

State of New York
Department of Correctional Services

Building Number 2
Harriman Office Campus
Albany, New York 12226

**The Comprehensive Alcohol and
Substance Abuse Treatment Program**

2006



**Eliot Spitzer
Governor**



**Brian Fischer
Commissioner**

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Summary

Program Overview and Trends

- The 1989 Prison Omnibus Legislation provided for expansion of existing alcohol and substance abuse treatment programs administered by the Department of Correctional Services. This legislation resulted in the creation of the "Comprehensive Alcohol and Substance Abuse Treatment" Program (CASAT) administered by the Department of Correctional Services.
- As of June 30, 2006, four CASAT programs were in operation:

Treatment Program	Program Cycle Start Date	CASAT Participants on June 30, 2006
Chateaugay	October 1990 (closed 12/02)	0
Butler	November 1990 (closed 12/02)	0
Hale Creek	November 1990	362
Marcy	December 1990 (closed 10/05)	0
Arthur Kill	April 1992	31
Taconic	April 1992	69
Cape Vincent	April 1993 (closed 12/98)	0
Livingston	July 1994 (closed 8/95)	0
Wyoming	September 1998	<u>60</u>
	Total	522

- In 1995, a significant change in the State's temporary release criteria reduced the pool of inmates eligible for CASAT which required a reduction in the program's capacity. A major element in the downsizing of the program's capacity was the removal of the CASAT program from Livingston Correctional Facility in August 1995. The pool of CASAT eligible inmates has continued shrinking over the years and the Department has responded by closing programs and reducing the treatment bed capacity of the remaining programs. Cape Vincent was closed in December 1998, but prior to its closing, a 100-bed unit at Wyoming Correctional Facility was opened in September of that year. Butler and Chateaugay were also closed as CASAT facilities in 2002, leaving male participants housed at Arthur Kill, Hale Creek, Marcy and Wyoming. During program year 2005, the capacity at Wyoming was reduced to 60-beds and the capacities of Arthur Kill and Taconic were reduced by 144 beds and 31 beds, respectively. Finally in late 2005, the Marcy program was closed.
- In the initial program report year (1991) 783 inmates were assigned to a Phase I program on June 30th. The population was at a high of 2,369 on June 30, 1994 but steadily decreased and was at 522 on June 30, 2006. This was a slight increase from June 30, 2005 (an additional 55 participants) and reflects the early impact of permitting temporary release ineligible, court mandated offenders, to participate in CASAT Phase I.
- The Drug Law Reform Act of 2004 permitted judges to sentence drug offenders to CASAT treatment (court mandated CASAT). Between January 2005 and September 30,

2006, 1,619 individuals were received with the court mandated CASAT notation on their commitment papers. As of December 18, 2006, 27% of these offenders (429) were admitted to a CASAT program to participate in Phase I while 73% (1,190) had not entered CASAT Phase I.

CASAT Monthly Population Trend 2003 – 2006

- A temporary upswing in the CASAT population occurred in 2003 when CASAT program eligibility was modified to use merit eligibility date rather than parole eligibility date. In 2005, a much smaller increase in CASAT participation appeared due to the Drug Law Reform Act of 2004 which permitted certain drug offenders to enter Phase I 30 months prior to their merit eligibility date (if, merit eligible). The latest upswing in CASAT Phase I reflects a program modification permitting temporary release ineligible, court mandated offenders to enter Phase I.
- Phase I participation on January 3, 2003 was 827. As the result of the merit eligibility criteria change, Phase I numbers rose to 998 on June 6, 2003 and peaked at 1,072 on August 1, 2003. By December 2, 2006, 628 inmates were participating in a Phase I program.
- Phase II participants numbered 825 on January 3, 2003 and reached a high of 1,137 on June 7, 2004. By December 2, 2006, there were 461 Phase II participants. The steep decline in Phase II participation is in part due to another provision of the Drug Law Reform Act of 2004, which established supplemental merit time. Inmates earning supplemental merit time qualify for early release to parole supervision. The upsurge in Phase I participants during the last half of 2006 will have little, if any, impact on Phase II participation levels as the inmates driving this growth are not eligible to enter CASAT Phase II.

CASAT Program Movement

- A cohort of 1,530 CASAT participants who spent time in Phase I during the current program year (June 30, 2005 through June 30, 2006) was followed through the program until September 2006.
- As of September 30, 2006, 324 (21%) of the cohort (1,530) were still in Phase I, 136 (9%) had been removed from Phase I and 1,070 (70%) had graduated Phase I and entered Phase II.
- Of the 1,070 successful Phase I completers, 46% (492) were still in Phase II on September 30th and 22% (232) were Phase II failures who were removed from the program. The remaining 32% (346) were successful in Phase II and were paroled to Phase III Aftercare.
- Women completed Phase II at the same rate (27%) as DOCS males (27%). Proportionally more women failed Phase II (24%) compared to men (20% DOCS males).

CASAT Phase III – Aftercare

- Using survival analysis, 23% of successful Department-staffed CASAT male participants were returned to the DOCS during a period of 36 months at risk. This compares with 36% for all other DOCS male releases, 46% for Department-Staffed CASAT men who failed to complete Community Reintegration successfully, and 42% of Department-Staffed CASAT men who failed Phase I.
- Using survival analysis, 18% of the women who began Phase III were returned to the Department during a period of 36 months at risk. This compares with 22% for all other women Departmental releases, 36% for women who failed to complete community Reintegration successfully, and 28% for women who failed CASAT Phase I.
- The rate of return to prison for men who graduated from CASAT programs staffed by DOCS personnel and who had been released to parole supervision for 12 months after successfully completing Phase II (7%) was comparable to the rate of return for male graduates from Marcy (8%). After 36 months of exposure in the community, male graduates of DOCS-staffed programs had a lower rate (23%) of return than graduates of Marcy (27%).

Program Costs for FY 2005-06

- All contractual Phase I and II treatment services were phased out during FY 2005-06. The Marcy Phase I program closed in October 2005 and the Phase II residential programs for women (Prospect I) and men (Altamont) closed in December and November 2005, respectively. Finally, the 200 day treatment slots provided by Phoenix House were eliminated in March 2006. In place of Phase II contractual services, Phase II participants received treatment services at work release facilities or in the community.
- Total cost of treatment services for CASAT Phase I in FY 2005-06 was \$4,159,387.
- During FY 2005-06, a total of 45 contractual program slots were provided for male program participants. Twenty of these residential beds were in Albany and 25 in Buffalo.
- A total of 70 residential contractual program slots were provided for female program participants in New York City.
- Phoenix House provided 200 day treatment slots in New York City for men and women CASAT participants.
- Overall, 44% of the available contractual beds were filled on an average day prior to the programs' phase out.
- Total cost for both residential and day treatment programs for FY 2005-06 was \$1,949,813.

Introduction

This year's *The Comprehensive Alcohol and Substance Abuse Treatment Program* report, continues the model adopted in the previous two years and presents information on the CASAT program in a streamlined format. Significant topics covered in earlier reports appear here as well but much of the background operational description of the CASAT program was eliminated. Those wishing such detailed information are referred to the 2003 report.¹

Sections in this report include: program overview, CASAT Phase III-Aftercare, fiscal program costs, and Phase I and Phase II participant movement as illustrated through the use of flow charts and monthly trends in the CASAT population for calendar years 2003 to 2006. This latter section reflects the effects of both an operational change in admission criteria for the program in 2003 and the Drug Law Reform Act of 2004.

This report presents the reader with a current picture of the CASAT program while covering pertinent areas from earlier reports. Again, those wishing a comprehensive overview of the program are referred to the 2003 report that may be obtained from the Department upon request.

¹ "The Comprehensive Alcohol and Substance Abuse Treatment Program as of June 30, 2003," New York State Department of Correctional Services, Albany, New York 12226 (2004).

Section 1

CASAT OVERVIEW

During much of the course of the past thirty five-years, the number of drug offenders committed to state prison in New York grew dramatically. In 1970, 470 individuals were committed to state prison for a drug offense and by the mid-eighties (1985) drug commitments numbered 2,218. By the early nineties, over 10,000 individuals were committed yearly to state prison for drug offenses. Drug commitments began to decline in 1996 and dipped to 6,039 in 2006 (see Appendix A). Of all offenders under custody in NYS DOCS, 76% were recently classified as substance abusers.² Nationwide, 56% of state prison inmates reported using drugs regularly in the months prior to their current offense.³

The 1989 Prison Omnibus Legislation provided for the expansion of the Department's existing alcohol and substance abuse treatment programs. The legislation called for the establishment of six 200-bed alcohol and substance abuse treatment annexes at specified locations. Persons successfully completing the six-month long annex phase of treatment would be transferred to a work release facility or an appropriate community based program. The law also provided for an aftercare component upon release from the Department while under the supervision of the Division of Parole. The intent of this legislation was to provide a continuum of substance abuse treatment.

These legislative requirements resulted in the creation of the Comprehensive Alcohol and Substance Abuse Treatment Program (CASAT). Three distinct phases were established: Annex (Phase I); Community Reintegration (Phase II); and Aftercare (Phase III).

² "Identified Substance Abusers: December 2005", New York State Department of Correctional Services, Albany, New York 12226 (2006).

³ "Substance Abuse and Treatment – State and Federal Prisoners – 2004", Washington, DC: Bureau of Justice Statistics Special Report, U.S. Department of Justice, NCJ 213530 (2006).

PROGRAM GOALS

The CASAT program is intended to provide a continuum of treatment services designed to achieve the following goals:

- To better prepare participants for return to their families and communities upon release.
- To focus facility resources on the needs of inmates with a history of alcohol and substance abuse.
- To ensure appropriate aftercare services in the community.
- To increase coordination among the pertinent State and local agencies, service providers, and community organizations.
- To reduce drug and alcohol relapse rates and recidivism rates for program participants.

PROGRAM ELIGIBILITY

Through 2005, to be eligible for the CASAT Program, inmates must have met the following criteria:

- Documented history of alcohol and/or drug abuse.
- Minimum of 9 months to earliest release at the time of review to allow for sufficient program time, but no more than 24 months to merit eligibility (if, merit eligible) or earliest release date. One exception to this is that drug offenders may enter Phase I at 30 months to their earliest release dates. Class B, second felony drug offenders, must serve at least 18 months of their sentence before being eligible to enter Phase II.
- Medium or minimum security eligible.
- Temporary release approvable.

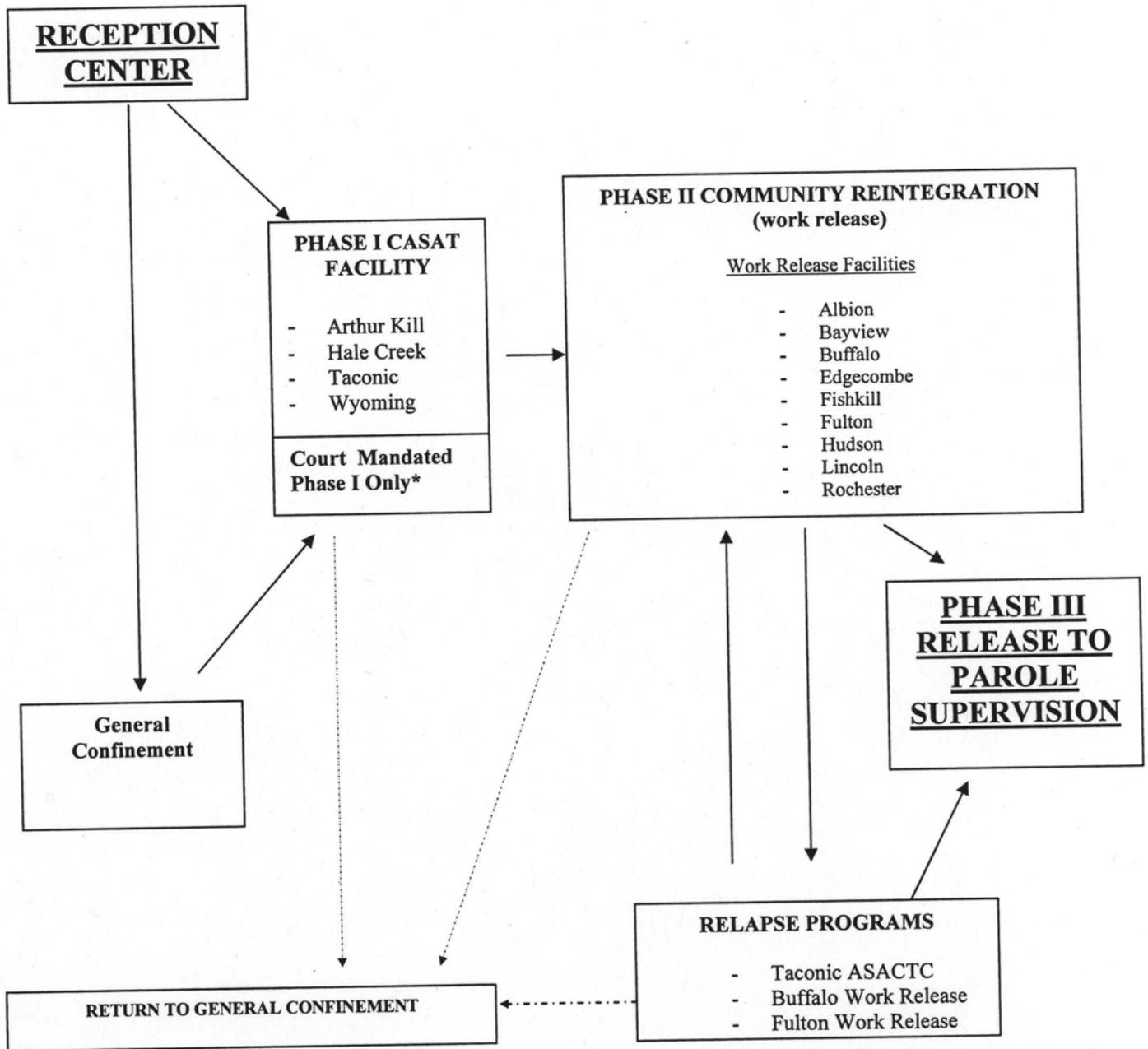
These requirements remain, however, beginning in May 2006 those offenders sentenced by judges to CASAT treatment (court mandated CASAT, see p. 11) not meeting all CASAT program requirements, (particularly temporary release eligibility), were permitted to enter Phase I but were not allowed to transition to Phase II (Phase I-only participants). This program modification permits a larger pool of inmates to receive intensive, residential drug treatment. Those court mandated offenders who meet established CASAT requirements are eligible to enter Phase II upon completion of Phase I.

The review for CASAT eligibility and the inmate's interest in participating in a treatment program is conducted at reception or later at a general confinement facility between the inmate and the inmate's correctional counselor.

Following this facility level review, information is forwarded to Temporary Release in Central Office for a final review of appropriateness for work release upon completion of CASAT Phase I. Those inmates found to be acceptable for temporary release represent the pool of potential participants for traditional CASAT Phase I and II programs.

Figure 1.1

**NEW YORK STATE DEPARTMENT OF CORRECTIONAL SERVICES
THE COMPREHENSIVE ALCOHOL AND SUBSTANCE ABUSE TREATMENT
PROGRAM
DIAGRAM OF INMATE MOVEMENT AS OF JUNE 30, 2006**



*Successful court mandated Phase I participants are either paroled from the CASAT facility or are returned to general confinement.

PROGRAM COMPONENTS

The CASAT Program consists of three phases designed to provide a continuum of treatment services. The first phase involves participation in an Alcohol and Substance Abuse Correctional Treatment Center (ASACTC). Each of the ASACTC facilities is classified as medium security. The ASACTC facilities operate as therapeutic communities. The six-month Phase I treatment component focuses on chemical dependency and includes drug education, counseling programs, and the development of skills and coping mechanisms to facilitate recovery.⁴ The constituent elements include individual and group counseling; value clarification and educational drug seminars; community meetings; and the presentation of healthy living and coping skills. The activities in the treatment programs are designed to prepare residents to participate in Phase II (the Community Reintegration Phase).

The second phase of the Comprehensive Alcohol and Substance Abuse Treatment Program is Community Reintegration. This transfer is designed to occur four to eighteen months before the inmates' earliest release dates. The goal of Community Reintegration is to involve participants in work and treatment programs prior to release to parole supervision. This component is intended to allow eligible participants an opportunity to use recovery principles and coping skills learned during Phase I.

Currently, there are two program components available to Phase II CASAT participants. In the first, inmates without community residences are assigned to work release facilities while working in the community. With the exception of women assigned to Bayview (NYC), who receive treatment services from the Center for Community Alternatives, men and those women assigned to Albion (Upstate), receive treatment services at their facility. In the second component, after a period in work release, participants may live in an approved residence in the community while working and receiving substance abuse treatment either in the community or at their assigned work release facility.

The third and final portion of the CASAT program is an aftercare phase. The Aftercare Phase is based on participants' needs and previously developed treatment plans. The Aftercare Phase is the first year of release to parole supervision. The focus of this final program phase is on relapse prevention. Figure 1.1 on the preceding page presents a flow chart which shows the movement of inmates from one phase of CASAT to the next.

⁴ See "Program Manual: The Comprehensive Alcohol and Substance Abuse Treatment Program", New York State Department of Correctional Services, Albany, New York 12226, (August 1990, Revised October 2002). This document provides a detailed description of the program model and operational requirements of the CASAT Program.

CASAT FACILITIES

Table 1.1 provides a brief overview of the development of the CASAT program including program cycle start and end dates for each facility, facility location, population served and facility populations on June 30, 2006.

Table 1.1

CASAT FACILITY	LOCATION (COUNTY)*	CATCHMENT AREA SERVED	PROGRAM CYCLE START DATE	PROGRAM CYCLE END DATE	CASAT POPULATION** 6/30/06
Chateaugay	Franklin	New York City Suburban New York	October 1990	December 2002	--
Butler	Wayne	New York City Western New York	November 1990	December 2002	--
Hale Creek	Fulton	New York City Suburban New York Eastern New York	November 1990	---	362
Marcy	Oneida	New York City	December 1990	October 2005	--
Arthur Kill	Richmond	New York City Suburban New York	April 1992	---	31
Taconic (Female)	Westchester	Entire State	April 1992	---	69
Cape Vincent	Jefferson	New York City Eastern New York	April 1993	December 1998	---
Livingston	Livingston	Entire State	July 1994	August 1995	---
Wyoming	Wyoming	Western New York	September 1998	---	60
TOTAL					522

* See Appendix B for the location of each facility in the State.

** Includes CASAT participants only.

TREND IN CASAT CAPACITY

Prior to 1995, the CASAT program's expansion (and operation at capacity levels) was reflected in the significant increase in the populations of the annexes from 1990 through 1994. Since 1995, the number of CASAT beds has been reduced due to the decreased number of CASAT eligible inmates (see Table 1.2 and Figure 1.2.) In that year, eligibility for CASAT programming was significantly impacted by Executive Order #5, which precluded the participation of violent offenders in the Department's temporary release program.

Also in 1995, the State's Sentencing Reform Act created a major new diversion program, the Willard Drug Treatment Campus, which opened in September of that year. It was designed to divert selected second felony offenders with substance abuse problems from commitment to the Department. Willard's success at diverting potential CASAT program participants from the Department's custody resulted in an additional shrinkage of the CASAT eligible pool.

Lessened demand for CASAT treatment beds resulted in the closing of the Livingston program in 1995 and the Cape Vincent program in December 1998. The need, however, for a CASAT facility in western New York remained, resulting in the opening of the one hundred-bed Wyoming program in September 1998.

Further declines in the CASAT eligible pool resulted in Butler and Chateaugay being transitioned in 2002 to facilities operating large ASAT programs. This action consolidated the male CASAT population in four facilities: Arthur Kill, Hale Creek, Marcy and Wyoming. During program year 2005, the capacity at Wyoming was reduced to 60-beds and the capacities of Arthur Kill and Taconic were reduced by 144 beds and 31 beds, respectively. Finally in late 2005, the Marcy program was closed.

A temporary upswing in CASAT Phase I participants in 2003 (992 on June 30, 2003) occurred due to a change in CASAT eligibility in May 2003, which redefined "earliest release date" from parole eligibility date to merit eligibility date. Since an inmate's merit eligibility date occurs before the traditional parole eligibility date, inmates may begin entering CASAT earlier than before (see CASAT eligibility criteria on p. 3). The Drug Law Reform Act of 2004 resulted in further revision in CASAT eligibility criteria for inmates convicted of drug offenses. Drug offenders are now eligible to enter CASAT Phase I within 30 months of merit eligibility date (if, merit eligible). This law also specified that class B, second felony drug offenders are required to serve at least 18 months of their sentence before moving on to Phase II CASAT.

By June 30, 2006, participants in CASAT Phase I numbered 522. This slight increase from June 30, 2005 (an additional 55 participants), reflects the early impact of permitting temporary release ineligible, court mandated offenders (Phase I-only participants), to participate in CASAT Phase I. Eighty-one percent of CASAT program beds were utilized for treatment purposes on June 30, 2006 (see Table 1.3), with 68% of the program beds occupied by CASAT participants and the other 13% filled by ASAT participants.

Table 1.2

**CASAT Participants Snapshots
In Annual CASAT Legislative Reports
By Report Year**

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Arthurkill	0	216	212	215	216	200	154	145	124	216	153	117	127	35	17	31
Butler	193	211	199	199	224	163	177	129	112	183	176	60	0	0	0	0
Cape Vincent	0	0	431	420	452	264	257	155	0	0	0	0	0	0	0	0
Chateaugay	195	200	197	200	215	192	177	144	99	101	99	45	0	0	0	0
Hale Creek	199	196	199	198	451	362	375	292	219	325	259	264	416	266	156	362
Livingston	0	0	0	704	223	0	0	0	0	0	0	0	0	0	0	0
Marcy	196	200	189	199	198	187	193	198	193	200	192	197	192	143	178	0
Wyoming	0	0	0	0	0	0	0	0	100	101	99	82	90	95	58	60
Taconic	0	0	287	234	275	328	308	319	266	278	228	161	167	75	58	69
Total	783	1,023	1,714	2,369	2,254	1,696	1,641	1,382	1,113	1,404	1,206	926	992	614	467	522

**Figure 1.2
CASAT Participant Snapshot**

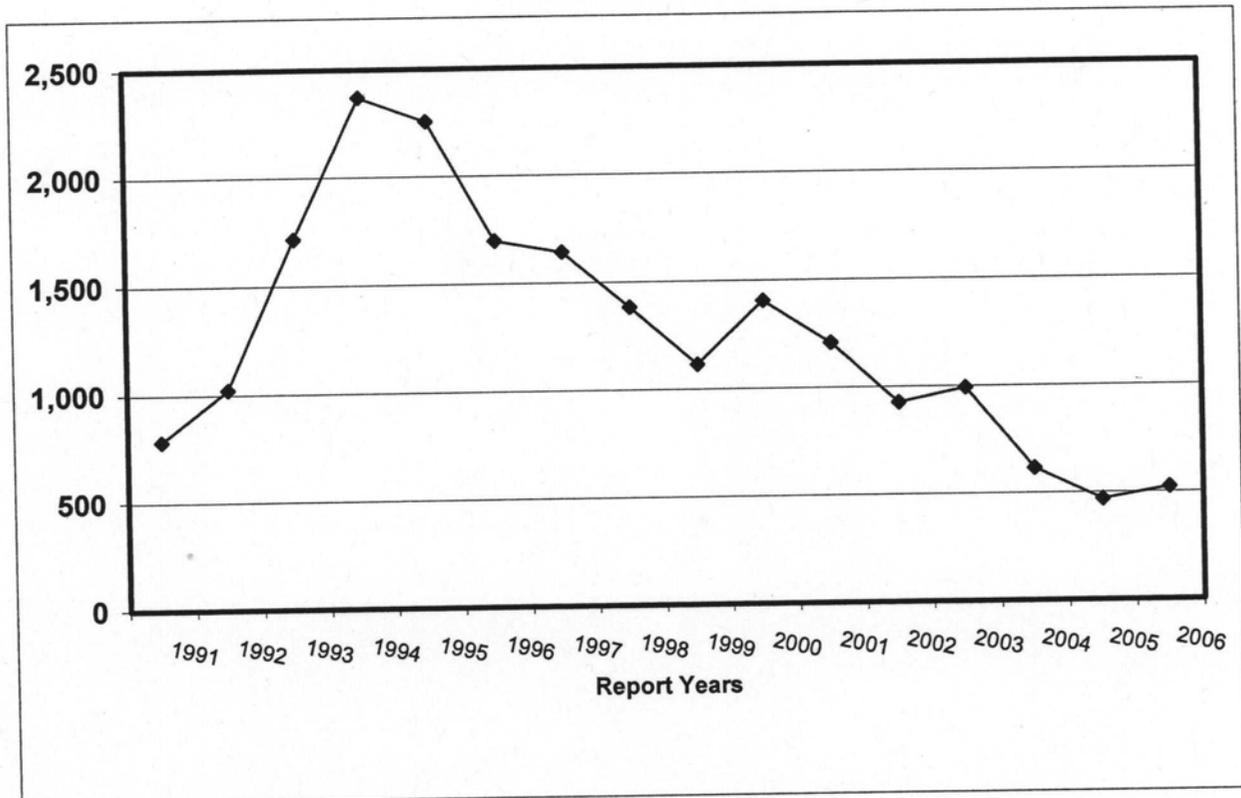


TABLE 1.3

CAPACITY AND INMATE POPULATION CASAT PROGRAMS - AS OF 6/30/06

ANNEX	CAPACITY	ASAT PARTICIPANTS	CASAT PARTICIPANTS	TOTAL	% OF CAPACITY
Arthur Kill	60	26	31	57	95%
Hale Creek	480	76	362	438	91%
Taconic	170	0	69	69	41%
Wyoming	60	0	60	60	100%
TOTAL	770	102	522	624	81%

Sources: KPMS and Locator.

COURT MANDATED CASAT OVERVIEW

A provision of the Drug Law Reform Act of 2004 allowed judges to sentence drug offenders to CASAT treatment (court mandated CASAT) at some point during the offenders' incarceration in DOCS. Early on, the Department understood this to mean that these offenders had to meet all CASAT eligibility requirements including the requirements for presumptive work release in order to participate in the CASAT program. Upon further consideration, it was determined that court ordered CASAT inmates did not have to meet work release eligibility requirements in order to participate in CASAT Phase I. Additionally, it was determined that the court ordered CASAT inmates must be convicted of a substance abuse crime in order for them to participate in CASAT.

From January 2005 through September 30, 2006, 1,619 individuals were received at DOCS with the court mandated CASAT notation on their commitment papers. As of December 18, 2006, 27% of these inmates (429) were admitted to a CASAT program to participate in Phase I while 73% (1,190) had not entered CASAT Phase I.

Admitted to CASAT

Of the 429 inmates sent to CASAT, 69% (294) were still in Phase I, while only 8% (34) had been removed from Phase I. The remaining 24% of the offenders (101) completed Phase I.

Not Admitted to CASAT

Among the 1,190 inmates who had not entered CASAT, 17% (201) had been released from DOCS, while 83% (989) were still in DOCS custody as of December 18, 2006.

Not Admitted to CASAT and Released

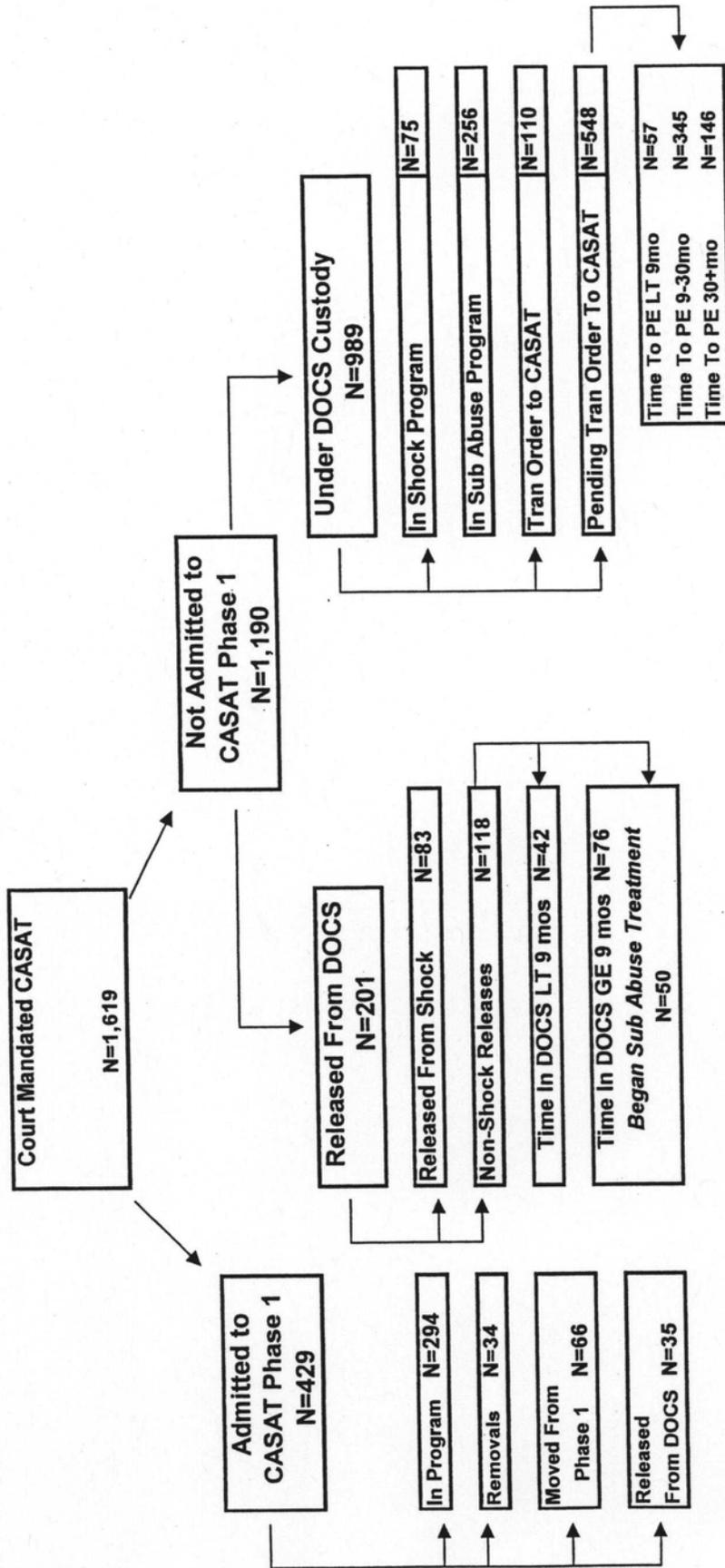
Among the 201 released inmates the largest percentage (41% or 83) were successful completers of the intensive, treatment-focused Shock Incarceration program.

Of the 118 non-Shock releases, 36% (42) spent less than nine months under DOCS custody. Among the 76 inmates who spent more than nine months, most were determined to be ineligible for work release and were denied participation in Phase I. Following court decisions in 2006 this practice was modified.

Not Admitted to CASAT and Still Under Custody

Among the 989 inmates still in DOCS custody, 8% (75) were in the Shock program, 26% (256) were in a substance abuse treatment program, while 11% (110) were already approved for CASAT and awaiting transfer to a program. The remaining 55% (548) were pending review for CASAT.

Figure 1.3
Status of Court Mandated CASAT as of 12/18/06



* Court mandated CASAT offenders admitted to NYS DOCS between January 2005 and September 30, 2006.

Section 2

CASAT POPULATION Calendar Years 2003-2006

Section 2 provides monthly snapshots of the overall, male and female CASAT populations for the past four calendar years. Six-month averages are also included to highlight population trends.

Overall CASAT Population CY 2003-2006

The increase in the overall CASAT Phase I CY 2003-2004 participation figures (see Table 2.1 and Figure 2.1) was the direct result of the change in the program's eligibility criteria that allowed the Department to use an inmate's merit eligibility date rather than parole eligibility date in the screening process. The number of inmates screened and considered eligible for the CASAT program is also displayed in Table 2.1. As indicated, the CASAT screened and eligible pool increased from 311 in May 2003 (the month this change was effective) to 528 the next month. As members of this screened and eligible pool entered Phase I, the pool shrank, and by December 2004, less than 100 inmates were available to enter CASAT in the coming months.

The CASAT eligible pool continued to decline until mid-2005 when one modification of the Drug Law Reform Act of 2004 began to effect the CASAT eligibility pool again. This modification permitted certain drug offenders to enter Phase I 30 months prior to their merit eligibility date (if, merit eligible). Although it did not create as dramatic an upswing in CASAT participation as did the 2003 switch to merit eligibility date, the CASAT screened and eligible pool increased somewhat starting in May 2005. The latest upswing in the CASAT screened and eligible pool occurred during the last six months of 2006, reflecting a program modification permitting temporary release ineligible, court mandated offenders to enter Phase I.

Phase I participation initially increased in June 2003 (998), peaked in August 2003 at 1,072 and by March 2005, there were only 382 Phase I participants. Due to the Drug Law Reform Act of 2004 discussed above, Phase I participation began to rise again in April 2005, reaching 530 in September 2005. Phase I participation declined throughout the remainder of 2005 and early 2006, until the first of the Phase I-only offenders began to enter the program in May 2006. By December 2006, there were 628 Phase I participants, the highest number of participants since July 2004.

Looking at the six-month averages, it is clear that the last half of 2003 saw the greatest concentration of participants in the facility-based portion (Phase I) of CASAT while the first half of 2005, had the least number of participants.

As successful participants exited the six-month Phase I program and entered the community reintegration portion of CASAT in 2004, Phase II participant figures began increasing. The first half of 2004 experienced the greatest growth in Phase II participation as illustrated by the six-month averages presented in Table 2.1. Indeed, participation in Phase II was greater in June and July 2004 than in any time since mid-2001.

The steep decline in Phase II participants during the March to June 2005 time period was the direct result of yet another provision of the Drug Law Reform Act of 2004. This provision created supplemental merit, which permits drug offenders successfully completing substance abuse treatment and six months of work release experience, the opportunity to earn additional time off their original sentence. CASAT Phase II participants represented the largest group of inmates to take advantage of this legislation. Although the decrease in the number of Phase II participants leveled off after June 2005, the number of inmates in Phase II continued to slowly decline and stood at 461 participants in December 2006. The upsurge in Phase I participants during the last half of 2006 will have little, if any, impact on Phase II participation levels as the inmates driving this growth are not eligible to enter CASAT Phase II.

Table 2.1
CASAT Status Data CY 2003 – CY 2006

REPORT DATE	CASAT SCREENED AND ELIGIBLE	TOTAL PHASE I PARTICIPANTS	TOTAL PHASE II PARTICIPANTS	TOTAL CASAT POPULATION PHASE I & PHASE II
2003				
01/03/03	292	827	825	1,652
02/07/03	298	807	927	1,734
03/07/03	306	817	938	1,755
04/04/03	295	839	926	1,765
05/02/03	311	866	832	1,698
06/06/03	528	998	888	1,886
<i>Average (6 mo.)</i>	338	859	889	1,748
07/03/03	456	1,049	867	1,916
08/01/03	425	1,072	846	1,918
09/05/03	420	1,070	857	1,927
10/03/03	409	1,052	795	1,847
11/07/03	352	1,042	892	1,934
12/05/03	287	1,011	937	1,948
<i>Average (6 mo.)</i>	392	1,050	866	1,915
2004				
01/05/04	233	951	1,066	2,070
02/02/04	198	931	1,096	2,027
03/08/04	175	862	1,078	1,940
04/05/04	174	830	1,095	1,925
05/03/04	164	766	1,090	1,856
06/07/04	160	703	1,137	1,840
<i>Average (6 mo.)</i>	182	842	1,101	1,943
07/05/04	142	596	1,131	1,727
08/02/04	120	562	1,104	1,666
09/06/04	102	484	1,045	1,529
10/04/04	108	444	1,058	1,502
11/05/04	106	434	980	1,414
12/03/04	82	439	969	1,408
<i>Average (6 mo.)</i>	110	493	1,048	1,541
2005				
01/07/05	56	430	929	1,359
02/04/05	58	387	874	1,261
03/04/05	41	382	894	1,276
04/01/05	48	426	817	1,243
05/06/05	61	441	730	1,171
06/03/05	56	448	579	1,027
<i>Average (6 mo.)</i>	53	419	804	1,223
07/01/05	79	467	583	1,050
08/05/05	99	522	521	1,043
09/02/05	82	530	483	1,013
10/07/05	77	502	508	1,010
11/04/05	64	521	480	1,001
12/02/05	50	508	490	998
<i>Average (6 mo.)</i>	75	508	511	1,019

Table 2.1 (continued)
CASAT Status Data CY 2003 – CY 2006

REPORT DATE	CASAT SCREENED AND ELIGIBLE	TOTAL PHASE I PARTICIPANTS	TOTAL PHASE II PARTICIPANTS	TOTAL CASAT POPULATION PHASE I & PHASE II
2006				
01/06/06	53	508	498	1,006
02/03/06	55	476	476	952
03/03/06	55	474	465	939
04/07/06	50	492	485	977
05/05/06	66	517	472	989
06/02/06	77	504	478	982
<i>Average (6 mo.)</i>	59	495	479	974
07/07/06	140	522	491	1,013
08/04/06	108	562	478	1,040
09/01/06	140	606	477	1,083
10/06/06	184	571	474	1,045
11/03/06	198	602	447	1,049
12/02/06	190	628	461	1,089
<i>Average (6 mo.)</i>	160	582	471	1,053

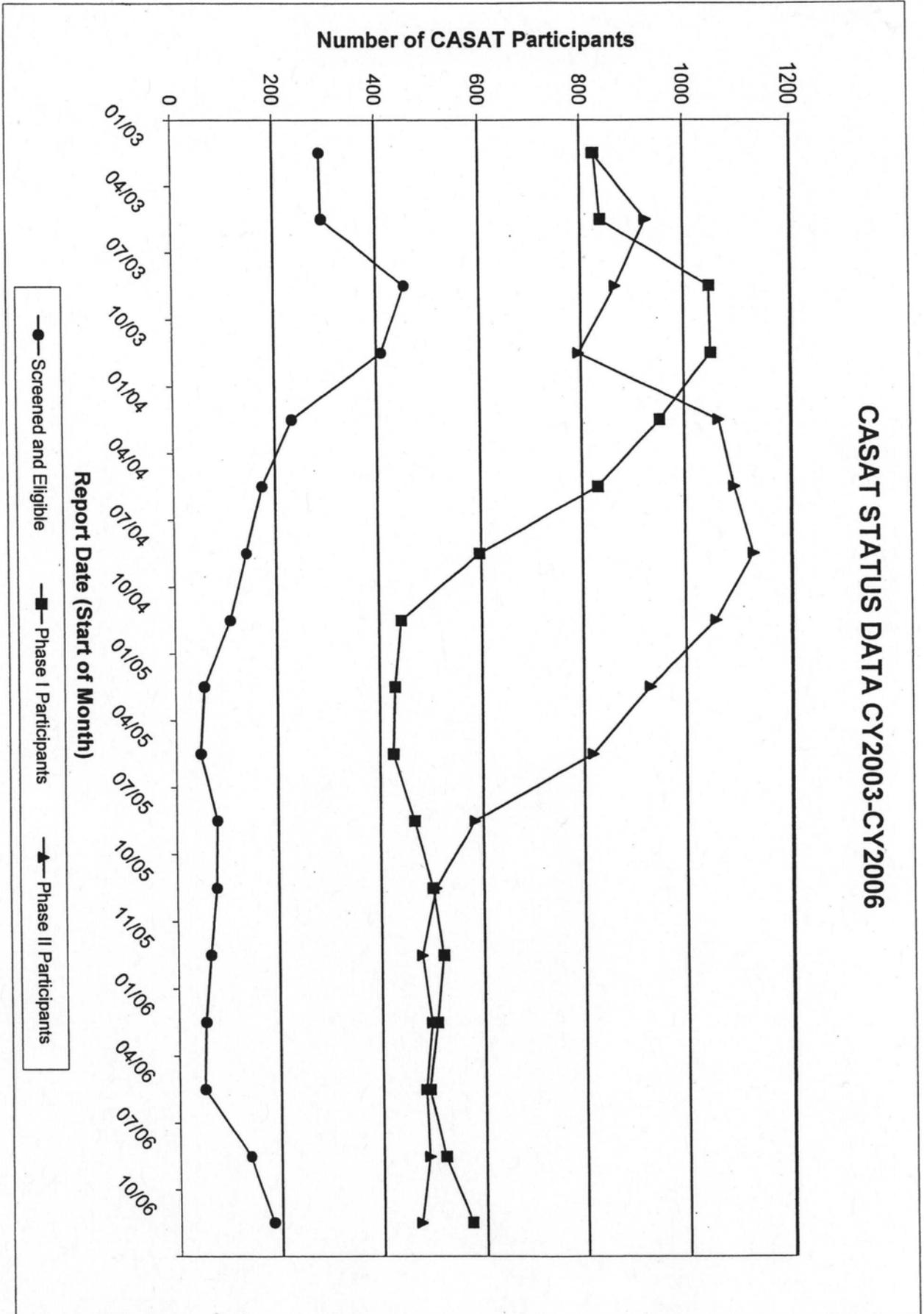


FIGURE 2.1

CASAT Population CY 2003-2006 - Men

Since men comprised 87% of the CASAT Phase I population on June 30, 2006, it is not surprising that the pattern of growth and decline in CASAT Phase I and II participation for men is similar to that of the overall CASAT population. This has been particularly true for men whose Phase I program is staffed by DOCS (see Table 2.2). For men who were in the Phoenix-staffed Marcy program, the pattern was quite different, especially during 2003 when there was little overall change in participation figures for Marcy. Although Marcy experienced a decline beginning in May 2004, the number of men at Marcy began increasing once more by November 2004 and was at full capacity (200) by April 2005.

The substantial decrease in Marcy Phase I figures in August 2005 resulted when the Department began to phase out all CASAT treatment contracts (both Phase I Phoenix House and Phase II contracts). Marcy participants still needing to complete Phase I were transferred to other male CASAT programs beginning in August and the Marcy CASAT program closed in October 2005.

Examining the averages in Table 2.2, reveals that the six-month period with the highest Phase I participation for both groups, was from July through December 2003 and the six-month period with the lowest participation for all male Phase I participants was from January through June 2005. As with the overall population, Phase I participation figures for DOCS males began to rise in May 2006 driven by the admission of Phase-I only offenders and peaked at 344 in December 2006.

Looking once again at six-month averages, Phase II participation trends for all men closely resembles that of the overall CASAT Phase II participation patterns. The first six months of 2004 had the highest number of male Phase II participants (average, 910) and the last six months of 2006, the lowest number (average, 404).

Table 2.2

**CASAT Population Data CY 2003 – CY 2006
For Male Programs Only**

REPORT DATE	CASAT SCREENED AND ELIGIBLE	PHASE I DOCS	PHASE I MARCY	TOTAL PHASE I PARTICIPANTS	PHASE II PARTICIPANTS	PHASE I & PHASE II TOTAL MALE CASAT
2003						
01/03/03	279	507	193	700	674	1,374
02/07/03	291	485	193	678	777	1,455
03/07/03	301	504	199	703	782	1,485
04/04/03	291	530	185	715	780	1,495
05/02/03	305	550	198	748	696	1,444
06/06/03	508	644	191	835	737	1,572
<i>Average(6 mo.)</i>	<i>329</i>	<i>537</i>	<i>193</i>	<i>730</i>	<i>741</i>	<i>1,471</i>
07/03/03	442	680	200	880	724	1,604
08/01/03	420	702	195	897	705	1,602
09/05/03	412	706	199	905	716	1,621
10/03/03	392	705	193	898	665	1,563
11/07/03	348	702	199	901	747	1,648
12/05/03	282	704	200	904	768	1,672
<i>Average(6 mo.)</i>	<i>383</i>	<i>700</i>	<i>198</i>	<i>898</i>	<i>721</i>	<i>1,618</i>
2004						
01/05/04	231	661	200	861	877	1,738
02/02/04	188	637	198	835	911	1,746
03/08/04	172	590	188	778	894	1,672
04/05/04	167	547	198	745	912	1,657
05/03/04	160	511	179	690	913	1,603
06/07/04	156	458	164	622	953	1,575
<i>Average(6 mo.)</i>	<i>179</i>	<i>567</i>	<i>188</i>	<i>755</i>	<i>910</i>	<i>1,665</i>
07/05/04	135	380	142	522	957	1,479
08/02/04	118	347	138	485	936	1,421
09/06/04	100	266	148	414	890	1,304
10/04/04	104	233	142	375	904	1,279
11/05/04	100	211	156	367	833	1,200
12/03/04	81	195	174	369	827	1,196
<i>Average(6 mo.)</i>	<i>106</i>	<i>272</i>	<i>150</i>	<i>422</i>	<i>891</i>	<i>1,313</i>
2005						
01/07/05	56	174	187	361	804	1,165
02/04/05	55	144	179	323	754	1,077
03/04/05	41	147	170	317	769	1,086
04/01/05	46	161	200	361	695	1,056
05/06/05	60	194	189	383	615	998
06/03/05	52	200	192	392	483	875
<i>Average(6 mo.)</i>	<i>52</i>	<i>170</i>	<i>186</i>	<i>356</i>	<i>687</i>	<i>1,043</i>
07/01/05	78	231	178	409	485	894
08/05/05	94	342	117	459	426	885
09/02/05	75	386	79	465	392	857
10/07/05	76	408	29	437	420	857
11/04/05	60	452	0	452	402	854
12/02/05	47	438	0	438	419	857
<i>Average(6 mo.)</i>	<i>72</i>	<i>376</i>	<i>67</i>	<i>443</i>	<i>424</i>	<i>867</i>

Table 2.2

CASAT Population Data CY 2003 – CY 2006 (Continued)
For Male Programs Only

REPORT DATE	CASAT SCREENED AND ELIGIBLE	PHASE I DOCS	PHASE I MARCY	TOTAL PHASE I PARTICIPANTS	PHASE II PARTICIPANTS	PHASE I & PHASE II TOTAL MALE CASAT
2006						
01/06/06	45	436	0	436	436	872
02/03/06	51	403	0	403	415	818
03/03/06	52	401	0	401	398	799
04/07/06	42	425	0	425	417	842
05/05/06	57	450	0	450	407	857
06/02/06	71	431	0	431	423	854
<i>Average(6 mo.)</i>	<i>53</i>	<i>424</i>	<i>0</i>	<i>424</i>	<i>416</i>	<i>840</i>
07/07/06	121	453	0	453	425	878
08/04/06	99	479	0	479	414	893
09/01/06	136	524	0	524	402	926
10/06/06	174	483	0	483	402	885
11/03/06	198	517	0	517	382	899
12/01/06	184	544	0	544	396	940
<i>Average(6 mo.)</i>	<i>152</i>	<i>500</i>	<i>0</i>	<i>500</i>	<i>404</i>	<i>904</i>

CASAT Population CY 2003-2006 – Women

Population patterns for women are almost identical to those of their male CASAT counterparts (see Table 2.2 and Table 2.3). Table 2.3 shows that women at the DOCS-staffed Taconic program experienced a 59% drop between the six-month averages of July to December 2003 (152 participants) and January to June 2005 (63 participants). For all Phase I males, there was a 60% decrease between these two six-month periods (July to December 2003, average 898 participants; January to June 2005, average 356 participants). Lastly, as with the Phase I men, the final six-month period of 2006 saw the highest average number of Phase I participants (82), since the first half of 2004.

Phase II participation peaked earlier for women than men, with a high of 189 Phase II participants in January 2004 while Phase II participation for men reached a high of 957 in July 2004. Overall Phase II participation patterns for women and men also differed slightly. Participation in Phase II for women fell 63% between January to June 2004 and July to December 2006, but only 56% for men.

In conclusion, the similar Phase I and Phase II participation trend patterns for women and men indicate as would be expected, changes in CASAT eligibility during the past four years (the switch to merit eligibility date in 2003, the Drug Law Reform Act of 2004 and the admission of Phase I-only participants) apply equally to both groups. Had the Department not broadened the pool of potentially eligible Phase I participants in May 2006, Phase I participant numbers likely would have remained stagnant or declined.

Table 2.3

CASAT Status Data CY 2003 – CY 2006 for WOMEN

REPORT DATE	CASAT SCREENED AND ELIGIBLE	PHASE I PARTICIPANTS	PHASE II PARTICIPANTS	PHASE I & PHASE II TOTAL FEMALE CASAT
2003				
01/03/03	13	127	151	278
02/07/03	7	129	150	279
03/07/03	5	114	156	270
04/04/03	4	124	146	270
05/02/03	8	118	136	254
06/06/03	20	163	151	314
<i>Average (6 mo.)</i>	<i>10</i>	<i>129</i>	<i>148</i>	<i>278</i>
07/03/03	14	169	143	312
08/01/03	5	175	141	316
09/05/03	8	165	141	306
10/03/03	17	154	130	284
11/07/03	4	141	145	286
12/05/03	5	107	169	276
<i>Average (6 mo.)</i>	<i>9</i>	<i>152</i>	<i>145</i>	<i>279</i>
2004				
01/05/04	2	90	189	279
02/02/04	10	96	185	281
03/08/04	3	84	184	268
04/05/04	7	85	183	268
05/03/04	4	76	177	253
06/07/04	4	81	184	265
<i>Average (6 mo.)</i>	<i>5</i>	<i>85</i>	<i>184</i>	<i>269</i>
07/05/04	7	74	174	248
08/02/04	2	77	168	245
09/06/04	2	70	155	225
10/04/04	4	69	154	223
11/05/04	6	67	147	214
12/03/04	1	70	142	212
<i>Average (6 mo.)</i>	<i>4</i>	<i>71</i>	<i>157</i>	<i>228</i>
2005				
01/07/05	0	69	125	194
02/04/05	3	64	120	184
03/04/05	0	65	125	190
04/01/05	2	65	122	187
05/06/05	1	58	115	173
06/03/05	4	56	96	152
<i>Average (6 mo.)</i>	<i>2</i>	<i>63</i>	<i>117</i>	<i>180</i>
07/01/05	1	58	98	156
08/05/05	5	63	95	158
09/02/05	7	65	91	156
10/07/05	1	65	88	153
11/04/05	4	69	78	147
12/02/05	3	70	71	141
<i>Average (6 mo.)</i>	<i>4</i>	<i>65</i>	<i>87</i>	<i>152</i>

Table 2.3 (Continued)

CASAT Status Data CY 2003 – CY 2006 for WOMEN

REPORT DATE	CASAT SCREENED AND ELIGIBLE	PHASE I PARTICIPANTS	PHASE II PARTICIPANTS	PHASE I & PHASE II TOTAL FEMALE CASAT
2006				
01/06/06	8	72	62	134
02/03/06	4	73	61	134
03/03/06	3	73	67	140
04/07/06	8	67	68	135
05/05/06	9	67	65	132
06/02/06	6	73	55	128
<i>Average(6 mo.)</i>	<i>6</i>	<i>71</i>	<i>63</i>	<i>134</i>
07/07/06	19	69	66	135
08/04/06	9	83	64	147
09/01/06	4	82	75	157
10/06/06	10	88	72	160
11/03/06	6	85	65	150
12/01/06	6	84	65	149
<i>Average(6 mo.)</i>	<i>9</i>	<i>82</i>	<i>68</i>	<i>150</i>

Section 3

Movement of Participants in CASAT

Section Three presents the movement of a cohort of participants through the CASAT program. By focusing on the cohort described below, the most current picture of CASAT is presented to the reader.

The cohort examined here consists of all participants in a Phase I program on June 30, 2005, plus those who subsequently entered Phase I through June 30, 2006. (This cohort includes individuals newly eligible and screened for CASAT as a result of the Drug Law Reform Act of 2004.) Movement of these participants through CASAT Phase I and II is followed through September 30, 2006. Selection of September 30th as the follow-up cut-off date, affords the opportunity to display some program movement for participants entering Phase I or II close to the June 30, 2006 program year end date.

Overall Program Movement

Figure 3.1 displays the participant pool (1,530) participants representing those in a Phase I program on June 30, 2005, plus all those entering Phase I by June 30, 2006) of the entire CASAT program (DOCS-staffed male programs, Marcy and Taconic). By September 30, 2006, 324 (21%) of the pool were still in Phase I, 136 (9%) had been removed from Phase I and 1,070 (70%) had graduated Phase I and entered Phase II.

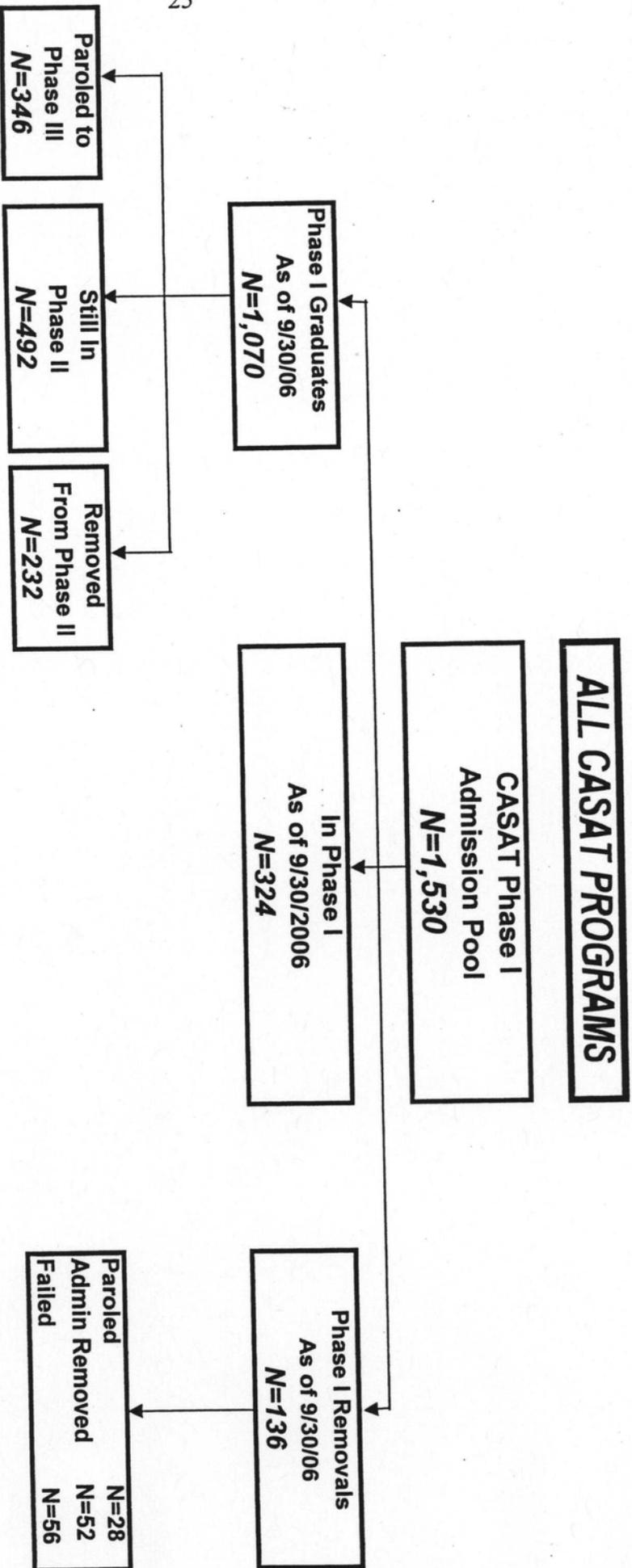
Participants failing the program accounted for 41% (56) of Phase I removals while 59% (80) exited Phase I before program completion due to being paroled or for various administrative reasons.⁵

Of successful Phase I completers (1,070), 46% (492) were still in Phase II on September 30th, 22% (232) had failed Phase II and were removed from the program, while 32% (346) successfully completed Phase II and were paroled to Phase III Aftercare.

This admission pool (1,530) was somewhat larger than in 2005 (1,462) in part due to the entrance of Phase I-only participants who began entering the program in May 2006. Upon successful completion of Phase I, these participants will either be returned to general confinement or be released to parole supervision.

⁵ Administrative removals include change in temporary release eligibility status, psychological, medical, death or other miscellaneous reasons.

Figure 3.1
CASAT Program Status as of 9/30/06



Includes CASAT Phase I Participants on 6/30/05 (N=479) plus
CASAT Phase I Admissions between 7/1/05 and 6/30/06 (N = 1,051).

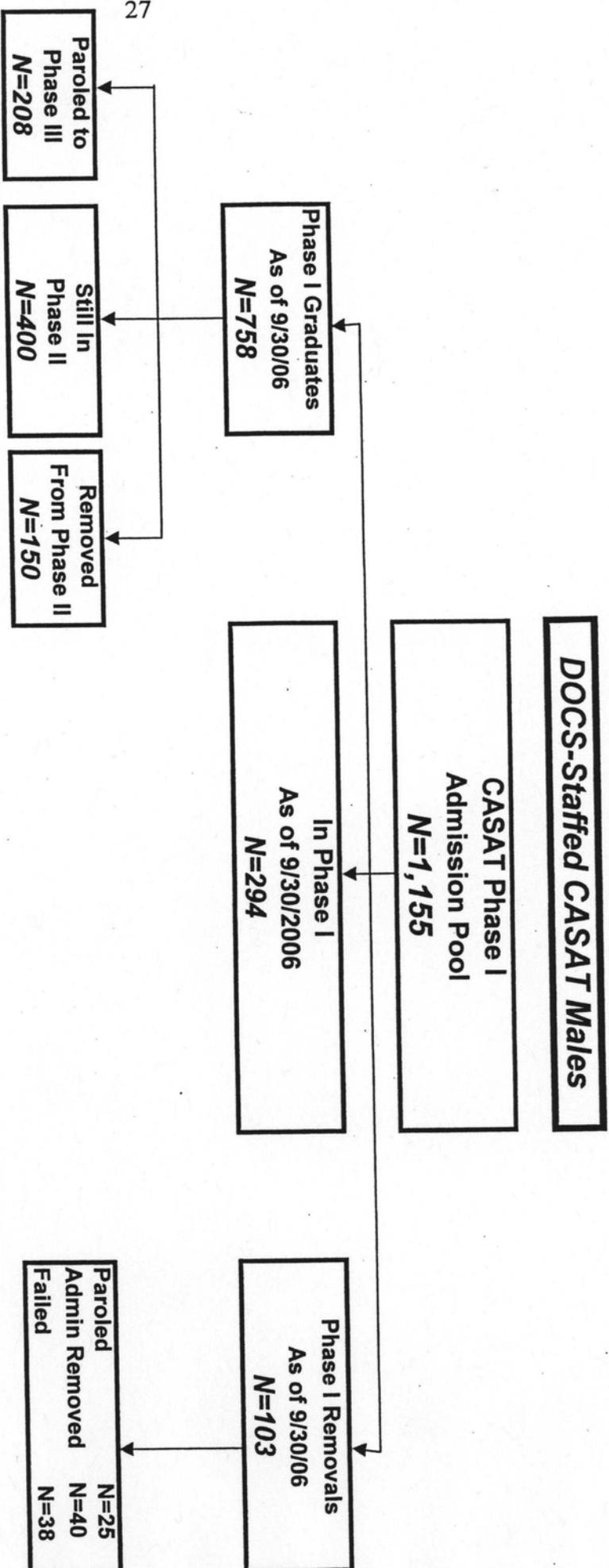
DOCS-Staffed Male Movement

Approximately 75% (1,155) of the overall admission pool is comprised of males from DOCS-staffed programs (DOCS males) (see Figure 3.2). One-quarter (294) of this DOCS-staffed male program pool was participating in Phase I on September 30th, 9% (103) had been removed from Phase I and 66% (758) had graduated and entered Phase II.

Males from DOCS-staffed programs were identical to the overall CASAT population in Phase I removals (9%). A higher percentage of DOCS males were still in Phase I (25%) than was the case for the overall CASAT population (21%).

Looking at Phase II status, 27% of DOCS males successfully completed Phase II and were paroled versus 32% of all CASAT participants. Fifty-three percent (400) of DOCS males were still Phase II participants in contrast to 46% (492) of all CASAT participants. Roughly, one-fifth of the DOCS males (20%) and 22% of all CASAT participants were removed from Phase II.

Figure 3.2
CASAT Program Status as of 9/30/06



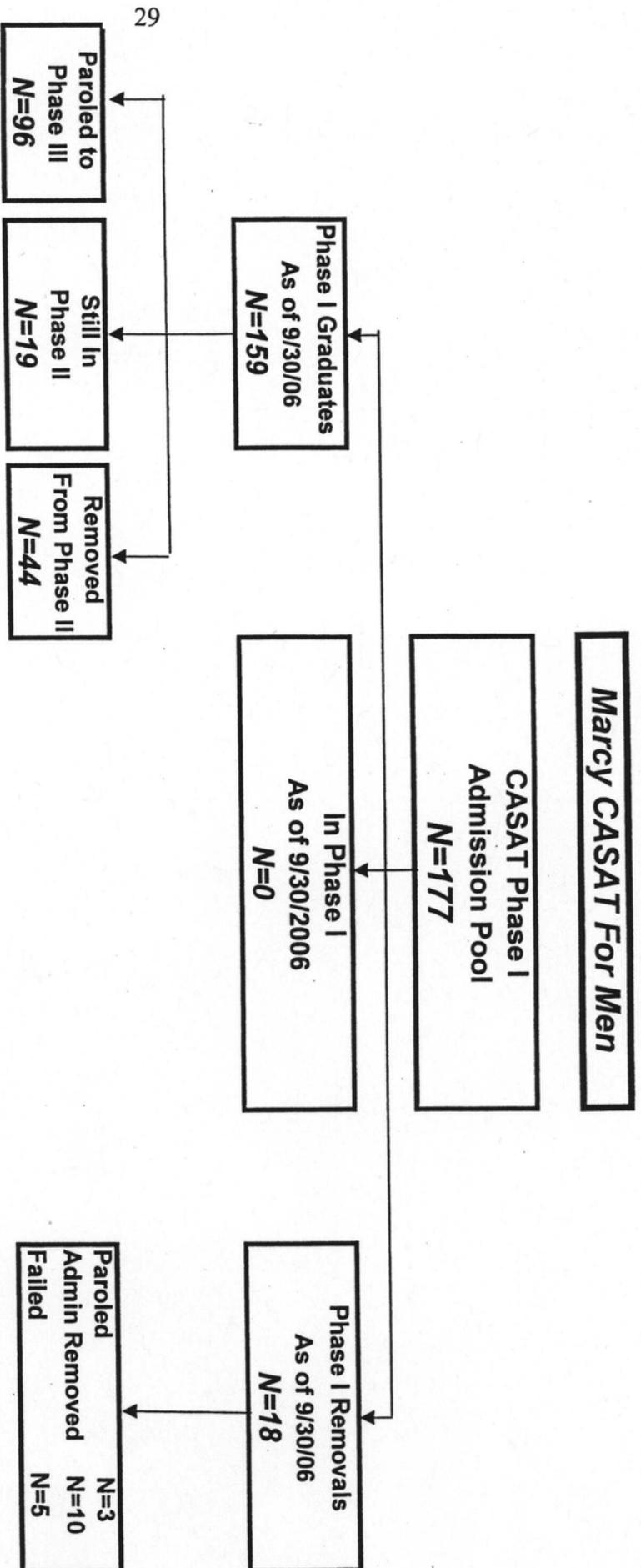
Includes CASAT Phase I Participants on 6/30/05 (243) plus
 CASAT Phase I Admissions between 7/1/05 and 6/30/06 (912).

Phoenix-Staffed Marcy Movement

Marcy CASAT, a program for men operated by Phoenix House, Inc. was in operation until October 2005 (see Section 5 for information regarding the termination of contractual treatment services). The Marcy cohort discussed below is limited to 177 participants in Phase I as of June 30, 2005. There were no new admissions to the program after this date as the Department did not renew the contract with Phoenix House. Phoenix House participants with more than three months to program completion were transferred to DOCS-staffed CASAT programs (Hale Creek, Arthur Kill and Wyoming). Those with less than three months to program completion, remained at the Phoenix-staffed Marcy program. Therefore, some participants who started programming at Marcy, completed the program elsewhere.

Looking at the Phase I pool (177) on September 30, 2006, there were no Phase I participants, 18 (10%) removals and 159 (90%) Phase I graduates. Of completers (159), 19 (12%) were still participating in Phase II on September 30th, 44 (28%) were removed from Phase II and 96 (60%) had completed Phase II and were paroled to Phase III Aftercare.

Figure 3.3
 CASAT Program Status as of 9/30/06



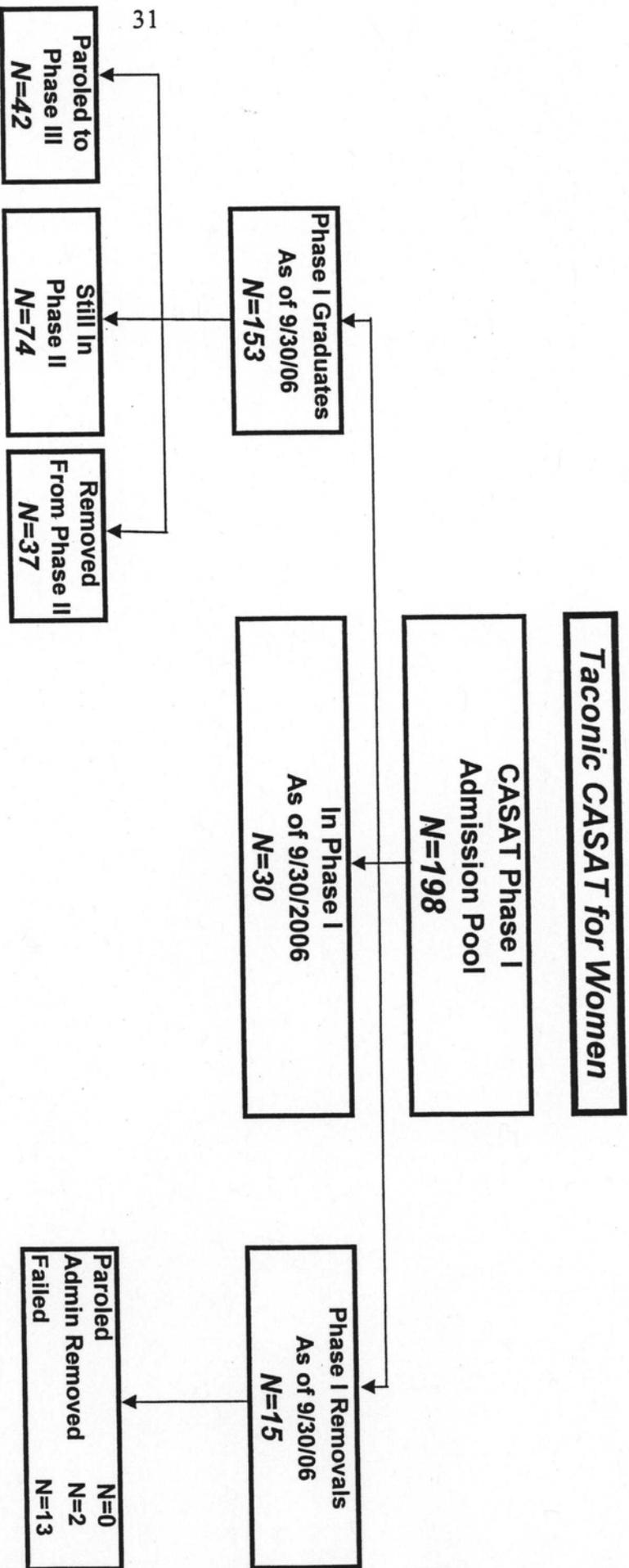
Includes CASAT Phase I Participants on 6/30/05 (177) plus
 CASAT Phase I Admissions between 7/1/05 and 6/30/06 (0).

Taconic Program Movement

Taconic, the only DOCS CASAT program for women, had a total participant pool of 198 (see Figure 3.4). Thirty women (15%) were participating in Phase I on September 30th, 15 (8%) had been removed from Phase I and 153 (77%) women had graduated from Phase I. The Phase I removal rate for Taconic women (8%) was similar to that of DOCS males (9%). Eighty-seven percent of the women who did not complete Phase I were program failures (compared to 37% of DOCS males) while 13% did not complete due to administrative reasons (compared to 39% of DOCS males). No Phase I women were paroled from the program.

Women's movement through Phase II differs somewhat from that of men. Of the 153 women who entered Phase II by September 30th, 74 (48%) were still in Phase II, 42 (27%) had successfully transitioned to Phase III Aftercare (parole) with women completing Phase II at the same rate as DOCS males (27%). The proportion of women failing Phase II (24%) exceeded that of men (DOCS males, 20%). This is an atypical experience for CASAT women, who in the past have been more successful than men at both Phase II community reintegration and Phase III Aftercare (parole).

Figure 3.4
 CASAT Program Status as of 9/30/06



Includes CASAT Phase I Participants on 6/30/05 (59) plus
 CASAT Phase I Admissions between 7/1/05 and 6/30/06 (139).

CASAT PHASE III - AFTERCARE

The final component of the CASAT program is Aftercare or Phase III. Aftercare begins upon release from a Department facility to supervision by the Division of Parole. Participation in the Aftercare Component of the CASAT program is intended to last the entire first year of parole supervision.

The shrinking CASAT population during the past eleven program years has meant that fewer individuals are entering Phase III and the follow-up pool on a yearly basis, resulting in any given program year having little overall impact on return rates. For this reason, we have simply reproduced and edited 2003 data.

Follow-Up Procedure

Consistent with previous Department recidivism research, cases with a minimum exposure period of 12 months in the community are tracked to determine the proportion of cases returned to the Department. The 12-month minimum follow-up period is used to avoid fluctuations in the return rates due to extraneous factors such as changes in criminal justice processing time. The release cohort information is compared with subsequent admission data maintained on the Department's LOCATOR computer file to determine which cases were returned to Department custody according to periods of time at risk.

As with previous Department research, recidivism is defined as a return to the Department's custody. Time to return and rate of recidivism are measured using the analytic technique of Survival Analysis. This method is used to determine the cumulative rate of return, based on the number of cases remaining at risk, according to the number of months since release. This method controls for different exposure periods and allows for a comparison of the cumulative rate of return across the different groups.

For this follow-up, one study and three comparison populations were tracked for both men and women. The study group consisted of all participants who entered Phase III prior to June 30, 2002. Additionally, to meet the Legislative mandate to include "a comparative analysis of state-operated and private sector provision of treatment services and recidivism," male inmates who participated in Phase I at the Marcy ASACTC are compared with male participants from DOCS-staffed programs. Inmates in the study had a minimum of 12 months exposure in the community following release to parole supervision. The study group then had 12,000 valid cases. These 12,000 successful participants were comprised of 2,422 women, 1,473 Marcy completers and 8,105 men who completed Phase I at a DOCS-staffed program.

The study group is broken down by gender due to the differences in rate of return to state prison for women and men.⁶

⁶ See "2002 Releases: Three Year Post Release Follow-Up," New York State Department of Correctional Services, Albany, New York 12226 (2006), p. 7.

COMPARISON POPULATIONS

Whenever possible Department recidivism studies compare successful program completers with individuals who have failed to complete the program and who have been released to parole supervision for at least 12 months. For DOCS men, Marcy men, and women in this study, two comparison groups composed of failures were developed. The first group of men, referred to as "Phase II Failures," consists of 8,978 men who (1) successfully completed Phase I in one of the DOCS programs in the study; (2) failed to complete Phase II; and (3) were released to parole supervision on or before June 30, 2002. For the Marcy "Phase II Failures," this comparison group consists of 1,173 men.

The second group, referred to as "Phase I Failures," consists of 3,418 men who (1) began the CASAT program at one of the DOCS-staffed Phase I programs, but did not successfully complete Phase I and (2) were released to parole supervision on or before June 30, 2002. For the Marcy Phase I failures there were 1,632 in the comparison group.

The third comparison group is referred to as "All Releases." Traditionally, Departmental follow-up studies compare the successful and unsuccessful program completers' rate of recidivism with the rate of recidivism of all other releases to parole supervision. For this report we have defined "All Releases" as men with no CASAT experience who were released to parole supervision between July 1, 1991 (the month that the first successful completers of CASAT were paroled) and June 30, 2002. This comparison group consisted of 150,891 cases.

For women CASAT participants, "Phase II Failures," consist of 863 women who (1) successfully completed Phase I at Taconic; (2) failed to complete Phase II; and (3) were released to parole supervision on or before June 30, 2002. The second group referred to as "Phase I Failures," consists of 634 women who (1) began the CASAT program at Taconic annex but did not successfully complete Phase I and (2) were released to parole supervision on or before June 30, 2002.

"All Releases" are women with no CASAT experience who were released to parole supervision between September 1992 (the month that the first successful completers of CASAT at Taconic were paroled) and June 30, 2002. This comparison group consisted of 11,103 cases.

Table 4.1 indicates cumulative rate of return by exposure for various CASAT and comparison groups.

Table 4.1

Cumulative Rate of Return by Exposure Period, Phase I Annex, and CASAT Group

Program and months since release	All CASAT Participants	Phase III Paroled	Phase II Failures	Phase I Failures
DOCS Run Males	(N = 20,501)	(N = 8,105)	(N = 8,978)	(N = 3,418)
12	12%	7%	16%	16%
24	28%	17%	36%	34%
36	36%	23%	46%	42%
Marcy	(N = 4,278)	(N = 1,473)	(N = 1,173)	(N = 1,632)
12	13%	8%	16%	14%
24	29%	20%	35%	32%
36	37%	27%	45%	40%
Non-CASAT Males	(N = 150,891)			
12	13%			
24	28%			
36	36%			
Taconic	(N = 3,919)	(N = 2,422)	(N = 863)	(N = 634)
12	6%	4%	10%	9%
24	16%	12%	26%	20%
36	23%	18%	36%	28%
Non-CASAT Women	(N = 11,103)			
12	8%			
24	17%			
36	22%			

Number of cases who were released for at least 12 months for each group is shown in parenthesis.

Department-Staffed Male Programs, Phoenix Marcy Program and Male Non-CASAT Group

Overall, males participating in a Department-staffed Phase I program (Arthur Kill, Hale Creek or Wyoming) return to DOCS at about the same rate as those whose Phase I program was Marcy. Examining those successfully completing both Phase I and II, shows that graduates of Department-staffed programs return to DOCS at a lower rate than do graduates of Marcy regardless of exposure period. At 24 months of exposure, the return rate for Department-staffed Phase II program graduates was 17% versus 20% for Marcy Phase II graduates. By 36 months of exposure, 27% of Marcy Phase II graduates were returned to DOCS versus 23% of Department-staffed Phase II program graduates. Among Phase I and Phase II failures, graduates of Marcy return to DOCS at about the same, or slightly lower rates, than do Phase I and II failures of Department-staffed male programs.

Regardless of program type, Phase II graduates return at a lower rate than do males comprising the non-CASAT comparison group. Looking at 36 months of exposure again, 36% of the non-CASAT males were returned to DOCS versus 27% of Marcy program graduates and 23% of Department-staffed graduates. For both DOCS and Marcy CASAT participants, Phase II failures, followed by Phase I failures, return at a higher rate than do male members of the non-CASAT population. For example, at 36 months of exposure, 36% of the non-CASAT males were returned but 40% of Phase I Marcy failures were returned to DOCS custody as were 42% of Department-staffed Phase I failures.

Taconic and Female Non-CASAT Group

After 36 months of exposure following release to parole supervision, the return rate profile for women is very similar to that for men in that Phase II failures have the highest rate of return (36%) followed by Phase I failures (28%). Women who fail in Phase I or Phase II return at higher rates than do women from the non-CASAT group (22%) or those who completed Phase II and were paroled (18% return rate).

Within each of the categories examined – Phase I failures, Phase II failures, Phase II graduates – women inmates return at a lower rate than do men inmates. Among all women with exposure to CASAT, the return rate after 36 months was 23% and among all men with exposure to CASAT, the return rate after 36 months was 36%. This finding is consistent with other Department research showing that women have lower return rates than men.

In summation, the return rate data are consistent with the position that completers of the CASAT program have gained recovery skills that increase the likelihood of a successful transition into the community as reflected by lower recidivism rates.

Section 5

**PROGRAM COSTS FOR FISCAL YEAR 2005-06
PHASE I**

This section of the report analyzes the program costs for FY 2005-06 and focuses on Phase I CASAT-related substance abuse treatment costs. This fiscal analysis does not examine general facility operation costs (such as security and food) which are not attributable to the CASAT program.

The expenditure data presented in this section were provided by the Department's Division of Budget and Finance.

For FY 2005-06, actual expenditure data were used for the salaries of ASAT staff assigned to the CASAT programs staffed by Department personnel. The availability of CASAT salary data permits the application of the standard State fringe benefit and indirect cost rate to the ASAT staff costs. This approach generates a Department CASAT cost which is comparable to the Phoenix House, Inc. staff cost. The Department CASAT cost encompasses salary, fringe benefit and indirect cost components similar to the Phoenix House Inc. contractual costs. Note that the contract with Phoenix House for treatment services was not renewed and the Marcy program closed in October 2005.

As illustrated by the following table, the total cost of treatment services for CASAT Phase I in FY 2005-06 was \$4,159,385.

**Table 5.1
CASAT FACILITY TREATMENT SERVICE EXPENDITURES
FY 2005-06**

ANNEX	PERSONAL SERVICE	FRINGE BENEFITS	INDIRECT COSTS	TREATMENT CONTRACT	OTHER OTPS	TOTAL COSTS
Arthur Kill	\$277,661	\$125,614	\$ 9,413		\$2,063	\$414,751
Hale Creek	\$1,249,963	\$565,485	\$42,374		\$30,078	\$1,887,900
Taconic	\$480,421	\$217,342	\$16,286		\$9,484	\$723,533
Wyoming*	\$111,890	\$ 50,384				\$162,274
Marcy				\$970,929		\$970,929
TOTAL	\$2,119,935	\$958,825	\$68,073	\$970,929	\$41,625	\$4,159,387

Source: Division of Budget and Finance

* There are no indirect or OTPS costs attributable to Wyoming ASACTC as it is funded with Federal monies.

In the following table, the Phoenix House, Inc. expenditures are compared to Department costs by budget category.

TABLE 5.2
COMPARISON OF DEPARTMENT STAFFED AND CONTRACTUAL
PROGRAM COST BY EXPENDITURE CATEGORY
FY 2005-06

	Phoenix House, Inc. (Marcy)		Department Staffed (Aggregate)	
	Total Cost	Percent	Total Cost	Percent
Salaries	\$588,921	61%	\$2,119,935	66%
Fringe Benefits	\$154,098	16%	\$958,825	30%
Overhead	\$169,263	17%		
Indirect Costs			\$68,073	2%
Other OTPS	\$58,647	6%	\$41,625	2%
TOTAL	\$970,929	100%	\$3,188,458	100%

Source: NYS DOCS Division of Budget and Finance

Ninety-six percent of the total cost of Department operated programs in FY 2005-06 was for the salaries and fringe benefits of treatment staff as compared to 77% of the Phoenix House, Inc. expenditures for the Marcy component.

On the other hand, 17% of the Phoenix House expenditures were for "overhead" costs as compared to the Department's "indirect costs" of 2%. (The Department's indirect costs charge is based on the indirect cost rate specified by the New York State Office of Comptroller for FY 2005-06 which is applied to state staff salaries.)

It should be noted that the Phoenix House "overhead" charge does not include specific Other-Than-Personal-Service (OTPS) expenditures for such costs as staff conferences and vehicle rental/insurance, which account for another 6%. The Department cost also included an "Other OTPS" cost category (2%).

PHASE II COMMUNITY REINTEGRATION COSTS

As noted in Section One, the enabling legislation provides for a continuum of services for program participants.

Inmates who successfully complete the institutional phase (Phase I) progress to the community reintegration phase (Phase II). Prior to 2006, program participants first transferred to a Department work release facility before placement in their initial Phase II program. During Phase II, program participants were involved in either residential programs (at a Department-staffed or contractual facility) or day treatment services while living at home in day reporting status. All contract residential programs were terminated in 2005 and the day treatment services with Phoenix House ended in early 2006.

Currently, with the exception of women assigned to Bayview, who receive treatment services from the Center for Community Alternatives (CCA) in New York City, all other CASAT participants receive treatment services at their assigned work release facility or in the community. There were no state costs associated with CCA's provision of treatment services during 2006 as the services were supported with federal monies awarded to CCA.

CONTRACTUAL COMMUNITY REINTEGRATION SERVICES

In line with the legislative intent, the initial 1990 Request-For-Proposal required each contractor (or consortium of contractors) to provide services for all three phases of this continuum.

As the result of this bid process, one such contract was eventually awarded to Phoenix House, Inc. Under this contract, Phoenix House agreed to provide community reintegration services in New York City for inmates who successfully completed their institutional phase at Marcy.

As the number of Phase I completers began to grow throughout 1991, the need for additional community reintegration services became increasingly evident. The need for residential placements in New York City was particularly acute.

To address this pressing need, a supplemental set of community reintegration contracts was expeditiously awarded in mid-1992 soon after responsibility for this phase was transferred to the Department.

The shrinking of the CASAT eligible pool in recent years, especially among men from New York City, resulted in the non-renewal of three community reintegration contracts at the end of FY 1999-00: Correctional Services Corporation (CSC), Lumina, Inc. and Altamont Program (Brooklyn). Twenty-five of the total 95 beds for females at Prospect Park (Phoenix House) were eliminated when this contract was not renewed on April 1, 2003. In November 2003, the Phoenix House contract for men in New York City was also eliminated.

Finally, as discussed in Section 2, aside from a few spikes, the CASAT Phase II population has continued its marked decline during the past four calendar years and as a result, all residential contractual services were terminated by December 2005 while Phoenix outpatient services ended in March 2006. Table 5.3 provides an overview and history of contractual community reintegration services.

Contracts during FY 2005-06 included Phoenix House, Inc. with 70 residential treatment beds for women and an additional 200 day treatment slots for both men and women participants. All Phoenix House services were located in New York City.

The Altamont Program continued to provide residential services for Upstate men with 20 beds in the Albany area and 25 beds in Buffalo until November 2005.

TABLE 5.3

CONTRACTUAL SERVICES OVERVIEW

CONTRACTUAL PROGRAM	LOCATION	CLIENT SERVED	YEAR PROGRAM STARTED	YEAR PROGRAM ENDED	CURRENT BEDS
Phoenix House	NYC	Male	1991	2003	----
Phoenix House-Prospect	NYC	Female	1992	2005	----
Phoenix House Day Treatment	NYC	Male Female	1991 1995	2006 2006	---- ----
CSC	NYC	Male Female	1992 1993	2000 1998	---- ----
Lumina	NYC	Male	1995	2000	----
Altamont Program	NYC	Male	1992	2000	----
Altamont Program	Albany	Male	1992	2005	----
Altamont Program	Buffalo	Male	1998	2005	----

Source: DOCS Bureau of Substance Abuse and Division of Budget & Finance

UTILIZATION OF RESIDENTIAL PROGRAMS

Of the 115 residential slots available in FY 2005-06, an average of 51 (44%) were filled on a daily basis.

TABLE 5.4
CONTRACTUAL RESIDENTIAL PROGRAMS
AVERAGE DAILY POPULATION/PERCENT OF CAPACITY
Fiscal Year 2005-06*

	CONTRACT CAPACITY	AVERAGE DAILY POPULATION	PERCENT OF CAPACITY
Altamont (Male)**	45	27	60%
Buffalo	(25)	(15)	(60%)
Albany	(20)	(12)	(60%)
Phoenix House (Female)	70	24	34%
Prospect I			
New York City			
TOTAL ***	115	51	44%

Source: NYS DOCS Division of Substance Abuse Services

* Altamont programs were phased out in November 2005 and Phoenix House, Prospect I, ended in December 2005.

** The Altamont contract covered two sites: Buffalo and Albany

*** Based on FY 2005-06 contract capacities.

COST OF CONTRACTUAL SERVICES

The following table indicates the cost of these contractual residential beds in FY 2005-06 prior to their phase out in late 2005.

TABLE 5.5
CONTRACTUAL RESIDENTIAL COSTS
FY 2005-2006

	<i>RESIDENTIAL</i>
Phoenix House (Female)	\$572,148
Altamont	\$514,361
Buffalo	(\$323,274)
Albany	(\$191,087)
TOTAL	\$1,086,509

Source: NYS DOCS Division of Budget and Finance

Under the contract with DOCS, Phoenix House was paid an additional \$863,298 to run the day treatment program in New York City regardless of the actual number of participants. Total cost of both residential and day treatment programs for FY 2005-06 was \$1,951,292 with 56% of costs attributable to the residential programs.

Table 5.6
PHASE II COMMUNITY REINTEGRATION COSTS BY PROVIDER
FISCAL YEAR 1991-92 THROUGH 2005-06

FISCAL YEAR	PHOENIX HOUSE (MALE)*	CSC	ALTAMONT (NYC, BUFFALO AND ALBANY)	PHOENIX HOUSE (FEMALE)	LUMINA, INC.	TOTAL
FY 1991-92	\$939,768	0	0	0	0	\$939,768
FY 1992-93	\$1,970,172	\$1,856,870	\$402,783	\$358,277	0	\$4,588,102
FY 1993-94	\$2,133,216	\$3,512,362	\$1,355,107	\$1,110,863	0	\$8,111,548
FY 1994-95	\$2,275,409	\$3,444,490	\$1,721,910	\$900,424	0	\$8,342,233
FY 1995-96	\$2,511,295	\$3,454,360	\$2,003,424	\$831,516	\$528,640	\$9,329,235
FY 1996-97	\$2,691,665	\$3,069,710	\$1,582,712	\$896,333	\$2,031,120	\$10,271,540
FY 1997-98	\$2,323,605	\$2,379,230	\$1,195,314	\$715,207	\$1,892,280	\$8,505,636
FY 1998-99	\$2,144,492	\$2,345,514	\$1,351,446	\$422,758	\$1,851,220	\$8,115,430
FY 1999-00	\$2,235,983	\$1,148,150	\$1,622,981	\$1,493,007	\$1,325,280	\$7,825,401
FY 2000-01	\$2,299,573	\$168,162	\$804,885	\$1,473,420	\$171,720	\$4,917,760
FY 2001-02	\$2,197,927	0	\$851,675	\$1,538,738	0	\$4,588,340
FY 2002-03	\$2,291,950	0	\$716,176	\$1,288,090	0	\$4,296,216
FY 2003-04	\$1,662,643	0	\$864,950	\$1,073,694	0	\$3,601,287
FY 2004-05	\$808,163	0	\$832,084	\$1,022,624	0	\$2,662,871
FY 2005-06	\$863,304	0	\$514,361	\$572,148	0	\$1,949,813

* Historically, Phoenix House (male) included day treatment costs for male and female Phase II participants as the day treatment component was billed across the contract. For consistency, day treatment costs for FY 2005-06 are presented in this column even though Phoenix House male (residential) was eliminated in November 2003.

Expenditures for contractual community reintegration services rose significantly in the first six years of operation but fell during the next nine fiscal years. In FY 1991-92, Phoenix House, Inc. expenditures totaled \$939,768 for community reintegration services. With the expansion of contractual Phase II services in FY 1992-93, these expenditures grew sharply to over \$4.5 million and by FY 1996-97, reached a high of nearly \$10.3 million. Fewer CASAT residential participants since FY 1997-98, accounted for the decline in contractual community service expenditures. All residential programs were phased out in late 2005 and the Phoenix day treatment program ended in March 2006.

SUMMARY: OVERALL COST OF CASAT

The cost of CASAT contractual community reintegration services in FY 2005-06 (\$1,949,813) was over two million dollars (\$2,208,095) less than the CASAT program services in the institutional phase (\$4,159,387). When the costs of Phase I services and Phase II contractual services are combined, it may be calculated that the overall CASAT program cost an aggregate total of \$6,110,679 (total from Tables 5.1 and 5.7) in FY 2005-06 (excluding costs attributable to Phase II program participants assigned to the Department temporary release facilities).

APPENDICES

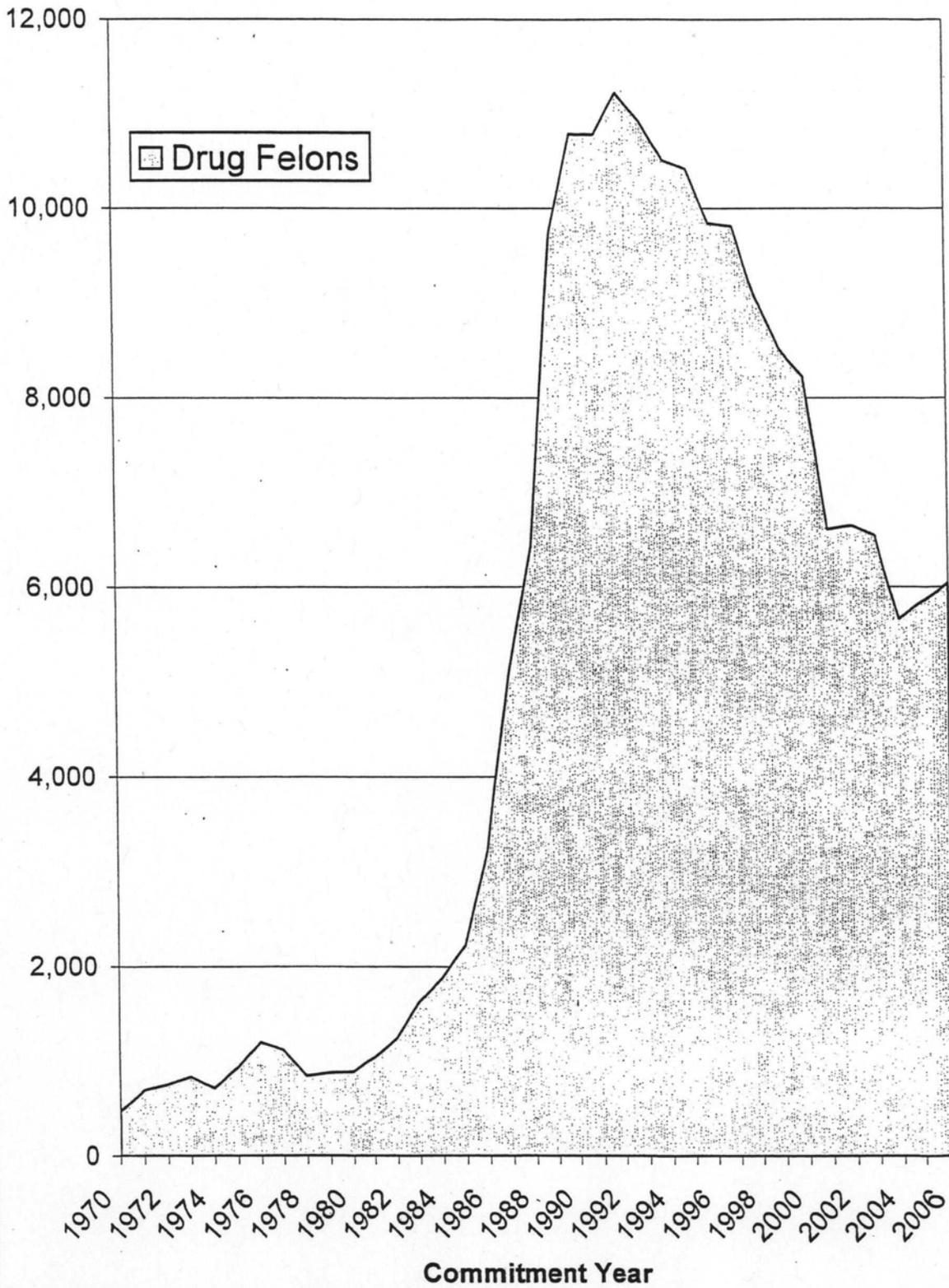
Appendix A

**New York State Department of Correctional Services
Annual Felony Drug Commitments and Total Commitments
Calendar Years 1970 - 2006**

<u>Year of Commitment</u>	<u>Drug Commitments</u>		<u>Total New Court Commitments</u>
	<u>Number</u>	<u>Percent</u>	<u>Number</u>
1970	470	11.1%	4,250
1971	690	13.5%	5,130
1972	751	13.2%	5,709
1973	834	12.9%	6,477
1974	713	10.7%	6,691
1975	933	12.6%	7,424
1976	1,203	14.9%	8,063
1977	1,122	13.3%	8,436
1978	844	11.7%	7,232
1979	880	11.6%	7,559
1980	886	11.1%	7,960
1981	1,036	10.1%	10,303
1982	1,243	11.9%	10,406
1983	1,625	13.0%	12,537
1984	1,874	15.3%	12,248
1985	2,218	17.9%	12,420
1986	3,228	21.7%	14,901
1987	5,106	32.6%	15,654
1988	6,432	37.2%	17,308
1989	9,742	45.3%	21,518
1990	10,784	46.7%	23,115
1991	10,778	44.7%	24,116
1992	11,225	44.6%	25,155
1993	10,920	43.9%	24,897
1994	10,508	45.4%	23,153
1995	10,418	45.3%	22,981
1996	9,841	46.4%	21,192
1997	9,810	47.2%	20,804
1998	9,063	46.5%	19,497
1999	8,520	44.5%	19,166
2000	8,227	44.3%	18,560
2001	6,606	40.0%	16,497
2002	6,647	39.1%	16,999
2003	6,540	37.7%	17,336
2004	5,657	34.6%	16,354
2005	5,835	35.7%	16,334
2006	6,039	36.0%	16,779
TOTAL	189,248	34.7%	545,161

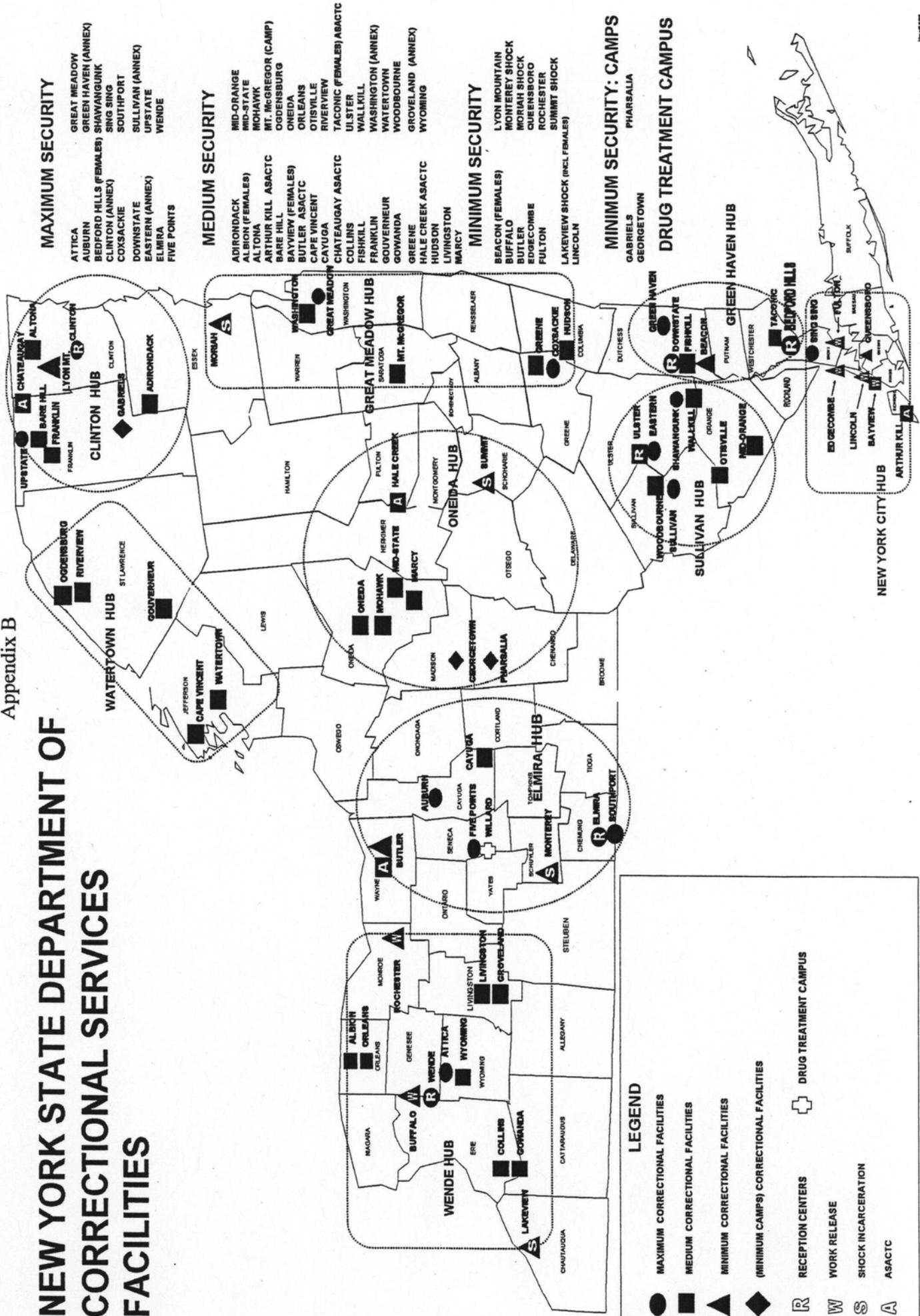
Appendix A (continued)

Department of Correctional Services Drug Felony Commitments: 1970 - 2006



Appendix B

NEW YORK STATE DEPARTMENT OF CORRECTIONAL SERVICES FACILITIES



LEGEND

- MAXIMUM CORRECTIONAL FACILITIES
- MEDIUM CORRECTIONAL FACILITIES
- ▲ MINIMUM CORRECTIONAL FACILITIES
- ◆ (MINIMUM CAMPS) CORRECTIONAL FACILITIES
- R RECEPTION CENTERS
- W WORK RELEASE
- S SHOCK INCARCERATION
- A ASACT
- ⊕ DRUG TREATMENT CAMPUS

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