

State of New York
DEPARTMENT OF CORRECTIONS
AND COMMUNITY SUPERVISION

Building Number 2
Harriman Office Campus
Albany, New York 12226

**The Comprehensive Alcohol and
Substance Abuse Treatment Program
2012**



Andrew M. Cuomo
Governor



Brian Fischer
Commissioner

CASAT PROGRAM

The New York State Department of Corrections and Community Supervision (NYSDOCCS) Comprehensive Alcohol and Substance Abuse Treatment (CASAT) program was a creation of the 1989 Prison Omnibus Legislation.¹ This 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 (Phase I) would be transferred to a work release facility or an appropriate community based program (Phase II). The law also provided for an aftercare component upon release from the Department while under the supervision of the Division of Parole (Phase III). Appendix A diagrams the movement of the offender through the CASAT program phases.

After briefly summarizing the CASAT program's history since 1990, this report focuses on recent program trends from 2006-2012. For an in-depth description of the CASAT program, please see "*Comprehensive Alcohol and Substance Abuse Treatment Program: 2008*".²

PROGRAM GOALS

The CASAT program, with its mandate to provide a continuum of treatment services, is designed to achieve the following goals:

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

¹ The New York State Department of Correctional Services and the New York State Division of Parole were merged through Legislative action on April 1, 2011. The resulting agency is the New York State Department of Corrections and Community Supervision.

² "The Comprehensive Alcohol and Substance Abuse Treatment Program: 2008," New York Department of Correctional Services, Albany, New York 12226 (2009).

CURRENT PROGRAM ELIGIBILITY

- 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 earliest release.
- Classified as medium or minimum security.
- Temporary release approvable except for some drug offenders sentenced by judges to CASAT treatment (court-mandated CASAT). Court-mandated CASAT offenders not meeting all CASAT program requirements, particularly temporary release eligibility, are permitted to enter Phase I but are not allowed to transition to Phase II. This group is referred to as Phase I-only participants. This program modification, implemented in May 2006, permits a larger pool of offenders to receive intensive, residential drug treatment. Court-mandated offenders who meet all established CASAT requirements are eligible to enter Phase II upon completion of Phase I.

The review for CASAT eligibility and the offender's interest in participating in a treatment program is conducted at reception or later at a general confinement facility between the offender and the offender's rehabilitation 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 offenders found to be acceptable for temporary release represent the pool of potential participants for traditional CASAT Phase I and II programs.

PHASE I PARTICIPANT POPULATION: 1990-2005

- New commitments to NYS DOCCS jumped from 4,250 (including 470 offenders committed for drug offenses) in 1970 to a high of 25,155 in 1992 (including 11, 225 drug commitments) (see Appendix B). The CASAT program expanded in the early 1990s to meet the substance abuse treatment needs of these offenders (from 783 Phase I participants on June 30, 1991 to 2,369 Phase I participants on June 30, 1994, see Table 1.1 and Figure 1.1).
- Executive Order #5, issued in 1995, significantly impacted the CASAT program by precluding the participation of violent felony offenders in the Department's Temporary Release program. Further diminishing the pool of eligible offenders was the Sentencing Reform Act (SRA) of 1995, which created the Willard Drug Treatment Campus, designed to divert second felony offenders with substance abuse problems from NYS DOCCS incarceration. As a result of these two legal

mandates, the CASAT Phase I program experienced an overall decline in participation from 2,369 on June 30, 1994 to 1,696 participants on June 30, 1996 (see Table 1.1).

- The CASAT Phase I population continued on a downward path most years (with the exception of 2000 when the population rose to 1,404) until 2003 when CASAT eligibility redefined “earliest release date” from parole eligibility date to merit eligibility date (an offender’s merit eligibility date occurs before their parole eligibility date). This policy change produced a brief upswing in CASAT Phase I participation in 2003 to 992 participants, up from 926 in 2002 (see Table 1.1).

PHASE I PARTICIPANT POPULATION: 2006-2012

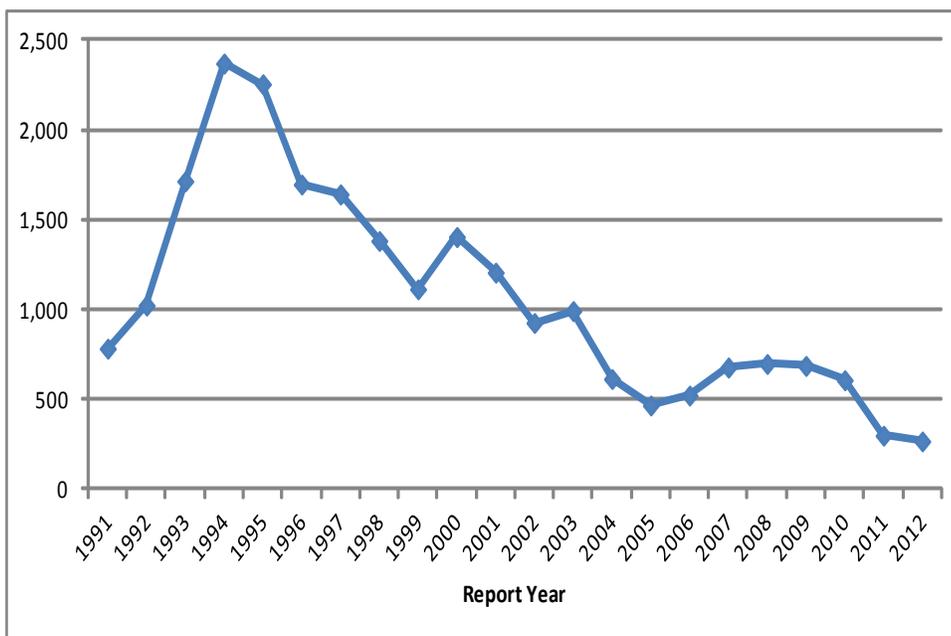
- Further declines in CASAT Phase I participation continued until 2006 when the first impact of permitting temporary release ineligible, court-mandated offenders in the CASAT program was observed as the program increased from 467 on June 30, 2005 to 522 participants on June 30, 2006 (see Table 1.1).
- After the introduction of the court-mandated, temporary release ineligible offenders in 2006, Phase I participation rose to over 600 participants in 2007. Phase I participation remained over 600 for the 2007-2009 reporting years and the first half of 2010 before declining. As a response to the steep decline in Phase I participation during the second half of 2010 and 2011, the Department closed Wyoming ASACTC (120 beds) in March 2011 and reduced the program capacity of Taconic ASACTC to 44 treatment beds (from 136 beds) in May 2011 (see Table 1.1 and Table 1.3). Remaining Wyoming CASAT participants were transferred to Arthur Kill and Hale Creek to complete Phase I.
- Over a ten-year period, 2002-2011, the NYS DOCCS experienced a significant reduction in its under custody population (66,691 on December 31, 2002 compared with 55,065 on December 31, 2011). The resulting, smaller prison population led to excess housing space in minimum and medium security facilities. During 2011 and 2012, consolidation or “right-sizing” of NYS DOCCS correctional facilities occurred. Seven medium and minimum security facilities were closed, including Arthur Kill. CASAT participants not nearing program completion were transferred to a new 60-bed program at Marcy Correctional Facility that opened in October 2011 (see Table 1.2).
- On June 29, 2012, there were only 267 Phase I participants (32 fewer participants than last year). To alleviate vacant bed space in the CASAT program, the number of program beds at Hale Creek was reduced to 336 from 400 and at Taconic, from 44 to 30 beds (see Table 1.2).
- The number of court-mandated, temporary release ineligible participants is also decreasing. On June 25, 2010, 317 (or 52%) of total Phase I participants (607)

were temporary release ineligible compared with 115 (or 43%) of the total Phase I population (267) temporary release ineligible on June 29, 2012 (see Table 1.2).

Table 1.1
CASAT Phase I 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	2007	2008	2009	2010	2011	2012
Arthurkill	0	216	212	215	216	200	154	145	124	216	153	117	127	35	17	31	39	41	49	43	49	0
Butler	193	211	199	199	224	163	177	129	112	183	176	60	0	0	0	0	0	0	0	0	0	0
Cape Vincent	0	0	431	420	452	264	257	155	0	0	0	0	0	0	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	0	0	0	0	0	0
Hale Creek	199	196	199	198	451	362	375	292	219	325	259	264	416	266	156	362	424	451	448	388	222	195
Livingston	0	0	0	704	223	0	0	0	0	0	0	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	0	0	0	0	0	49
Wyoming	0	0	0	0	0	0	0	0	100	101	99	82	90	95	58	60	125	124	126	127	0	0
Taconic	0	0	287	234	275	328	308	319	266	278	228	161	167	75	58	69	90	82	64	49	28	23
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	678	698	687	607	299	267

Figure 1.1
CASAT Phase I Participant Snapshot



**Table 1.2
CAPACITY AND OFFENDER POPULATION CASAT PROGRAMS – AS OF 6/29/12***

ANNEX	Program Start Date	CAPACITY	CASAT PARTICIPANTS		TRADITIONAL CASAT PARTICIPANTS	WORK RELEASE INELIGIBLES
			Total	% of Program Capacity		
Hale Creek	November 1990	336	195	58%	119	76
Marcy	October 2011	60	49	82%	18	31
Taconic	April 1992	30	23	77%	15	8
TOTAL		426	267	63%	152	115

Source: DOCCS UC File

*Some program beds at CASAT facilities are occupied by offenders either waiting to begin Phase I or Phase I completers awaiting transfer to work release or general confinement facilities. These offenders are not included in these figures.

- As of June 29, 2012, 63% of all CASAT program beds were filled with participants. Marcy was operating at 82% capacity, Taconic at 77% capacity while Hale Creek was at 58% capacity (see Table 1.2).

Declines in the number of offenders eligible for the CASAT program were a consequence of the sweeping Drug Law Reform Act of 2009, the elements of this law encouraged the expansion of Drug Courts and community based substance abuse treatment in order to divert drug offenders from NYS DOCCS incarceration. Since the Sentencing Reform Act (SRA) of 1995, approximately 75% to 85% of CASAT participants have been drug offenders; therefore any decrease in drug offender commitments to NYS DOCCS would reasonably be expected to impact the availability of offenders for the program. The number of drug offenders admitted in 2012 (3,515) was the lowest recorded since the CASAT program started (see Appendix B).

CASAT PHASE I and PHASE II QUARTERLY TRENDS: 2006-2012

- Focusing on the most recent years of the CASAT program (March 2006 – June 2012), Table 1.3 and Figure 1.2 present quarterly Phase I and Phase II trends.
- The decline in Phase I participation was halted and partially reversed after mid-2006 until mid-2010 when the entrance of court-mandated, temporary release ineligible into the program increased Phase I participation numbers. By mid-2010, Phase I participation once again began to steadily decrease. The proportion of women in Phase I has also fallen. For example in June 2006, women comprised 14% of the Phase I population, 18% in June 2007 and 12% in June 2008. During the last four program years, the proportion of women in Phase I has ranged between 8% and 9% (8% in 2010 and 9% in 2009, 2011, 2012).
- Phase II participation numbers in 2012 (210 in March) fell to program's lowest levels since the early 1990s.

Figure 1.2

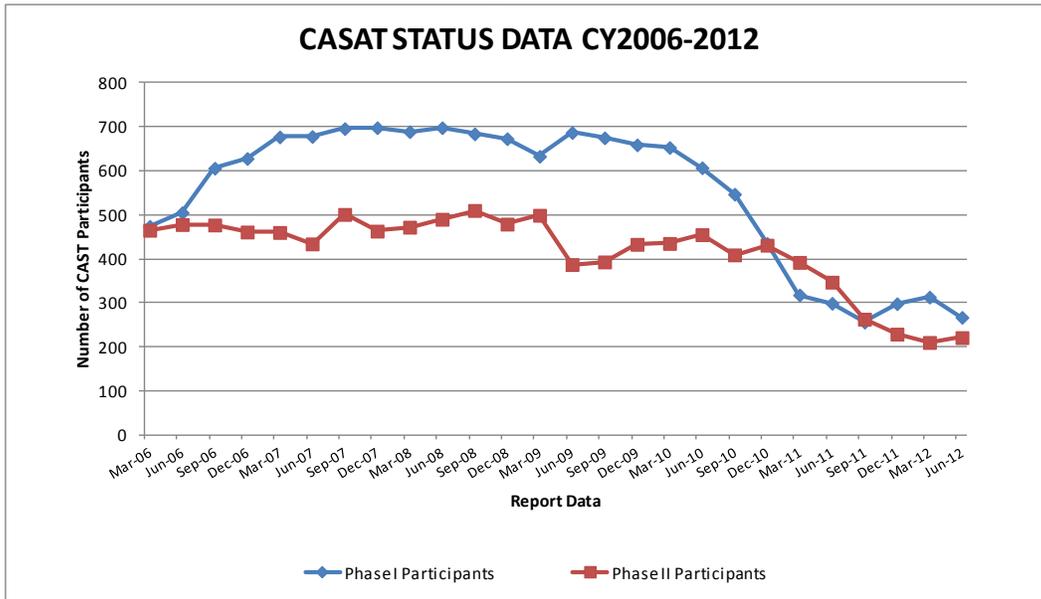


Table 1.3
CASAT Phase I and Phase II Population: Calendar Years 2006-2012

REPORT DATE	TOTAL PHASE I PARTICIPANTS			PHASE II PARTICIPANTS
	Male	Female	Total	Total
2006				
3/3/06	401	73	474	465
6/2/06	431	73	504	478
9/1/06	524	82	606	477
12/1/06	544	84	628	461
2007				
3/26/07	577	100	677	460
6/25/07	588	90	678	434
9/24/07	615	81	696	501
12/24/07	622	76	698	463
2008				
3/28/08	611	78	689	472
6/30/08	616	82	698	490
9/26/08	613	71	684	510
12/29/08	613	60	673	479
2009				
3/27/09	573	60	633	499
6/26/09	623	64	687	387
9/25/09	615	60	675	393
12/23/09	602	57	659	433
2010				
3/26/10	593	60	653	435
6/25/10	558	49	607	455
9/24/10	506	41	547	409
12/31/10	396	39	435	431
2011				
3/25/11	289	29	318	392
6/24/11	271	28	299	347
9/26/11	228	28	256	263
12/26/11	269	29	298	229
2012				
3/26/12	286	27	313	210
6/29/12	244	23	267	221

CASAT PHASE II ----CONTINUING SUBSTANCE ABUSE TREATMENT

- After participating in an intensive, residential, therapeutic community-based substance abuse treatment component in Phase I, CASAT participants eligible to enter Phase II (work release) continue in substance abuse treatment. Men assigned to New York City work release facilities receive treatment services at their facility while women assigned to Bayview receive outpatient treatment services from the Center for Community Alternatives.
- Starting in March 2007, men and women entering CASAT Phase II in upstate work release facilities began receiving treatment services from community outpatient treatment providers. This program is federally funded under a collaborative project with the New York State Office of Alcoholism and Substance Abuse Services. Despite the addition of the two service providers in the Upstate area, the number of participants attending weekly individual and/or group counseling sessions declined in June 2012 (46) compared with those being treated in June 2011 (54) (see Table 1.4).

Table 1.4

Outpatient Substance Abuse Service Providers
Upstate CASAT Phase II Participants
June 2012

Service Providers	Assigned Facility	Caseload
Buffalo Area		
Alcohol Drug Dependency Services	Buffalo	0
Albany Area		
Twin County Recovery Services	Hudson	11
820 River Street Inc.		
Albany	Hudson & Albion	9
Queensbury	Hudson & Albion	0
Rochester Area		
Genesee Council on Alcoholism and Substance Abuse (GCASA)		
Albion	Rochester & Albion	2
Strong Recovery	Rochester & Albion	9
Utica/Syracuse Area		
Insight House	Albion, Hudson & Rochester	1
Syracuse Behavioral	Albion, Hudson & Rochester	2
Lower Hudson Valley		
Catholic Charities	Fishkill	10
St. John's Riverside	Fishkill	2
St. Francis	Fishkill	0
Total		46

CONCLUSION

In view of the fact that approximately 75% to 85% of the CASAT participants have been drug offenders since the Sentencing Reform Act (SRA) of 1995, the decline in the number of such offenders committed annually to NYS DOCCS in recent years has reduced the pool of offenders eligible for the CASAT program. In 2006, 36% of all new court commitments were admitted for drug offenses, but by June 2012 that proportion had fallen to 23%. Among women drug offenders the decline was significant as 43% of all female new court commitments in 2006 were admitted for drug offenses versus 26% in 2012.

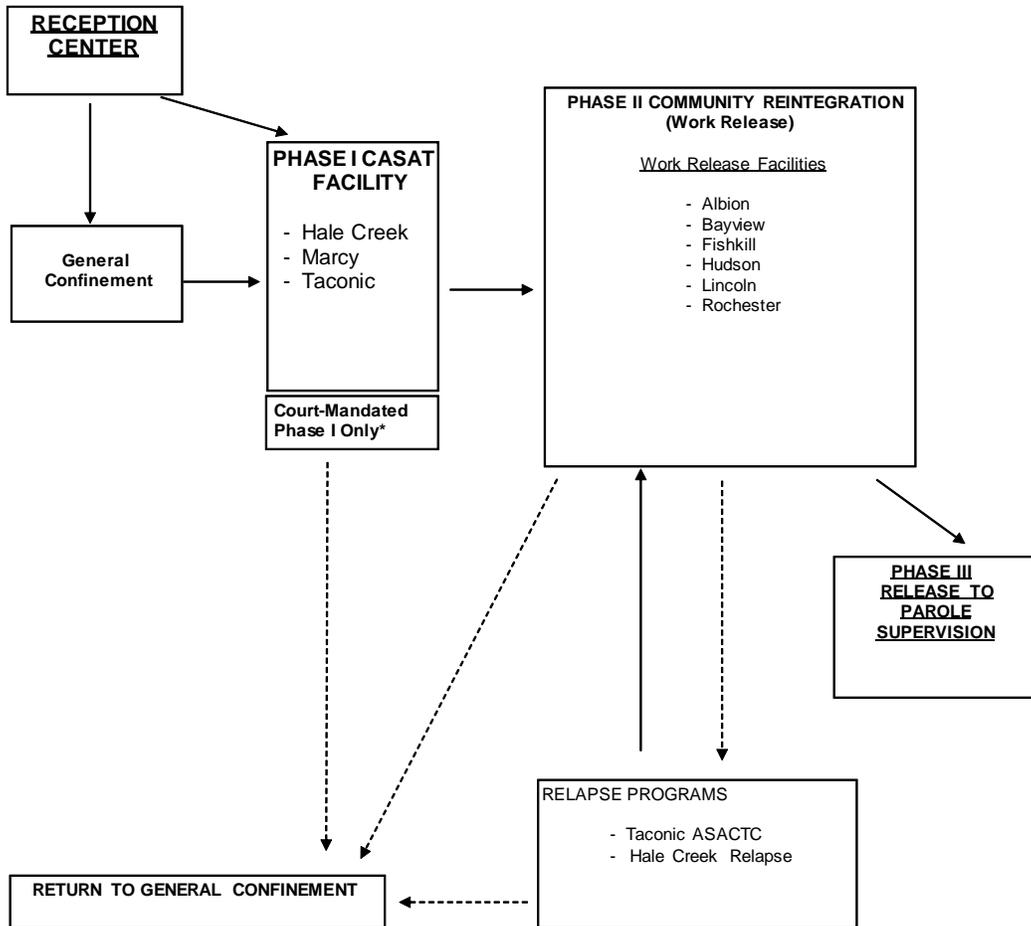
As such, the ongoing decrease in drug commitments to NYS DOCCS can reasonably be expected to have an impact on the availability of offenders for this program.

Table 1.5
NYS DOCCS Annual Drug and Female Drug Commitments
Calendar Years: 2006 - June 2012

Year of Commitment	All New Commitments	Female New Commitments	All Drug New Commitments	Female Drug New Commitments	Percent Drug New Commits of All New Commits	Percent Female Drug New Commits of All Female New Commits
2006	16,779	1,259	6,060	544	36.1%	43.2%
2007	17,231	1,274	6,148	565	35.7%	44.3%
2008	15,798	1,148	5,190	475	32.9%	41.4%
2009	15,323	1,037	4,324	341	28.2%	32.9%
2010	14,755	919	3,757	268	25.5%	29.2%
2011	14,497	1,052	3,515	283	24.2%	26.9%
2012 (thru June)	7,369	535	1,667	142	22.6%	26.5%

Appendix A

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
 THE COMPREHENSIVE ALCOHOL AND SUBSTANCE ABUSE TREATMENT
 PROGRAM
 DIAGRAM OF OFFENDER MOVEMENT AS OF JUNE 30, 2012



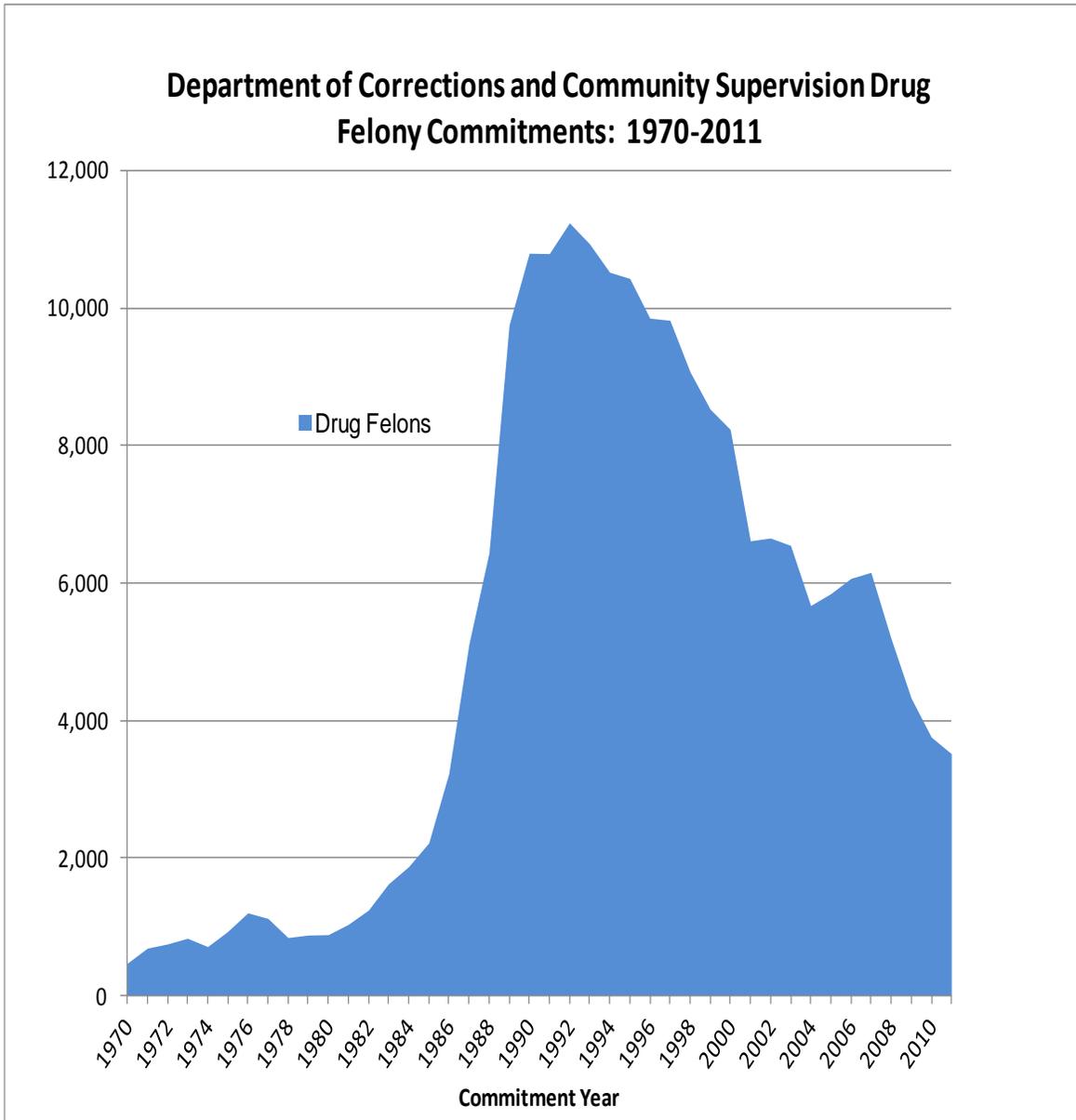
*Successful court-mandated Phase I-only participants are either paroled from the CASAT facility or are returned to general confinement.

Dotted Lines (----) Indicate failure to complete program.

APPENDIX B

Table 4. New York State Department of Corrections and Community Supervision Annual Felony Drug Commitments and Total Commitments Calendar Years: 1970 - 2011			
<u>Year of Commitment</u>	Drug Commitments		Total New Court Commitments
	<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	46.6%	19,453
1999	8,520	44.5%	19,157
2000	8,225	44.3%	18,561
2001	6,606	40.0%	16,497
2002	6,647	39.1%	16,999
2003	6,540	37.7%	17,336
2004	5,667	34.6%	16,388
2005	5,839	35.7%	16,334
2006	6,060	36.1%	16,779
2007	6,147	35.7%	17,231
2008	5,191	32.9%	15,798
2009	4,320	28.2%	15,323
2010	3,757	25.5%	14,755
2011	3,515	24.2%	14,497
TOTAL	212,211	34.1%	622,747

APPENDIX B



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