



New York State  
Office of Alcoholism & Substance Abuse Services  
Addiction Services for Prevention, Treatment, Recovery

**OASAS Report on  
NYS DOCS Addiction Services**

December 1, 2009

*David A. Paterson*  
*Governor*

*Karen M. Carpenter-Palumbo*  
*Commissioner*

# **OASAS Report on NYS DOCS Addiction Services 2009**

## **Executive Summary**

Sentencing Reform Laws signed by Governor Paterson in 2009 (Chapter 56 of the Laws of 2009) include a provision giving the New York State Office of Alcoholism and Substance Abuse Services (OASAS) the responsibility to monitor, develop guidelines and report on the adequacy and effectiveness of the services offered by the New York State Department of Correctional Services (DOCS) to inmates with substance abuse issues.

Under the leadership of OASAS Commissioner Karen M. Carpenter-Palumbo and DOCS Commissioner Brian S. Fischer, the two agencies have engaged in many collaborative efforts designed to enhance the quality of services offered to inmates both while they are incarcerated and after. The intended outcome of these initiatives is to enhance public safety by reducing crime and recidivism, while helping inmates successfully re-integrate into the community.

OASAS has been involved in many collaborative efforts with DOCS, Division of Parole, Division of Criminal Justice Services and the Division of Probation and Correctional Alternatives. Several of these collaborations are described below:

- Development of new, more focused operating regulations for the Willard Drug Treatment Campus (Operating Certificate issued July 2009)
- Establishment of the Edgecombe Treatment Facility for technical violators of parole with substance abuse problems. This innovative approach was initiated in 2008 and the Operating Certificate was issued in December 2008 and renewed for three years beginning December 2009.
- Establishment of specialized Re-entry Programs at the Orleans, Hudson and Bayview Correctional Facilities. These programs were initiated in 2008 with Hudson and Bayview opening in 2009. The programs are designed to improve re-entry for inmates by connecting them with community services and local Recovery Task Forces while still incarcerated.
- Development of the Transition from Prison to Community Initiative. This initiative is designed to improve processes of inmate assessment, placement, release determination and re-entry under parole supervision.
- Establishing a process for Criminal Justice, Judicial, and Chemical Dependency Treatment databases to be shared resulting in a major improvement in the ability to track outcomes and measure program performance.

Commissioners Fischer and Carpenter-Palumbo agreed to establish the goal of OASAS certifying all of the addiction services programs offered by DOCS. The certification of DOCS programs will ensure consistency and standards of performance. It also provides a vehicle for OASAS and DOCS to implement best practice models of service. OASAS convened a team to undertake the Addiction Services Certification Initiative . The team



visited four corrections facilities in the fall of 2009. The preliminary findings of the team were:

- DOCS programs have dedicated staff, trained in the provision of uniform programming for substance abuse.
- The programs had high fidelity with the curricula as outlined in the Agency manuals.
- A number of best practices were identified among the four providers that could be shared across the system.
- Inmates, by and large reported that the programs were helpful. They engaged actively in group discussions and demonstrated knowledge of the various issues related to substance abuse and recovery. Former inmates indicated that the programs could be helpful for those truly motivated to stop abusing drugs, but identified some potential improvements.

OASAS plans to work with DOCS in 2010 on the following goals:

- Visit eight-10 more facilities, including a reception center and maximum security programs
- In collaboration with DOCS, develop draft guidelines for the basic service types (Alcohol and Substance Abuse Treatment, Comprehensive Alcohol and Substance Abuse Treatment and Shock Alcohol and Substance Abuse Treatment
- Introduce the draft guidelines in three to four pilot facilities to test appropriateness
- Modify and roll out finalized guidelines to other facilities
- Establish working groups to develop training and technical assistance opportunities
- Explore the potential use of Medication Assisted Treatment as an adjunct to existing services.



## INTRODUCTION

On April 7, 2009, Governor David A. Paterson signed into law the landmark reforms of the Rockefeller Drug Laws (enacted pursuant to Chapter 56 of the Laws of 2009). The reforms eliminated certain mandatory prison sentences by giving judges discretion to divert non-violent individuals with substance abuse histories to a variety of alternative sentences including Judicial Diversion programs modeled after Drug Courts. These reforms will greatly increase the access to treatment for many offenders. The law strikes a careful and appropriate balance to ensure that non-violent addicted offenders receive the treatment they need while predatory major drug dealers are appropriately punished. While diversion alternatives will be available for many, there will still be a significant number of individuals with substance abuse issues will continue to be committed to prison. The sentencing reform legislation also addresses the needs of those individuals while in prison.

Specifically, Section 19.07 of the Mental Hygiene Law was amended by adding a new subdivision (h) to read as follows:

The office of alcoholism and substance abuse services shall monitor programs providing care and treatment to inmates in correctional facilities operated by the department of correctional services who have a history of alcohol or substance abuse or dependence. The office shall also develop guidelines for the operation of alcohol and substance abuse treatment programs in such correctional facilities in order to ensure that such programs sufficiently meet the needs of inmates with a history of alcohol or substance abuse or dependence and promote the successful transition to treatment in the community upon release. No later than the first day of December of each year, the office shall submit a report regarding the adequacy and effectiveness of alcohol and substance abuse treatment programs operated by the department of correctional services to the governor, the temporary president of the senate, the speaker of the assembly, the chairman of the senate committee on crime victims, crime and correction, and the chairman of the assembly committee on correction.

This first annual report will provide background information on the New York State Office of Alcoholism (OASAS) and the Department of Correctional Services (DOCS), a description of current collaborative efforts, a review of DOCS programming, and a plan for future efforts.



## **BACKGROUND**

**Office of Alcoholism and Substance Abuse Services (OASAS)** - Under the leadership of Commissioner Karen M. Carpenter-Palumbo, OASAS has become a more vital and visible agency in New York and the nation. The Addictions Collaborative to Improve Outcomes for New Yorkers (ACTION) initiative, which addresses the issue of the impact of substance and alcohol use in public safety, health, welfare, and education, is an example of the State's expanded effort to address addiction issues as they impact New York.

With one of the nation's largest addiction service systems, OASAS provides a full continuum of services to a large and diverse population of approximately 260,000 unique individuals each year. The 1,550 OASAS certified and funded providers deliver services in prevention, treatment, and recovery settings across the state to 110,000 New Yorkers on any given day. The addiction treatment services provided in the OASAS system include inpatient, outpatient, residential, methadone, and crisis services. In addition, there are school-based and community-based prevention services as well as intervention, treatment, support, and recovery services.

OASAS inspects and monitors these programs to guarantee quality of care and to ensure compliance with state and national standards. OASAS also provides technical assistance and training to providers to improve their services. In addition, OASAS directly operates 12 Addiction Treatment Centers, which provide inpatient rehabilitation services to over 9,000 individuals per year.

**Department of Correctional Services (DOCS)** - Under Commissioner Brian S. Fischer's leadership, DOCS has developed a collaborative relationship with OASAS, working to identify ways to enhance the quality of DOCS substance abuse programming. DOCS offers an extensive array of programs and services at 62 of the 68 facilities (see Appendix A for a complete list of DOCS addiction services program and descriptions), which inmates may utilize to re-direct their lives to become productive, law abiding members of society. Programs include substance abuse treatment, educational and vocational training, parenting skills, anger management, domestic violence counseling, health education, sex offender treatment religious services, and many more.

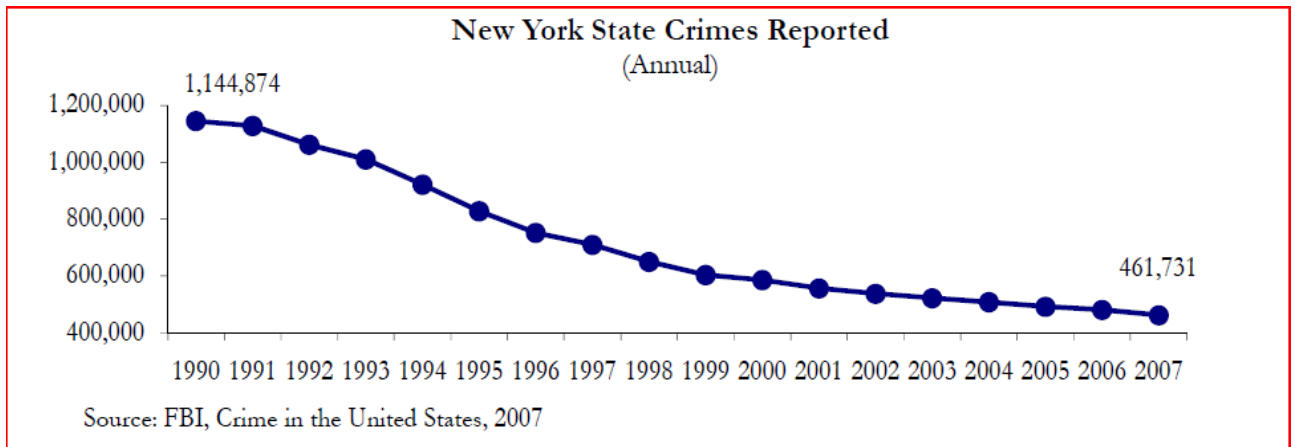
Commissioner Fischer is responsible for the overall management and operation of DOCS to ensure the safe, humane incarceration of adult and young adult offenders committed by the judicial system to the State's custody. Approximately 60,000 inmates are housed in the 68 DOCS Correctional Facilities (C.F.) throughout New York.



## OVERVIEW

While crimes reported in New York State have dropped dramatically since 1990 (New York now is the safest large state in the United States), the abuse of alcohol and substances abuse continues to be a major factor of crime committed in the State.

Fig. 1



Data from DOCS indicate that:

- Eighty-three percent (83%) of inmates under DOCS custody on December 31, 2007 had an identified substance abuse need. This included 82% of the male inmates (N=49,326) and 88% of the female inmates (N=2,422). When inmates with missing data were excluded, the proportion of substance abusers increased to 86%: 85% of males and 92% of females (*NYS DOCS, Identified Substance Abuse, 2007*).
- Among releases over the last five years, 75-79% of inmates with a substance abuse need completed or were still participating in substance abuse counseling when released (*NYS DOCS data reported in NYS Criminal Justice 2008 Crimestat Report*).

Table 1 presents data on the Specific Type of Substance Use by Gender (Note: primary drug of choice data was not available for all inmates identified with a need, thus the total number of cases in this table does not represent all of the inmates with an identified substance/alcohol need).



Table 1  
Specific Type of Substance Abuse by Gender

MOST SERIOUS SUBSTANCE USED	MALES		FEMALES		TOTAL	
	Number	Percent	Number	Percent	Number	Percent
Marijuana	12,983	36%	485	22%	13,468	36%
Alcohol Only	8,211	23%	484	22%	8,695	23%
Cocaine	6,603	18%	325	15%	6,928	18%
Heroin	3,327	9%	295	14%	3,622	10%
Crack	2,761	8%	517	24%	3,278	9%
Other Drugs	1,869	5%	65	3%	1,934	5%
<b>TOTAL*</b>	<b>35,754</b>	<b>100%</b>	<b>2,171</b>	<b>100%</b>	<b>37,925</b>	<b>100%</b>

*May not add to 100% due to rounding.*

*(NYS DOCS, Identified Substance Abuse, 2007)*

While New York has made significant inroads into crime reduction, the impact of substance abuse on crime, recidivism and public safety remained a concern. In the past 14 years, Drug Courts have had a significant impact on reducing recidivism for substance abusing criminals while enhancing public safety.

Pursuant to Article 216 of the State’s Criminal Procedure Law – titled Judicial Diversion Program for Certain Felony Offenders - criminal courts are authorized to allow eligible defendants with a diagnosis of drug or alcohol dependence to participate in a comprehensive treatment program supervised by the courts. The law relieves new offenders from some of the Rockefeller Drug Law’s mandatory sentencing provisions and provides opportunities for resentencing to some offenders who remain incarcerated under the old laws.

The State has directed funds to support the implementation of the drug law reforms and related initiatives. Aside from enabling the State to implement the major aspects of drug law reform the funds will help to create new jobs or jobs that would have otherwise been eliminated. When fully implemented, these reforms will lead to a significant investment in the OASAS addiction treatment system.

As noted above, the recent Rockefeller Drug Law reform legislation commissions OASAS to monitor and review the addiction programs operated within DOCS facilities. Commissioners Fischer and Carpenter-Palumbo agreed to the unprecedented goal for OASAS to certify all of the DOCS programs. This initiative will seek to develop operating guidelines for more than 60 addiction services programs operated by DOCS throughout New York. It is through the leadership of Commissioners Fischer and Carpenter-Palumbo that DOCS and OASAS are working together to enhance existing DOCS programs to best meet the need of the inmate population.



To date, OASAS and DOCS have met to begin the “discovery” process about programs, determine strengths and identify improvement opportunities. Staff of both agencies are researching national models for prison based substance abuse programs and curricula. OASAS staff members have made several visits to various C.F.s (e.g., Albion, Gowanda, Hale Creek, Summit) and plan to visit eight to ten more during the next year.

This is the beginning of a new era in New York and OASAS is proud to have a fundamental role in the significant initiatives taking place to support Rockefeller Drug Law Reform Statute. Our mission to improve the lives of all New Yorkers who are struggling with addictions will take center stage through this historical reform as New York leads the nation in this initiative.

This report is separated into three sections: recent collaborative successes, the Addiction Services Certification Initiative (ASCI), and plans for the next year.



## **SECTION 1 – RECENT COLLABORATIVE SUCCESSES**

OASAS and DOCS have had a history of collaboration previously, but never with the level of openness and cooperation currently experienced under the leadership of Commissioners Carpenter-Palumbo and Fischer. Recently the agencies have been working together to develop new operating guidelines for the Willard Drug Treatment Campus, establishment of the Edgecombe Treatment Program (along with the Division of Parole), planning and implementation of the Transition from Prison to Community Initiative, and the development of specialized re-entry programming at three correctional facilities throughout the state.

### **WILLARD DRUG TREATMENT CAMPUS**

Willard Drug Treatment Campus (WDTC) was created as a result of the Sentencing Reform Act of 1995, which defines a drug treatment campus and also stipulates that “services shall be provided by, or with the approval of and pursuant to a plan developed in conjunction with, the office of alcoholism and substance abuse services...” WDTC was issued its initial Certificate of Approval effective October 26, 1995 with a capacity of 200 individuals. During the intervening years, the capacity has increased to 750, 850 and currently 900 individuals.

Participants, who are all parolees under the supervision of the Division of Parole (DOP), are formed into platoons of approximately 50 to 70 participants who live together as a unit; they hold a Network community meeting daily with a goal of resolving problems and reflecting on progress. The Network program is designed to help participants adjust to community living and develop socialization, employment, communication, decision making, and critical thinking skills

All offenders participate in Alcohol and Substance Abuse Treatment (ASAT), a drug education and group counseling program that occurs a minimum of twice a week, for three hours each session. ASAT is based on principles of 12-step and other self help programs, as well as the cognitive behavioral approach to facilitate change. Materials from the Network program are also included in the curriculum. WDTC is staffed by a combination of trained substance abuse counselors, DOCS correctional officers, Field Parole Officers, and educational/vocational instructors.

In light of the Rockefeller Drug Law reforms and OASAS’ mandate to prepare guidelines and monitor addiction services in correctional settings, the Willard experience has provided the momentum for future collaborative efforts. This partnership between OASAS and DOCS truly provides a blueprint for the future. Utilizing the expertise of OASAS and DOCS staff members, the Addiction Services Certification Initiative (ASCI) will ensure enhanced addiction services and best address the unique needs of this population.



Collaboration between OASAS and DOCS resulted in a review of the WDTC's programs and current certification. The analysis identified a number of strengths of the WDTC program. First, there are a significant number of qualified clinical staff members employed. Second, WDTC has a strong vocational/educational component, including GED classes. Third, the "Extended Willard" program includes an appointment at discharge to an OASAS-certified treatment provider.

This analysis found that parolees would best be served by changing the certification to an OASAS Part 1045 Specialized Service. This operating category allowed DOCS and OASAS to work in collaboration to develop official guidelines which ensure quality addiction services and best address the unique needs of the Willard population and operational requirements of the facility.

OASAS and DOCS entered into a dialogue regarding specific changes and to develop new operating standards for Willard based on current OASAS operating regulations, along with concepts from innovative DOCS programs. The team developed official guidelines which best serve the needs of the population served. OASAS cannot understate the cooperation and enthusiasm that the WDTC staff members have demonstrated throughout this process. They prepared extensively for each meeting, working diligently to implement necessary changes without hesitation.

The result of this process was the development of the OASAS Part 1045 Specialized Service standards for WDTC, entitled *Requirements for the Operation of Treatment Readiness Specialized Chemical Dependence Services at Willard Drug Treatment Campus*. Some of the key highlights of the changes include:

- A requirement for bi-weekly small group therapy sessions with a maximum number of 18 participants. The groups are operational and participants are not required to maintain military bearing during the sessions (more closely resembling community based group counseling sessions). Uniformed Corrections Officers reported that they have seen an improvement in the atmosphere of the living units since the groups started, as the participants are working out problems in group rather than on the unit.
- Incorporating an intervention component for those participants who do not meet the diagnostic criteria for substance abuse or dependency. Since WDTC does not have authority over who is sent to the facility, they have some participants who do not have a diagnosis. The guidelines allow for WDTC to identify those individuals as benefitting from an "intervention" focus. The programming is essentially the same as for the rest of the group, but the treatment plan reflects their needs.
- The use of Parole Reporting Instructions as the discharge plan. The Parole Reporting Instructions is a very specific plan of the agency, time, date, and contact for treatment, housing, vocational, and parole appointments upon release.

Since the implementation of guidelines in July, staff and participants have reported many positive changes. An event was held on July 2, 2009 to announce the new regulations and



to recognize those who worked together to develop the regulations. The event was attended by Denise E. O'Donnell, Deputy Secretary for Public Safety, Commissioners Fischer and Carpenter-Palumbo, and Andrea W. Evans, Chairwoman of the Division of Parole; representing the four Agencies involved in the operation of WDTC.

### **EDGECOMBE TREATMENT FACILITY**

The Edgecombe Specialized Chemical Dependence Services program provides intensive services to parole detainees housed at Edgecombe Residential Treatment Facility, in Manhattan, for a period of 10-30 days, preparing them for a return to their communities, and engagement in community-based addiction treatment. The facility holds 100 parolees, each voluntarily detained, with the overall service capacity of approximately 1,200 parolees annually. Edgecombe is staffed by a combination of DOCS correctional officers, DOP counselors, Facility Parole Officers, and treatment staff of the OASAS-certified provider (Odyssey House).

Parole detainees are individuals who are being detained by DOP pending a determination regarding their possible re-incarceration. The services are designed to provide intensive treatment to parole detainees with the aim of returning them to their communities and to engage them in further addiction treatment. All detainees are expected to have a diagnosis of alcohol or substance addiction or abuse requiring intervention and treatment. The parole detainees will be held in the residential facility and will be provided addictions treatment. Edgecombe effectively treats parolees in a stabilization program and upon completion, they are referred to continuing care services consistent with an established treatment plan.

The goal of the Edgecombe Residential Treatment Facility is to positively redirect the behavior of a parolee at risk of being re-incarcerated due to non-compliance with conditions of parole. Utilizing a combination of comprehensive treatment services and intensive parole supervision, the Edgecombe team engages the parolees in developing and implementing a community-based parole stabilization plan. Services are provided to the participants to ensure that continuity of care is consistent with treatment and continuing care plans. DOCS provides security, maintenance, food services, and medical services to parolees housed at Edgecombe Residential Treatment Facility. DOCS also provides services to meet the religious and spiritual needs of the parolees.

Treatment of parolees is a complex issue that must take into account a variety of unique issues related to their lives, including criminal thinking, impulsive behavior, poor decision-making skills, criminal behavior, poor critical thinking skills, and (often) a long history of alcohol/substance abuse. The Edgecombe Specialized Chemical Dependence Services program enables the parolees to “step back” from the stressors in their lives, reassess their lifestyle, and develop plans for successful community reintegration. The programmatic framework includes: comprehensive evaluation of all relevant domains (e.g., alcohol/substance use, employability, family relationships, housing, mental health), individualized treatment plans, structured therapeutic activities, individualized community reintegration plans, and referrals to community-based services. In addressing



the unique needs of parolees, the treatment environment must encourage parolees to address issues of addiction and criminal lifestyle and to develop new skills and strategies for successful and productive community living.

The Edgecombe Program had its first OASAS re-certification review in November 2009, and was found to be in "Substantial Compliance". As a result, the program will receive a full three-year Operating Certificate.

### **TRANSITION FROM PRISON TO COMMUNITY INITIATIVE**

For the past five years, The Division of Criminal Justice Services, DOCS, DOP and OASAS have engaged in planning efforts to implement the Transition from Prison to Community Initiative (TPCI). This effort is a result of national efforts to improve re-entry and re-integration of inmates into the community. The process has involved reviewing and improving the various processes and programming that take an individual from reception in the DOCS facility, needs assessment, programming, release decisions, parole supervision and re-entry to the community. A key element of the initiative is the Transition Accountability Plan (TAP), which engages the inmate in the process of developing the plan for their re-entry. The four Agencies, under the facilitation of the TPCI Site Coordinator, have worked to develop the model. The first system-wide training in this initiative is planned for December 2009.

### **RE-ENTRY PROGRAMS**

OASAS, DOCS and DOP have worked together to establish three re-entry projects across the state. The first, at the Orleans C.F. serves both Erie and Monroe County. Inmates are moved to this facility 90- 120 days prior to their planned release date. While in the facility they receive a variety of intense re-entry programming, including an evaluation of substance abuse and alcohol problems from a community based provider. That provider can then facilitate a referral to an appropriate community based program for ongoing treatment once the inmate is paroled. This "warm hand-off" is designed to increase the likelihood of enrollment into the community based treatment programs. Case management and wraparound services are also available for the Orleans C.F. releasees. Recently, the program was expanded to the Hudson C.F. (serving Albany, Schenectady, Rensselaer, and Columbia counties), and the Bayview C.F. in NYC. The Bayview program will serve women for six months prior to their release and focus on re-entry issues including substance abuse, child care, family issues, vocation, and housing, with special attention to the various difficulties that women may have experienced. Currently, OASAS is in the process of procuring community based substance abuse services for the program. An important aspect of these re-entry programs is their relationship to the local Re-Entry Task Forces. The Task Forces are instrumental in assisting returning releasees access necessary services to enhance successful parole supervision and re-integration into the community as a law abiding citizen.



## **SECTION 2 – ADDICTION SERVICES CERTIFICATION INITIATIVE (ASCI)**

As mentioned above, Commissioners Fischer and Carpenter-Palumbo agreed that the best way to ensure the adequateness and effectiveness of DOCS operated addiction programs was for OASAS to develop operating guidelines and work toward certifying the 62 sites that DOCS operates. This task is a tremendous undertaking, the largest certification of new treatment programs that OASAS has ever undertaken. OASAS and DOCS worked together to establish a process to begin this initiative. First OASAS criminal justice staff members reviewed materials and manuals provided by DOCS. An orientation visit to the Albion C.F. was scheduled. Subsequently OASAS staff re-visited Albion and visited Gowanda C.F., Hale Creek C.F. and the Summit Shock Incarceration Facility. The purpose of these visits was to visit a variety of programs: Alcohol and Substance Abuse Treatment (ASAT), Comprehensive Alcohol and Substance Abuse Treatment (CASAT) and Shock ASAT), specialized programs (DWI at Gowanda and Albion) and programming for women (Albion). OASAS convened a team of criminal justice, program review and field office staff to conduct the visits. OASAS staff observed program sessions, reviewed documentation and interviewed inmates and staff.

The findings of those visits are described below:

### **ALBION CORRECTIONAL FACILITY**

On September 1, 2009, various OASAS staff members met with DOCS officials and the staff of Albion C.F. for a tour of their facility and the Substance Abuse Treatment Program. The goal of this site visit was to orient OASAS staff to the security regimentation maintained at DOCS correctional facilities and with the addiction treatment services offered.

Albion is a medium security facility housing nearly 1,000 female inmates for various felony convictions. Approximately 450 have mental health issues; of which 200 have seriously mental illnesses. The prison has a security staff of approximately 427 correctional officers.

The average stay for inmates is approximately 18 months. During such time, treatment services include, but are not limited to, an assessment, psycho-social, physical and mental evaluations, treatment planning, family visits/therapy sessions, recovery services and reintegration into community.

The Superintendent indicated that Albion's mission statement was amended from Care, Custody and Control to also include Treatment. Addictions services available at Albion include:

- (1) Alcohol and Substance Abuse Treatment Program (**ASAT**);
- (2) Driving While Intoxicated (**DWI**) Program;
- (3) Female Trauma Survivor Recovery Program (**FTSR**);
- (4) Integrated Dual Disorder Treatment (**IDDT**) **ASAT** Program;
- (5) Returned Parole Violators (**RPV**) Program; and



(6) Special Housing Unit (SHU) Pre-Treatment Workbook Program.

The review was very insightful and productive. Albion's staff gave OASAS staff an in-depth review of their treatment program services affording OASAS staff the opportunity to join in on group discussions and interact with inmates. In addition to receiving technical assistance from OASAS, Albion's staff expressed an interest in becoming a certified provider.

OASAS staff members sat in on lectures and various group counseling (e.g., ASAT, Trauma Recovery, Dual-Diagnosis) activities. The inmates were not intimidated by the presence of staff and continued to openly share their personal experiences and stories. Albion staff demonstrated a high degree of clinical proficiency in how they facilitated group discussions, dealt with resistance, and used experiential activities to approach issues.

In summation, the tour of Albion Substance Abuse Treatment Program was informative and successful. The Albion staff expressed a sincere desire to collaborate with OASAS on improving their Substance Abuse Treatment Program as well as taking the necessary steps to become certified in the near future.

On October 19, 2009, OASAS staff members conducted a follow-up visit to Albion to gain more information about the services being provided and to gather information regarding Albion's policies, procedures, assessment tools and case records for review and feedback. OASAS staff members began the visit by sharing their many positive impressions from the initial visit, especially the experienced counseling staff.

During this visit, OASAS staff members reviewed case records, focusing on assessments tools, treatment plans, progress notes and other documentation. OASAS and DOCS staff members also discussed increased clinical supervision, as well as the benefits of the Transitional Accountability Plan (TAP), which helps to ease the transition from prison to the community. There was general agreement that training is needed on drug culture differences, release of confidential treatment information, Criminogenic thinking with a focus on both criminal offenses (e.g. DWI) and substance abuse.



## **GOWANDA CORRECTIONAL FACILITY**

On October 20, 2009, various OASAS staff members met with DOCS officials and Staff at the Gowanda C.F. which operates a number of programs including ASAT, DWI programming and specialized programming for Sex Offenders. The facility's total population is 1,631 and there are 43 treatment staff members currently at the facility. The facility's programming was reviewed as well as the documentation. The DWI curriculum was written by Gary Metz, a faculty member of the State University College at Brockport's Addiction Counseling program for over 23 years. He is a nationally recognized expert in program development for Criminal Justice agencies. Staff used the curriculum effectively to help inmates address their issues. A key element of the DWI program is assisting inmates to understand that DWI is a criminal behavior, and that the criminal thinking involved in DWI is directly parallel to addictive thinking. In conjunction with the medical/abstinence model, the Felony DWI Treatment Program has been designed utilizing current evidence based research available from the Substance Abuse Mental Health Services Administration.

The OASAS staff also sat in on the Sex Offender's Program session. Group members appeared to be engaged, knowledgeable, and open to discussing their various issues as it relates to their substance abuse problems and sexual offenses.

A highlight of the visit was a review of the documentation by the clinical staff. The records contained many person-centered care related materials. Person-centered care is a philosophy of treatment that seeks to maximize the participation of the individual in their care. Treatment plans are written using the individual's own language describing what their goals are. Person-centered care is a key element of Motivational Interviewing, one of the most used evidence based practices in Substance Abuse treatment today. The Gowanda records included a number of forms where inmates described in their own language their long, short and immediate term goals. The inmate also described what where the things that they had to accomplish in order to meet those goals. These person centered approaches help engage the individual while also clearly vesting them with the responsibility for making changes in their life. Nationally, these approaches have been found to enhance treatment outcomes.

## **HALE CREEK CORRECTIONAL FACILITY**

On October 9, 2009 a field visit took place at the Hale Creek C.F. in Johnstown. The purpose of the visit was to review the CASAT program that is employed there in the form of a Modified Therapeutic Community Model of treatment for all members of the community.

The facility consists of 10 dorms with a capacity of 48 inmates per dorm, living in a Therapeutic Community. The total capacity for the facility is 480 inmates. All inmates remain in Phase I throughout the duration of their treatment which is a minimum of six months. Depending on the monthly evaluations, an extension can be recommended at any time.



The treatment staff of 25 consists of Program Assistants, Correction Counselors and Supervising Correction Counselors. All but nine of the treatment staff are Credentialed Alcoholism and Substance Abuse Counselors (CASAC).

While there, OASAS staff members observed two groups. The first was a “Process or Therapy Group” which consisted of 19 participants and a facilitator. The group facilitator encouraged the honest expression of feelings and confrontation, both of which took place appropriately. The group rules were apparent and did not need to be stated at the beginning of the group. The process worked well with several appropriate confrontations taking place with resolution in an orderly manner. The second group was didactic and interactive with two highly experienced facilitators. The topic was Relapse prevention and was presented with a written and improvised scenario in which several inmates interacting with each other in a theatrical format. Participation and confrontation between inmates and facilitators was effective and impressive as there appeared to be a high level of engagement among the participants.

A community group was also observed. The Community group is an inmate directed meeting. The group follows an agenda which includes pull-ups, teaching and learning experiences. The group was modeled after standard Therapeutic Community practices. The program involves inmates offering observations of other inmates' behaviors and attitudes (pull-ups). Inmates offer each other their experiences and suggestions as to how the individual can improve their behavior. This process empowers the group to be responsible for each other, allows for individuals to confront each other in a non-threatening manner, and to provide support to the group participants. The observed group that was observed conducted a "textbook" example of how groups should be run. The inmates were not afraid to take risks to open themselves up to criticism and constructive feedback. Inmates also took the initiative to recognize that they too were in need of the pull-up offered to another.

In a discussion with a Senior Counselor at the end of the day, OASAS staff members learned that the topic of Criminal Thinking is presented to the community through the use of two programs: “Charting a New Course” which utilizes a manual with a series of questions and a series of five posters which address thinking errors, and “New Directions” which consists of individual workbooks and assignments.

### **SUMMIT SHOCK INCARCERATION FACILITY**

On November 2, 2009, an OASAS team visited the Summit Shock Incarceration Facility (Summit), an un-fenced facility located in Schoharie County. Summit houses 130 inmates. The program was established pursuant to legislation. The Shock Model involves a "boot-camp" approach to programming. Inmates have strict rules about dress, behavior, communication with staff, meals, etc. The approach is designed to instill a sense of



discipline into the inmate's life that they would be able to use when they return to the community. The program includes educational programs (the facility personnel take great pride in their GED achievement rates) as well as work details in the community. The staff reported that their work crews are prized in the community for their effort and thoroughness. The ASAT component of the program is designed to help the inmates address issues related to substance abuse. Unlike other facilities, all inmates receive the ASAT curriculum although some of the inmates may not have a diagnosable chemical dependency based on their history. In other facilities, inmates are referred to the ASAT program based on assessments of their need for such services. As such, the Shock facility ASAT programs may need to operate with a different set of guidelines. These guidelines would focus on an "intervention" approach rather than treatment and the program would not be required to provide treatment plans and diagnoses for those without such a need.

In observing the ASAT section, OASAS staff member observed a skilled and experienced facilitator engage all of the inmates in the group process. The class size was 30, but the size did not impede participation as all inmates were actively engaged in the process. The group of inmates that were observed were close to completion of the program. They demonstrated the ability to confront and support each other, and to relate the things that they learned in the program to their own lives. They eagerly sought out advice as to how to deal with issues they would experience in the "real world" such as expectations from families and employers.

### **SUMMARY OF ASCI FINDINGS**

After visiting the four facilities, OASAS identified many strengths to the programs operated at these facilities. The staff members at all the facilities were enthusiastic about the OASAS staff visits and excited to showcase their programs. The staff members were all dedicated to their work and it was clear that they all worked very hard and were invested in the inmates successfully returning to the community. The staff that were observed possessed a high degree of clinical skill, effectively implementing the various program curricula.

OASAS staff members also observed many "best practices" across the four programs. Some of the documentation materials used at the Gowanda facility were exemplary. These materials and how they are used could be shared across various facilities. The sharing of best practices within the system is a morale booster for the staff who developed the practices as well as way for other facilities to see what is possible within their system. As the OASAS team visits other sites, it will be determined how other programs measure up to the standards set by these facilities.

OASAS and DOCS staff also sought the input of former inmates to get their perspective. The Fortune Society, a program in New York City that provides a variety of services to returning inmates arranged a session with some of their clients for OASAS and DOCS staff. These individuals pointed out that the dedicated Substance Abuse Programs were more helpful than being in General Population if one was truly motivated to stop abusing substances.



The assessment materials used during inmate reception were reviewed. DOCS administrators had indicated from the outset of this effort that they were interested in reviewing their assessment process and instruments to identify and implement any improvements. Improved assessment processes can then potentially be matched with improved program placements (level of care).



### **SECTION 3 – FUTURE PLANS**

OASAS recommends the following plan for 2010:

1. Site visits to additional facilities including a reception center and a maximum security facility. 8-10 different facilities are currently planned for visits next year.
2. Collaboration with DOCS administrators and programming staff to develop basic operating guidelines for ASAT and CASAT programs by Spring 2010. These guidelines would focus on the clinical aspects of the program, including documentation, staffing, and programming. The security, living space, and medical services, etc. are already addressed by State regulations and included in American Corrections Association reviews.
3. Implementing the regulations at up to four DOCS facilities in the summer of 2010, and assessments taking place in the fall of 2010.
4. Modification and preparation for roll out of guidelines to other facilities in early 2011.
5. Establishment of workgroups with DOCS and DOP to identify training opportunities that would be cost effective through cross training.
6. Provision of technical assistance to DOCS in the areas agreed to, including: assessments, level of care, documentation, etc.
7. Exploration of use of Medication Assisted Treatment (MAT) as an adjunct to DOCS addiction services programming. Research has demonstrated the effectiveness of MAT in a variety of circumstances including opiate addiction and preventing/limiting alcohol relapse.
8. Eventual monitoring of program effectiveness through analysis of data from inmates entering the OASAS treatment system as well as recidivism data.



Appendix A  
DOCS Addiction Services Programs Descriptions

The **Alcohol and Substance Abuse Treatment (ASAT)** and **Residential Substance Abuse Treatment (RSAT) Programs** are intensive, minimum of six months, structured residential treatment programs which utilize the therapeutic community model. The goals are to help participants through the early stages of recovery and to promote continued recovery via participation in treatment after release. All RSAT Programs are federally funded and must be established as residential treatment modalities.

The **Comprehensive Alcohol and Substance Abuse Treatment (CASAT) Program** is a legislatively mandated program which was developed to ensure that the chemically addicted inmate receives the maximum benefit from a substance abuse treatment experience and to assist in preparing for transition back to the community. CASAT is a three Phase program: Phase I- Alcohol and Substance Abuse Correctional Treatment Center (intensive, six month minimum, prison-based residential substance abuse treatment which utilizes the therapeutic community model); Phase II- Community Reintegration (Outpatient Treatment Services) and Phase III- Aftercare (community transition and ongoing treatment for participants released to Parole supervision). Although the amendment to Criminal Procedure Law Section 60.04(6) by the Drug Reform Act of 2004 confers the authority upon the sentencing court to order CASAT participation, this section also provides for the Department to continue to exercise its discretion to determine whether the inmate meets all of the statutory and program eligibility criteria.

The **Special Housing Unit (SHU) Pre-Treatment Workbook Program** provides an educational intervention for inmates who continue to use alcohol and/or drugs within the prison system. The program provides an opportunity for the participant to understand and assess his/her alcohol/substance abuse history and its negative impact through the use of workbooks. The purpose of the SHU Pre-Treatment Workbook Program is to assist an inmate affected by ongoing substance abuse to identify personal patterns of addiction as well as to motivate the inmate to participate in the Alcohol and Substance Abuse Treatment program upon his/her release from SHU. The target population is repeat, long-term alcohol and/or drug users, who continue to use and traffic drugs while incarcerated. This program complements the Department's random drug testing program. Following this 14-16 week program, participants are expected to complete one of the Department's formal substance abuse treatment programs.

The **Shock Programs** are rigorous multi-treatment programs that emphasize discipline, academic education, and substance abuse treatment. The participants receive up to 500 hours of substance abuse education. The program is a minimum of six months in duration.

The **Willard Drug Treatment Campus** setting is a joint venture between the Department of Correctional Services, The Division of Parole, and the Office for Alcoholism and Substance Abuse Services (OASAS). The program is a drug-free



residential treatment program licensed by OASAS, modeled after the Shock Program. Aftercare is mandatory for all participants. While under parole supervision, parolees are required to participate in an OASAS-licensed community based treatment program.

The **Gowanda/Albion DWI Treatment Program** is designed to meet the unique needs of the DWI offender. Participants receive a minimum of six months structured, alcohol-specific treatment, utilizing the Therapeutic Community treatment model. Upon completion, participants may apply for the Temporary Release DWI Transition Program.

The **Gowanda/Albion DWI Treatment Transition Program** allows inmates who have completed the DWI Treatment Program or are DWI convicted and held by the Parole Board at a Shock facility to be considered for continuous temporary release programming.

The **Special Needs Unit (SNU) Program** is a minimum nine month ASAT Program modified to meet the unique needs of the developmentally disabled inmate. The therapeutic community model is adapted to this population. The program content is tailored to meet the functioning level of the inmates with frequent repetition and review of skills.

The **Relapse Treatment Program** is an intensive, 60 day substance abuse treatment program for inmates who are participating in work release and/or contracted outpatient substance abuse treatment programs that test positive or report drug use. This is an alternative to re-incarceration which permits inmates to resume outpatient treatment/work release upon successful completion.

The **Parole Violators Re-Entry Program (PVRP)**, located at Chateaugay C.F., is designed to assist the parole violator in developing insight and skills to ensure a more successful transition to the community. It is the goal of the Department to assist the parole violator in identifying and addressing issues which contributed to re-incarceration, i.e. substance abuse, education, critical thinking and employment barriers.

**Nursery Mothers Alcohol and Substance Abuse Treatment Program:** The program provides a continuum of intensive therapy programs for Nursery Mothers followed by a transitional period in a community reintegration phase. The program allows newborns and infants to remain in the correctional setting with the mother, for up to 18 months.

**Methadone Treatment Program:** Offers comprehensive services to women in DOCS who are on the methadone treatment regimen. This program is also available for opioid dependent pregnant women. The goal of the program is to prepare the women for detoxification from methadone and other substances with subsequent participation in a substance abuse treatment program.

The **Bedford Hills Integrated Dual Diagnosed Treatment (IDDT) Program** is a nine month, substance abuse treatment program for female inmates with issues of addiction and co-occurring mental health disorders. The program is staffed by a multi-disciplinary



team including addiction counselors and psychologist. The program operates in a modified therapeutic community which is structured to support dual recovery.

The **Behavioral Health Unit (BHU)** is a three phase program located in two different correctional facilities. The program provides expanded residential, mental health services to inmate-patients currently diagnosed with a mental illness who are serving extensive time in disciplinary housing. This group of inmate-patients includes: those who present chronic management difficulties; those with lengthy disciplinary housing sentences; those demonstrating willful antisocial and self-injurious behaviors. **Phase I** of the program (Great Meadow) utilizes the **SHU Pre-Treatment Workbook Program** (see **Special Housing Unit Project**), combined with limited group sessions. **Phase II** (Sullivan C.F.) includes individual therapy and more extensive group therapy (including ASAT group treatment) in a progressively less restrictive environment. **Phase III** of the program (Sullivan C.F.) adds limited out-of-cell programming and the possibility of supervised recreation during non-program time.

The **Specialized Treatment Program (STP)** provides evaluation, treatment and supportive mental health services for “seriously and persistently mentally ill” (SPMI) inmates confined to disciplinary housing. The goal for inmates who actively participate and/or successfully complete the STP is to be assigned to a program which offers a reasonable expectation of success and which is appropriate, considering his/her current mental disability. Specifically, addiction issues are addressed through the use of the **SHU Pre-Treatment Workbook** series (see **Special Housing Unit Project**). Length of time in the Program is individualized based on inmate need and status of disciplinary sanctions.

The **Sensorially Disabled Unit (SDU) Program** offers substance abuse treatment services to the hearing and visually impaired inmate. This is a residential program which utilizes a modified therapeutic community structure and is six to twelve months in duration.

The **Intermediate Care Program/IDDT** provides expanded mental health treatment services for inmates demonstrating an inability to function in general population due to emotional and/or psychiatric factors. Length of time in the program is nine to twelve months. Substance abuse treatment issues are addressed as a part of the inmate’s overall assessed needs. The length of the ASAT program is nine to twelve months.

The **Regional Medical Units (RMU)** provide access to specialty inpatient and outpatient medical care; individualized substance abuse treatment services will be provided to accommodate inmates who are otherwise medically unable to attend the Department’s standard substance abuse treatment programs.

The **Assessment and Program Preparation Unit (APPU)** is a diagnostic and evaluation special housing unit providing services to inmates unable to function in general population due to fear of verbal or physical confrontation with other inmates. Currently a minimum of six months, residential **Alcohol and Substance Abuse Treatment (ASAT)**



operates in the APPU. A specialized IDDT program has been established at Clinton C.F. for those inmates housed in the APPU who have co-occurring substance abuse and mental health treatment issues.

The **Intensive Intermediate Care Program (IICP)** is for inmates who have significant psychiatric histories including, but not limited to, Axis I diagnosis indicating mental illness, and/or have exhibited poor adjustment in prison. Substance abuse treatment issues are addressed as a part of the inmate's overall assessed needs. The length of the ASAT program is nine to twelve months.

The **Community Reintegration Outpatient Treatment** provides substance abuse treatment services for inmates who have successfully completed a minimum of six months of residential treatment while incarcerated. Using outside providers and outpatient programs in work release facilities, these programs assist inmates in transition to work release by providing a graduate reduction in treatment as the inmate adjusts to release.

The **Female Trauma Survivor Recovery Program (FTSRP)** is designed to address issues of sexual, physical and emotional abuse in the lives of women who have alcohol and substance abuse issues. This program emphasizes survivor skill-building, teaches techniques for self soothing, boundary maintenance and problem solving.

**Revised: 11/12/09**



Appendix B  
List of Addiction Programs by DOCS Facility

FACILITY	ASAT	CASAT	RSAT	DWI	SHUWBK	RLPS	Specialized Programs
Adirondack	X						
Albion	X			X	X		FTSRP, ICP/IDDT
Altona	X						
Arthur Kill	X	X					WILLARD PAROLEES, GP/IDDT, SNU/ASAT
Attica	X						ICP/IDDT
Auburn	X		X				ICP/IDDT
Bare Hill	X						
Bayview	X						CASAT PHII OUTPT
Beacon	X						
Bedford Hills	X						METHADONE DETOX, RMU/ASAT, GP/IDDT
Buffalo				X		X	CASAT PH II OUTPT
Butler	X						
C. Georgetown							
Cape Vincent	X						
Cayuga	X						
Chateaugay							PVRP
Clinton (Main & Annex)	X		X				ICP/IDDT, APPU/IDDT
Collins	X		X				
Coxsackie	X						RMU/ASAT
Downstate							
Eastern	X						ASAT/SDU, FLAT ORDER/ASAT
Edgecombe							EDGECOMBE TVP DIVERSION PRG.
Elmira	X						WILLARD PAROLEES, ICP/IDDT
Fishkill	X						RMU/ASAT, ICP/IDDT, CASAT PHASE II OUTPT
Five Points	X				X		WILLARD PAROLEES, STP/ASAT, ICP/IDDT
Franklin	X						
Fulton						X	CASAT PH II OUTPT
Gouverneur	X						
Gowanda	X			X			
G. Meadow	X						BHU PHASE I, ICP/IDDT
Green Haven	X						ICP/IDDT (12/09 START)
Greene	X		X		X		
Groveland	X		X				
Hale Creek		X					
Hudson	X						CASAT PH II OUTPT
Lakeview	X				X		
Lincoln							CASAT PH II OUTPT
Livingston	X						
Lyon Mt.	X						
Marcy	X		X				RMHU (START 1/2010)
Mid-Orange	X						
Mid-State	X		GP/IDDT		X		ICP/IDDT, PC/ASAT





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