effective

Being positive gets you a lot of ridicule and called an ASAT Ranger. The overall attitude is very negative there, which makes participation difficult. - Anonymous

¹⁹ The rankings derive from a question asking participants' satisfaction level with the following techniques: (a) staff members confront unacceptable behavior outside of individual and group counseling; (b) participants frequently help each other; (c) participants who violate the program norms receive a penalty or punishment; (d) work is used as part of the therapeutic program; (e) DOCCS substance abuse treatment staff serve as role models for the participants; (f) senior participants serve as role models for newer participants; and (g) the program involves increasing privileges as participants advance.

²⁰ During our follow-up conference call with the facility, staff indicated that all program and security staff in ASAT units receive annual training.

²¹ Messages like "life is to be lived; not watched" and "the mind is like a parachute; it only works if its open" and "grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference" lined different parts of the room.

²² More specifically, this ranking was based on a compilation of answers to statements such as, "We have open and frank discussions about our differences," "Disagreements are generally resolved fairly," "Participants are divided into small groups or cliques that do not communicate well," "Most viewpoints are given serious consideration."

implementation of TC techniques discussed above, another potential part of the reason for the negative atmosphere in the ASAT program may come from the fact that many people in the program believe they do not need the program and are being forced to participate. Several survey respondents commented that they do not have any alcohol or substance abuse problem, are yet forced to take the program, and are not getting anything out of it.

It's very hard to participate when people are forced to take ASAT; it's almost impossible to make progress with angry, . . . loud, boisterous people. - Anonymous

MEDICAL CARE

Medical care was one of the lowest rated areas of Groveland C.F. by survey respondents. As seen in **Table K- Summary of Groveland Survey Responses about Prison Medical Care**, nearly 90% of survey respondents rated overall medical care at Groveland as fair or poor, with 57% rating it as poor, ranking Groveland in the bottom quarter of CA-visited facilities.

Table K- Summary of Groveland Survey Responses about Prison Medical Care

Medical Service	Yes	Sometimes	No	Good	Fair	Poor	Rank**
Can you access sick call when needed	62.7%	25.5%	11.8%				14
Rate sick call nursing care				10.6%	33.3%	56.1%	33
Do you experience delays in seeing a clinic provider *	47.7%	42.1%	19.1%				27
Rate physician care				8.6%	35.7%	55.7%	30
Experience delays in specialty care	60%	11.6%	28.4%				34
See specialist in last 2 years	33.3%		66.7%				22
Good follow-up to specialists	25.9%		74.1%				35
Problems getting medication	45.6%	18.8%	35.6%				37
Rate dental care				39.7%	39.1%	21.2%	7/23
Rate overall healthcare				9.4%	33.7%	56.9%	30

* The three categories for this variable are: Yes=Frequently; Sometimes=Once or once in a while; and No=Never.

** Ranking is from best (1) to worst (35) out of 35 prisons surveyed.

As discussed in the grievance section of the report, medical was the most grieved area at Groveland, and many incarcerated persons with whom we spoke during our visit and numerous survey comments specifically stated that the medical department was the worst aspect of the prison at Groveland. The Visiting Committee toured the medical area, met with staff about medical services, heard about medical issues from incarcerated persons throughout the facility, and received survey responses rating and commenting on medical care. Information gathered from all of these sources raised significant questions particularly about medical staff attitudes toward patients, delays in seeing medical providers, difficulties obtaining medication, and problems receiving specialist and other serious medical care.

Medical Staff Attitudes toward Patients and Quality of Care

In various parts of the facility during the CA's visit, and in large numbers of surveys, incarcerated persons commented on negative staff attitudes and ways in which medical staff acted toward them and the negative impact those attitudes had on their ability to receive quality medical care. Incarcerated persons described a lack of interest and compassion on the part of

The worst department in Groveland is medical. Medical is so sub-par here it actually borders on dangerous. - Anonymous

medical staff. As one person noted, "medical staff can be rude and uncaring," another claimed that "this is the most uncaring, unprofessional staff in DOCCS," while another complained that "the medical staff in Groveland is very rude and unprofessional. They are one of the worst medical staff in the state." People incarcerated at Groveland also complained that medical staff engage in verbal abuse, with

one person for example indicating that "the nurses here treat us . . . like animals." Incarcerated persons also complained that medical staff often did not believe patients. As one survey respondent noted, "[t]he nurses are bitter and treat everyone as if you have lied to them." Taking this disbelief and verbal harassment a step farther, many incarcerated persons indicated that medical staff act more like security staff than health care providers and some incarcerated persons reported that patients at times receive disciplinary tickets for trying to obtain medical care. Likely in large part as a result of these perceived negative staff attitudes and interactions, survey respondents rated the quality of both nursing and physician care poorly. As seen in **Table K**, nearly 90% of survey respondents rated sick call nursing care as fair or poor, and over 90% rated physician care as fair or poor, ranking the facility in the worst seventh and quarter respectively for CA-visited facilities. As one survey respondent noted, "[i]t's the lowest level of service that one can receive. Third world countries receive better care." Another noted that "[t]hey could care less about our health. We are beneath them in their eyes."

Medical personnel should at least assume you are sick and not discount what you say without examining you. - Anonymous

Incarcerated persons further complained about a lack of adequate follow-up to specialists' recommendations. As seen in **Table K**, nearly three-quarters of survey respondents reported that there was not good follow-up to specialists' recommendations. As one survey respondent reported, "[t]he doctors don't care about [incarcerated persons]. They refused to follow the advice and recommendations from outside doctors."

Access to Quality Medical Care

In addition to complaints about staff attitudes and the quality of medical care, people incarcerated at Groveland also complained about access to care, and in particular delays in being able to see clinical providers and specialists, while having the ability to access sick call. At the time of our visit, Groveland had one full-time facility health administrator, two other part-time physicians, one full-time nurse practitioner, and one quarter-time nurse practitioner for a total of 3.25 clinical providers and a ratio of just under 325 patients for every clinical provider, a better ratio than the department-wide average of 1:400. At the time of our follow-up conference call, staff indicated that there had been some turnover of staff, including a new health services

director and a new nurse administrator, though the total number of clinical providers remained the same. Clinical call-outs occur five days per week. At the same time, the facility had four vacant nursing items, two nurses on leave, and one nurse administrator on extended sick leave at the time of our visit. The facility had 15 permanent nursing items and one per diem nurse which can be filled by up to 5 individuals for up to 40 hours per week at the time of our visit. At the time of our follow-up conference call, staff positively reported that the authorization for nurses increased from 15 to 16 permanent nursing items and that there were three nurse's positions vacant, meaning a total increase of actual nurses from 11 to 13 between our visit and the follow-up call. Even with the vacancies, the facility is near, and now at the better end, of the department wide average of one nurse to 80 to 100 incarcerated persons. Also, at the time of our visit, the facility had authorization to fill all the vacant positions and was currently looking for long-term candidates, although the facility did not yet have authorization to hire any external candidate in the community. According to staff, two nurses are assigned to sick call, one makes rounds to the SHU everyday, and otherwise all sick-call encounters are seen in the medical building. Sick call generally runs four days a week from 6:30-8:00 or as long as needed. Staff indicated it is busiest on Mondays and after holidays, at which time the hours are extended. In addition, Groveland operates an infirmary, with a typical patient census of about 10 patients, the vast majority of which are there for two days or less, although around 15% spend longer periods of time there.

Despite the relatively positive staff-to-patient ratios, as seen in **Table K**, over 80% of survey respondents indicated that they had delays receiving medical care from clinical providers, ranking the facility in the bottom third of CA-visited facilities. Survey respondents did have more positive ratings of access to sick call, with almost two-thirds indicating they could access sick call when needed, ranking the facility near the best third of CA-visited facilities. However, many persons incarcerated at Groveland complained that it takes a long time to see a clinical provider and that they had to repeatedly return to sick call to complain about an issue in order to convince nurses that they have a real medical issue and to get scheduled to see a clinical provider. Such complaints raise concerns about whether sick call nurses are properly referring patients to clinical providers when appropriate. As one survey respondent noted, "I have been complaining about my medial issue for six months now and when you tell them what's wrong, they tell you to keep quiet."

Access to specialist care was also rated poorly. According to staff, an optician, podiatrist, and physical therapist come to the facility, and the majority of outside referrals are to the Erie County Medical Center or Wende CF. Over 70% of survey respondents reported delays in seeking specialist care at least sometimes, ranking the facility as one of the worst CA-visited prisons. According to one survey respondent, "[b]ecause emergencies are handled the same way non-emergencies are, you still don't get to see a specialist until months later." As an example, one survey respondent reported that he was in severe pain with numbness and had been waiting to see a specialist about hip surgery for two months at the time of his survey.

Medications

Survey respondents also reported difficulties receiving medications. Groveland does not have a pharmacy, and according to staff all prescriptions are filled by an outside pharmacy,

Kinney Drugs. As of the time of our visit, Groveland did not have a computerized system for handling patient medications, so medical staff could not look up an individual’s medication history. Staff indicated that central office was aware of the issue, but did not have any time frame for installing a computerized system. Of the survey respondents who reported being on medications, almost two-thirds indicated they had problems receiving medications at least sometimes, ranking the facility as one of the worst few CA-visited facilities. A major source of problems related to medications appears to have to do with people obtaining mental health medications. The medical nurses administer one-on-one psychotropic medications and an estimated 90% of the one-on-one encounters are for psychotropics – roughly 600-800 medications per day, 400-450 of which are night encounters because mental health medications often have to be taken at night. Given the volume, staff indicated that there are often delays in getting through all the medications. Since psychotropics are not self-administered, nurses have to let OMH staff know when the medications are about to run out and then OMH has to have a psychiatrist renew the prescription. According to DOCCS staff, there are not enough OMH providers to meet the medication needs of patients; while OMH uses telemedicine, psychiatrists are not able to renew prescriptions through that method. Also, staff indicated that there has been a lack of communication between OMH and nursing staff about medications, although both were reported to be actively working on fixing the problem, and OMH staff and nursing staff meet once a month. People incarcerated at Groveland complained that they have problems obtaining their one-on-one medications, and particularly during the night run.

Care for Patients with Chronic Medical Problems

Chronic care is another area of concern with Groveland’s medical facilities, particularly care for people with hepatitis C. On the positive side, as seen in **Table L-Summary of Individuals at Groveland with Chronic Medical Conditions**, nearly 96% of those identified as infected with HIV were being treated.

Table L-Summary of Individuals at Groveland with Chronic Medical Conditions

	HIV	AIDS	HCV	HIV & HCV	Asthma	Diabetes	Hypertension
Infected	24	8	114	2	158	91	199
% Infected	2.3%	0.8%	10.8%	0.2%	15.0%	8.6%	18.8%
Treated	23		0	0	121	84	148
% Treated	95.8%		0.0%	0.0%	76.6%	92.3%	74.4%

Although the 2.3% of the population identified as infected is significantly lower than the estimated 5% to 6% of the entire DOCCS population who are believed to be infected with HIV based upon NYS Department of Health (DOH) studies,²³ this lower rate equals the average rate of HIV identification across DOCCS prisons. Of concern, only 18 incarcerated people received HIV tests at Groveland in 2011, a very low level compared to DOCCS-wide testing of 6% of the entire population in the prison during the year. More positively, the CA received two surveys specifically concerning HIV care from persons incarcerated at Groveland, and both of these individuals had relatively positive assessments of the HIV care they were receiving.

²³ In 2012, Groveland had an identification rate of 2% of the prison population.

For hepatitis C (HCV), we commend the facility for its efforts to identify its HCV-infected population. At the time of our visit, 10.8% of the population identified as infected with HCV is just below the 11.2% of the system-wide prison population identified as being infected with HCV by a 2007 DOH study, and above the 8.2% HCV identification rate across DOCCS prisons.²⁴ Groveland has higher HCV testing rates than most DOCCS prisons, with 331 people tested in 2011. Despite the relatively positive HCV testing and identification practices at Groveland, of the 114 people infected with hepatitis C (HCV), representing almost 11% of the population at Groveland and including 74 people with HCV disease, not one person had been on treatment during 2012 up to and including the time of our visit. At least two general survey respondents complained that they had not received any treatment for hepatitis C while at Groveland. Positively, in November 2013, the facility reported that there were four people with hepatitis C who were receiving treatment at that time, three of whom were on the new triple therapy regimens while one person was on the double therapy treatment. In addition, the CA received several surveys specifically about HCV care that raised concerns about treatment. Specifically, many survey respondents self-reported that they had been waiting long periods of time to receive approval for treatment from officials in Albany. One survey respondent reported that he waited for a response for nearly two years and did not receive treatment until a grievance was filed. Another indicated that after he was told by facility medical providers that he qualified for the new HCV therapy, he was denied treatment by Albany officials and was told that the reason for the denial was that his liver was still healthy.

I've had Hep C for four years. They haven't given me any treatment for it. They don't care. - Anonymous

MENTAL HEALTH

Groveland is an Office of Mental Health (OMH) Level 2 facility, meaning that full-time OMH staff are assigned to the facility to provide treatment for people with major mental disorders that are not as acute as patients in OMH Level 1 facilities. According to data obtained through a FOIL request from OMH, as of May 31, 2012, there were 460 people on the OMH caseload, representing nearly 44% of Groveland's population, with over 200 people being designated as OMH level 2, and a small number of people designated as OMH Level 1. This large number of people with mental health needs in the general prison population raises serious concerns about the ability of these individuals to receive the care they need as well as the impact on the rest of the prison population and the programs and operations of the facility. At the time of our visit, OMH staffing included a unit coordinator, three psychiatrists, six social workers or equivalent, and three clerical staff. Having over 150 people on the OMH caseload per psychiatrist and over 77 persons per social worker raises concerns about the ability of staff to meet the needs of the mental health population.

In addition to the lack of treatment staff, there is generally a lack of programs and services available for the large number of persons with mental health needs at Groveland. Specifically, there are no group therapy sessions offered for patients with mental health needs at

²⁴ In 2012, 118 people were identified as HCV-infected at Groveland, at a rate of 11.2% of the population.

Groveland, despite the large number of OMH Level 2 patients and the large number of patients on psychotropic medications. Similarly problematic, Groveland does not have a Residential Crisis Treatment Program (RCTP) for people who are experiencing a mental health crisis and require short-term crisis mental health evaluation and treatment. With the large number of mental health patients at Groveland, it is inevitable that people will go into mental health crisis and require emergency intervention. Moreover, the lack of psychiatric nurses is not only a burden on the medical staff at Groveland, but also means that the facility has insufficient frontline mental health staff who could help detect deterioration of a patient; while medical nurses can provide some assistance, they do not have the training or experience that could help detect changes in a particular patient.

In addition to overall challenges, incarcerated persons raised some particular complaints about mental health care at Groveland. As discussed above, incarcerated persons complained about difficulties receiving mental health medications. In addition, some people incarcerated at Groveland reported that because OMH staff are only at the facility during regular business hours, sometimes people face mental health challenges at other parts of the day and do not receive the attention they need. Others reported that having a large number of people with mental health needs in general population without adequate treatment or therapy can create difficulties for other people in general population. Some incarcerated persons at Groveland complained of the difficulties receiving mental health care, including problems with staff not believing patients, short sessions with OMH staff, staff failures to make individualized assessments about what people need, and staff lowering diagnosis levels in a way that results in patients being eligible for less mental health services. Some people reported that mental health interventions tend to only happen if a major incident occurs; otherwise, people with mental health needs face difficulties and sometimes receive disciplinary tickets for conduct that resulted from their mental health needs. For example, one survey respondent noted past suicide attempts and significant mental health issues resulting from serious abuse as a child. This patient reported that he had repeatedly asked for counseling and other mental health assistance since arriving at Groveland. Despite his repeated attempts, however, he reported that OMH staff claimed he was a liar, disregarded his attempts to discuss the child abuse he faced, and essentially was dismissive because he “didn’t hear voices.” Ultimately, according to this patient, OMH staff dropped his OMH level from a level 3 to a level 6, meaning he would not receive any mental health assistance.

The limitations of mental health services at Groveland impact not only the individual people at the facility who require mental health care, but also various aspects of the operations of the facility as well. Staff specifically noted a more recent increase in the number of people on the mental health caseload at Groveland and the impact on the facility. For example, ASAT staff indicated that significant portions of their caseload have mental health needs and are on the OMH caseload. Staff in all aspects of the prison acknowledged that they have had to make adjustments and accommodations in order to work with people with mental health needs and indicated there had been some training about mental health. Yet, incarcerated persons at Groveland corroborated concerns about the large number of people on the OMH caseload, and the inability of the prison and staff to address individuals’ mental health needs or properly engage them. As one survey respondent pleaded:

We are in a mental health prison so COs and employees need to please try to take the time to understand us it should be part of COs and employees training. . . . I believe if a CO can take time to yell at us, they should take the time to let us explain something to them what happening and what not right or what has not been explained to us some of us need to have it become repetitive day after day so we don't keep messing up. I am NOT doing this THINGS on purpose!!!! I want to become a better person. As of today, I would rather die than ask most COs or DOC for help they don't seem to care at all.

ADDITIONAL PROGRAMS AND SERVICES

Program for People Convicted of Sex Offenses

The non-residential Sex Offender Counseling and Treatment Program (SOCTP) operating at Groveland at the time of our visit was marked by concerns about program capacity, relatively small program completions, and a lack of a supportive and therapeutic environment for participants while in the program and more generally in the prison.

With respect to program capacity, program enrollment at the time of our visit was at its capacity of 24 while the number of people at Groveland who have SOCTP on their recommended program list was 75, more than three times enrollment.²⁵ The SOCTP is divided into three programmatic levels²⁶ and two staff members co-facilitate a morning and an afternoon class with a capacity for 12 students per class. At the time of our visit, the program was staffed by two full time staff, one ORC and one social worker, and had no vacancies. Staff reported no staffing changes since 2009. When a participant first comes to the program he is assessed for a level and also assigned as either a Moderate or High Risk classification. Moderate and High Risk participants are in the same class, and according to staff Moderate participants usually stay in the program for 9-12 months, while High Risk participants are usually in the program for anywhere from 12-15 months. According to the treatment manual, the program is intended to take no less than six months, with the length of time in the program based on an initial assessment of a participant's individual needs and the degree of progress made by the participant.²⁷ Staff during our visit stated that while the program was previously based more on competencies and took about two years to complete, now it is more individualized and the time frame for program completion is closer to one year. From 2009 until the time of our visit in mid-2012, only 40

²⁵ Staff indicated that DOCCS Central Office in Albany makes all decisions about enrollments in the SOCTP. When someone completes the program at Groveland, DOCCS Central Office will assign a new person to Groveland's program. The new enrollee could be a person that has to be transferred to Groveland and may not be someone already incarcerated at Groveland. Similarly, someone incarcerated at Groveland in need of SOCTP may be transferred to another facility if there is availability for a new participant in the program at that facility.

²⁶ The three levels are: Orientation and Assessment, Core Treatment and Structural Supports, and Discharge Planning. Staff described that the bulk of the work in the program is done in Level 2, during which individuals are assessed by their classmates on the skills being taught through the program, such as being able to talk about their history, identifying when their behaviors started and what triggered their behaviors, and understanding how their behaviors are related to their criminal conviction.

²⁷ *Sex Offender Counseling and Treatment Program Guidelines*, Office of Guidance and Counseling, NYS DOCCS, Nov. 2008, p. 2.

individuals had completed the program, while 33 had been removed, as seen in **Table M- The Number of SOCTP Completions and Program Removals**. Of even greater concern, the number of completions dropped substantially in 2011 and 2012, while the removal number substantially increased. While many of the removals were administrative, it is concerning why so many participants are leaving the program when they are engaged in an essential service that is crucial to their release and successful return to society. Also, particularly given the long wait list, the small number of graduates raises concerns about the ability of the program to meet the needs of the population at Groveland.

Table M- The Number of SOCTP Completions and Program Removals

<i>ASAT</i>	2009	2010	2011	2012*
Number of Individuals Completing the Program	20	11	5	4
Number of Disciplinary Removals	3	0	3	1
Number of Removals for Inadequate Performance	1	2	1	0
Number of Administrative Removals	1	3	8	8
Total Removals:	5	5	12	9

*The 2012 data only includes completions and removals as of the time of our visit in June.

In addition to the program waitlist, completion, and removal issues, the CA’s observations at Groveland’s SOCTP and feedback from survey participants raised concerns about treatment of participants during and outside of the program. The Visiting Committee was concerned that during a group therapy session it observed on its visit, it appeared to the Visiting Committee that an environment existed in which some participants and treatment staff spoke to individual participants in a coercive, accusatory, and judgmental manner rather than a supportive, facilitative, or therapeutic manner. Overall, survey responses from current and former participants in the Groveland SOCTP reflected predominately negative opinions of the program, with only 5% of respondents expressing satisfaction with the program and only an additional 13% reporting being somewhat satisfied with the program. In addition to concerns about the program itself, we also received complaints of mistreatment of participants outside of the program because of their participation in SOCTP. Staff described several measures they take to protect confidentiality of participants, including allowing participants to arrive a little late and leave a little early and holding materials in the classroom so that individuals will not be stigmatized in the dorms for having sensitive material. Despite these expressed attempts at maintaining confidentiality of program participants, staff, program participants, and other incarcerated persons noted mistreatment of SOCTP participants by both staff and peers outside of the program. One staff member stated that the prison population knows who participates in the SOCTP and that some participants “get hassled” by other incarcerated persons; and several survey respondents noted that participants in the SOCTP are targeted for mistreatment by correction officers. One respondent wrote, “People with sexual crimes are being pointed out and targeted and there is not much protection from COs.”

I feel this place would be a whole lot better if we were treated like men. I don't want to feel that I am scared or terrified to be in this facility. - Anonymous

Visiting Room

The Visiting Room at Groveland has a capacity for 246 people and two additional rooms reserved for legal visits. General visits at Groveland are permitted only during the weekends, while legal visits are typically permitted during weekdays only, and Groveland does not have a Family Reunion Program (FRP), where incarcerated persons can have overnight visits with their family. From May 15 through October 15, there is also an outdoor visiting area, depending on the weather. The visiting room contains a number of vending machines from which both food and drinks can be purchased, and has several microwaves in the room, although the incarcerated population is prohibited from using the microwaves. The visiting room contains a carpeted children's area in one corner of the room, with a box of toys, benches, chairs, a TV, and an additional locker and closet containing board games. Children must be attended while playing in the children's area – there are no volunteers to work as chaperones. Positively, members of the incarcerated population are permitted to play with their child visitors in the children's area. At the time of our visit, staff stated their intent to purchase additional toys to restock the children's area. Compared to other DOCCS visiting programs, Groveland's visiting program received positive survey feedback and ranked as one of the top few CA-visited facilities, with 47% of respondents expressing satisfaction with the visiting program, 29% expressing satisfaction sometimes or somewhat, and 24% expressing no satisfaction with the program. Unlike many other CA-visited prisons, survey respondents did not raise many complaints about the treatment of visitors by staff or the termination of visits. A concern was raised that, like most other medium security facilities, Groveland only allows visits on weekends and does not offer a family reunion program.

Commissary

Groveland's commissary is open to incarcerated people on Tuesdays, Thursdays, and Fridays from 8 am to 4 pm. Individuals are permitted to make commissary purchases every two weeks, according to a schedule by Department Identification Numbers (DINs), by selecting items from a list, which are then packaged by commissary staff and picked up by the individual during commissary hours. Although a range of items is available, the only produce items available are garlic and onions, and concerns about limited availability of produce were expressed in survey responses. The facility contracts with its own vendors for the items sold in the commissary, generally contracting with distributors for five years at a time, with fixed prices for the duration of the contract, according to staff. At least two survey respondents, however, commented that high prices and frequent increases in prices in the commissary take increasingly steep tolls on the small incomes earned from jobs in the facility. Seventeen percent of survey respondents reported being satisfied with the commissary, 25% reported being sometimes or somewhat satisfied, while 58% reported being dissatisfied. Despite a majority of respondents being dissatisfied, these responses rank the facility as average for all CA-visited facilities regarding commissary services.

Mess Hall

People incarcerated at Groveland are served meals in two mess halls on a rotating schedule by dorm, with the dorm that turns in the most recycling served first, according to staff.

Groveland serves three meals a day—breakfast, lunch, and dinner—except for Sundays and holidays when two meals—brunch and dinner—are served. At each meal time, meal trays are delivered to individuals who do not have access to the mess hall in SHU, keeplock, and hospital units.²⁸ Staff estimated that the mess hall serves approximately 87% of the facility’s population of over 1,000 incarcerated individuals during an average lunch and dinner, with more popular meals attracting more people. On average, at the time of our visit, 38-40 medical or religious special diet meals were served per meal time.²⁹ Staff approximated that the entire facility is served within 1-1.5 hours, including special diet meals, with 15 minutes to eat per person per meal. Staff also stated that food services at Groveland undergoes an annual inspection by DOCCS and visits from the Regional Coordinator and Dietician Coordinator every 40-45 days.

Food is prepared and served by a food service staff comprised of incarcerated and civilian workers. Approximately 32-40 incarcerated individuals per shift work in the mess hall every day preparing and serving meals in two shifts, and assist with the delivery of meals to SHU, keeplock, and hospital units. As is standard at other facilities throughout the system, according to staff, around 70% of the food served at Groveland is obtained through the cook-chill program, meaning that food is cooked offsite and then chilled and transported to facilities where it is reheated and served. Extra cook-chill food that has not yet been heated and served is frozen until the menu rotation calls for the same meal to be served again approximately three and a half weeks later. Additional food items such as milk, eggs, bread, and produce are delivered by Sysco or are locally sourced throughout the week.

A small number of survey respondents, 5.5%, reported satisfaction with food services, while 31.7% reporting being satisfied sometimes or somewhat, and 62.8% reporting being dissatisfied. Despite this low rate of reported satisfaction, survey responses for Groveland are slightly higher than the average for all CA-visited facilities,³⁰ highlighting limited satisfaction with food services across the system. Survey responses ranked Groveland among the lowest third, however, for satisfaction with food temperature and having enough time to eat and average for cleanliness of trays and utensils. While responses ranked the facility in the top half for satisfaction with food quantity and nutritional value, 49% of respondents were not satisfied with food quantity and 58% were not satisfied with food nutritional value. Survey comments were consistent with these responses, voicing specific complaints with food service including the alleged presence of bugs—gnats, flies, and other insects—in the mess hall; food being served undercooked or cold; insufficient time to eat; dirty trays and utensils; and small portions of food, limited variety of food, and poor nutritional value of food available. A significant number of survey comments specifically mentioned dissatisfaction with an allegedly high soy content of food served, with complaints that soy is used as “filler” in the meat. Information provided by the office of nutritional services reported that 70% of the cooked food served contains soy.³¹

²⁸ According to staff, at the time of our visit, for each meal, 24 meals were being delivered to the SHU, 40 to keeplock, and 12 to the hospital.

²⁹ Special diet requests for religious reasons are submitted through ministerial services.

³⁰ For overall satisfaction with food services, survey responses ranked Groveland 15th out of 38 CA-visited facilities.

³¹ While the CA does not have a position on the health impacts on soy, the facility may consider discussing these concerns with the ILC.

IPA Training

The Inmate Program Associate (IPA) Training Program trains incarcerated individuals to work in a number of IPA positions throughout the facility, including as teacher's aids, occupational aids, or ART and other Transitional Services facilitators. According to staff, the training program consists of two, three-hour sessions per week for a duration of seven weeks. The training, at the time of our visit, was facilitated by the Transitional Services Coordinator, an Offender Rehabilitation Counselor (ORC) who had been running the training program for several months. The training had previously been conducted by the Supervisor of Volunteer Training, a position that had been phased out one to two years prior to our visit. In the interim period before the Transitional Services Coordinator took over the program, IPA training happened only intermittently based on availability of other staff.

The Transitional Services Coordinator also oversees admissions to the IPA Training Program. Admissions criteria include educational attainment of a high school diploma, GED, or higher; a positive disciplinary record with no tier III tickets for one year prior to admission to the program and no tier II tickets for six months prior to admission; and a minimum of one year from the completion of the training program to the earliest release date from DOCCS custody. The typical training class includes approximately 10 participants, selected from a pool of over 30 applicants, including individuals on a wait list for the training. Facility staff can recommend a particular individual for training if the staff is looking to hire that person, and that individual may get priority for admission; however, all applicants must write to the ORC themselves to express interest in the program. It is concerning that program staff has access to the criminal record of the training program graduates and can state preferences about not working with certain individuals based on the classification of their conviction. The training program is guided by a state-wide curriculum, though the instructor indicated that she attempts to add in additional content. Some examples of curriculum content included problem solving skill building and training related to teaching to a range of personalities and learning styles. Staff stated that an improvement to the IPA training program could be a 90-day evaluation of the IPAs by their supervisor in their ultimate job placement after both the training and some time working at their new placement for the purpose of providing feedback related to the efficacy of the IPA training program.

Volunteer Programs

According to the latest volunteer services quarterly report at the time of our visit, Groveland operated 14 regular volunteer programs during the quarter plus four other occasional programs, all of which involved a total of 26 volunteers and 955 incarcerated persons. More than half of the programs were religion-related programs, with other programs including such positive programs as Alternatives to Violence Project (AVP) sessions, Alcoholics Anonymous, which had the largest number of participants, and yoga and meditation. According to staff, for a new program to begin operating, someone inside must initiate the new program and request approval. Once a program is approved, then individual volunteers outside the facility can request approval. Staff estimated that it generally takes about 30-60 days to approve a person to volunteer, whether the volunteer is for a one-time event or an ongoing program.

Incarcerated Veterans

Groveland is one of three facilities in the state to operate a Veterans Residential Program,³² the most intensive of three levels of the DOCCS Incarcerated Veterans Program. The Incarcerated Veterans Program was first implemented in the DOCCS system at Groveland in 1986 as a discussion group between incarcerated veterans and staff. This group initially developed the program curriculum, which is now implemented in conjunction with the U.S. Department of Veteran's Affairs (VA) based on a relapse prevention model. The Veterans Residential program is a voluntary program with eligibility criteria based on ability to produce Form DD214, proof of military discharge, and a requirement that individuals sign a participation contract. Participants may be removed from the program if they continually violate contract rules or may leave on a voluntary basis. The six month residential program focuses on substance abuse recovery, anger and aggression management, interpersonal relationships, and community reintegration.³³ The program operates some elements of a therapeutic community model, for instance using pull-ups and push-ups, group sessions, and monthly community meetings. Participants may also apply for aftercare, which permits individuals to remain in the program for up to an additional six months. Post-release, according to the DOCCS program guidelines, eligible participants may be referred through the VA to receive additional services. At the time of our visit, the facility reported that 64 incarcerated individuals in two housing dormitories were participating in the residential program, while there were a total of 200 self-identified veterans incarcerated at the facility. With 19% of its population identifying as veterans, Groveland has almost four times as many veterans as the percentage system-wide of 4.8%.³⁴ In the three years prior to our visit, around 140 persons each year completed the basic Veterans program, while an average of 16 each year completed the aftercare program. Staff recommended increased outside involvement to improve the program.

Ministerial Services

At Groveland, at the time of our visit, there were 350 men registered to 30 faith groups³⁵ participating in services and meetings, classes and groups, and family events operated by the Division of Ministerial Services.³⁶ Ministerial Services chaplains also see a small number of people referred by OMH for individual counseling related to personal or family issues, loss of loved ones, critical illness, or crises of faith. Ministerial Services conducts approximately 50 call-outs per week for group gatherings and six for individual counseling, according to staff. At the time of our visit, three part-time chaplains, two protestant clergy and one catholic priest, were based out of Groveland, and two full-time clerks and one part-time clerk, all three protestant, assisted with staffing Ministerial Services. Staff explained that an Imam had also been at the

³² The other facilities with Level III programs are Mid-State and Mt. McGregor.

³³ A more detailed description of the Incarcerated Veterans Program is available at <http://www.doccs.ny.gov/ProgramServices/guidance.html#vet>.

³⁴ DOCCS, Under Custody Report: Profile of Inmate Population Under Custody on January 1, 2011.

³⁵ Faith groups represented at Groveland, according to staff, include: Muslims, Protestants, Jews, Rastafarians, Wiccans, Catholics, Buddhists, Satanists, Lutherans, Baptists, Pentecostals, Nation of Islam, and others.

³⁶ Ministerial services employs Chaplains and clerks and is responsible to oversee opportunities for the various faith groups "to practice their religious faith and fulfill their religious obligations" in prisons. DOCCS Directive #4200.

facility prior to his recent retirement and that they had recently hired a Muslim clerk who had not yet begun his position, as Ministerial Services is intended to operate as a unified chaplaincy in which all faith groups work together. In addition to core staff, chaplains, religious leaders, and volunteers from other facilities and from the community assist with facilitating faith gatherings. An additional Catholic chaplain and a Jewish Rabbi visit the facility weekly and bi-weekly respectively, and approximately 13 volunteers of a variety of denominations and faith-affiliations assist Ministerial Services every week. A total of 100 volunteers are registered with the facility. A set of 25 volunteers had also led a three-day Protestant retreat for 106 incarcerated individuals soon before our visit. Each faith-group has one family event per year, with the exception being Native Americans, who receive, as constitutionally required, eight family events per year tied to growing seasons. Staff stated that the biggest challenge for Ministerial Services is the balancing act of providing sufficient services with only part-time Chaplain staff and with no Imam on staff, while changes in the prison population due to an increased number of individuals with mental health needs has required adaptation of the staff to meet this population's particular needs.

Library

Groveland's library had enthusiastic library staff, fairly expansive hours, a large, if sometimes dated, set of books and materials, and overall relative satisfaction of incarcerated persons. The library was staffed by one full-time librarian, a part-time civilian library clerk, and several incarcerated persons at the time of our visit. The Visiting Committee met with the librarian, as well as people using the library at the time, and found the librarian to be very enthusiastic and proud of the library and its services. The library was a relatively small room, with around five tables and 20 chairs, and the maximum capacity of the library was around 45 people. Because the library has both a librarian and a part-time clerk, the library was able to be open seven days a week, for almost five hours on most of the days.³⁷ Incarcerated persons with whom we had contact were pleased with the availability of the library, noting that many other prison libraries were not open as many hours. Staff estimated that the library had a total of approximately 16,000 books, with a large collection coming from the fact that Groveland used to have three separate general libraries and three separate law libraries before two smaller units at Groveland were closed. Staff also estimated that despite a tough budget, the facility receives about 500 books per year, including some library donations and some purchases from a replacement bookstore in order to get discounted copies, as well as some daily newspapers and weekly and monthly magazines. Some people incarcerated at Groveland complained that the books and the media materials are often old, leaving people without the ability to stay up to date on world or local news or happenings. Although the facility receives additional books, people claimed that they generally are not necessarily books recently published. The library did have a fairly large Spanish language books collection, though staff indicated that this collection did not actually meet the needs of the Spanish-speaking population at Groveland – while most of the book distributors carry Mexican Spanish language books, staff indicated that the facility generally needs more Puerto Rican or Hispanic Spanish language books that are difficult to find. Also, people incarcerated at Groveland are able to request books through an inter-library loan

³⁷ The general library is open: Mondays, 1-3 pm, 3:30-4:45 pm, and 7:15-8:45 pm; Tuesdays and Thursdays, 8:45-10:45 am, 1-3 pm; Wednesdays, 1-3 pm; Fridays, 9:30-10:45 am, 1:30-3:30 pm, and 7:15-8:45 pm; Saturdays, 1:30-3 pm, 3:30-4:45 pm, and 7:15-8:45 pm; and Sundays, 12:30-3:45 pm.

program that involves other prisons and other nearby local libraries, and it generally takes between two weeks and two months to obtain these books. For people in the SHU, as noted above, somewhat problematically staff indicated that they do not have access to the regular supply of books in the library because staff are afraid that those books will be lost. Instead, people in the SHU have access to approximately 300-400 books, according to staff, as well as a number of old weekly newspapers and magazines, and the facility receives about 60 paperback books per month from a local public library that it sends to the SHU.

In addition to serving as a place to obtain books, according to staff, the library hosts several volunteer group activities at the library, including a writers group that had been on hiatus for a year and a half but had started up again approximately two months prior to the CA's visit, an adult reading group, and a drama group that was on hiatus at the time of our visit. Different speakers also periodically come in to the library to talk about different topics; past topics have included the underground railroad, science with a focus on metamorphosis, Mark Twain, and African dance and drumming. Also, someone incarcerated at Groveland had painted a beautiful mural across one of the long walls of the library, depicting various genres of books. The library also had three computers that could be used to look up available books. Staff indicated that a server crash occurred in June 2011 causing the system to be down for almost a year until March 2012, and requested that the library have air conditioning in order to protect the server and avoid future crashes. Overall, likely due in part to the expansive hours, and perhaps as well because of the programs and the books collection, over three quarters of survey respondents reported being at least sometimes or somewhat satisfied with the library, ranking Groveland in the top third of CA-visited facilities.

Law Library

The law library at Groveland received relatively positive feedback from incarcerated persons, with reasonably good access and capacity and some suggestions for improving the computer system. Overall, approximately two-thirds of survey respondents reported being at least sometimes or somewhat satisfied with the law library, ranking the facility in the best third of CA-visited facilities with comparable data. With regard to access, the law library is open seven days a week from 3 pm to 9 pm. It is staffed by two correction officers – both of whom are notaries – and six incarcerated law clerks, and has a capacity of 22 persons, with 11 public computers, four typewriters, and three desks with computers for the law clerks. According to incarcerated persons with whom we spoke, the law library is not generally at its full capacity, although the busiest time is when people wait for their legal mail. A legal research class is given at the facility for people to become law clerks, and people reported that some of the main issues incarcerated persons research at the law library are related to parole, immigration issues, divorces and other family matters, and grievances.

Some incarcerated persons did express some concerns about the computer system, with complaints that there were now almost no law books, sometimes a lack of necessary forms, and print materials like newspapers and journals that are generally around two months old. Also, although forms and documents are on the computer, there is no way to type and print them out, and so people have to use a typewriter, which means that people obviously can not save

documents electronically or correct mistakes without starting over. As at many prisons across the state, people incarcerated at Groveland recommended that there be an ability to type and save documents on the computer, and to provide incarcerated persons with computer training.

Mail and Package Rooms

As discussed above, packages was one of the most grieved areas at Groveland. Overall, nearly 70% of survey respondents reported they were not satisfied with mail and package room services, ranking Groveland in the middle of CA-visited facilities. Looking more closely at specific reasons for people’s ratings, delays in incoming mail and packages, and missing and destroyed package items were the most complained about issues. Regarding delays in incoming mail and packages, staff indicated that around 250 letters arrive each *day*, and that an estimated 20,000 packages arrive each *year*, and that mail and packages are generally delivered the same day or the following day. Yet, as seen in **Table N- Mail and Package Rooms**, almost 92% of survey respondents reported they had experienced delays or non-receipt of incoming mail, and almost 70% reported delays in receiving packages, ranking Groveland as one of the worst of the limited CA-visited facilities with comparable data.

Table N- Mail and Package Rooms

	Yes	No	Rank out of 10
Outgoing mail delayed or not received	60%	40%	4
Incoming mail delayed or not received	91.5%	8.5%	10
Mail inappropriately censored	30%	70%	3
Legal mail opened outside of presence	33%	67%	6
Package delayed	68%	31%	9
Package not delivered	23%	77%	6
Items in package were missing	83%	17%	10
Items in package were destroyed	70%	29%	8

With regards to missing or destroyed package items, staff indicated that when a package comes in, the correction officer working in the package room will search the package and decide if the package or any part of it is not able to be brought into the facility, and if something is not allowed in, then the intended recipient can decide whether to donate, return, or destroy the package or prohibited item. Staff expressed a belief that some complaints over packages arise from differing interpretations between correction officers and incarcerated persons of the DOCCS directive 4911 that deals with packages. Still, 83% of survey respondents reported they had experienced having package items go missing and 70% reported having package items destroyed, again ranking Groveland as one of the worst of the limited CA-visited facilities with comparable data.

PAROLE

The situation regarding parole at Groveland reflected system-wide trends in terms of both changes happening at the facility level, and typically high denial rates by the Parole Board itself. With respect to facility practices, at the time of our visit, Groveland, like facilities across the

state, was undergoing the changes brought about by the merger between DOCS and the Division of Parole into DOCCS, whereby all former correction counselors and former facility parole officers were to be merged into “offender rehabilitation coordinators” (ORCs) who were all to be responsible for the same functions. During our follow-up conference call, staff indicated that the merger had been fully completed, that the former Supervising Parole Officer is now a Supervising ORC, one of two former parole officers is also now a Supervising ORC, and that the other former parole officer was transferred to another facility and is now a Supervising ORC at that facility. At the time of our visit, staff members who had formerly been correction counselors were in the early stages of eight months of training that began in April 2012 on the duties of former facility parole officers. Staff informed us of the significant time commitment needed for ORCs to interview and assess parole applicants for a status report. After receiving an applicant’s record about four to five months prior to when a person has to go before the Parole Board, an ORC will review the applicant’s file, which staff indicated takes about a half an hour, and then will conduct the interview, which takes about another half hour, approximately 30 days before the applicant goes to the Parole Board. Staff indicated that during interviews, they often ask applicants questions on such topics as their disciplinary record in the prison, program participation and completion, medical and mental health issues, particular aspects of their physical appearance, such as scars or tattoos, and where the person intends to live upon release. Compiling information following an interview can take approximately another hour, leaving each parole interview to take a total of two hours per applicant from initial review of the file through documentation after the interview. Some former correction counselors expressed concerns that higher level officials did not believe that the counseling work was as important as the parole work, and as a consequence, were not planning to dedicate as much time to training former facility parole officers on the counseling work and were sometimes requiring staff to disproportionately give up counseling activities in order to complete parole tasks.

Groveland staff indicated that the facility began using COMPAS in August 2010 for everyone going before the Parole Board, then limited the use of COMPAS to people returning to certain counties in February 2011, and eventually started using the instrument again for everyone in January 2012. Comments by staff raised some concerns about how the COMPAS instrument allows discretion to staff to override certain COMPAS results. Specifically, staff said that some parole applicants have been charged with, but not convicted of, more serious crimes than the crimes they were actually convicted of. Staff indicated that COMPAS allows them to rely on those more serious criminal charges even if the person was not convicted of them, in order to indicate that a person is a higher risk to society than would otherwise be seen in the COMPAS results. Such a reliance on criminal charges that a person was never found guilty of raises serious questions about the constitutionally protected presumption of innocence in our criminal justice system.

According to DOCCS system-wide data obtained through the Freedom of Information Law (FOIL), Groveland has a higher rate of parole release than most medium and maximum security DOCCS facilities. Still, because parole denial rates are so high system-wide, people at Groveland raised concerns about denials and the reasons for denials. Specifically, people complained that the Parole Board is denying people based primarily on the nature of their crime of conviction and prior criminal history. At the same time, the Board is failing to adequately

consider the degree to which parole applicants have grown or developed inside, their accomplishments or conduct while in prison, or their readiness for reentry to the community.

Almost 40% of all survey respondents reported that they had been denied parole. More than two-thirds of those who had been denied reported that the seriousness of the offense for which they were convicted was a reason for their denial and over 80% reported that their prior criminal record was a reason, while less than 20% reported that their failure to complete a program or their disciplinary record in prison was a reason for their denial. More than half of those who had been denied parole, had been denied at least twice at the time they completed our survey, almost a quarter had been denied at least three times, and some had been denied as many as seven, eight, or nine times.

You go without any discipline record, complete everything, and they still hit you at the Board. If a person has changed and it shows, how can you ever get out from under your past record?
- Anonymous

In addition to the Board outcomes, information gathered at Groveland also highlighted concerns with Parole Board procedures, not only at Groveland, but system-wide. According to staff, since 2008 the Parole Board has used videoconferencing, rather than live interviews, to assess people at Groveland. Staff indicated that 10 applicants are called down at a time to what used to be a visiting room at the facility, and then one by one go in for interviews that on average last about 10 minutes. The Board members then talk amongst themselves immediately after an interview to make a decision before moving on to the next applicant. Such procedures raise concerns about whether parole applicants are provided a meaningful opportunity to receive a fair assessment of whether he should be released on parole. When an applicant's life and fundamental freedom is at stake, having only ten minutes per interview is insufficient when an applicant often is trying to address activities and circumstances from many years of incarceration and prior to incarceration. In addition, the use of video-conferencing may deny a parole applicant the opportunity to provide the Board with documents not already in their presence. Also, particularly when a parole release decision is so discretionary and can sometimes turn on Board Commissioners' perceptions of an applicant, video-conferencing denies an applicant the opportunity to have an in person, face-to-face conversation with the Commissioners that could influence the Board's decision.

Recommendations

We recommend that state policy makers work with DOCCS Central Office administrators and facility officials to implement the following measures:

Safety and Grievance Program

- Enhance supervision, oversight, and accountability of security staff and take appropriate measures to address individual officer abuses.
- Take measures to enhance confidentiality of people convicted of sexual misconduct crimes.
- Collaborate with the ILC and other incarcerated persons to explore mechanisms for reducing conflict amongst peers within the facility.

- Enhance opportunities for meaningful activities and engagement, including more educational opportunities and peer-led voluntary programs, to reduce time and incentives to engage in problematic behavior.
- Expand to other DOCCS facilities Groveland's system of including and rotating program staff into the grievance hearing process.
- Meet with the ILC and IGRC members to discuss how to improve the effectiveness and credibility of the grievance system among people in prison.
- Expand freedom of movement and opportunities for greater personal autonomy available at Groveland to other DOCCS prisons.

Special Housing Unit

- Assess the frequent utilization of keeplock and SHU and expand the use of less restrictive alternatives to placing people in the SHU.
- Enhance procedural fairness during disciplinary hearings to provide meaningful due process, including use of an impartial decision-maker and representation of charged persons during hearings.
- Remove people with mental health needs from the SHU and provide alternative therapeutic responses to problematic behavior.
- Enhance opportunities for cell study and access to meaningful reading materials in the SHU.

Programs

- Ensure that academic classes match the needs of the students and help facilitate student progress toward attainment of a GED.
- Consider other mechanisms to increase educational opportunities, including through use of peer educators and hiring additional staff, prioritizing Spanish-speaking staff.
- Explore ways that students who have completed their GED may engage in higher education, college preparation courses, computer classes, peer-led programs, or other meaningful programs.
- Fill all vacant vocational instructor and IPA positions, prioritizing Spanish-speaking staff, and consider methods of increasing vocational opportunities, including by hiring new staff.
- Assess all vocational programs for relevance to employment opportunities in the community.
- Expand capacity and participation for DOL, NCCER and other programs providing certification for vocational trades that will be recognized in the community.
- Review qualifications and restrictions for the asbestos and other industry programs in order to allow greater participation.
- Expand the capacity of T4C, Phase III, and ART in order decrease waitlists and increase enrollments.
- Foster greater connections between transitional services and community agencies or programs that are involved in reentry services.
- Empower IPA instructors in ART and other transitional services programs through meaningful training to improve facilitation skills.

- Explore opportunities for increasing the number of people with jobs, other than porter assignments, that provide meaningful opportunities to develop useful skills.

Substance Abuse Treatment Programs

- Provide sufficient staffing, resources, and clinical supervision to properly and effectively implement the new OASAS guidelines and provide therapeutic treatment to all participants.
- Ensure that substance abuse treatment staff play an active role in individual and group therapy.
- Develop meaningful implementation of the Therapeutic Community model, and ensure TC components operate in a therapeutic manner.
- Explore the possibility of providing Integrated Dual Disorders Treatment for people with both mental health and substance abuse treatment needs.
- Investigate and address underlying reasons why participants do not feel safe and comfortable to openly participate in the ASAT program.

Medical and Dental Care

- Investigate staff attitudes and conduct toward patients and take appropriate measures to ensure that all medical staff treat patients with respect and care.
- Fill all nurse vacancies to ensure prompt access to quality nursing care.
- Ensure appropriate follow-up care in line with specialists' recommendations.
- Take measures to reduce delays in seeing clinical providers and specialists, including by encouraging staff to believe patient complaints and be more proactive in referring for care.
- Implement appropriate measures to reduce difficulties patients face to receive medications, including computerizing Groveland's system for handling patient medications.

Mental Health Care

- Enhance collaboration between OMH and DOCCS medical staff to ensure appropriate distribution of psychotropic medications.
- Increase OMH staffing capacity in order to meet the needs of the mental health population, including the hiring of OMH nurses to distribute psychotropic medications.
- Implement more individualized assessments and treatment plans.
- Consider mechanisms for providing earlier mental health interventions for people with mental health needs prior to their reaching a point of crisis or engaging in conduct that results in disciplinary tickets.
- Explore opportunities for group therapy, peer support programs, and other treatment and programs for people in general population on the OMH caseload.
- Enhance training for all security and program staff on how to effectively work with people with mental health needs.
- Consider the development and implementation of an effective crisis intervention mechanism at Groveland.

Other Programs and Services

- Explore mechanisms for increasing enrollments and completions of the SOTCP.
- Enhance the quality and relevance of the SOCTP, make group sessions more supportive and therapeutic, and explore ways of increasing the protection of participants while in the prison.
- Consider offering additional fresh produce in the commissary.
- Increase availability of nutritious foods in the mess hall.
- Ensure cleanliness and appropriate sanitary conditions of the mess hall.
- Explore possibilities for increased outside involvement in the incarcerated veterans program.
- Discontinue the practice of allowing staff to not work with IPAs based on the classification of their crime of conviction.
- Consider expanding visiting days and FRPs at more medium security prisons, and restore the free bus program to provide opportunities for family members to visit their loved ones inside.
- Prioritize the hiring of an Imam to serve in the facility.
- Ensure the attainment of up-to-date books, periodicals, and magazines in the library, and provide access to the entire library collection to those confined in the SHU.
- Address delays in incoming mail and packages, and missing and destroyed package items.

Parole

- Provide meaningful opportunities at parole hearings for applicants to share their experiences, including by increasing the length of interviews.
- Discontinue the practice of having facility staff significantly consider and weigh crimes of which applicants have been charged with but not convicted.
- Reassess policies and practices of the Parole Board to ensure that decisions are made based on the applicant's readiness for reentry and rehabilitation and growth while incarcerated, rather than simply the nature of his crime of conviction or past criminal history.

As discussed in this report, Groveland uniquely provides people incarcerated at the facility with greater freedom of movement and more autonomy and responsibility than many other DOCCS prisons. Such greater autonomy and responsibility can be particularly important at a facility like Groveland that incarcerates a greater portion of people closer in time to returning home, where they will obviously need to have control over their time, their decisions, and their lives. Related to, and likely in part as a result of, the greater autonomy provided at the facility, Groveland also has a relatively calmer atmosphere, with relatively low levels of staff abuse. This greater freedom should be praised and expanded to other DOCCS facilities.

At the same time that the operation of Groveland highlights the importance and benefits of providing individuals with greater autonomy, freedom, and responsibility, it also highlights the need for the state to provide more meaningful opportunities for people to address the underlying causes of the behavior that led to incarceration. For example, with over 41% of the population at Groveland convicted of a drug offense, and over 350 people on a waitlist for substance abuse treatment while only 118 are enrolled, and while drug use is cited as a major contributing factor to peer conflict, there is a tremendously missed opportunity to provide people

the chance to really address their addiction needs in a timely manner. As one survey respondent noted, “some people make mistakes and do time; conditions such as these don’t need to make our stay dangerous or harmful to ourselves or others.” Similarly, with 44% of the population on the OMH caseload, no group therapy, limited other mental health interventions, and insufficient training or skills acquisition for general DOCCS security and program staff to work with people with mental health needs, again an opportunity is missed to help people recover and effectively cope and thrive.

Predominantly, this situation shows that incarceration is not an effective or appropriate response for these individuals, if the purpose of the response is something other than punishment, to help address the underlying causes of problematic behavior. As one survey respondent asserted, “the very purpose of prison is to punish and hurt, even if you call it a correctional facility,” and as another lamented “NYS is throwing their money in the correctional system – it is an absolute sin to common sense values and the future.” The disparities between the needs and the services and programs provided also shows, though, that so long as the state continues to criminalize, rather than treat, addiction and mental health needs, the state has an opportunity and responsibility to better utilize the time that people are under its custody and care to help people deal with the issues that resulted in incarceration. In a similar but related vein, even for people without addiction or mental health needs, prisons like Groveland need to take better advantage of the opportunity to help people develop and grow, and empower them to be more positively contributing members of our communities. For example, when only 22% of people incarcerated at Groveland are enrolled in an academic class, and there is no college program offered at the facility, the state is again missing an opportunity to provide what is known to be one of the most effective mechanisms for empowering individuals to grow and be successful in their communities and preventing re-incarceration.

Combining the missed programmatic opportunities with what appears to be highly problematic medical care, disconcerting use of the SHU, and limited opportunities for maintaining family ties, Groveland represents the overall system’s adoption of an essentially punitive rather than rehabilitative or therapeutic model, even with its calmer atmosphere and greater freedom and autonomy. In the powerful words of one survey respondent, “there is no doubt this is a broken system. To fix it would not only take a comprehensive from the ground up restructuring, but a philosophical change of our culture. Daunting to say the least, but change has to start somewhere.” When even a relatively less problematic place like Groveland continues to encapsulate the hyper-punitive model, perhaps policy makers should take a step back, rethink the purposes, functions, effectiveness, and humanity of the current system of incarceration as well as the way in which incarceration currently operates in New York, and begin a process of change.