This workshop was held at the 2018 Equal Justice Conference in San Diego, California.

Title:

Kicking Our Addiction to The War On Drugs: Holistic Strategies to Combat the "Collateral" Civil Consequences

Presenters:

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Runa Rajagopal, The Bronx Defenders, Bronx, NY

Over 45 years into the failed war on drugs, we have seen how poor communities of color have been over policed and mass incarcerated for what is essentially a public health crisis. We will explore the data and policies of policing and prosecuting drugs and identify creative, early advocacy strategies and interdisciplinary tools to combat the devastating civil punishments that affect individuals and their families, including evictions and deportations.
**CRIMINAL INADMISSIBILITY GROUNDS**

Will or may prevent a noncitizen from being able to obtain lawful admission status in the U.S. May also prevent a noncitizen who already has lawful admission status from being able to return to the U.S. from a future trip abroad.

- Conviction or admission of a Controlled Substance Offense, or DHS reason to believe that the individual is a drug trafficker
- Conviction or admission of a Crime Involving Moral Turpitude (CIMT), including:
  - Offenses with an intent to steal or defraud as an element (e.g., theft, forgery)
  - Offenses in which bodily harm is caused or threatened by an intentional act or serious bodily harm is caused or threatened by a reckless act (e.g., murder, rape, some manslaughter/assault offenses)
  - Most sex offenses
  - Petty Offense Exception — for one CIMT if the client has no other CIMT + the offense is not punishable >1 year + does not involve a prison sentence > 6 mos.

**CRIMINAL BARS ON NON-LPR CANCELLATION OF REMOVAL based on continuous physical presence in U.S. for 10+ years; and “exceptional and extremely unusual” hardship to USC or LPR spouse, parent or child

- Conviction of an offense described under the criminal inadmissibility or deportability grounds, regardless of whether or not the ground would apply to the person, e.g., one CIMT with a potential sentence of 1 year or longer [see Criminal Deportability Gds] even if the offense was not within five years of an admission to the US
- Conviction or admission of crimes barring required finding of good moral character during 10 year period [see Criminal Bars on Obtaining U.S. Citizenship]

**CRIMINAL BARS ON 212(h) WAIVER OF CRIMINAL INADMISSIBILITY based on extreme hardship to USC or LPR spouse, parent, son or daughter

- Conviction or admission of a Controlled Substance Offense other than a single offense of simple possession of 30 g or less of marijuana
- Conviction or admission of a violent or dangerous crime is a presumptive bar.
- In the case of an LPR (except one who adjusted to LPR status inside U.S. and who has not entered as an LPR from outside U.S.), conviction of an Aggravated Felony [see Criminal Deportability Gds], or any Criminally Inadmissible offense if removal proceedings initiated before 7 yrs of lawful residence in U.S.

**CRIMINAL BARS ON ASYLUM based on well-founded fear of persecution in country of removal OR WITHHOLDING OF REMOVAL based on threat to life or freedom in country of removal

- Conviction of a “Particularly Serious Crime” (PSC), including the following:
  - Aggravated Felony [see Criminal Deportability Gds]
  - All aggravated felonies will bar asylum
  - Aggravated felonies with aggregate 5 years sentence of imprisonment will bar withholding, & aggravated felonies involving unlawful trafficking in controlled substances are a presumptive bar to withholding of removal
  - Violent or dangerous crime will presumptively bar asylum
  - Other PSCs — no statutory definition; see case law

**CRIMINAL BARS ON 209(c) WAIVER OF CRIMINAL INADMISSIBILITY based on humanitarian purposes, family unity, or public interest (only for persons who have asylum or refugee status)

- DHS reason to believe that the individual is a drug trafficker
- Violent or dangerous crime is a presumptive bar

**CRIMINAL BARS ON OBTAINING U.S. CITIZENSHIP – Will prevent an LPR from being able to obtain U.S. citizenship.

- Conviction or admission of the following crimes bars the finding of good moral character required for citizenship for up to 5 years:
  - Controlled Substance Offense (unless single offense of simple possession of 30g or less of marijuana)
  - Crime Involving Moral Turpitude (unless single CIMT and the offense in not punishable > 1 year [e.g., in New York, not a felony] + does not involve a prison sentence > 6 months)
  - 2 or more offenses of any type + aggregate prison sentence of 5 years
  - 2 gambling offenses
  - Confinement to a jail for an aggregate period of 180 days
- Conviction of an Aggravated Felony on or after Nov. 29, 1990 (and conviction of murder at any time) permanently bars the finding of moral character required for citizenship

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"CONVICTION" as defined for immigration purposes:

A formal judgment of guilt of the noncitizen entered by a court, OR, if adjudication of guilt has been withheld, where:

(i) A judge or jury has found the noncitizen guilty or the noncitizen has entered a plea of guilty or no contest and has admitted sufficient facts to warrant a finding of guilt, and

(ii) The judge has ordered some form of punishment, penalty, or restraint on the noncitizen's liberty to be imposed

THUS:

- A court-ordered drug treatment or domestic violence counseling alternative to incarceration disposition IS a conviction for immigration purposes if a guilty plea is taken (even if the guilty plea is or might later be vacated)
- A deferred adjudication without a guilty plea IS NOT a conviction
- NOTE: A youthful offender adjudication IS NOT a conviction if analogous to a federal juvenile delinquency adjudication

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DEFERRED ACTION FOR CHILDHOOD ARRIVALS (DACA) IS BASED IN PART ON:
♦ entry into the U.S. as a child under age 16 before June 15, 2007
♦ continuous residence in the U.S. since June 15, 2007
♦ currently in school, high school degree or GED, or honorably discharged veteran

But certain convictions will generally prevent non-citizens from obtaining DACA:
One felony conviction
➤ Any federal, state or local offense that is punishable by imprisonment for a term exceeding one year
   ♦ Does not include state immigration-related offenses

One “significant misdemeanor” conviction, including:
➤ An offense punishable by imprisonment of one year or less but greater than five days (regardless of sentence actually imposed) that is:
   ♦ Domestic violence
   ♦ Sexual abuse or exploitation
   ♦ Burglary
   ♦ Unlawful possession or use of a firearm
   ♦ Drug distribution or trafficking
   ♦ Driving under the influence

NOTE: The above list may include certain offenses that are not classified as misdemeanors in the convicting jurisdiction, e.g. domestic violations or driving under the influence traffic infractions, if punishable by more than five days in prison
➤ Any other offense punishable by imprisonment of one year or less for which the person received a sentence of time in custody of more than 90 days
   ♦ Suspended sentences do not count towards the 90 days

Three misdemeanor convictions
➤ Three or more misdemeanors not occurring on the same date and not arising out of the same act, omission, or scheme of misconduct
   ♦ Includes only federal, state, or local offenses punishable by imprisonment of one year or less but greater than five days (thus, may include certain low level offenses not classified as misdemeanors if punishable by more than five days in prison)
   ♦ Does not include state immigration-related offenses

SOME OTHER OFFENSES/CONDUCT THAT CAN LEAD TO A DENIAL OF PROSECUTORIAL DISCRETION TO GRANT DACA STATUS
➤ Convictions or other information indicating that the applicant is a threat to national security or public safety. DHS considers that such a threat includes, but is not limited to, gang membership, participation in criminal activities, or participation in activities that threaten the U.S.

DISPOSITIONS THAT AVOID AUTOMATIC DISQUALIFICATION
➤ Juvenile dispositions do not bar DACA (but adult convictions of juveniles may do so)
➤ Expunged convictions do not bar DACA

IMPORTANT: Potential DACA applicants who may wish to seek LPR or other formal lawful admission status in the future should also consider the Criminal Inadmissibility Grounds on the reverse side because a conviction triggering inadmissibility, even if it does not bar DACA, could affect the person’s future ability to obtain formal lawful status

Note: Anyone who has had contact with the criminal legal system who is considering an application to initiate or renew DACA status should proceed with caution. There is uncertainty about how the DACA criminal bars will be applied under the Trump administration, and there are some preliminary indications that any contact with the criminal legal system may lead to heightened scrutiny of the application.
WILLARD DRUG TREATMENT CAMPUS

The Correctional Association (CA) visited Willard Drug Treatment Campus, in Willard, NY, on February 14 and 15, 2008. Willard is a 900-bed intensive “boot-camp” style drug treatment center for men and women. This voluntary 90-day treatment program provides a sentencing option for individuals convicted of a drug offense and parole violators who otherwise would have been returned to a state prison in most cases for a year or more. Because of their special status, the men and women detained at Willard are referred to as parolees, not inmates. The facility is operated by the Department of Correctional Services (DOCS) in conjunction with the Division of Parole and is licensed by the state Office of Alcoholism and Substance Abuse Services (OASAS).

At the time of our visit, the facility had a total population of 749 men and 58 women. Of these, 631 men and 52 women were in Willard’s drug treatment program, which has the capacity to house 700 men and 64 women. Willard also held 48 men and three women in its reception dorms reserved for parolees waiting to be screened for Willard eligibility and 18 men in a holding dorm waiting to start the program. Finally, there were 52 men and three women newly admitted to the orientation dorms. The facility operates academic, vocational, substance abuse treatment, and other treatment programs.

The primary objectives of our visit to Willard included an assessment of facilities and programs for men, as well as the substance abuse treatment programs for both men and women. The CA obtained surveys about general conditions at the facility from 60 men at Willard. However, we also received 10 surveys on programs and general conditions from women. For this reason, we have included a separate section discussing matters concerning women at Willard. We also obtained separate surveys focused solely on the substance abuse treatment program from 18 men and 9 women. While we will include a more detailed assessment of Willard’s Alcohol and Substance Abuse Treatment (ASAT) program in our forthcoming report evaluating DOCS substance abuse treatment programs throughout the state, we have included a preliminary assessment of the Willard ASAT program in this report because of its central role at the facility. We base the following report on findings from the surveys of Willard parolees; conversations with the Superintendent, the executive team, program staff and parolees; written correspondence with parolees; meetings with staff union representatives, staff of the substance abuse treatment programs and security staff; and observations during our visit.
On November 24, 2008, we spoke with the executive team from Willard and officials from DOCS Central Office concerning a draft of this report detailing our preliminary findings and recommendations. We found the discussion informative and useful in finalizing this report, and have included information we learned during that conversation.

Summary of Findings and Recommendations

The Visiting Committee was impressed with many areas at Willard. Its academic program struck us as well-run, and our impressions were confirmed by parolees’ opinions. We were also impressed with the level of coordination among Parole staff and DOCS civilian and security staff, as well as the dedication of many staff. Many parolees expressed positive opinions about the treatment programs.

We also noted some problems: a high level of tension between parolees and staff, including a high level of physical and verbal confrontations between parolees and staff at the facility; some individuals being sentenced to Willard without knowing the program follows the Shock model; and issues related to deficiencies in the medical care system.

Our recommendations include:

• Assessing the effectiveness of the Willard program;
• Expanding vocational programs;
• Filling vacant ASAT staff positions;
• Updating and standardizing the ASAT curriculum and materials;
• Expanding availability of up-to-date materials related to recovery, such as books and pamphlets, to parolees;
• Expanding treatment programming in problem solving and life skills in the ASAT program;
• Evaluating the ASAT treatment program;
• Developing a plan to reduce tension and confrontations between staff and parolees;
• Creating a Parole Officer position that will focus on housing placements for parolees experiencing difficulties locating appropriate housing in their communities;
• Improving access to, and quality of, sick call and clinic encounters;
• Enhancing patient education and outreach efforts to identify more parolees infected with Hepatitis C;
• Improving the timeliness and follow-up for specialty care appointments.

Willard Overview

Willard Drug Treatment Campus is modeled after New York’s Shock Incarceration program, an intensive program that emphasizes substance abuse treatment, decision-making, discipline, and education in the context of a therapeutic community and military environment. It is a voluntary program, offering an alternative to prison, thereby reducing the number of parole violators who would otherwise serve sentences in prison.¹

¹ Throughout this report we compare Willard to the Lakeview Shock Program. Although both programs are based upon similar treatment models, these two programs are not identical. The Lakeview’s Shock Program is twice as long (six months) as Willard’s treatment program, and Lakeview confines individuals who are 16 to 39 years old,
There are three “categories” of individuals housed at Willard: judicially sanctioned parolees, returned parole violators and “alternative drug treatment” inmates. Judicially sanctioned parolees are individuals sentenced directly to parole under new charges and required to complete the Willard program. Returned parole violators, on the other hand, are individuals whose parole status is revoked and who are sent to Willard following a drug-related parole violation or previous conviction. If there is no space available at Willard and a judicially sanctioned parolee is made to wait more than 20 days or a returned parole violator is made to wait more than 40 days, he or she can petition a state court to be released, based upon prior court decisions imposing time limits on the length of time a parolee can be detained prior to admission to Willard.

Individuals falling in the final category, “alternative drug treatment” (ADT), first entered Willard in late 2007. They are inmates, not parolees, who were sentenced by an administrative law judge in a parole revocation hearing to serve a specified period of time (typically 12 months) in a state prison as a reinstatement of their prior sentence. However, these individuals are also given the option to complete a three-month drug treatment program in lieu of a regular prison sentence, which could be the Willard program or a treatment program at another state facility. It appears DOCS and Parole created this category in response to Willard’s consistently full capacity in 2007, which resulted in delays in admitting parolees to the program, and based upon the desire by the agencies to create additional treatment programs for the parole violator population at other prisons. Although the Department has identified Monterrey C.F. as a potential location for a 90-day treatment program, this program is not yet operational. Consequently, individuals classified as ADT are sent to Willard to serve their sentence. Facility staff explained to us that the 40-day limit set by the courts for parole violators seems to apply to ADT inmates as well.

A number of parolees and inmates with whom we spoke complained of long delays before arriving at Willard. The staff explained to us that, with the exception of approximately 26 individuals who were delayed in other DOCS facilities before beginning the Willard program, parolees and inmates generally leave DOCS Reception centers for Willard within one to two weeks. Staff stated that most delays occur while individuals are waiting for transfer to DOCS from county jails.

At the time of our visit, ADT inmates, parolees and staff expressed concern that many inmates had not been informed that they could be sent to Willard as part of the ADT program. Instead, at their parole revocation hearing, they were given the option to participate in a 90-day treatment program with no explanation of the Willard program. This approach seemed to increase tension between newly admitted ADT inmates and Willard staff. When we spoke with Willard staff following our visit, they explained that they were receiving fewer complaints about delays from ADT inmates and informed us that the facility was forwarding all complaints to appropriate DOCS officials.

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2 Outside of this section of this report, we use the term “parolee” to refer to both inmates and parolees.
At the time of our visit, staff reported that 56% of those housed at Willard were returned parole violators, 8% were judicially sanctioned, and the remainder were ADT inmates. For the period January - April 2008, 26% of the newly admitted men and 17% of the women had been in the Willard program before, 16% of the men and 8% of the women had been in a Shock facility during prior incarcerations, and 58% of the men and 75% of the women were new to both the Shock and Willard programs. Having a significant portion of the parolee population experienced with Shock and Willard suggests that Willard could be housing a group of parolees with greater treatment needs. More than 40% of the men have been through an intensive DOCS substance abuse treatment program and relapsed, resulting in their assignment to Willard.

We commend the facility administration for initiating an exit survey given to parolees. We reviewed the survey, and it seeks information that would be useful to the Department in gaining a better understanding of parolees’ experiences in the program. However, we also urge DOCS, Parole and OASAS to collect and analyze data on the outcomes of inmates with prior Willard or Shock experience to assess the effectiveness of the Willard program. Moreover, these agencies should evaluate the causes of relapse for this population to ascertain whether the prior DOCS treatment was appropriate for these individuals and what could be done to reduce the frequency of relapse. This analysis could assist the state in developing and implementing various treatment programs that are best suited for the different populations they are required to treat.

All parolees and inmates who are eventually assigned to Willard are first screened for medical and mental health eligibility at the state’s reception prisons prior to their transfer to Willard. At the reception prisons, parolees may opt out of the Willard program, at which time they will be granted a new parole revocation hearing, during which their parole will be revoked and they will be remanded to a state prison. Similarly, newly admitted parolees to Willard can decline the program and be sent to a state prison following a new revocation hearing.

Once parolees arrive at Willard, there is a second screening. This screening looks again at medical and mental health compatibility with the program, as well as religious practices that might conflict with the program. Parolees who are found ineligible for any of these reasons are offered the option to participate in a three-month substance abuse treatment program at Arthur Kill C.F.’s CASAT program. It seems that Willard has disqualified very few parolees for medical reasons. In 2007, 3,437 men and 239 women entered the facility. The same year, 2,928 men and 170 women were paroled, representing graduation rates of 85% for men and 71% for women. In 2007, 557 men and 46 women were transferred out of the program. Of those transferred from the program, most refused participation during orientation or at another time during the program, with two-thirds of the male and 59% of the female transfers representing refusals. Transfers for disciplinary reasons or for inadequate program performance represented a small percentage of the parolee population: in 2007, only 148 men (4% of those admitted and 27% of those transferred) and 7 women (3% of admissions and 15% of transfers) were removed by the Willard Evaluation Review Committee. It appears that the Willard staff make a concerted effort to keep parolees in the program and encourage them to graduate.

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3 For example, the requirement that Willard program participants have cropped hair conflicts with some religious practices.
Those eligible for Willard begin with a one week orientation, called “zero week,” which focuses on the basic elements of the program, in particular physical training and discipline. During this time, parolees cannot receive visitors and while they can write and receive mail, there is very limited time to do so. The program is designed to isolate parolees from outside “distractions” so they can concentrate on treatment. For the entirety of the program, parolees are not permitted to receive packages or printed materials from outside organizations, and have limited access to print and electronic media. Once “zero week” is completed, parolees are assigned to a “platoon” to begin the regular program.

Unlike the Lakeview Shock program, where inmates are incarcerated but do not begin the program until there is a sufficient number of inmates to form a platoon, some Willard parolees join existing platoons as they enter the facility. Staff estimated that two-thirds of the platoons at Willard consisted of parolees who began the program at the same time, while the other third started within one week of each other. Staff reported that they are working toward having “dedicated” platoons made up of parolees with the same graduation dates. When we spoke with staff in May, they reported that all platoons, with the exception of the medical and women’s platoons, had the same graduation date. While this policy of dedicated platoons might result in parolees waiting longer until a platoon is formed, we support the facility exploring such a practice in light of its potential benefits to create a more effective therapeutic community in the dedicated platoons.

On our visit, we met with both DOCS and Parole staff, all of whom described the relationship between the agencies at the facility as a partnership. While DOCS provides security along with academic, vocational and treatment programs, Parole is responsible for pre-release classes and discharge planning. Willard is authorized to have 17 Parole Officers and 3 Parole Supervisors. In January 2009, staff told us that the prison has four Parole Officer vacancies. We are concerned about the number of vacancies because insufficient Parole staff can impede the development of effective discharge plans. There seems to be considerable case management coordination between the agencies, and Parole staff play a much more important role at Willard than any other DOCS facility. Parolees meet with Parole staff for a minimum of 20 minutes twice per month. Staff explained that discharge plans are individualized and include housing and substance abuse treatment plans.

The Office of Alcoholism and Substance Abuse Services (OASAS), the state’s substance abuse treatment and prevention agency, licenses the substance abuse treatment program at Willard, provides the facility with guidelines for the treatment services, and conducts audits of the ASAT program to ensure compliance. Willard staff explained to us that the facility has consistently received three-year licenses. OASAS conducted a site visit to Willard in December, 2007, and had yet to release its report on the visit. It appears that the delay could be related to OASAS’s reconsideration of the appropriate classification of the Willard program’s treatment modality. Some Willard staff expressed frustration with the delay in being informed of the audit results and the possible reclassification. They speculated that the delay resulted from the difficulty in categorizing the Willard program, which is unique in New York State. It appears staff are also concerned that, if OASAS reclassifies the program, it may be difficult to meet the requirements of a new classification, such as individual counseling and other record keeping.
Of the male parolees we surveyed at Willard, 30% were satisfied with the overall program, a rate considerably lower than the 75% satisfaction rate we found at Lakeview’s Shock program. Nearly 30% of the Willard survey respondents had been in a Shock program before admission to Willard. The majority of these respondents rated Willard as worse when compared to the Shock facilities, with 35% stating Willard was much worse and only 18% rating Willard as somewhat better. Several Willard respondents to our survey who had been in Shock expressed concerns about the quality of the programs at Willard in comparison to Shock and their perception that Willard security staff were more disrespectful and more physical with inmates than the staff at Shock. The most common positive fact noted by these survey participants was that the Willard program was shorter. Considering the differences in satisfaction rates, we urge DOCS, Parole and OASAS to evaluate the effectiveness of the Willard program and the reasons for participant dissatisfaction.

Program Schedule

Willard parolees’ day begins at 5:30am with reveille and physical training. The physical training program at Willard includes one hour of calisthenics and jogging. Of the parolees we surveyed, 68% were satisfied, at least somewhat, with the physical training program. Following physical training and breakfast, inmates are engaged in program sessions in the morning, afternoon and evening until 9:00pm each weekday. The fully programmed day ends with mandatory lights-out at 9:30pm. Parolees generally have nine hours of academic education per week, one six-hour program day per week during which they attend ASAT or other treatment programs, two days per week of work or vocational training, and five evening programs during which they participate in educational classes, ASAT, pre-release program, Network classes or the Confrontation program.

Throughout all parts of the program, emphasis is placed on parolees working together. If officers perceive one parolee disobeying an order, they may discipline the entire platoon. This policy’s aim is to develop the capability to work with a team.

Community Work and Vocational Program

Parolees who qualify to participate in the Community Work Program leave the facility in groups during the day, two days per week. Staff reported that approximately one-third of Willard parolees are approved for this outside work. Parolees who do not qualify, typically for security reasons, work as porters or in other areas of the facility two days per week. Of the parolees we surveyed, 43% were satisfied with their job, 17% were sometimes or somewhat satisfied, and 40% were dissatisfied with their job. Staff reported that if there were more staff to provide security supervision, there could be more parolees working in the community.

A total of 60 male and female parolees are enrolled in one of six vocational programs, which include building maintenance, floor covering, horticulture I and II, masonry, and painting. Staff reported that because parolees are at Willard for such a short period of time, instructors focus on “softer” job skill development, such as communication. We are pleased that the facility established a new computer room with job search software and now participates in the National Center for Construction Education and Research (NCCER) program, through which parolees may obtain a nationally-recognized certificate in certain industries.
There were no vacancies among Willard’s six vocational staff. We were impressed with the level of dedication expressed by the vocational staff and many of the parolees whom we interviewed on our visit spoke highly of the vocational instructors. Of the parolees we surveyed, 52% were satisfied, at least somewhat, with the vocational program while 48% were dissatisfied. Parolees suggested that the skills they learned in the vocational program would not be useful once they were released. Staff told us that increased vocational programming would be useful, especially considering that, by their estimates, half of Willard’s population already has a General Equivalency Diploma (GED).

During our conversation with the Willard executive staff in November 2008 and in subsequent contacts, we learned that the facility expanded its vocational program by doubling the potential enrollment in each vocational area and by permitting any parolee who has his GED to enroll in a vocational program. The prior rule restricted vocational enrollment to parolees in only six of the twelve platoons. The change increased enrollment in the vocational program from 60 to 120 parolees.

**Academic Program**

All parolees attend Willard’s academic program, which consists of multi-level classes in which students work on different material depending on their level of education. The curriculum is based on test scores as well as a math test the facility administers upon entry. Students who have a GED meet with their counselors to determine what vocational materials they would like to work on while in the classroom if they are not tutoring other students. There were no vacancies in the facility’s academic staff of 19 and there were four parolee-tutors in every class of approximately 50 students. The facility recently completed installation of a new computer program that will be available for students, but it was not yet operating at the time of our visit as the facility was waiting for DOCS Central Office to connect the computers. We learned during our November 2008 conversation that the computer lab was operational. There is an ESL curriculum, as well as a curriculum for monolingual parolees.

Willard’s GED passage rate was 81% in 2006 and 2007, higher than the 2007 state-wide average of 67%. Staff attributed the high passage rate to the facility’s allowing teachers discretion in teaching. Of the male parolees we surveyed, 70% were satisfied with the academic program, at least sometimes or somewhat, and 30% were dissatisfied.

**Libraries**

The Visiting Committee toured the law and general libraries and met with the librarian. At the time of our visit, the general library was not completed, but was expected to open for parolee use in May 2008. When we spoke with staff in November 2008, we learned it had opened. The law library was bright and well-stocked with materials. Staff reported that 15-35 parolees visit the law library daily. When we asked male parolees about the law library, 46% of respondents said they were satisfied, at least some of the time, and 54% said they were dissatisfied, with

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several parolees complaining that the heavily programmed day did not leave them time to visit the library.

**Alcohol and Substance Abuse Treatment (ASAT)**

All Willard parolees participate in the facility’s Alcohol and Substance Abuse Treatment (ASAT) program for nine hours per week. Overall, the CA and the parolees who responded to our survey had a somewhat favorable impression of the substance abuse program, although the parolees’ assessment of the counseling services appears to vary significantly based upon the staff member facilitating the program.

As in other facilities, the Willard ASAT program aims to provide education and counseling to individuals through a competency-based curriculum consisting of nine subject areas and individual treatment plans. Competency topics include addiction, relapse prevention, maintaining a drug-free lifestyle, and psychological and social skills such as understanding self, criminal thinking, decision making, communication skills and the relationship between substance abuse and health, family relations and legal problems.

While nine competencies are common in all DOCS ASAT programs, facilities are permitted to select differing treatment strategies. The DOCS ASAT Manual is not detailed, permitting significant variation in how the competencies are taught and the materials can be used. Willard program staff’s descriptions and our observations indicate that the intended treatment modality at Willard is a modified therapeutic community that includes aspects of a cognitive behavioral approach. The Willard Inmate SMART Book and Willard staff, however, described the “backbone” of the Willard treatment program as the “twelve steps of ASAT” which is a listing of principles almost identical to the Twelve Steps of Alcoholics Anonymous, including references to God. The “twelve steps of ASAT” are also painted on the walls of almost every program room in the facility. Each treatment staff member seems to develop his/her own curriculum and to use different materials, with little consistency among platoons. This lack of a standardized treatment approach at Willard was evident during our visit. This inconsistency can pose obstacles to providing effective quality assurance across the program, and may impair treatment effectiveness for an individual who changes platoons.

As of our visit, the ASAT Manual had not been revised for several years, and some staff expressed the view that DOCS’ treatment program could benefit from an update of the curriculum and program materials. We are also concerned that some materials used by individual treatment staff members may be outdated.

We urge the facility to review its curriculum and materials and make adjustments to maximize consistency and effectiveness in treatment throughout the facility. We also urge the facility to update its curriculum and materials to reflect current best practices.

At the time of our visit, the ASAT staff consisted of two Senior Correction Counselors, 10 ASAT Correction Counselors, three Network Program Administrators, and 18 ASAT Program Assistants (PA) assigned to work with male parolees and one Senior Corrections Counselor, one ASAT Corrections Counselor, and one ASAT Program Assistant assigned to women’s platoons. One Corrections Counselor and one Network Program Assistant position had been vacant since
December 2007, and two ASAT Program Assistant positions had been vacant since November 2007.

During our November 2008 conversation and in subsequent communications with prison staff, we learned that the facility has five vacancies in its substance abuse treatment program: a Supervising Correction Counselor, three Correction Counselors, and one ASAT Program Assistant (PA). We were pleased to learn, however, that the facility recently had filled a Supervising Correction Counselor and two ASAT/PA positions and is seeking authorization to fill the other items.

The Visiting Committee met with several members of the ASAT staff, and we appreciated their observations about, and insight into, the ASAT program and the parolees they serve. We were generally impressed with their commitment to the program and their desire to improve treatment services. All ASAT staff are required, pursuant to civil service classifications, to have treatment experience prior to working in DOCS as a treatment provider. Several members were OASAS Credentialed Alcoholism and Substance Abuse Counselors (CASAC). Staff explained that there is a significant amount of ASAT personnel turnover, particularly among the entry level positions, which they attributed to the promotion of PAs to positions of greater responsibility. Along with other Willard staff, all treatment staff must go through the Shock training program, which occurs once per year. Some staff expressed concern about training for the CASAC, noting that there was little incentive to obtain and maintain the credential, and some staff had let their CASAC expire.

Each ASAT session involves approximately 50 parolees working in one large group or multiple small groups or doing independent study. At these sessions, participants engage in educational seminars or discussions or hear/view video presentations. While ASAT Program Assistants, Parole Officers, Corrections Counselors and Drill Instructors participate in ASAT classes, staff informed us that ASAT classes are generally facilitated once per week by an ASAT Counselor, once per week by the PA and that the third class, which is usually a confrontation class or treatment group, is jointly facilitated by the Counselor and Program Assistant. Each platoon is divided into six or seven color groups. These small groups are assigned presentations or other activities in the treatment program, perform other exercises as part of their Network program, or are required to perform other activities related to their housing area.

Every parolee is assigned to a treatment team, which consists of an ASAT PA, a Parole Officer, Corrections Counselor, Drill Instructor, Teacher/Vocational Instructor, Network Drill Instructor, and Network Administrator. We were impressed with the level of coordination among program staff. The treatment team prepares an initial assessment of all ASAT participants, including a treatment plan. Each parolee is also assigned to a specific Parole Officer, ASAT Counselor or PA, who maintains a case file about the individual’s treatment plan and progress. In each platoon, 25% of the case files are given to the Parole Officer and the remainder is divided among the Counselor and Program Assistant. Each participant’s treatment team reviews that participant’s treatment plan weekly.

Although case managers see parolees every two weeks, some treatment staff expressed concerns about the amount of individual counseling provided. Specifically, there is a question whether the amount of one-on-one counseling will meet OASAS requirements if the Willard
program is reclassified. Another issue is whether parolees receive an adequate assessment of their need for counseling and other treatment services and whether, based upon that assessment, they receive sufficient individual counseling. Consequently, we urge the state to conduct an assessment of the program by outside substance abuse specialists to determine if this aspect of treatment is being properly met.

Staff also expressed concern about the adequacy of reentry plans provided to those leaving the program, noting that at present most graduates are sent to an outpatient substance abuse treatment program rather than a residential treatment program regardless of their treatment needs. Moreover, some staff expressed the view that graduates are leaving with inadequate living skills to cope with the challenges they will face in the community, and that, for example, some graduates are unable to identify appropriate housing to meet their needs. Staff expressed their feelings of frustration when a recent graduate is subsequently returned to Willard after a parole violation for these or similar reasons.

Participant Assessment of ASAT Treatment by Parolee Participants

Sixty men and ten women responded to our general conditions survey seeking their evaluation of all programs at Willard. Sixty-five percent of the male survey participants were somewhat or very satisfied with the ASAT program, a satisfaction rate similar to their assessment of several other treatment programs at the facility. But there was also significant variation in their responses, with 19% of the male survey participants reporting they were very satisfied, while 22% said they were very dissatisfied. We also sought explanations of the reasons behind the parolees’ ratings, and it appears that the male respondents had different reactions to the program in part based upon their relationship with the substance abuse staff; some parolees complimented treatment staff for their knowledge, efforts and concern, while other parolees were very critical of the staff as ineffective.

The women parolees participating in the survey of all Willard programs were more positive about the ASAT program. Of the ten survey respondents, six were very satisfied with ASAT, three were somewhat satisfied and only one was very dissatisfied. Their comments emphasized their positive views of the counselors facilitating their ASAT program.

In addition to the overall survey of Willard programs, we collected in-depth substance abuse treatment (MQA) surveys from 18 men and 9 women at Willard. We recognize that this is a relatively small percentage of the total male population enrolled in the ASAT program and may not accurately represent the views of all ASAT participants. However, we believe it is important to report the results of the MQA surveys as an indication of how some parolees perceive the program and to prompt further investigation by DOCS and other agencies monitoring the ASAT program regarding potential problems in the program’s effectiveness.

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5 The CA utilizes the Multimodality Quality Assurance Scales (MQA) Participant Survey developed by the National Development and Research Institutes, Inc (NDRI) to evaluate participants’ assessment of their substance abuse treatment program. The NDRI used this survey to assess prison-based programs in several jurisdictions throughout the United States. Following a visit by the CA to a DOCS facility, treatment program participants who agree to participate in our analysis of their substance abuse treatment program are mailed the survey, and they return the completed document to us using envelopes we provide. Correspondence with the CA is privileged mail, so the inmates’/parolees’ responses are not reviewed by facility staff and remain confidential.
Women respondents rated the Willard substance abuse treatment-planning, counseling and discharge planning services somewhat more favorably than the male survey participants. Specifically, 45% of the men participating in the MQA survey and 56% of the women survey participants were somewhat or very satisfied with the ASAT treatment-planning process. Fifty-six percent of the male respondents were somewhat satisfied with the counseling in ASAT, with no respondents very satisfied with this aspect of the program. In contrast, 56% of women were at least somewhat satisfied with the ASAT counseling they received, including 43% of the women who stated they were very satisfied. Finally, 53% of the male MQA survey participants and 62% of women respondents were somewhat or very satisfied with the discharge planning services.

Comparing these figures to our findings about Lakeview Shock, which we visited in October 2007, the male Willard respondents were significantly less positive about their program than the Lakeview Shock men.6 Ninety-seven percent of the male Lakeview Shock respondents were somewhat or very satisfied with the treatment planning process, 89% were somewhat or very satisfied with counseling and 79% were somewhat or very satisfied with discharge planning. The female Lakeview Shock inmates had satisfaction rates similar to the men at Lakeview Shock, rates higher than the female parolees at Willard. Given the differences between the responses of Lakeview Shock inmates and the Willard MQA survey participants, we urge the relevant state agencies to evaluate the Willard program to determine ways to improve participants’ engagement in, and satisfaction with, their treatment program.

Participant Assessment of Treatment Program Modalities

In their responses to the MQA survey, Willard parolees also assessed the extent to which the treatment program incorporated elements of a therapeutic community (TC), cognitive-behavioral therapy and 12-step-based program into the curriculum and whether participants were satisfied with these different components. The parolees’ responses reflected that there is no rigorous or consistent adherence to any of these three modalities. For example, on our visit, we found little hierarchy in the organization of the male participants, a key component of the TC model. When we asked parolees the degree to which seven elements of a TC model were incorporated into the Willard program, the men’s responses suggested that these components were only somewhat important to the program and less significant than at most other ASAT TC programs we have visited. The women we surveyed described a greater presence of the TC elements, at levels higher than most other ASAT programs we have visited. Overall, 50% of men and 66% of women we surveyed were at least somewhat satisfied with the therapeutic community components of treatment.

The male and female survey respondents’ evaluation of the cognitive behavioral therapy (CBT) aspects of the program were both higher than the TC figures, denoting the somewhat greater importance placed on these aspects of the treatment program. However, in comparison to other ASAT programs and Lakeview Shock, the men’s responses were below the average. The female survey participants rated the CBT elements higher than at any other program we have visited, including Shock. Sixty-six percent of both the men and women were at least somewhat satisfied with the CBT components of the program, with 57% of the women respondents and only 22% of the men reporting they were very satisfied.

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6 We obtained MQA surveys from 40 male and 28 female Lakeview Shock inmates.
Officially, DOCS does not integrate 12-step programming into its treatment. However, we found that training on this approach and many references to it are part of the treatment program at Willard, including (as noted above) the “Twelve Steps of ASAT,” which are almost identical to the Twelve Steps of Alcoholics Anonymous. In assessing five elements of a 12-step approach in our survey, the respondents at Willard rated the importance of these components higher than program participants at most other facilities we have visited, but not as high as the CBT elements. Seventy-two percent of men and 62% of women were at least somewhat satisfied with this aspect of the program.

Overall, it appears that the content of the treatment program varies among the platoons and treatment staff facilitating the program. The significant variation in the participants’ assessment of the importance of various treatment strategies reinforces our conclusion that there are wide disparities in the treatment approaches used by the treatment staff. We urge DOCS, Parole and OASAS to ensure that there is a consistent, well-defined approach being presented in the treatment program.

### Participant Assessment of Treatment Involvement, Program Commitment and Personal Progress

Survey respondents were asked a series of questions about their involvement in the program, assessing their understanding of, participation in and attachment to the program. The survey also asked them to assess their commitment to treatment, evaluating their progress in the program and their efforts to change. They were generally positive both about their involvement in, and commitment to, the program; however, the women reported much greater levels of satisfaction than the men. Seventy-two percent of the men responding to the MQA survey and 89% of the women participants said they were somewhat satisfied with their involvement in the program, but only 11% of the men in comparison to 67% of the women reported they were very satisfied. Concerning their commitment to the program, 88% of the male respondents and 100% of the women respondents were at least somewhat satisfied, but only 41% of the men as compared to 89% of the women were very satisfied. Sixty-seven percent of both the men and women MQA survey participants said that it was at least mostly true that they felt good about their progress working on their substance problems; but only 22% of the men and 56% of the women said this was very true. All respondents said that they were attempting to change, with 33% of the men and 75% of the women saying that it was very true that they are attempting to do so.

Comparing the survey results from the Willard parolees to the responses by Lakeview Shock inmates on these issues, we again observed substantially greater levels of satisfaction among the Lakeview Shock male inmates in comparison to the men at Willard, particularly in the percentage of respondents who were very satisfied or who responded to the statements as very true. Specifically, 60% of the Lakeview male respondents and 64% of the women survey participants were very satisfied with their involvement in treatment; likewise, 79% of the Lakeview men and 82% of the Lakeview women were very satisfied with their commitment to treatment. Sixty-six percent of the Lakeview men and 64% of the women said it was very true that they feel good about their progress in working on their substance problems.
The figures for Willard program participants and the comparison to data from Lakeview Shock ASAT participants suggest that more might be done to improve male Willard ASAT participants’ involvement in their treatment program.

**Participant Assessment of ASAT Staff and Relation with Staff**

Survey respondents were somewhat positive about the staff in their evaluation of the ASAT program, with the women survey participants expressing significantly more favorable opinions of the treatment staff than the male respondents. While a majority of both the men and women respondents were somewhat satisfied with the counseling process, as noted above, only 17% of the men and 67% of the women reported it was mostly or very true that the treatment staff support their goals. Similarly, 22% of the men and 67% of the women said it was mostly or very true that the treatment staff sincerely want to help them. Seventeen percent of the men and 75% of the women replied that it was mostly or very true that they work well with the treatment staff. When asked whether they were satisfied with their treatment, only 17% of the men, but 67% of the women, answered this was mostly or very true. Finally, when asked if the treatment meets or exceeds their expectations, none of the men said this was mostly or very true, while 56% of the women replied in the affirmative. For each of these questions, a majority of the men said the statements were somewhat true, but their level of satisfaction clearly is substantially less than the women MQA survey respondents.

In comparison to the Lakeview Shock inmates who participated in our substance abuse survey, the Willard men had significantly more negative impressions of the treatment staff. When we asked male Lakeview Shock inmates to respond to the statements relating to treatment staff support, staff desire to help them and their working relationship with staff, approximately two-thirds or more of the Lakeview men replied that these statements were mostly or very true, rates three to four times those of the Willard male respondents. The Lakeview women responding to the MQA survey had even higher levels of positive responses to these statements than the Lakeview men, rates similar to, but slightly higher than, the positive responses of the Willard female MQA survey respondents.

Many program participants described an atmosphere where staff does not encourage parolees to express their opinions about treatment; they reported that the program fails to maintain an environment in which participants can speak without fear of ridicule or retaliation. Seventy-two percent of men we surveyed and 44% of women respondents said that substance abuse treatment staff rarely or never ask for parolees’ opinions and suggestions about treatment issues. Similarly, 78% of both the male and female survey participants reported that they had none or very little influence on what happens in the treatment program. Forty-five percent of the men and 62% of women reported that it was mostly or very true that people were afraid to speak up for fear of ridicule. Participant involvement in treatment can offer an opportunity for greater individualization and therefore more effective treatment. In addition, having a safe environment for discussing personal issues is crucial for individuals attempting to change long-standing attitudes and behaviors. We urge the facility to consider methods to better individualize treatment and to improve the environment for parolees wishing to share their personal opinions and experiences.

Given the discrepancies in opinions of treatment staff between the female and male Willard respondents and the male Shock inmates, we are concerned that not all the treatment staff...
adequately engage or support the male Willard population. We urge the facility’s executive team and other DOCS and OASAS staff to evaluate the effectiveness of the treatment program to identify ways to better engage and increase satisfaction among treatment participants.

**Network**

The ASAT program at Willard is closely intertwined and coordinated with the Network treatment program. Network is designed to improve decision-making skills and self-esteem, and comprises several components, all of which are mandatory for Willard parolees. As part of Network, parolees attend daily community meetings, classes on decision making, and a confrontation program intended to resolve issues among program participants and to focus on parolees who are not progressing in the program. The Visiting Committee was generally impressed by the treatment staff and the parolees appeared engaged in the programs’ activities. Of the parolees we surveyed, 61% were satisfied with the overall Network program, with some inmates saying that the program assisted them in developing decision-making skills.

The Visiting Committee toured many components of the Network program. The daily community meetings are parolee-led. In the class, parolees take turns stating the Willard mission statement by memory, and discuss in a very structured dialogue the progress and set-backs they and their peers have experienced. Security staff were involved in the meeting and interjected several times to correct or guide the discussion. Of the parolees we surveyed, 72% were satisfied, at least somewhat, with the community meetings, with many saying they appreciated the communal aspect of the meetings.

We observed two confrontation sessions, which are intended to provide support and correction to participants who are alleged to have violated rules or are perceived as making inadequate progress in treatment. In a highly structured meeting of the entire platoon, the facilitator (ASAT counselor) engages the parolee being “confronted” in a discussion about his or her behavior and what measures the parolee will take to address the concerns raised by the staff and the platoon. Of the parolees we surveyed, only 37% were satisfied, at least somewhat, with the confrontation classes, while 45% were “very dissatisfied.” Many parolees clearly perceived the confrontation session facilitators as degrading parolees. Parolees stated that the sessions did not always provide a safe environment for sharing highly personal information because some parolees violate the program’s rule of confidentiality and refer to information disclosed in these sessions outside the classroom. We urge the facility to explore ways to increase peer participation in the confrontation process.

The program also includes a “three-part meeting” designed to serve as a support group, in which parolees affirm self-growth and problem-solve with peers. We did not observe this meeting. Of the male parolees we surveyed, 65% were satisfied with the three-part meetings, with many speaking positively about the experience of sharing matters with other parolees.

**Safety**

**Parolee-Staff Relations**

As in New York’s Shock Incarceration facilities, platoons at Willard are managed by “Drill Instructors” (DIs) who are Corrections Officers (COs) specially trained for the program
and assigned to a specific platoon. Drill Instructors have the most frequent interaction with parolees, because they are present for every part of the parolee’s day. The Willard model encourages a high level of coordination between Drill Instructors, teachers and counselors. 

The Visiting Committee met with the DIs and was generally impressed with their commitment to the Willard program. They reported a low level of physical confrontation at the facility, between parolees and staff and especially among parolees.

In contrast, when we asked parolees about their relations with security staff over all, 69% reported relations as bad, 25% as equally good and bad, and only 6% as good. These dissatisfaction rates are higher than many other prisons we have visited, and much higher compared to Lakeview’s Shock program, where 44% of inmates rated relations with security staff as bad. Willard parolees’ opinions of their relationship with DIs, however, were more favorable, with 31% describing them as good, 50% saying relations were somewhat good and somewhat bad, and only 19% reporting relations were bad. Though these figures are worse than Lakeview Shock inmates’ opinions of their relationship with Drill Instructors, it is clear that Willard parolees have a favorable opinion of the DIs, in stark contrast to security staff overall. Parolees rated relations with Parole staff and Corrections Counselors most favorably, with approximately 49% stating relations were good, 35% as somewhat good and somewhat bad, and 15% as bad. Considering the short amount of time parolees spend at Willard, the number of parolees who expressed concerns about staff conduct is striking. Ninety-eight percent of respondents believed that some COs at Willard do a good job; however, 72% of respondents stated that there are COs who engage in serious misconduct. Parolees estimated that 70% of staff engage in misconduct and that 30% do a good job, such as being respectful and helpful.

Many parolees described the relationship between security staff and parolees as frequently physically and verbally abusive. Fifty-one percent of the male parolees we surveyed reported they had experienced a physical confrontation with staff at least once while at Willard. This rate is significantly higher than at many other prisons we have visited, though about the same as we found at Lakeview’s Shock program. In addition, 75% described physical confrontations between parolees and staff as frequent, a rate that is higher than comparable data we received from other facilities and significantly higher than the rate at Lakeview Shock. Fifty-three percent of the respondents told us that they frequently felt unsafe, with 41% saying they felt very unsafe. These rates are much higher than we have found at other medium security prisons, including Lakeview Shock, and comparable to rates at maximum security facilities. In addition, 27% of respondents reported they heard of sexual abuse occurring in the facility at least once, with 15% stating that they frequently heard about its occurrence. Few parolees told us they had experienced or witnessed abusive pat frisks.

We obtained computer data from the Department summarizing the number of disciplinary actions against Willard parolees and the number of Unusual Incidents Reports (UIRs) at Willard for the period January 2003 through August 2006. For the male Willard population, the rate of disciplinary infractions for assault on staff was very high, more than almost all the medium security prisons in the system and higher than some of the maximum security prisons. Similarly, the rates for UIRs for assault on staff at Willard were higher than all medium security prisons and several maximum security prisons. These rates are very disturbing and reinforce our
impression that there is a significant amount of physical confrontation between parolees and staff at the facility.

Seventy-six percent of the male parolees we surveyed stated they frequently experienced verbal harassment, a rate that is comparable to that which we found at Lakeview Shock. Ninety-four percent of the Willard respondents said that verbal harassment occurred frequently throughout the facility, a rate that is significantly higher than what we found at Lakeview Shock. Many Willard parolees with whom we spoke on our visit described the verbal harassment from staff as sexually charged and involving threats of program termination.

Of the parolees we surveyed, 50% said that racial tension was widespread or common throughout the facility. Thirty-three percent said that racial discrimination contributed significantly to abuse. These rates are higher than we have observed at other prisons throughout the state, including Lakeview Shock, and consequently, we suggest the facility investigate this issue and take action to reduce the level of racial tension, including more training on diversity and cultural competency for staff and parolees. The facility did not provide the CA with data on the race or ethnicity of its staff, but the facility administration stated that its staff was more diverse than many other DOCS facilities and that the staff receive diversity training. On our visit, we noted several more persons of color on the prison staff than at many other facilities we have visited.

We recognize that some parolees might interpret elements of the Willard program, particularly the intense interactions between staff and parolees, as harassment and thus may feel unsafe. Further, the fact that parolees are intentionally placed under stress could result in more physical and verbal confrontations between staff and parolees or among parolees than in a facility with less stress. However, the frequent reports of parolee-staff physical confrontations and parolees’ perceptions of their safety are problematic and require attention by the Department. Specifically, the facility should develop a plan to reduce the frequency of physical confrontations between parolees and staff and to diminish the number of complaints about staff misconduct. Improving communication between staff and parolees and enhancing staff training on nonviolent conflict resolution could reduce the levels of tension and violence.

**Parolee-Parolee Relations**

Staff described confrontations between parolees as rare and not involving serious injury. Parolees had a somewhat different perspective, with 33% of respondents reporting having been in a physical confrontation with another parolee at least once, a rate that is higher than at most other facilities we have visited. Similarly, 35% of survey participants reported frequent confrontations among parolees, a rate higher than at other medium security prisons we have visited and slightly lower than at Lakeview Shock. However, when asked to compare the level of parolee-on-parolee violence at Willard to other facilities in which the parolee has been confined, 83% of the survey respondents reported it was better at Willard and only 7% said such violence was worse at Willard. Parolees attributed the causes of most parolee-on-parolee violence to stress and personal conflicts, and there were no reports of significant injuries. While 68% of the parolees we surveyed stated that gang activity was common at the facility, a rate consistent with other prisons we have visited and higher than at Lakeview Shock, most parolees said that gang activity did not contribute to violence at the facility. Very few parolees reported that contraband drug use was common at the facility.
Department computer data for the period January 2003 through August 2006 for Willard UIRs and disciplinary infractions resulting from confrontations among parolees reveals relatively few incidents, with rates that are well below the average for medium security facilities. Specifically, the rate for UIRs about assault on inmates was in the bottom 20% for medium security facilities. Concerning the rate for disciplinary infractions for assault on inmates, Willard men were in the bottom third for all medium security facilities and in the bottom half for infractions for inmate fighting. Overall, this data and the parolee survey responses suggest that parolee-on-parolee violence is not as serious a problem as confrontations with staff and well below the averages for Department reports concerning such incidents.

**Discipline at Willard**

The discipline system at Willard is different than at other facilities. Instead of immediately writing a misbehavior report in response to a parolee’s actions, any staff person, including counselors and instructors, can issue “instant corrective actions” such as push-ups or running laps. Staff can also issue “learning experiences,” which might include the parolee wearing a large card around his or her neck that says “attitude” or other “corrective” text. Staff may also issue a misbehavior report. If the misbehavior report results in disciplinary confinement of 30 days or more, the parolee is transferred to another facility. Parolees receiving disciplinary sentences shorter than 30 days are also sent to another facility though they may return to the Willard program if they so request. The decision to return a parolee to Willard who has been removed due to disciplinary action is made by an administrative law judge. Staff seemed committed to avoiding disciplinary confinement for minor offenses of the facility’s rules so that parolees can remain in the program, as reflected in the low rates of removals from the program for disciplinary reasons or for non-compliance with the program: in 2007, only 147 men (4% of those admitted) and 7 women (3%) were removed by the Willard Evaluation Review Committee.

Staff explained that Willard parolees’ time at the facility can be extended and that parolees can also be required to begin the program anew. The executive team said that this “recycling” is not meant to be a disciplinary measure but is for the parolee’s benefit. Other staff we spoke with, however, said that parolees are “recycled” for disciplinary reasons.

**Grievance Program**

Staff at Willard explained a five-step grievance process. First, a parolee will raise the grievance among his or her peers, then the treatment team, followed by the Captain, who, according to the parolees handbook, is designated to handle all parolee grievances. If the grievance cannot be resolved though this informal process, the parolee may submit a grievance form and, finally, address the problem through a formal committee and the Superintendent. In 2006, only 15 formal grievances were filed at Willard, the majority concerning staff conduct and medical services. While most survey respondents had never used the grievance system, there was a perception that the system was not effective, with the majority rating it as poor and worse than the grievance systems at other facilities.
Visiting and Package Program

Parolees may not receive visitors during “zero weeks,” though they may receive visitors once every two weeks after this period. Staff reported that the visiting room was busy. Seventy percent of parolees we surveyed were dissatisfied with the visiting program. Phone calls are also limited at Willard, with parolees permitted to use the telephone for ten minutes once every two weeks. While parolees cannot receive packages, they can receive letters. Forty-two percent of survey respondents reported experiencing a problem with their mail.

Food

Because of the physical demands of the Willard program, meals at the facility have a higher caloric content than those at other prisons. Fifty-two percent of the parolees we surveyed reported they were satisfied with the food at the facility, at least some of the time. When we visited the mess hall, it appeared clean. At mealtimes, parolees are not permitted to speak or look at each other, and they have a limited period of time to complete their meal. Parolees must eat the entirety of the serving they take or carry out leftovers in their pockets. The goods available in the Commissary are limited. Seventy-five percent of survey participants were dissatisfied with the Commissary.

Transitional Services, Parole Services and Aftercare Program

In preparation for release, parolees attend a pre-release program weekly after “zero weeks.” The curriculum includes topics such as job development, budgeting, communication skills, family planning, parenting, STD education, nutrition and health, and domestic violence. Classes are taught by Parole staff, who also meet with each parolee to develop an individualized aftercare plan.

There is a large Division of Parole staff at the facility, consisting of a supervisor, three senior Parole Officers, 17 Parole Officers and approximately 10 support staff. The Visiting Committee was generally impressed with the Parole staff and their commitment to the Willard program and their desire to assist parolees in returning to their communities. The Parole Officers are divided among 15 treatment teams in the facility. Parole staff are also responsible for preparing a discharge plan for each parolee that includes reentry plans for both housing and substance abuse treatment. Staff told us that locating and approving housing in a timely manner for some parolees can be problematic, and therefore, approximately 30% of the parolees may go to a shelter when released. They explained that plans are in place to assign a Parole Officer to work on these difficult housing cases, but this project was not operating at the time of our visit and staff had yet to be hired to carry it out. We support this initiative and urge Parole to promptly fill this position. Concerning substance abuse treatment, prior to release each parolee is given an appointment at a treatment program in the community. The Parole staff noted that it is very difficult to get a parolee into a residential treatment program, particularly since most parolees are not approved for Medicaid at the time of their release. The staff estimated that only 10% of released parolees will go to residential treatment programs; the remainder are given appointments with non-residential treatment programs.
Upon release from DOCS custody, all parolees are transferred to the Division of Parole Supervision program that consists of intensive supervision through regular reporting, home visits, employment and program verification, curfew checks and frequent random urinalysis. Some parolees who are judicially sanctioned to Willard participate in the “Extended Willard” program, which includes six months of inpatient substance abuse treatment followed by six months of outpatient treatment. As planning for reentry to the community plays a critical role in post-release success for inmates with a history of substance abuse, we support the program’s increased aftercare services. The Visiting Committee did not visit the Extended Willard program or other aftercare services provided by Parole outside the facility.

In summary, we found Parole staff to be dedicated and committed to finding resources for parolees on the outside, though many lamented the limited options available. Of the male parolees we surveyed, 60% were satisfied, at least somewhat, with discharge planning services at Willard.

Medical Care

The Visiting Committee met with the Nurse Administrator, Louise Guzalak, who provided detailed information about the health services at the facility and took the Visiting Committee on a tour of the medical unit; we appreciated her cooperation during the visit and her comprehensive responses to our questions. We found the health facilities to be clean and well maintained.

The medical department has two part-time physicians, a nurse practitioner, 9 full-time nurses, one part-time nurse and an authorization to use a per diem nurse 40 hours per week. One nurse position was vacant for about a year at the time of our visit. The Nurse Administrator told us that the per diem nurse position is consistently used. We question why a nursing position has been unfilled for such an extended period, and we urge the facility’s medical staff, along with DOCS Division of Health Services, to explore ways to recruit a permanent replacement. If those efforts are unsuccessful in the short term, we suggest that the Department contact state officials to request an increase in the salary level authorized for the vacant position. We were pleased to learn during our November 2008 conversation that two nursing positions had been filled and that there were no medical vacancies.

Overall, the parolees we surveyed had mixed views of the healthcare services: 44% rated the quality of medical care as poor, 39% said it was fair and 17% reported that it was good. While these figures are about average for the DOCS facilities we visit, they represent a significant level of dissatisfaction with the services being provided.

Sick call is conducted in the early morning hours; parolees are awakened at 4:30am to go to sick call, and it is completed generally by 6:00am. On average, approximately 30-40 parolees attend sick call daily, five days per week, and the medical department assigns three nurses to this operation. Parolees responding to our survey were critical of the sick call process and the care they received. Twenty-six percent of the survey respondents said they could not get to sick call when needed, a figure worse than at most facilities we visit. Nearly half the survey participants rated sick call as poor, again a response that is more critical than at most other prisons.
The survey respondents were more positive about the services provided by the physicians and nurse practitioner. Thirty-eight percent of survey participants reported that they never have problems accessing these providers, a figure higher than the percentage at other prisons. Based upon the paroleses’ responses, it appears that they can be seen in the clinic in about one to two weeks of the referral, a time period less than at many other facilities. Concerning the quality of the care they receive from the providers, 23% of the survey participants stated it was good, 42% reported it as fair, and 36% said it was bad. These figures are also better than those reported at most other prisons we have visited.

The facility does not have a pharmacy; it gets its medications from the regional pharmacy at Auburn Correctional Facility. A majority of the survey participants who reported being on medication said they have experienced some problems in getting their medications.

Given the short length of stay for Willard paroleses, we were not surprised to find that few of the paroleses we interviewed had been referred to a specialist and, therefore, we received limited information about the timeliness and adequacy of this type of care. Of those few who had been, or believed they needed, specialty care, all expressed concerns about delays in access and the follow-up to their specialty care. We urge the medical department to investigate this situation.

The facility has many paroleses with chronic conditions: 27 are HIV-infected, of which 14 were on treatment; 90 infected with Hepatitis C, of which none were on treatment; 24 diabetics, all of whom were on daily medication; 142 asthmatics, of which 90% were on daily medication; and 67 with hypertension, of which 80% were on daily medication. It appears that the HIV-infected paroleses are all treated by facility medical providers, including Dr. Graceffo, who is recognized by DOCS as an HIV specialist; the staff reported that no parolese has seen an outside infectious disease specialist in the last six months. The staff informed us that all newly admitted paroleses are screened for Hepatitis C, a policy we strongly endorse. The facility, however, is not providing HCV treatment to its HCV-infected population; rather, it appears that the medical staff tell HCV-infected patients to wait until their release to pursue HCV therapy. The staff also informed us that they have not ordered any liver biopsies in the recent past. Although we would endorse a more aggressive policy on HCV treatment, we believe it is reasonable for the Department to refuse to initiate HCV therapy for the three month period these individuals are incarcerated at Willard. However, we question the decision to not perform liver biopsies on HCV-infected patients who exhibit symptoms indicating a serious risk for significant liver disease to determine if they are potential candidates for HCV therapy once they are released. We urge the Department to reconsider this policy and develop guidelines for when it is appropriate to pursue an assessment of an HCV-infected patient for potential treatment.

The Nurse Administrator told us that the facility holds a quality improvement (QI) committee meeting every three months and that this session includes regular reviews of medical charts. Notes are prepared of these meetings and sent to DOCS Division of Health Services personnel for review. Although we did not review records of these meetings, it appears there is an active QI program at the facility.

Medical staff is also responsible for screening newly admitted paroleses to ascertain if they are medically eligible for the Willard program, which involves strenuous physical activity as part of the treatment program. The staff informed us that most paroleses unsuited for the program are
screened out at the reception prisons prior to their transfer to Willard. However, Willard performs a medical and mental health evaluation and disqualifies a limited number of parolees per year.

In summary, it appears that the healthcare services at Willard are meeting many of the patients’ needs, but that a significant portion of the patient population is dissatisfied with some elements of the facility’s medical care. We urge the facility administrative team to review healthcare services, with particular attention to sick call, medications and access to specialty care. Since the parolee population infrequently uses the formal grievance system to raise complaints, we believe it would be very beneficial for the medical staff to meet regularly with a representative body of parolees to explore patients’ concerns with the medical care system.

Willard Program for Women

The women’s program at Willard is identical to the men’s, with early-morning calisthenics and intensive treatment programs. Like with the men, women’s hair is cropped upon entering Willard; their clothes are only slightly different than the men’s. There is no comingling of men and women in any aspect of the program.

We received 10 abbreviated surveys from women at Willard focused on their assessment of treatment programs at the facility. Seven of the women we surveyed were returned parole violators and two were judicially sanctioned to the facility. Overall, the women expressed a level of satisfaction greater than that of men in the program, with 60% stating they were satisfied with the overall program (as compared to the 30% figure for men). Women praised all program services at Willard at higher rates than the men, with nearly all women reporting satisfaction with the various components of the treatment program and with a higher percentage of women compared to men finding ASAT to be the most useful program. Seventy percent were satisfied with the Network program and 80% satisfied with the community meeting. Women rated relations with civilian and security staff better than the men. For example, 60% said that relations with Drill Instructors were good. While we did not ask questions in the women’s survey about physical confrontations or verbal harassment, the women with whom we spoke on our visit did not express the same concerns as men. Of the women we surveyed, four had been in a Shock program before, two rating Willard as worse than Shock and two rating it as better.

Meeting with Staff

Visiting Committee members met with representatives of each staff union, and we appreciated the informative conversations that resulted. They described a positive work environment in which they feel safe and where there is a good rapport and significant coordination between security and civilian staff. They also noted that they have a generally positive relationship with the administration and appreciated the open-door policy of the executive team. Overall, staff found their work at Willard particularly rewarding as they see parolees’ progress in the program.

Willard’s security personnel are very experienced. There was a concern among some staff that many senior correction officers would retire upon reaching 25 years with the Department, since their existing pension plan offers no incentive for them to remain on the job.
longer. In addition, some security officers told us that increased security staff would allow for more parolee work crews, benefiting both parolees and the community.

Many staff were also concerned about the number of staff who had not received the month-long Shock-specific training offered only once per year, adding that fully trained staff fosters cohesion in the program. Staff mentioned also that both staff and parolees would benefit from better cold-weather gear, particularly considering the physical training portion of the program and the location of the facility. Some staff also believed that the parolees should receive enhanced meals beyond the unlimited peanut butter, jelly and bread they now receive. Staff expressed concern, too, at the disrepair of some of the facility’s aging buildings.

During our November 2008 conversation, we learned that in April 2008 almost all new staff attended the four-week Shock training. In addition, in October 2008, the facility ran a three-day training for new staff who were unable to attend the April 2008 training.

Final Meeting with Executive Team

Following our visit, the Visiting Committee spoke twice with the Executive Team via telephone to share our initial observations, and we greatly appreciated the informative discussions that resulted. We mentioned our positive impressions of staff coordination and dedication to the program, particularly the vigilance in trying to keep parolees enrolled. We noted the meaningful coordination between DOCS and Parole. We also remarked on the impressive GED passing rate and our positive impression of the academic program overall. We said we were pleased that the general library would open soon. We also discussed our concern that some ADT inmates were unaware that they would be sent to Willard. The Executive Team shared this concern.

Follow-up Conversation with Executive Team and DOCS Officials

During our November 2008 conversation with DOCS Central Office and facility staff, we learned that Department officials, including Willard staff, are in ongoing discussions with OASAS concerning the OASAS requirements for the Willard treatment program. Although a final determination has not been made, it appears that OASAS will develop new standards for Willard and, as a result, Willard will have to increase the amount of time it provides one-on-one and small group counseling. We strongly endorse the efforts of DOCS and OASAS to negotiate new standards for Willard, and we believe augmenting one-on-one and small group counseling could significantly improve the treatment program. Once new standards are established, we urge DOCS, Parole and OASAS officials to assess whether the facility has sufficient treatment staff to meet the new requirements.

We asked Willard’s parole staff whether they have experienced difficulties placing parolees in aftercare drug treatment programs in the community in light of the recent termination of contracts between the Division of Parole and community-based substance abuse treatment programs. We learned that community treatment programs are still willing to accept initial appointments for Willard parolees, but it is not clear how these organizations will be compensated for the services provided. One potential source for reimbursement is Medicaid, but it is not immediately available for most parolees discharged from Willard. Although DOCS and
the Department of Health have implemented a program to suspend, rather than terminate, Medicaid for newly incarcerated individuals who are on Medicaid at the time of their incarceration, it is unclear how many Willard parolees can take advantage of this process. Approximately 75% to 80% of individuals coming into the Department are not actively enrolled in Medicaid. No Medicaid applications are filed for Willard parolees while they are in the program and therefore, these individuals will have to file for Medicaid once they are released. Approval for Medicaid can take 45 days to several months after an application has been submitted. We remain concerned about the ability of individuals discharged from Willard to get prompt access to substance abuse treatment in the community.

The difficult fiscal environment for the state raises concerns about the ability of DOCS and Division of Parole to maintain adequate staff for Willard. We were pleased to learn that the facility recently was authorized to hire additional substance abuse treatment staff, but were also told that there were vacancies in the Parole staff and that no waiver to hire replacements had been sought.

We were pleased to learn from the superintendent that each month the prison conducts a survey of one platoon of program graduates (40 to 60 individuals) to assess parolee satisfaction with the program and to identify problematic areas. Having reviewed the survey, we see it as a useful instrument that could assist the facility and the Department in identifying successful elements of the program and areas needing improvement. We commend the facility for initiating this process and urge the Department to consider implementing similar surveys at other DOCS facilities.

Recommendations

**Program Evaluation**

- Develop and implement a program to separately assess the effectiveness of the Willard program for each of the facility’s parolee categories: judicially sanctioned, parolee violators and ADT inmates and for this analysis, distinguish parolees who are new to Willard and Shock from those who have had prior experience with Shock and/or Willard. Consider including in this analysis both an assessment of the performance of the parolees in the program and outcomes once these individuals are released.

**Vocational Program**

- Initiate additional vocational programs that more closely reflect job opportunities in the community.

**Alcohol and Substance Abuse Treatment**

- Fill the vacant ASAT Supervising Correction Counselor position. If an appropriate candidate cannot be identified in the near term, the Department and state officials should take action to augment the salary for this position.

- Provide incentives for ASAT staff to obtain and maintain their CASAC credentials.
• Increase training for ASAT staff through programs offered by DOCS, OASAS and other substance abuse treatment organizations, especially those off-premises that are likely to expose staff to a wide variety of strategies and approaches.

• Revise the ASAT curriculum and materials to integrate best practices in prison-based treatment and standardize the program.

• Expand availability of up-to-date materials related to recovery, such as books and pamphlets, for parolees.

• Expand and enhance training in the ASAT program for life skills and problem solving.

• Evaluate the effectiveness of the ASAT program for all Willard participants, including those who have previously participated in a Shock or Willard program. This assessment should include a judgment by independent substance abuse specialists of the adequacy of the initial evaluation of participants’ needs, the provisions of counseling services and the development and implementation of individualized treatment plans.

• Enhance the assessment of participants’ satisfaction with, and involvement in, the ASAT program and take measures to increase participants’ engagement in their treatment program.

Safety

• Review Unusual Incident Reports and misbehavior reports to assess whether there are patterns of physical and verbal confrontations within the facility, whether specific staff members are more frequently involved in parolee-staff confrontations and whether certain areas within the facility are more frequent locations for such confrontations. Following this review, develop a plan, including additional staff training, to reduce confrontations between parolees and staff and among parolees.

• Assess the level and causes for racial tension within the facility and develop a plan to reduce this tension and incidents of racial harassment, including diversity training for staff and parolees.

Packages and Mail

• Initiate monitoring measures to prevent delays in the delivery of mail to parolees.

Discharge Planning

• Assign a Parolee Officer to work on discharge plans for parolees for whom an appropriate housing option is not readily available.

• Initiate efforts to get parolees enrolled in Medicaid prior to their release from Willard.

• Intensify efforts to assign parolees to residential substance abuse treatments programs when available.
**Medical Care**

- Review the quality of the sick call encounters to determine whether all sick call nurses are adequately addressing parolees’ medical needs and expand parolees access to sick call by ensuring that all parolees are offered the service on days it is conducted.

- Review parolee complaints concerning access to medications and develop a corrective plan if systemic deficiencies are identified.

- Improve the timeliness of specialty care appointments and initiate a review of completed consultations to determine whether there has been adequate follow-up to the recommendations made by the specialists.

- Reconsider the decision to not evaluate HCV-infected parolees for potential treatment and develop guidelines for when it is appropriate to assess potential treatment options for those HCV-infected patients who are at the greatest risk for significant liver damage.

- Convene a meeting between facility administrators, health staff and a representative sample of the parolee population on a regular basis to ascertain parolees’ concerns about the facility’s healthcare system.

**Staff Concerns**

- The Executive and the Legislature should institute system-wide incentives for security staff to remain on the job for longer than 25 years.
## Table 3. ICE Deportations Under Secure Communities by Most Serious Conviction, January 2012 - October 2017*

<table>
<thead>
<tr>
<th>Most Serious Criminal Conviction</th>
<th>Total 2012 - 2017</th>
<th>Calender Year</th>
<th>Feb-Oct 2017</th>
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<tr>
<td>Total Secure Communities Removals</td>
<td>403,862</td>
<td>84,087</td>
<td>84,087</td>
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<tr>
<td>Driving Under Influence Liquor</td>
<td>43,354</td>
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<tr>
<td>No Conviction</td>
<td>38,682</td>
<td>15,254</td>
<td>8,430</td>
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<td>Illegal Entry (INA SEC.101(a)(43)(O), 8USC1325 only)</td>
<td>25,977</td>
<td>3,407</td>
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<tr>
<td>Assault</td>
<td>25,240</td>
<td>5,001</td>
<td>5,095</td>
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<tr>
<td>Traffic Offense</td>
<td>17,313</td>
<td>5,381</td>
<td>3,944</td>
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<td>Illegal Re-Entry (INA SEC.101(a)(43)(O), 8USC1326 only)</td>
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<td>Drug Trafficking</td>
<td>11,831</td>
<td>1,177</td>
<td>1,818</td>
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<td>Burglary</td>
<td>11,372</td>
<td>2,277</td>
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<tr>
<td>Marijuana - Possession</td>
<td>10,320</td>
<td>1,152</td>
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<tr>
<td>Larceny</td>
<td>9,809</td>
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<td>2,050</td>
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<td>Marijuana - Sell</td>
<td>8,828</td>
<td>1,075</td>
<td>1,281</td>
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<tr>
<td>Drug Possession</td>
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<td>1,757</td>
<td>1,726</td>
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<td>Cocaine - Sell</td>
<td>7,344</td>
<td>1,065</td>
<td>1,236</td>
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<tr>
<td>Domestic Violence</td>
<td>7,051</td>
<td>1,046</td>
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<tr>
<td>Cocaine - Possession</td>
<td>6,120</td>
<td>1,359</td>
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<tr>
<td>Dangerous Drugs</td>
<td>5,633</td>
<td>1,123</td>
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<tr>
<td>Weapon Offense</td>
<td>5,624</td>
<td>1,063</td>
<td>1,143</td>
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<tr>
<td>Sex Assault</td>
<td>4,794</td>
<td>665</td>
<td>786</td>
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<tr>
<td>Public Order Crimes</td>
<td>4,680</td>
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<tr>
<td>Robbery</td>
<td>4,646</td>
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<td>764</td>
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<tr>
<td>Aggravated Assault - Weapon</td>
<td>4,487</td>
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<td>Smuggling Aliens</td>
<td>4,209</td>
<td>365</td>
<td>652</td>
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<tr>
<td>Fraud</td>
<td>4,038</td>
<td>897</td>
<td>859</td>
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<tr>
<td>Hit and Run</td>
<td>4,023</td>
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<td>846</td>
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<tr>
<td>Resisting Officer</td>
<td>3,997</td>
<td>806</td>
<td>720</td>
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<td>Forgery</td>
<td>3,987</td>
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<tr>
<td>Battery</td>
<td>3,906</td>
<td>874</td>
<td>825</td>
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<tr>
<td>Amphetamine - Sell</td>
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<td>569</td>
<td>669</td>
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<tr>
<td>Marijuana - Smuggle</td>
<td>3,777</td>
<td>316</td>
<td>449</td>
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<td>Possession Of Weapon</td>
<td>3,284</td>
<td>442</td>
<td>540</td>
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<tr>
<td>Cruelty Toward Wife</td>
<td>3,104</td>
<td>962</td>
<td>712</td>
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<tr>
<td>Fraud - False Statement</td>
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<td>683</td>
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<tr>
<td>Fraud - Impersonating</td>
<td>2,756</td>
<td>714</td>
<td>649</td>
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<tr>
<td>Disorderly Conduct</td>
<td>2,647</td>
<td>740</td>
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</tr>
<tr>
<td>Heroin - Sell</td>
<td>2,313</td>
<td>261</td>
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<tr>
<td>Aggravated Assault - Family-Strongarm</td>
<td>2,206</td>
<td>397</td>
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<tr>
<td>Probation Violation</td>
<td>2,117</td>
<td>458</td>
<td>437</td>
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<tr>
<td>Flight To Avoid (prosecution, confinement, etc.)</td>
<td>2,041</td>
<td>592</td>
<td>656</td>
</tr>
<tr>
<td>Cruelty Toward Child</td>
<td>2,012</td>
<td>384</td>
<td>384</td>
</tr>
<tr>
<td>Obstruct Police</td>
<td>1,879</td>
<td>464</td>
<td>391</td>
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</table>

Note: Total Secure Communities Removals include deportations for illegality. By most serious conviction, from January 2012 to October 2017.
Federal Prison Residential Drug Treatment
Reduces Substance Use and Arrests After Release

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Running Head: Prison Drug Program Outcomes

Word count
Abstract: 154
Text: 7194
References: 806
Acknowledgments

This evaluation was funded in part by the National Institute on Drug Abuse through an interagency agreement with the Bureau of Prisons (BOP MOU-201-0). This research was supported by Bureau of Prisons Director Kathleen Hawk Sawyer and Assistant Director Thomas R. Kane. Feedback and guidance were provided throughout the project by the advisory board members and Bennett Fletcher, National Institute on Drug Abuse. Ron Dyson, Substance Abuse Treatment Administrator, Administrative Office of the U.S. Courts, and substance abuse, community corrections center, and transitional services administrators from the Bureau of Prisons provided administrative support for the data collection.
Objective: The effectiveness of Federal prison-based residential drug and alcohol treatment programs was evaluated using event history procedures which addressed the problem of selection bias and included a wide range of control variables. Methods: The sample comprised 760 treatment subjects and 809 comparison subjects. Treatment subjects were from 20 different prisons of medium, low and minimum security levels. Comparison subjects were drawn from over 30 prisons. Results: The results indicated that individuals who entered and completed in-prison residential treatment were less likely to experience the critical post-release outcomes of new arrests and substance use during the first 6 months following release. Conclusions: Without controlling for selection bias, the effects of treatment would most likely have been attenuated. The results have greater generalizability than other studies of prison-based treatment. This study occurred within a multi-site context of 20 programs serving both male and female inmates, and operating within different security levels and different geographic regions.
Prison Drug Program Outcomes

Introduction

In recent years, the number of persons incarcerated in the United States has increased dramatically. Between 1985 and 1996 the incarcerated population increased by an average of 7.8 percent per year (1). Additionally, 62.2 percent of state prison inmates and 42.1 percent of Federal inmates report being regular drug users (2). The combination of a rapidly increasing prison population and the high percentage of prisoners with a history of drug use have led policymakers and correctional practitioners to call for increased funding of prison and community-based drug treatment programs. As a result, prison-based treatment programs for substance abusing offenders expanded greatly in the 1990's.

Evaluation of the effectiveness of treatment programs among criminal justice populations has largely focused on non-incarcerated populations and has examined the effectiveness of drug treatment as an alternative to incarceration or prosecution, or as a condition of probation or parole (3-7). Even though in-prison residential programs have been designed and implemented throughout the United States, evaluations of these programs are relatively few. Outcome evaluations have been limited to programs in six state prison systems. Those evaluations typically reported that treatment lowered recidivism (as measured by arrests, reconvictions and return to prison), decreased post-release drug use, and curtailed self-reported illegal activities (8-19). There are, however, significant methodological weaknesses in the majority of these studies, the most common and most important being the lack of attention to the problem of selection bias.

Under ideal circumstances, causal inferences can be imputed from research designs which use random assignment of subjects to different intervention protocols. There are three related problems in implementing experimental designs in applied social settings. First, there are obvious administrative and ethical reasons that make it difficult to implement random assignment studies in applied settings. Second, even when random assignment is possible, a problem arises in that subjects inevitably select themselves, or are selected by others, out of treatment (and control) groups by dropping out of treatment or refusing follow-up interviews. This is often called the problem of noncompliance (20). Third, when random assignment is not possible, the problem of noncompliance is compounded by the inevitability of subjects selecting themselves into treatment.
In our study, there were four prominent selection processes that filtered respondents into and out of the study: self-selection, administrative — or clinical — selection, treatment selection, and post-treatment selection.

The first process, self-selection, was created by internal motivational states and/or external incentives that disposed some people to volunteer for treatment. The second process, administrative selection, reflected the clinical judgment exercised by treatment providers and other administrators who determined whether someone was chosen for a program. The third process, treatment selection, weeded out clients who could not or refused to meet the program demands after entering treatment. Although clients weeded themselves out by dropping out of treatment, treatment providers in different programs exercised clinical judgment in expelling participants from treatment. The last selection pressure occurred when clients were lost to follow-up. The end result of such selection influences was that the treatment and control groups differed for unintended and uncontrolled reasons, and these differences potentially introduced bias into the outcomes of the study.

Collectively, this set of selection processes is known as selection bias. When selection bias has changed the composition of the control group, the treatment group, or both groups, observed differences between the control group and the treatment group may be due in part, or entirely, to differences in the composition of the respective groups. In short, the effect of treatment is confounded with the effect of selection processes, and there is no simple means of unraveling the two (21, 22). One of the major challenges inherent in evaluation research is to find design, measurement, and analysis methods to minimize the effects of selection bias. Such methods must be able to differentiate the effects attributable to the selection processes from those attributable to treatment.

Many researchers assume that selection bias usually results in a treatment group composed of subjects who are more motivated to change and who have an inherently lower risk of post-intervention failure. However, it is also possible that selection processes operate in an opposite manner. For example, there might be an incentive structure that encourages higher risk subjects, rather than lower risk subjects, to enter treatment. Another possibility is that treatment selection
Prison Drug Program Outcomes

is tightly controlled by providers who reserve treatment beds for the most difficult cases. Given the pervasive and difficult problems of selection bias, most evaluations have not employed methods that allow the evaluators to move beyond speculation about whether selection bias exists, and if it does, about the direction of the selection bias. We attempt to rectify these shortcomings in our study.

We address selection bias using the Heckman approach (23, 24). This approach allowed us to identify whether selection bias occurred and the nature of the selection bias. We also conducted analyses using two other analytic strategies. Although we do not report those results in this paper, they, along with additional details about the research design, are available from the authors (25). These analyses provided a form of ‘sensitivity’ analysis to test the robustness of our findings.

In addition to addressing selection bias issues, this study also improved upon the external validity of prior research. Most previous studies of in-prison intensive substance abuse treatment programs evaluated a single implementation of a treatment program. Results of such studies were dependent upon the unique characteristics of that one site, whether of the staff, the inmate drug treatment volunteers, or the extraordinary attention and support provided to such a treatment program. The present study included male and female inmates from treatment programs in 20 federal prisons of minimum, low and medium security levels. Thus, our results are more generalizable.

The purpose of this article is to describe the Bureau of Prisons (BOP’s) residential substance abuse programs and the positive impact of these programs on substance use and arrests during the first 6 months after release. We provide an overview of other substance abuse treatment services received by both treatment and comparison subjects. We also provide an overview of the research design, including a description of the analytic procedure which identified whether selection bias was present and the nature of the selection bias.

BOP Residential Substance Abuse Treatment Programs

Following a conference in September 1988 organized by Michael Quinlan, then Director of the BOP, program staff met to plan the development of residential substance abuse programs.
Initially, the number of programs established was small. By 1991, eight programs were operational. This was followed by a rapid expansion of programs wherein another 22 programs were approved for activation by September 1992. The growth of programs subsequently slowed down and, as of June 1998 there were 42 residential programs with a total bed capacity of 6,000.

The federal prison system offered two types of residential programs. The first type, the moderate intensity programs, which included the majority of programs in this evaluation effort, offered 500 hours of treatment over a nine-month period and had a staff-to-inmate ratio of 1:24. The second type, the high intensity programs, was offered at three institutions. These programs provided 1,000 hours of treatment over a twelve-month period and had a staff-to-inmate ratio of 1:12. Participation in both types of programs was voluntary. Incentives for participation varied over time and across programs. These ranged from small items such as caps and pens to increased halfway-house time, to, with the passage of the Violent Crime Control and Law Enforcement Act of 1994, up to a one-year reduction in sentence length for successful program completion among non-violent offenders.

All 20 residential substance abuse treatment programs (RDAP’s) were unit-based; that is, all program participants lived together — separate from the general population — for the purpose of building a treatment community. Each unit had a capacity of approximately 100 inmates. Ordinarily, treatment was conducted on the unit for a half-day in two consecutive 2-hour sessions. The other half day, inmates participated in typical institution activities (e.g., work and school), during which time, as well as during meals, treatment participants interacted with general population inmates.

All residential substance abuse treatment programs were based on a cognitive-behavioral model which attempted to identify, confront, and alter the attitudes, values, and thinking patterns that led to criminal behaviors and drug or alcohol use. Most program content was standardized through dissemination of curriculum manuals to be used in every treatment program.

This substance abuse treatment effort also consisted of two “transitional” components. One component was required only of those RDAP graduates who were not immediately released from prison after graduation. These program graduates were required to receive no less than one
hour of individual or group counseling per month for the first 12 months following treatment completion or until transfer to a halfway house or release, whichever came first. This treatment was referred to as “institution transitional services”.

The second transitional component was available only to those individuals — approximately two-thirds of our subjects — who received a halfway house placement before their release from BOP custody. Individuals who received a halfway house placement spent up to the last 6 months of their sentence in a halfway house with some individuals spending some of the time under home confinement. All RDAP program graduates were required to participate in transitional services when and if they were transferred from the institution to a halfway house. This phase of treatment was referred to as “transitional services” and consisted, on average, of two hours per week of group, individual, or family counseling. In order to increase continuity of service, the BOP and the Administrative Office of the U.S. Courts signed a Memorandum of Understanding (MOU). The agreement specified that for individuals with halfway house placements, the BOP would use the same contractors, in other words “piggyback” on the probation services agreements. This “piggyback” effort ensured that inmates would continue to receive treatment services from the same providers as they moved from BOP custody in a halfway house to post-release supervision by a probation officer.

Substance Abuse Treatment Services Stages

Although the focus of our evaluation was in-prison residential substance abuse treatment, we note that any inmate — including comparison subjects who did not participate in RDAP — may have received other substance abuse treatment services within the BOP as well as after release from prison, that is, during their post-release supervision period. During their incarceration, inmates could take advantage of outpatient services and self-help groups. During the post-release supervision period, whether they were treatment or comparison subjects, inmates had access to a variety of treatment services, including residential services.
Prison Drug Program Outcomes

Stage 1: Prison

In addition to residential treatment (described in previous section), outpatient substance abuse treatment services and self-help groups such as Alcoholics Anonymous, Narcotics Anonymous and Cocaine Anonymous, were available to all inmates. The primary purpose of the outpatient substance abuse treatment services was to provide services to those not eligible for the residential treatment programs as well as to individuals who did not volunteer for the residential programs. However, both RDAP treatment subjects as well as comparison subjects received such treatment within prison.

Stage 2: Halfway House

Transitional services, although required of all RDAP graduates, were also made available to individuals who entered but did not complete RDAP as well as to individuals who never entered RDAP. Although some transitional services participants who had not been RDAP graduates received these services voluntarily, most did not. Participation was a result either of BOP staff recommending treatment as a condition of halfway house placement or of two new program initiatives implemented in 1994. Both initiatives required halfway house participants to be screened for drug and alcohol treatment needs and then referred, if appropriate, to transitional services.

Stage 3: Post-Release Supervision

U.S. Probation offers a wide-range of treatment services for its offender population. The majority of treatment services consisted of individual and group outpatient counseling. Some individuals received inpatient, residential, or detoxification services. In general, offenders did not participate in these treatment services voluntarily. Treatment was usually imposed as a condition of supervision by a judge or the probation officer. While not all releasees were required to participate in post-release treatment, the majority of them were required to participate in urinalysis testing. Requiring post-release treatment was not contingent upon participation in the BOP’s in-prison residential treatment program. Inmates leaving BOP custody for supervision by a U.S. probation officer may have remained in substance abuse treatment with the same treatment provider the BOP used during the halfway house transition program.
Prison Drug Program Outcomes

The complexity of the program structure and treatment options available both to treatment and comparison subjects allowed many opportunities for bias to be introduced into the treatment participation process. Before describing the analyses we used to control for selection bias, we provide a description of the research design.

Methods

Sample Selection

We identified residential treatment subjects from four female and 16 male RDAP’s in institutions ranging from minimum to low and medium security. Three of the programs consisted of 1,000 hour programs and the remaining 17 consisted of 500 hour programs.

To explicitly test for selection bias, our study design required selecting two types of comparison subject groups in addition to the treated group. The first comparison group consisted of individuals with a substance use history who were housed at a residential substance abuse treatment institution (i.e., had treatment available) but did not volunteer for treatment. The second group consisted of individuals with a substance use history who came from institutions without a residential treatment program and who thus did not have the opportunity to volunteer for residential treatment.

Our sample consisted of 1,288 men and 281 women for a total sample size of 1,569. Our analyses were limited to those subjects released to supervision by a U.S. probation officer because outcome data on substance use were available only for those subjects. Thus, subjects not released to supervision and subjects with a detainer were not included in our analyses. The subjects were released between July 1992 and December 1995 with two-thirds being released between January and December 1995.

Of the 3,112 subjects initially identified in prison, 1,033 were excluded from the analyses due to a lack of background interview information deemed essential for our analyses. There were 683 subjects for whom no background data were available due to administrative reasons, 340 subjects who refused to participate and 57 subjects with lost or unusable data. The administrative reason for not collecting background data was due to insufficient staff for the frequent travel to the more than 30 institutions required to interview inmates before they were transferred to
another institution or released from prison. Logistic regression analyses demonstrated that no individual characteristics were predictive of having missed data collection or refusing research.

Table 1 shows the distribution of the various types of research subjects by gender. Of the 1,288 male subjects included in this report, 610 (47 percent) entered residential treatment. The remaining 678 (53 percent) were comparison subjects who never entered residential treatment. Of these, 382 were comparison subjects who had in-prison residential treatment available but did not volunteer, and 296 were comparison subjects who did not have treatment available. Of the 610 who entered treatment, 75 percent completed the treatment program, 5 percent voluntarily dropped out of the program, 7 percent were removed for disciplinary reasons, and 13 percent did not complete the program. This "incomplete" category, in general, comprised inmates who were unable to complete treatment due to transfers to another institution or release from BOP custody.

Of the 281 female subjects, 150 (53 percent) entered residential treatment. The remaining 131 (47 percent) were comparison subjects who never entered residential treatment. Of these, 98 were comparison subjects who had in-prison residential treatment available but did not volunteer, and 33 were comparison subjects who did not have such treatment available. Of the 150 who entered treatment, 59 percent completed the treatment program, 8 percent voluntarily dropped out of the program, 10 percent were removed for disciplinary reasons, and 23 percent did not complete the program before release from BOP custody or transfer to another prison.

Data Collection Procedures

Inmate background information was obtained from automated data files as well as from interviews and surveys. Interviews were generally administered to treatment subjects within the first 6 weeks after admission to the treatment program and to comparison subjects approximately three to nine months before release from prison. Survey data were collected from treatment subjects, on average, within the first two weeks of treatment and for comparison subjects at the same time the interviews were administered. Halfway house treatment information was obtained from automated data files. We obtained 6-month post-release information for subjects released to supervision through telephone interviews with U.S. probation officers.
Prison Drug Program Outcomes

Predictor measures

We selected a set of background and other predictor factors because past research has found them to be important predictors of recidivism, they are relevant to substance-using populations, they have been found to predict treatment outcomes, or because we considered them to be important control variables omitted in previous studies.

The background characteristics obtained from official records included gender, race, ethnicity, prior commitments (yes/no), history and recency of violence (less than or greater than 5 years before incarceration or no history), amount of time served (months), and age upon release from incarceration. Self-report information obtained through interviews included criminal justice status at time of incarceration (supervised yes/no), employment status during the month before incarceration – employed full- or part-time, not in work force, unemployed, unemployed but looking for work –, history of illegal activity for at least once year as a primary source of support, number of years of education, and frequency of previous substance use for eight drug categories – ranging from no use (1) to daily use (5). This information also included predicted values for DSM-III-R diagnoses for drug dependence and alcohol dependence (26).

In-prison treatment information, in addition to residential treatment, included both outpatient treatment and self-help group participation. Involvement in transitional services during halfway house placement was recorded for both treatment and comparison subjects. Individuals receiving post-release treatment (i.e., while under supervision by a U.S. probation officer) were categorized according to whether the treatment provided was contractual or non-contractual in nature. Post-release services were primarily outpatient in nature although some individuals received inpatient services. Post-release services also included information on involvement in self-help groups such as Alcoholics Anonymous and Narcotics Anonymous.

Because outcomes may be affected by how closely an individual is monitored after release from custody, we included several measures representing differing types and levels of supervision: halfway house placement before release, average number of urinalysis tests per month during supervised release, and placement (yes/no) in a halfway house by a probation officer during supervised release.
Prison Drug Program Outcomes

The post-release variables included in the analyses were: living with a spouse, percent of post-release period employed full-time (32 or more hours per week), number of violations of conditions of supervision for substance use, and number of violations of conditions of supervision for other reasons.

Outcome measures

Our measure of arrest consisted of the first occurrence of an arrest for a new offense during the first 6 months after release from custody. Our outcome measure of substance use referred to the first occurrence of evidence of substance use, either of an illicit drug or alcohol. Evidence of drug use was defined as: a positive urinalysis (u/a) test, refusal to submit to a urinalysis test, admission of drug use to the probation officer, or a positive breathalyser test. We limited the measure to the first incident of substance use because, in some probation districts, an individual is revoked after the first positive urinalysis, whereas, in others, the individual is provided with additional treatment. In addition, for obvious reasons, we limited this outcome measure to individuals who received urinalysis testing. There were 142 individuals excluded from the analyses of drug use: 134 individuals had no urinalysis testing and eight individuals had missing data. These individuals were, however, included in the analyses of arrest for a new offense.

Analyses

We conducted three types of analyses to increase confidence in our findings. We limit the presentation of findings to the results obtained using the Heckman approach (23, 24). We had the most confidence in the findings obtained from this approach because it directly addressed selection bias issues. This procedure represents one of the two alternative procedures we used to ensure that effects of treatment were not confounded with the effects of the selection pressures discussed in the introduction. The Heckman approach directly controlled for selection bias, identified whether selection bias occurred, and provided information about the nature of the selection bias. The Heckman approach explicitly modeled the effects of selection bias and tested for the impact of treatment under conditions of selection bias. In modeling the selection process, we used the non-treated comparison subjects, both those who did not have treatment available
We analyze the data using event history techniques where we model the length of time of non-occurrence of an event – arrest or drug use – during the risk period, the time after release from custody during which a subject is being supervised. Thus, the results reported refer to the effects of variables on the survival time, that is, time until first arrest or time until first evidence of substance use. Thus, significant positive coefficients imply that a variable increased the survival time of an offender, while significant negative coefficients imply survival time was decreased. The selection-bias adjustment was made to the survival function associated with the time until an offender was arrested and the time until the offender used drugs or alcohol. By modeling selection bias explicitly, we were able to test whether and to what extent selection bias increased or decreased survival time. If it increased survival time, this was evidence that lower-risk inmates were selected into treatment. If it decreased survival time, this suggested that higher-risk inmates were brought into treatment. If the selection-bias parameter was not significant, then we could conclude there was no selection bias.

Because there were a large number of background and control variables, we adopted a hierarchical procedure for selecting blocks of variables to include in the model for each outcome measure. This procedure tested the difference between a “base” model of core background characteristics and four additional blocks of variables. These additional blocks of variables comprised motivation for change measures, treatment indicators (other than in-prison residential treatment), level of post-release supervision indicators and post-release behaviors. A block of variables was retained in the final model only if the combined set of variables from a particular block was significantly different from the “base” model. Thus, the variables included as predictor variables differed between the two outcome measures.

We used effect vector coding for the background predictor variables that were nominal
variables. Effects coding provides a contrast between a particular group and all the groups in the sample (e.g., all subjects on average). This differs from dummy coding where the contrast is between a particular group and the group which serves as referent category. Thus, for example, our coefficient for women represents the likelihood of arrest or drug use as compared with the likelihood for men and women combined. In addition to the background variables, the models we present include variables representing the time period over which an inmate was released. This release cohort variable was intended to proxy any effects on outcomes that may be attributable to changes in the release environment over time. For example, economic conditions can vary over time and can have an effect on employment and recidivism.

Results

In reporting the results, we first focus on treatment effects. We report treatment coefficients significant at the .05 level using a one-tailed test since we hypothesize the direction of the relationship. Significance is tested with the standard t-statistic calculated by dividing the coefficient by the standard error. We hypothesize that individuals who received and completed in-prison drug and alcohol treatment had more favorable outcomes than those who did not receive drug and alcohol treatment. For all other coefficients, we used a two-tailed test. Our two outcome results tables—Tables 2 and 3—contain only those variables which were statistically significant. For constructs coded with the effects vector variables, all of the corresponding variables are presented if any individual component is significant.

Arrest for a New Offense

Approximately 12.5 percent of the subjects had at least one arrest for a new offense during the 6-month post-release period. The model of arrest for a new offense is presented in Table 2. Based on a graphical inspection of the data not reported here, we concluded that the time until an arrest followed a lognormal distribution wherein the probability of arrests increases with time until it reaches a maximum and then decreases. Thus, we chose the lognormal mathematical form for our survival model. The results show a positive effect of treatment on arrests. Since the treatment variable is the conditional probability of completing treatment, the results in Table 1 show that the effect of treatment was statistically significant and positive. Inmates who began and
completed treatment had longer survival times until arrest than untreated comparison subjects or subjects who began but did not complete treatment.

The variable BIASCOEF in Table 2 represents selection bias. It controls for whether subjects who volunteered for treatment were different from those who did not, all other factors included in the model being held constant. The coefficient for BIASCOEF was significant and negative, indicating that inmates who were more likely of being arrested for a new offense selected themselves into the treatment groups. Rather than “creaming” the best candidates for post-release success whether treatment was provided or not, the selection processes worked so that inmates who were less likely to succeed upon release from prison were provided with drug and alcohol treatment.

Because subjects who selected treatment were more likely to be rearrested upon release, we can conclude that the selection process operating in this study would have muted the observed effects of treatment if we had not used appropriate methods to deal with it. By measuring and controlling for this bias, we were able to detect a rather strong treatment effect upon post-release arrests.

We estimated the size of the treatment effect by computing the change in the probability of being arrested within the first 6 months depending on whether a subject was treated or not. We computed the probabilities of re-arrest for treated and untreated subjects with other variables in the model set to their respective means. Untreated subjects had a probability of .167 of being arrested in the first 6 months, while treated subjects had a probability of .031 of being arrested in the first 6 months. Thus, treated inmates were 73 percent less likely to be re-arrested than untreated inmates.

Two background variables were related to post-release arrests: age at release and prior commitments. Older individuals had a lower probability of arrest, whereas those with a prior commitment had a higher probability of arrest. Conversely, individuals with no prior commitments had a lower probability of arrest. We found several post-release factors to be related to arrest. Higher rates of urinalysis testing during supervision, a greater number of hours worked after release, and living with a spouse were all associated with a lower likelihood of arrest. Individuals
who lived alone after release had higher arrest rates. We note that all the background factors we
found predictive of post-release arrests were significant in bivariate models of recidivism. It is
noteworthy that these factors remained significant when we controlled for treatment effects and
the other background factors.

First Detected Substance Use

Twenty-nine percent of the subjects had evidence of substance use during the 6-month
post-release period. Unlike the lognormal mathematical form used for the model of arrests, the
drug use data suggested an exponential form. This mathematical form indicates a risk for drug use
which is constant over time. The results for post-release substance use are presented in Table 3.
Once again, the results in Table 3 show a positive effect of treatment on post-release outcome.
Looking at the substance use results, we found that, as was the case with the model for arrests,
the coefficient which represents the conditional probability of entering and completing treatment,
was significant and positive. This indicates that individuals who entered and completed treatment
had a longer time until first substance use than those who did not. The variable BIASCOEF,
which represents the level of selection bias, was negative. Although BIASCOEF was not
statistically significant, our general experience with selection bias models has been that the power
for tests of selection bias is very low. To err on the side of caution, we put considerable weight
on the possibility of Type 2 error. In other words, we deemed it to be prudent to proceed as
though selection bias existed.

Further reason to reject the null hypothesis of no selection bias was provided in the
implied correlation. The implied correlation of -.26 for substance use was close to the value
calculated for re-arrest (-.33). The correlation of the error term is calculated with the formula:
correlation = 1-2/(1+exp(COVARIAN)). Thus, for both arrests and substance use, the size of the
correlation indicated that the highest-risk subjects were selected into treatment. This means that
individuals who completed treatment were likely to have shorter survival times, independent of
treatment, than were individuals who did not enter treatment or did not complete treatment. Once
again, as with the arrest model, without controlling for selection bias, the effects of treatment
would most likely have been attenuated.
Prison Drug Program Outcomes

Similar to our analysis of arrest within the first 6 months, we computed the estimated size of the treatment effect. When we measured treatment as the conditional probability of completing treatment, untreated subjects had a probability of .367 of using drugs or alcohol in the first 6 months, while treated subjects had a probability of .205 of using drugs or alcohol in the first 6 months. Thus, those who completed drug treatment were 44 percent less likely than those who had not received treatment or did not complete treatment to use drugs within the first 6 months after release.

As was the case with the results for arrests, a history of prior commitments was related to post-release substance use. Individuals with prior commitments had a higher probability of substance use. Unlike our model of arrests we found gender, race and ethnicity to be related to substance use. Women, white offenders, and non-Hispanic offenders had a lower likelihood of substance use whereas men and Hispanics had a higher likelihood of substance use. We note, however, that the coefficient for gender approached significance (p<.10) in the model of arrests.

We also found that individuals with higher levels of past marijuana use, but not other drugs, were more likely to return to post-release substance use. Furthermore, individuals without a history of violence and individuals who served longer sentences were less likely to return to post-release substance use. In addition to in-prison residential treatment, several other treatment variables were significant: in-prison outpatient treatment and post-release treatment services. Having received in-prison outpatient treatment and not having received post-release treatment services decreased the likelihood of substance use, whereas having received no in-prison outpatient services and having received both contract and non-contract services after release both increased the likelihood of substance use. Anecdotal information from probation officers indicated that some individuals receiving both contract and non-contract services received the non-contract services only after having had a positive urinalysis. This means that receipt of non-contract services may have represented an effect rather than a cause of detected substance use. Failing the BOP’s halfway house placement increased the probability of substance use whereas successful completion of such a placement or not having had such a placement decreased the probability of substance use. Two post-release behaviors — non-drug or alcohol related supervision violations
and living alone — were related to an increased probability of substance use. Similar to our arrest results, the post-release behaviors of employment and living with a spouse were related to a lower probability of substance use. However, unlike our results for arrest, we found a higher number of non-drug related supervision violations was associated with an increased probability of drug use. As with our model of arrests, all the factors found to be significant in our multivariate model of post-release drug use were also significant in bivariate event history analyses.

Discussion

Selection bias presents a serious problem for conducting evaluation research, one that is often not recognized or adequately addressed. To increase our confidence in the BOP’s drug treatment evaluation results, we attempted to address the selection bias problem by modeling the outcomes in three different ways. While all three approaches indicated similar results, we presented the results for our most efficient approach: it not only controlled for selection bias but provided information on the nature of the selection bias. We found evidence suggesting that in-prison residential drug and alcohol treatment does seem to “work.” We also found evidence of selection bias: individuals who were more likely to be arrested or use drugs were selected into the treatment groups. Thus, without controlling for selection bias our positive findings would have been attenuated.

Individuals who entered and completed in-prison residential drug and alcohol treatment were less likely to experience the critical post-release outcomes of new arrests and substance use in the first 6 months following release. The positive results we found for both outcome measures occurred within a multi-site context of 20 programs serving both male and female inmates and operating within different security levels and different geographic regions. Thus, our results have greater generalizability than a study with treatment subjects from one or two treatment programs.

While our findings suggest the utility of replicating the BOP’s cognitive-behavioral programs in other prison settings, we point out that we cannot readily identify which component(s) — criminal lifestyle, relapse prevention, cognitive skills, etc. — were most crucial. On the other hand, we must also consider that all components may be crucial and additive in their effects, and that the elimination of any one component may decrease the effectiveness of the
Prison Drug Program Outcomes

The control variables found to be significant point to background factors which reduce or increase failure when controlling for treatment exposure. All of the control variables which were significant in our multivariate analyses were also significant on a bivariate basis. Although the focus of our analyses was upon detecting treatment effects, the background factors which remain significant when controlling for treatment effects and other background characteristics point to other important predictors of post-release outcomes. Such factors suggest the need to understand how treatment effects might be dampened or facilitated and the need, therefore, for treatment providers to pay greater attention to individuals of specific backgrounds. For example, individuals with prior commitments were more likely to have post-release arrests and substance use. This finding, which is consistent with the literature on recidivism, suggests that treatment programs might want to pay greater attention to or develop specialized treatment protocols for these individuals who are inherently at a higher risk of failure. Results also indicated that being employed full-time a greater percentage of the post-release time period was related to a reduced likelihood of both arrests and substance use. This finding suggests that treatment effectiveness might be enhanced by including training which enables individuals to acquire or increase employment skills. In addition, supervising probation officers may want to emphasize skills which enable individuals not only to find employment but maintain employment.

During the first 6 months after release the percentage of individuals who had evidence of substance use was greater than that for arrest (29% versus 12.5% percent, respectively). Our models of arrests showed that substance use increased the likelihood of an arrest. In addition, the mathematical function which best represented the survival distribution differed between substance use and arrest. The exponential function for drug use presumes that the survival rate was constant over time whereas the lognormal function for arrests presumes that arrests increased to a maximum value and then decreased. Other analyses not reported here indicate that drug use was highest within the first two months and then began to decrease somewhat whereas the likelihood of an arrest increased during each of the 6 months. Consideration of this difference in survival curves suggests that treatment providers focus on targeting substance use behaviors immediately.
Prison Drug Program Outcomes

after release. Placing a priority on targeting substance use in the early weeks of release may further help reduce future criminal behavior. This will require ensuring that the referral and admission to treatment occurs immediately after release. In addition, the first priority of probation officers and treatment providers may need to be upon identifying how to avoid the high-risk situations for drug use and on finding alternative coping mechanisms to resist the temptation to use drugs during the first two months after release.

While our results show promising outcomes for in-prison treatment, we must continue to follow the research subjects over a longer period of time to determine whether the initial positive findings are maintained. Due to sample size limitations, our preliminary analyses did not allow for separate analyses by gender. Future research is necessary to determine whether and how the programs differentially affect men and women. In addition, future research which examines the interaction effects between variables such as treatment and level of drug addiction is necessary to help treatment providers identify the types of individuals who may require increased treatment intensity or additional services. Identifying the extent to which differences in program quality — e.g., program maturity, staff qualifications — may affect post-release outcomes is yet another goal of future research.

Proximal outcomes, those outcomes which represent the intervening mechanism through which the treatment program affects the outcomes of interest such as arrests and drug use, were not included in the reported analyses. Examining proximal outcomes facilitates causal inferences about program effects because it tests the mechanisms that are associated with program outcomes (27). This approach is referred to as theory-driven evaluation (28). Our data collection incorporated several pre- and post-treatment measures of proximal outcomes which are indicative of the problem areas addressed through relapse prevention theory. These measures included The Ways of Coping scale (29) and the Drug-Taking Confidence Questionnaire (30). Our future examination of proximal outcomes will serve two purposes. First of all, it will allow us to assess the extent to which the population served had the purported deficiencies and the extent to which these deficiencies were remedied. This will help us understand how the treatment programs work. Secondly, it may allow us to strengthen the causal link between treatment and the distal outcomes
Prison Drug Program Outcomes

if a strong association is found between treatment and proximal outcomes as well as between proximal outcomes and distal outcomes (31-34).

Identification of what type of program is most cost-effective requires future research to address questions related to treatment intensity. As noted in reviews of drug treatment evaluation studies, length of treatment has generally been shown to be associated with positive outcomes (31, 32). Yet, most programs offered are of a single duration and intensity, and studies comparing different planned treatment intensity are limited. There is little extant research which examines the effects of differential treatment intensity. Nemes, Wish & Messina (35) conducted a study of cocaine abusers comparing individuals randomly assigned to two treatment programs which were of similar duration, 12 months, but which differed in intensity. They found that type of treatment program — that is, treatment intensity — was not as important as treatment completion for post-release drug use and criminal activity. The only effect of treatment intensity was found for post-release employment. The data available for the analyses we reported did not have sufficient power to detect differences between the high intensity and moderate intensity programs. Such analyses will be conducted in the future. Although such analyses will not definitively answer the question about the most cost-effective treatment intensity, if we were to find that the moderate intensity programs were as successful as the high intensity programs, we would know that the more costly high intensity program is not necessary.

Before policymakers continue to implement costly in-prison residential drug treatment programs, further research is needed to determine whether providing intensive treatment is more cost-effective when provided during a halfway house placement or while under supervision. Inciardi, Martin, Butzin, Hooper, & Harrison (16) found that individuals who participated in a therapeutic community work-release program (e.g., during a halfway house placement) did better than individuals who participated in an in-prison therapeutic community without aftercare during their halfway house placement. In addition, those who participated in both in-prison and post-release therapeutic communities were more successful than those who participated only after release. Nonetheless, the difference between these latter two groups was not as pronounced as the difference between those who received treatment while incarcerated and those who received...
Prison Drug Program Outcomes

treatment while in a halfway house. These results indicate that research which assesses whether the more intensive phase of treatment is better provided in a prison environment or a halfway house environment would provide information useful to policymakers. Furthermore, future research should also consider addressing the following question: is in-prison treatment best conceived of as preparing individuals for intensive aftercare treatment, and, if yes, what level of treatment is necessary to prepare individuals for aftercare?
## Prison Drug Program Outcomes

### Table 1

**Type of Subject by Gender**

<table>
<thead>
<tr>
<th>Type of Subject</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Treatment</td>
<td>610</td>
<td>47%</td>
</tr>
<tr>
<td>Comparison</td>
<td>678</td>
<td>53%</td>
</tr>
<tr>
<td>Treatment available</td>
<td>382</td>
<td>30%</td>
</tr>
<tr>
<td>Treatment not available</td>
<td>296</td>
<td>23%</td>
</tr>
<tr>
<td>Total</td>
<td>1,288</td>
<td>100%</td>
</tr>
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</table>

**Treatment**

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Percent</th>
<th>Female</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td></td>
<td>Number</td>
<td></td>
</tr>
<tr>
<td>Program graduate</td>
<td>458</td>
<td>75%</td>
<td>89</td>
<td>59%</td>
</tr>
<tr>
<td>Drop-out</td>
<td>30</td>
<td>5%</td>
<td>12</td>
<td>8%</td>
</tr>
<tr>
<td>Disciplinary discharge</td>
<td>43</td>
<td>7%</td>
<td>15</td>
<td>10%</td>
</tr>
<tr>
<td>Other reason incomplete</td>
<td>79</td>
<td>13%</td>
<td>34</td>
<td>23%</td>
</tr>
<tr>
<td>Total</td>
<td>610</td>
<td>100%</td>
<td>150</td>
<td>100%</td>
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</table>
## Table 2
### Arrests for Supervised Subjects

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<thead>
<tr>
<th>Variable</th>
<th>Variable</th>
<th>b</th>
<th>se(b)</th>
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<td><strong>Background Variables</strong></td>
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<td></td>
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<tr>
<td>INTERCEPT</td>
<td></td>
<td>5.4181***</td>
<td>0.6098</td>
</tr>
<tr>
<td>COMPLETED TREATMENT</td>
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<td>1.2406***</td>
<td>0.3377</td>
</tr>
<tr>
<td>PRIOR COMMITMENTS</td>
<td></td>
<td>-0.4426***</td>
<td>0.0988</td>
</tr>
<tr>
<td>NO PRIOR COMMITMENTS</td>
<td></td>
<td>0.4426***</td>
<td>0.0988</td>
</tr>
<tr>
<td>AGE AT RELEASE</td>
<td></td>
<td>0.0485***</td>
<td>0.0107</td>
</tr>
<tr>
<td><strong>Supervision Variables</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FREQUENCY OF URINE TESTING/AVG. PER MONTH</td>
<td></td>
<td>0.0911**</td>
<td>0.0399</td>
</tr>
<tr>
<td><strong>Post-Release Variables</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>LIVED WITH SPOUSE</td>
<td></td>
<td>0.5493***</td>
<td>0.1626</td>
</tr>
<tr>
<td>LIVED WITH COMMON-LAW SPOUSE</td>
<td></td>
<td>-0.1436</td>
<td>0.1488</td>
</tr>
<tr>
<td>LIVED WITHOUT SPOUSE</td>
<td></td>
<td>-0.4057***</td>
<td>0.1126</td>
</tr>
<tr>
<td>% TIME WORKED FULL-TIME (32+ HRS./WEEK)</td>
<td></td>
<td>0.0044***</td>
<td>0.0018</td>
</tr>
<tr>
<td><strong>Selection Bias Variables</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>BIASCOEF</td>
<td></td>
<td>-0.7738***</td>
<td>0.2555</td>
</tr>
<tr>
<td>SIGMA (STANDARD ERROR)</td>
<td></td>
<td>1.6808***</td>
<td>0.1046</td>
</tr>
</tbody>
</table>

* p < .10  ** p < .05  *** p < .01
### Table 3
First Evidence of Substance Use, Supervised Subjects with Urine Testing

<table>
<thead>
<tr>
<th>Variable</th>
<th>b</th>
<th>se(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Background Variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INTERCEPT</td>
<td>6.0021***</td>
<td>0.5711</td>
</tr>
<tr>
<td>COMPLETED TREATMENT</td>
<td>0.6829**</td>
<td>0.3157</td>
</tr>
<tr>
<td>BLACK</td>
<td>-0.1604</td>
<td>0.1485</td>
</tr>
<tr>
<td>OTHER RACE</td>
<td>-0.3313</td>
<td>0.2500</td>
</tr>
<tr>
<td>WHITE</td>
<td>0.4917***</td>
<td>0.1439</td>
</tr>
<tr>
<td>HISPANIC</td>
<td>-0.2704**</td>
<td>0.1190</td>
</tr>
<tr>
<td>NON-HISPANIC</td>
<td>0.2704**</td>
<td>0.1190</td>
</tr>
<tr>
<td>FEMALE</td>
<td>0.3390***</td>
<td>0.0989</td>
</tr>
<tr>
<td>MALE</td>
<td>-0.3390***</td>
<td>0.0989</td>
</tr>
<tr>
<td>PRIOR COMMITMENTS</td>
<td>-0.1956***</td>
<td>0.0794</td>
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<tr>
<td>NO PRIOR COMMITMENTS</td>
<td>0.1956***</td>
<td></td>
</tr>
<tr>
<td>RECENT VIOLENT HISTORY (&lt; 5 YEARS AGO)</td>
<td>-0.2066*</td>
<td>0.1139</td>
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<td>PAST VIOLENT HISTORY (5 + YEARS AGO)</td>
<td>-0.0236</td>
<td>0.1003</td>
</tr>
<tr>
<td>NO VIOLENT HISTORY</td>
<td>0.2302***</td>
<td>0.0910</td>
</tr>
<tr>
<td>AMOUNT OF TIME SERVED (MONTHS)</td>
<td>0.0682**</td>
<td>0.0343</td>
</tr>
<tr>
<td>HIGHEST FREQUENCY OF MARIJUANA USE</td>
<td>-0.0769**</td>
<td>0.0380</td>
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<td><strong>Treatment Variables</strong></td>
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<td></td>
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<tr>
<td>RECEIVED IN-PRISON OUTPATIENT TREATMENT</td>
<td>0.2905**</td>
<td>0.1420</td>
</tr>
<tr>
<td>NO IN-PRISON OUTPATIENT TREATMENT</td>
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</tr>
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<td>POST-RELEASE CONTRACT SERVICES ONLY</td>
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<tr>
<td>POST-RELEASE NON-CONTRACT SERVICES ONLY</td>
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<tr>
<td>BOTH CONTRACT AND NON-CONTRACT SERVICES</td>
<td>-0.8881***</td>
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### Table 3
First Evidence of Substance Use, Supervised Subjects with Urine Testing

<table>
<thead>
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<th>Variable</th>
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<tr>
<td>NO-POST RELEASE TREATMENT</td>
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<td>POST-RELEASE TREATMENT INFORMATION MISSING</td>
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**Supervision Variables**

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<tr>
<td>NO HALFWAY HOUSE PLACEMENT</td>
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<td>FAILED HALFWAY HOUSE PLACEMENT</td>
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<td>COMPLETED HALFWAY HOUSE PLACEMENT</td>
<td>0.2949***</td>
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**Post-Release Variables**

<table>
<thead>
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<tr>
<td>LIVED WITH SPOUSE</td>
<td>0.2684**</td>
<td>0.1182</td>
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<tr>
<td>LIVED WITH COMMON-LAW SPOUSE</td>
<td>0.0064</td>
<td>0.1233</td>
</tr>
<tr>
<td>LIVED WITHOUT SPOUSE</td>
<td>-0.2748***</td>
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</tr>
<tr>
<td># OF SUPERVISION VIOLATIONS (NON-DRUG)</td>
<td>-0.2421***</td>
<td>0.0400</td>
</tr>
<tr>
<td>% TIME WORKED FULL-TIME (32+ HRS./WEEK)</td>
<td>0.0065***</td>
<td>0.0015</td>
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</table>

**Selection Bias Variables**

<table>
<thead>
<tr>
<th>Variable</th>
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<td>BIASCOEF</td>
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<td>SIGMA (STANDARD ERROR)</td>
<td>0.8999***</td>
<td>0.1323</td>
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</tbody>
</table>

* p < .10          ** p < .05          *** p < .01
Prison Drug Program Outcomes

References


11. Simpson DD, Knight K, Chatham LR, Camacho LM, Cloud M. *Prison-Based Treatment*
Prison Drug Program Outcomes


Prison Drug Program Outcomes

Cambridge University Press; 1983.


It Starts with Housing

Public Housing Agencies Are Making Second Chances Real

June 2016
Introduction

“The opportunity to secure an affordable, decent place to live is part of an effective second chance.”

— HUD Secretary Julián Castro

Dear Reader,

President Obama has called America a nation of second chances, and many of our fellow citizens are hoping for such an opportunity.

Over 600,000 people are released from incarceration every year. Many of these returning citizens are mothers, fathers, and children. The unfortunate reality is that the first question many face when exiting the door from prison to freedom is, “Where am I going to sleep tonight?”

As Secretary Castro stated, “The opportunity to secure an affordable, decent place to live is part of an effective second chance.” Only with safe and affordable housing do returning citizens have the foundation necessary to secure and maintain a job, access health care, and pursue their education. That is why the importance of housing for the successful reintegration of those returning to society cannot be overemphasized. Simply put, it starts with housing.

Across the country, many communities are working to ensure that returning citizens have a safe place to sleep and rebuild their lives. It Starts with Housing highlights three of these models from public housing agencies of diverse size, location, and circumstance:

• King County Housing Authority’s (WA) comprehensive supportive housing model
• Burlington Housing Authority’s (VT) transitional housing model
• New York City Housing Authority’s family reunification model

In addition, we share the story of how the Housing Authority of New Orleans collaborated with community stakeholders to revise its admission policy to expand access for prospective residents with criminal conviction records. We also include information from the housing authorities in the cities of Baltimore, Los Angeles, and New Haven, CT.

With housing at the forefront, all of these approaches demonstrate the leadership of public housing agencies in coordinating and collaborating among key community stakeholders. I hope that you find these models helpful as you contemplate, plan, and implement strategies to make second chances real for those men and women returning from incarceration in your communities.

With much appreciation,

Lourdes Castro Ramírez
Principal Deputy Assistant Secretary
Office of Public and Indian Housing
U.S. Department of Housing and Urban Development
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<th>Page</th>
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</thead>
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<td>What Is Your Housing Plan?</td>
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<td>Who Will Provide Services?</td>
<td>12</td>
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<td>How Will You Define Success?</td>
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</tr>
</tbody>
</table>
Partnerships Matter

“Reentry housing programs run by housing authorities succeed due, in large part, to the partnerships those agencies have with service providers, parole and probation, and resident leaders.”
– Margaret diZerega, Project Director, Vera Institute of Justice

It Starts with Housing is designed for public housing agencies and other stakeholders that are interested in collaborating to make second chances real for the men and women returning to their communities every year.

Housing agencies are a critical part of the solution for returning citizens – most of whom are low income and many of whom are at risk of homelessness. But without partners, housing agencies often do not have enough resources to address returning citizens’ urgent housing and service coordination needs.

In many cases, partners provide a lead role in coordinating outreach, referral, and service delivery, freeing housing authorities to focus on providing core housing services. This is one reason why collaboration between public housing agencies and community stakeholders are essential.

The diagram above outlines the range of partnerships – in the government, non-profit, and private sectors – that housing agencies have formed to more effectively reintegrate returning citizens. Concrete examples of these partnerships are presented throughout these pages.
Building a Successful Reentry Program

This resource outlines three distinct reentry housing models – from King County, Burlington, and New York City – to illustrate their different approaches to addressing the questions above.

By presenting the core elements that public housing agencies have considered in designing their programs to house returning citizens, we hope *It Starts with Housing* serves as a useful blueprint for working with community stakeholders to implement successful programs in your communities.

**Ways HUD Is Supporting PHA Efforts to House Returning Citizens**

- Initiated the Pay for Success demonstration program to incubate innovative approaches for reducing recidivism and homelessness among returning citizens.
- Launched the Juvenile Reentry Assistance Program (JRAP) demonstration with legal aid providers in 18 pilot cities, to improve access to housing, education, and job opportunities for youth with criminal records.
- Issued guidance explaining that blanket bans against people with criminal records violate the Fair Housing Act when such policies disproportionately deny housing to people of a particular race, national origin, or with other protected characteristics.
- Reiterated that disqualification for public or assisted housing is mandatory in only limited instances for specific types of criminal activity.
- Clarified that an arrest cannot be used as proof of criminal activity to disqualify someone from HUD-assisted housing.
## Summary of Reentry Models

<table>
<thead>
<tr>
<th>Description</th>
<th>Comprehensive supportive housing aimed at reentering parents</th>
<th>Transitional housing with supportive services for those under supervised release</th>
<th>Allows reentering individuals to live with their families in public housing while receiving supportive services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Targeted Population</strong></td>
<td>Individuals recently released who are at risk of homelessness and are able to reunite with their children</td>
<td>Individuals who have completed their minimum sentence but have 1 year of correctional supervision remaining and no housing available upon release</td>
<td>Individuals released within the past 3 years who are otherwise ineligible for public housing assistance</td>
</tr>
<tr>
<td><strong>Number Served Annually</strong></td>
<td>46 families</td>
<td>15 individuals</td>
<td>60–75 individuals</td>
</tr>
<tr>
<td><strong>Program Length</strong></td>
<td>Up to 2–3 years</td>
<td>Until participant completes conditions of release</td>
<td>Varies</td>
</tr>
<tr>
<td><strong>Housing Assistance Provided</strong></td>
<td>Section 8 project-based vouchers subsidize families living in a nonprofit-operated supportive housing site</td>
<td>Housing Choice Vouchers subsidize beds in transitional housing facilities</td>
<td>Temporary permission granted for participants to reside with their families in public housing</td>
</tr>
<tr>
<td><strong>Significant Outside Sources of Funding</strong></td>
<td>King County, private foundations</td>
<td>Vermont Department of Corrections</td>
<td>New York City Department of Homeless Services</td>
</tr>
</tbody>
</table>

The Housing Authority of New Orleans (HANO) collaborated with community stakeholders to develop a new criminal background screening policy for those seeking admission to HANO-subsidized housing. Key partners included the Vera Institute of Justice, residents, advocates, state and local government agencies, and private landlords.
Who Will You Serve?

The population of returning citizens is as diverse as the programs formed to address their needs. Some programs are targeted towards special populations with unique needs, or otherwise limit eligibility to those recently released from incarceration. Other programs, such as the New York City Housing Authority’s, serve broader populations.

Only in limited and specific cases do HUD statutes and regulations prohibit someone’s admission into HUD-assisted housing based on criminal activity. And in only two cases – where someone has been convicted of producing methamphetamine in federally-assisted housing or must register as a lifetime sex offender – is someone permanently barred. In all other cases, PHAs and owners have discretion to serve all returning citizens.

King County Housing Authority (WA)

Program serves returning citizens who are:

- At least 18 years old
- Recently released from incarceration into King County
- Homeless upon release or with a history of homelessness
- Parents with a reasonable chance of reuniting with their children

Burlington Housing Authority (VT)

Program serves returning citizens who have:

- Supervised release by the Vermont Department of Corrections with a year or more of supervision remaining
- No housing available upon release

Many participants have mental health concerns, developmental disabilities, or substance abuse issues.

New York City Housing Authority (NY)

Program serves returning citizens who are:

- At least 16 years old
- Released from incarceration within the past 3 years
- May be unable to receive housing assistance due to their history of criminal offenses
How Will You Reach Participants?

Successful reentry programs typically develop robust outreach and referral networks to identify potential participants and direct them to a program.

These networks often include correctional and probation agencies, which can begin identifying eligible individuals prior to their release from prisons. They also frequently include governmental agencies focused on the homeless, as well as nonprofit organizations dedicated to serving reentering citizens.

In some cases, one agency or organization takes the lead on gathering applications from the network, checking the applications for completion, conducting a pre-assessment, and then referring applicants to the housing agency to determine eligibility.

King County Housing Authority (WA)

- The Passage Point program relies on a wide-ranging network of government and community organizations to identify potential candidates.
- Relationships that the YWCA actively developed with correctional facilities throughout King County are of particular importance.
- Prospective participants go through a rigorous screening process that includes an application, child reunification assessment, and housing voucher approval.

Burlington Housing Authority (VT)

- The Burlington Probation and Parole Office and the Vermont Department of Corrections identify potential participants – often while they are still incarcerated – and refer them to the Burlington Housing Authority (BHA).
- Referrals may also come from the local drug court, local community justice center, and the Vermont Department of Children and Families.
- BHA then conducts an intake interview to assess whether the candidate is a good fit for the program and to determine their best housing options.

Compare: Similarly, in Baltimore, the Maryland Department of Public Safety and various nonprofit agencies identify individuals who are at risk of homelessness upon release. The department refers them to the Baltimore Mayor’s Office of Human Services, which then works with the Housing Authority of Baltimore City to determine eligibility.
New York City Housing Authority (NY)

• Thirteen nonprofit agencies partner with the New York City Housing Authority (NYCHA) to identify potential participants inside prisons and in the community.

• The NYC Department of Homeless Services regularly identifies people in shelters who may be eligible for the reentry program.

• The NY State Office of Children and Family Services refers juveniles coming out of their facilities.

• Families living in NYCHA housing also make referrals to the program.

• Once potential participants are identified and applications are prepared, the Vera Institute of Justice ensures the applications are complete and routes them to NYCHA’s Screening Committee, which evaluates and determines admission.

NYCHA Outreach and Referral Process

- Nonprofit Agencies: Identifies potential participants
- Vera Institute of Justice: Checks participant applications and routes to NYCHA
- NYCHA: Evaluates applicants and determines admissions

Lessons Learned

• Engage resident groups and property managers early in the planning and rollout of the program. They are an important source of effective outreach and referrals.

• Involve government agencies that have a shared interest in public safety and successful reentry, such as parole, probation, and correctional agencies, and agencies focused on the homeless.

• Raise awareness about the fact that those with criminal records are eligible for assisted housing.

• Create a centralized program hotline to provide responsive customer service and to ensure continuity when individual staff members are unavailable.
For many returning citizens, housing is the most daunting challenge they face. Without savings or employment, these citizens cannot afford the steep upfront costs for a place of their own. Policies that restrict admission based on one’s criminal background further contribute to putting affordable housing out of reach.

As providers of safe, secure, and affordable housing, public housing agencies are uniquely equipped with a range of tools to facilitate housing opportunities for returning citizens. Some of these tools include revising their Admissions and Continued Occupancy Policies (ACOP), leveraging their local preferences for Housing Choice Vouchers (HCV), employing Family Unification Program (FUP) Vouchers or Project-Based Vouchers (PBV), and, in some cases, taking advantage of Moving to Work (MTW) flexibilities.

Many HUD-supported reentry housing programs fall into one of two categories:

1. **Dedicated housing** set aside for returning citizens. This model is particularly suited for reentering populations with special needs, such as those at high risk of homelessness or who need substance abuse treatment.

2. **Family reunification**, enabling returning citizens to live with family members who already reside in assisted housing. This model adds returning citizens as residents of already occupied units. It serves those with family members who are willing and able to accommodate them in assisted housing.

### King County Housing Authority (WA)

Each year, the King County Housing Authority (KCHA) allocates up to 46 Section 8 Project-Based Vouchers to single parents who will be homeless upon release.

- Participants and their children use vouchers to move into multifamily apartments operated by the YWCA in a rural, high-opportunity neighborhood.
- KCHA’s authority to innovate under HUD’s Moving To Work (MTW) flexibilities has enabled it to leverage its own funding with that of other county agencies, to target single parents and to partner with the YWCA.

**Compare:** The Housing Authority of New Haven similarly used MTW flexibilities to dedicate 16 public housing slots to chronically homeless returning citizens.
Burlington Housing Authority (VT)

The Burlington Housing Authority (BHA) owns and manages several buildings that have been converted into transitional housing.

- BHA contracts with the Howard Center – Vermont’s largest nonprofit community mental health and human services provider – to oversee “Northern Lights,” an 11-bed transitional housing program designed to serve female returning citizens.
- The Vermont Department of Corrections contracts with BHA to provide 4 subsidized apartments to participants at “30-42 King Street,” a BHA-managed property designed to serve the chronically homeless.
- Housing Choice Vouchers fund housing for these 15 annual participants, including non-elderly disabled vouchers, and use local preferences to target additional vouchers.

Compare: The Housing Authority of Baltimore City has established a local preference to serve up to 200 chronically homeless individuals who have been recently released and are enrolled in the Ex-Offender Program run by the Mayor’s Office of Criminal Justice.

New York City Housing Authority (NY)

- The New York City Housing Authority grants temporary permission to participants to reside with their family living in NYCHA public housing.
- Participants can stay with their families on a temporary basis while in the program.

Compare: The Housing Agency of the City of Los Angeles is piloting a family reunification program that adds returning citizens to their family members’ leases. This requires approval from both the participant’s families and their landlord. If their landlord approves, the participant is added to the family’s Housing Choice Voucher. If the landlord does not approve, the family may request to move with a new voucher that includes the program participant.

Lessons Learned

- The dedicated housing model tends to be more resource-intensive than the family reunification model.
- When implementing the family reunification model, take special care not to re-introduce the participant to environments that might trigger past involvement with the criminal justice system.
- Build and maintain positive relationships with neighbors. Securing their support is critical to success.
- Think strategically about tapping into unlikely resources and partners that may have furniture and other household items to donate.
Who Will Provide Services?

In all of these models, housing not only shelters program participants, but also provides a platform for the effective delivery of comprehensive supportive services. Through these services, participants receive the tools and support to build life skills and turn their lives in new directions.

Successful housing reentry programs work with community partners to identify the specific needs of their reentering populations and to coordinate the delivery of services to meet these needs. Partners may provide a range of services, including substance abuse treatment, counseling services, job readiness, financial literacy, and case management.

**King County Housing Authority (WA)**
- Passage Point is a supportive housing program funded jointly by the King County Housing Authority and King County, with additional financial assistance from charitable foundations such as the Gates Foundation and United Way.
- The YWCA designed and runs the Passage Point program, partnering with a range of service providers to offer on-site case management and supportive services to program participants.
- Life coaches work individually with residents, encouraging self-sufficiency, positive community interaction, and the development of life skills and parenting skills.
- Workfirst, Washington State’s temporary cash assistance program, also provides education, job training, and employment services.

**Burlington Housing Authority (VT)**
- Both Northern Lights and 30–42 King Street are transitional housing programs that offer a variety of supportive services to participants.
- Services focus on building participants’ life skills, addressing participants’ medical and mental health needs, working toward educational goals, and gaining steady employment.
- The Vermont Department of Corrections provides funding to BHA to:
  - Hire reentry specialists specifically dedicated to providing advocacy and housing support for returning citizens
  - Assist returning citizens with first month’s rent, security deposit, and other necessary housing expenses at the beginning of their tenancy
  - BHA’s reentry specialists coordinate case management services by working closely with probation officers and other treatment providers to ensure appropriate support services are in place. They also are the first point of intervention if tenancy problems arise.
  - The participant’s lease obligations become part of their conditions for early release into the community.
Burlington’s Model for Delivering Reentry Services

New York City Housing Authority (NY)

- Thirteen nonprofit agencies provide case management services to participants, including job training, job placement, parenting classes, drug treatment, counseling services, and benefits enrollment. Participants:
  - Regularly work with a case manager for at least 6 months
  - Complete individualized action plans by attaining their personal goals
- The Vera Institute of Justice tracks participants and family progress toward completing case management goals, meeting NYCHA lease requirements, and complying with probation and parole stipulations.
- Government partners play key roles in providing services:
  - NYC Department of Homeless Services helps finance the pilot, directing funds from its Emergency Solutions Grant to NYCHA for staff support and to Vera for individual stipends to partner agencies.
  - NYCHA's Office of Resident Economic Empowerment and Sustainability alerts and connects participants to job opportunities in NYCHA neighborhoods.
  - NY State Department of Corrections and Community Supervision orients parole officers to the program and facilitates participants’ move-in to public housing.

Lessons Learned

- Regularly convene program partners to review services, to benefit participants and improve outcomes. In New York City, the Corporation for Supportive Housing hosts monthly meetings for this purpose.
- Facilitate communication among partners through monthly reporting of performance metrics. This information will also help support fundraising efforts.
- Establish Memoranda of Understanding with partner agencies to clarify expectations and accountability.
- Connect with the participants’ families for additional support.
- Partner with employment agencies to ensure access to employment, education, and training opportunities.
How Will You Define Success?

Graduating from King County’s Passage Point Program

- Successfully Reunify with Children
- Reduce Reliance on Services
- Complete Individual Case Plan

Successful reentry housing programs aim to prepare returning citizens to live productively on their own, alter previous patterns, and ultimately reduce recidivism. Each program’s “graduation” requirements reflect how it individually defines success.

For example, the King County Housing Authority’s Passage Point program graduates participants once they have reunified with their children, completed their individual case plan, and demonstrated independence. Graduation makes participants eligible for regular affordable housing assistance, often with preferential access to ensure housing continuity.

Considering the challenges participants often face, it can take one or more years before participants reach the point where they are ready to graduate. By clarifying goals and establishing concrete metrics for their programs, housing agencies and their partners can evaluate what works, and continuously improve.
King County Housing Authority (WA)

• After 18 to 24 months in the program, the housing authority assists participants with securing permanent housing.
• In contrast to typical transitional housing programs with strict 24-month occupancy limits, Passage Point participants may remain in place until they have completed the reunification process, are stabilized in employment, and can demonstrate their ability to succeed independent of the program.
• Participants who complete the program and regain custody of their children are given priority access to the King County Housing Authority waitlist.
• If participants remain beyond 36 months, Passage Point helps them to secure permanent housing and provides supports for 1 year following their transition to permanent housing.

Burlington Housing Authority (VT)

• After participants complete all the obligations of their early release, they graduate from the program and receive a Housing Choice Voucher.

New York City Housing Authority (NY)

• After successfully completing their program requirements, participants may apply to be added to their families’ leases on a permanent basis or may apply for their own NYCHA housing unit.

“This program has shown me how to navigate through life. It has also shown that we have individuals and agencies who still care about people. I cannot wait until I am in the right place in my life where I may not need this program, so someone else can benefit to help them change their life like it has changed mine.” — Tiya Canady, Resident, Housing Authority of New Haven
Collaborating for Policy Change

Reviewing agency policies provides another opportunity for stakeholders to come together to improve outcomes for returning citizens. The Housing Authority of New Orleans (HANO) adopted this approach by developing a new criminal background screening policy to improve housing opportunities for individuals with criminal convictions.

This landmark policy was the product of many months of close collaboration among stakeholders, including: HANO, the Vera Institute of Justice (Vera), residents, community advocates, legal groups, property managers, and law enforcement agencies.

What Does the Policy Do?

HANO’s new screening policy eases some of the previous restrictions on applicants with a criminal history, and ensures that such applicants are not denied housing without an individualized risk assessment. The policy applies to everyone seeking admission to HANO-subsidized housing, including those joining family members currently living in such housing.

How Does the Policy Work?

1. HANO screens applicants to determine if their convictions make them categorically ineligible for HANO-subsidized housing under federal law.

2. If eligible under federal law, HANO next uses its new screening guidelines to determine whether the applicant’s conviction warrants further examination based on the underlying conduct and how recently it occurred.

   • If no further examination is warranted, applicants are admitted.

   • If further examination is warranted, applicants are entitled to an individualized assessment by a three-member panel, comprised of two senior HANO representatives and one resident representative. The panel’s assessment takes into account the nature of the conviction, the time that has passed since the conviction, and evidence of rehabilitation, among other factors.

   • Based on this assessment, the panel determines by majority vote if the applicant is admitted.
Advocating for Change

In 2012, Stand with Dignity! (Stand) began organizing formerly incarcerated persons and other community members to address HANO policies that excluded individuals based on criminal records.

In 2013, Voice for the Ex-Offender (VOTE) released a report entitled Communities, Evictions, and Criminal Convictions, and also advocated for policy reform.

In March 2013, HANO announced its intention to significantly ease restrictions on housing and employment opportunities based on criminal records. Applicants with criminal convictions would no longer be presumed ineligible for housing assistance. HANO began collaborating with Vera for technical assistance, piloting a new research-backed screening process.

Convening Stakeholders and Drafting the New Policy

In 2015, HANO created a multi-sector focus group to recommend the final details of HANO’s new screening policy. HANO’s Executive Director and a member of HANO’s Board of Commissioners led the focus group. The group consisted of property managers, residents, the Mayor’s Office, the State Department of Probation and Parole, and advocacy groups, including Southeast Louisiana Legal Services and the Greater New Orleans Fair Housing Action Center.

Some of the issues the focus group considered were:

• Whether HANO’s third-party managers could be required to comply with the new policy under existing contracts, and how compliance would be monitored?

• How to configure criminal background review panels to ensure resident representation?

• What would be fair and reasonable timelines for applicants to move through the review process and dispute inaccurate information?

After meeting with residents and the public, HANO’s Board of Commissioners approved the new screening policy in early 2016.

Throughout the process, advocacy and legal groups, such as Stand, VOTE, and Southeast Louisiana Legal Services, played key roles. These groups attended public meetings, organized residents, and educated stakeholders about how the new policy would promote successful reintegration and more inclusive public housing communities.
Contact Information

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go.usa.gov/chjld
S 216.00 Definitions.

The following definitions are applicable to this article:

1. "Eligible defendant" means any person who stands charged in an indictment or a superior court information with a class B, C, D or E felony offense defined in article one hundred seventy-nine, two hundred twenty or two hundred twenty-one of the penal law or any other specified offense as defined in subdivision four of section 410.91 of this chapter, provided, however, a defendant is not an "eligible defendant" if he or she:

* NB Effective until July 5, 2021

* "Eligible defendant" means any person who stands charged in an indictment or a superior court information with a class B, C, D or E felony offense defined in article two hundred twenty or two hundred twenty-one of the penal law or any other specified offense as defined in subdivision four of section 410.91 of this chapter, provided, however, a defendant is not an "eligible defendant" if he or she:

* NB Effective July 5, 2021

(a) within the preceding ten years, excluding any time during which the offender was incarcerated for any reason between the time of commission of the previous felony and the time of commission of the present felony, has previously been convicted of: (i) a violent felony offense as defined in section 70.02 of the penal law or (ii) any other
offense for which a merit time allowance is not available pursuant to subparagraph (ii) of paragraph (d) of subdivision one of section eight hundred three of the correction law, or (iii) a class A felony offense defined in article two hundred twenty of the penal law; or

(b) has previously been adjudicated a second violent felony offender pursuant to section 70.04 of the penal law or a persistent violent felony offender pursuant to section 70.08 of the penal law.

A defendant who also stands charged with a violent felony offense as defined in section 70.02 of the penal law or an offense for which merit time allowance is not available pursuant to subparagraph (ii) of paragraph (d) of subdivision one of section eight hundred three of the correction law for which the court must, upon the defendant's conviction thereof, sentence the defendant to incarceration in state prison is not an eligible defendant while such charges are pending. A defendant who is excluded from the judicial diversion program pursuant to this paragraph or paragraph (a) or (b) of this subdivision may become an eligible defendant upon the prosecutor's consent.

2. "Alcohol and substance abuse evaluation" means a written assessment and report by a court-approved entity or licensed health care professional experienced in the treatment of alcohol and substance abuse, or by an addiction and substance abuse counselor credentialed by the office of alcoholism and substance abuse services pursuant to section 19.07 of the mental hygiene law, which shall include:

(a) an evaluation as to whether the defendant has a history of alcohol
or substance abuse or alcohol or substance dependence, as such terms are defined in the diagnostic and statistical manual of mental disorders, fourth edition, and a co-occurring mental disorder or mental illness and the relationship between such abuse or dependence and mental disorder or mental illness, if any;

(b) a recommendation as to whether the defendant's alcohol or substance abuse or dependence, if any, could be effectively addressed by judicial diversion in accordance with this article;

(c) a recommendation as to the treatment modality, level of care and length of any proposed treatment to effectively address the defendant's alcohol or substance abuse or dependence and any co-occurring mental disorder or illness; and

(d) any other information, factor, circumstance, or recommendation deemed relevant by the assessing entity or specifically requested by the court.

S 216.05 Judicial diversion program; court procedures.

1. At any time after the arraignment of an eligible defendant, but prior to the entry of a plea of guilty or the commencement of trial, the court at the request of the eligible defendant, may order an alcohol and substance abuse evaluation. An eligible defendant may decline to participate in such an evaluation at any time. The defendant shall provide a written authorization, in compliance with the requirements of any applicable state or federal laws, rules or regulations authorizing
disclosure of the results of the assessment to the defendant's attorney, the prosecutor, the local probation department, the court, authorized court personnel and other individuals specified in such authorization for the sole purpose of determining whether the defendant should be offered judicial diversion for treatment for substance abuse or dependence, alcohol abuse or dependence and any co-occurring mental disorder or mental illness.

2. Upon receipt of the completed alcohol and substance abuse evaluation report, the court shall provide a copy of the report to the eligible defendant and the prosecutor.

3. (a) Upon receipt of the evaluation report either party may request a hearing on the issue of whether the eligible defendant should be offered alcohol or substance abuse treatment pursuant to this article. At such a proceeding, which shall be held as soon as practicable so as to facilitate early intervention in the event that the defendant is found to need alcohol or substance abuse treatment, the court may consider oral and written arguments, may take testimony from witnesses offered by either party, and may consider any relevant evidence including, but not limited to, evidence that:

   (i) the defendant had within the preceding ten years (excluding any time during which the offender was incarcerated for any reason between the time of the acts that led to the youthful offender adjudication and the time of commission of the present offense) been adjudicated a youthful offender for: (A) a violent felony offense as defined in
section 70.02 of the penal law; or (B) any offense for which a merit time allowance is not available pursuant to subparagraph (ii) of paragraph (d) of subdivision one of section eight hundred three of the correction law; and

(ii) in the case of a felony offense defined in subdivision four of section 410.91 of this chapter, any statement of or submitted by the victim, as defined in paragraph (a) of subdivision two of section 380.50 of this chapter.

(b) Upon completion of such a proceeding, the court shall consider and make findings of fact with respect to whether:

(i) the defendant is an eligible defendant as defined in subdivision one of section 216.00 of this article;

(ii) the defendant has a history of alcohol or substance abuse or dependence;

(iii) such alcohol or substance abuse or dependence is a contributing factor to the defendant's criminal behavior;

(iv) the defendant's participation in judicial diversion could effectively address such abuse or dependence; and

(v) institutional confinement of the defendant is or may not be necessary for the protection of the public.

4. When an authorized court determines, pursuant to paragraph (b) of subdivision three of this section, that an eligible defendant should be offered alcohol or substance abuse treatment, or when the parties and the court agree to an eligible defendant's participation in alcohol or
substance abuse treatment, an eligible defendant may be allowed to participate in the judicial diversion program offered by this article. Prior to the court's issuing an order granting judicial diversion, the eligible defendant shall be required to enter a plea of guilty to the charge or charges; provided, however, that no such guilty plea shall be required when:

(a) the people and the court consent to the entry of such an order without a plea of guilty; or

(b) based on a finding of exceptional circumstances, the court determines that a plea of guilty shall not be required. For purposes of this subdivision, exceptional circumstances exist when, regardless of the ultimate disposition of the case, the entry of a plea of guilty is likely to result in severe collateral consequences.

5. The defendant shall agree on the record or in writing to abide by the release conditions set by the court, which, shall include: participation in a specified period of alcohol or substance abuse treatment at a specified program or programs identified by the court, which may include periods of detoxification, residential or outpatient treatment, or both, as determined after taking into account the views of the health care professional who conducted the alcohol and substance abuse evaluation and any health care professionals responsible for providing such treatment or monitoring the defendant's progress in such treatment; and may include: (i) periodic court appearances, which may include periodic urinalysis; (ii) a requirement that the defendant
refrain from engaging in criminal behaviors.

6. Upon an eligible defendant's agreement to abide by the conditions set by the court, the court shall issue a securing order providing for bail or release on the defendant's own recognizance and conditioning any release upon the agreed upon conditions. The period of alcohol or substance abuse treatment shall begin as specified by the court and as soon as practicable after the defendant's release, taking into account the availability of treatment, so as to facilitate early intervention with respect to the defendant's abuse or condition and the effectiveness of the treatment program. In the event that a treatment program is not immediately available or becomes unavailable during the course of the defendant's participation in the judicial diversion program, the court may release the defendant pursuant to the securing order.

7. When participating in judicial diversion treatment pursuant to this article, any resident of this state who is covered under a private health insurance policy or contract issued for delivery in this state pursuant to article thirty-two, forty-three or forty-seven of the insurance law or article forty-four of the public health law, or who is covered by a self-funded plan which provides coverage for the diagnosis and treatment of chemical abuse and chemical dependence however defined in such policy; shall first seek reimbursement for such treatment in accordance with the provisions of such policy or contract.

8. During the period of a defendant's participation in the judicial diversion program, the court shall retain jurisdiction of the defendant,
provided, however, that the court may allow such defendant to reside in another jurisdiction while participating in a judicial diversion program under conditions set by the court and agreed to by the defendant pursuant to subdivisions five and six of this section. The court may require the defendant to appear in court at any time to enable the court to monitor the defendant's progress in alcohol or substance abuse treatment. The court shall provide notice, reasonable under the circumstances, to the people, the treatment provider, the defendant and the defendant's counsel whenever it orders or otherwise requires the appearance of the defendant in court. Failure to appear as required without reasonable cause therefor shall constitute a violation of the conditions of the court's agreement with the defendant.

9. (a) If at any time during the defendant's participation in the judicial diversion program, the court has reasonable grounds to believe that the defendant has violated a release condition or has failed to appear before the court as requested, the court shall direct the defendant to appear or issue a bench warrant to a police officer or an appropriate peace officer directing him or her to take the defendant into custody and bring the defendant before the court without unnecessary delay. The provisions of subdivision one of section 530.60 of this chapter relating to revocation of recognizance or bail shall apply to such proceedings under this subdivision.

(b) In determining whether a defendant violated a condition of his or her release under the judicial diversion program, the court may conduct
a summary hearing consistent with due process and sufficient to satisfy the court that the defendant has, in fact, violated the condition.

(c) If the court determines that the defendant has violated a condition of his or her release under the judicial diversion program, the court may modify the conditions thereof, reconsider the order of recognizance or bail pursuant to subdivision two of section 510.30 of this chapter, or terminate the defendant's participation in the judicial diversion program; and when applicable proceed with the defendant's sentencing in accordance with the agreement. Notwithstanding any provision of law to the contrary, the court may impose any sentence authorized for the crime of conviction in accordance with the plea agreement, or any lesser sentence authorized to be imposed on a felony drug offender pursuant to paragraph (b) or (c) of subdivision two of section 70.70 of the penal law taking into account the length of time the defendant spent in residential treatment and how best to continue treatment while the defendant is serving that sentence. In determining what action to take for a violation of a release condition, the court shall consider all relevant circumstances, including the views of the prosecutor, the defense and the alcohol or substance abuse treatment provider, and the extent to which persons who ultimately successfully complete a drug treatment regimen sometimes relapse by not abstaining from alcohol or substance abuse or by failing to comply fully with all requirements imposed by a treatment program. The court shall also consider using a system of graduated and appropriate responses or
sanctions designed to address such inappropriate behaviors, protect public safety and facilitate, where possible, successful completion of the alcohol or substance abuse treatment program.

(d) Nothing in this subdivision shall be construed as preventing a court from terminating a defendant's participation in the judicial diversion program for violating a release condition when such a termination is necessary to preserve public safety. Nor shall anything in this subdivision be construed as precluding the prosecution of a defendant for the commission of a different offense while participating in the judicial diversion program.

(e) A defendant may at any time advise the court that he or she wishes to terminate participation in the judicial diversion program, at which time the court shall proceed with the case and, where applicable, shall impose sentence in accordance with the plea agreement. Notwithstanding any provision of law to the contrary, the court may impose any sentence authorized for the crime of conviction in accordance with the plea agreement, or any lesser sentence authorized to be imposed on a felony drug offender pursuant to paragraph (b) or (c) of subdivision two of section 70.70 of the penal law taking into account the length of time the defendant spent in residential treatment and how best to continue treatment while the defendant is serving that sentence.

10. Upon the court's determination that the defendant has successfully completed the required period of alcohol or substance abuse treatment and has otherwise satisfied the conditions required for successful
completion of the judicial diversion program, the court shall comply with the terms and conditions it set for final disposition when it accepted the defendant's agreement to participate in the judicial diversion program. Such disposition may include, but is not limited to: (a) requiring the defendant to undergo a period of interim probation supervision and, upon the defendant's successful completion of the interim probation supervision term, notwithstanding the provision of any other law, permitting the defendant to withdraw his or her guilty plea and dismissing the indictment; or (b) requiring the defendant to undergo a period of interim probation supervision and, upon successful completion of the interim probation supervision term, notwithstanding the provision of any other law, permitting the defendant to withdraw his or her guilty plea, enter a guilty plea to a misdemeanor offense and sentencing the defendant as promised in the plea agreement, which may include a period of probation supervision pursuant to section 65.00 of the penal law; or (c) allowing the defendant to withdraw his or her guilty plea and dismissing the indictment.

11. Nothing in this article shall be construed as restricting or prohibiting courts or district attorneys from using other lawful procedures or models for placing appropriate persons into alcohol or substance abuse treatment.
Kicking Our Addiction to the War on Drugs:
Holistic Strategies to combat the "collateral" civil consequences

AGENDA

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VI. Drug related activity & housing consequences
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B. Immigration consequences of drug offenses generally
   1. Removability
      a. inadmissibility
         1. CSO
         2. RTB
      b. deportability
         1. CSO
         2. DTAF
   2. Eligibility to fight case- when we talk about eligibility we are often talking about the ability to even make the application. Meaning there is no discretion.
      a. Ineligible for 212hwaiver (other than 30g exception)
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VI. Drug-related activity and Housing Consequences

A. Housing is immediately affected based on arrest

B. Housing is the key to employment, family reunification, educational opportunities, and stability. Stable housing can help break the cycle of criminalization & homelessness.

C. Examples of housing Consequences in NYC
   1. Housing Court Evictions (IllegaL Use proceedings)
      By operation of 3 statutes
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4. The City of New York may bring an *ex parte* motion in Supreme Court for a temporary closing order to abate so-called “public nuisances” under New York City Administrative Code § 7-701 et seq., resulting in immediate eviction without notice, and for a preliminary and permanent injunction.

3. **Public Housing terminations (administrative hearing)**  
(42 U.S.C. § 1437d(l); 24 C.F.R. § 966.4)
   a. **Mandatory Termination:** The following categories of current public housing residents WILL have their subsidies terminated and be evicted from public housing:
      a. *Persons Convicted of Methamphetamine Production on the premises of federally assisted housing:*
   b. **Discretionary Termination:** The following categories of residents MAY be terminated:
      a. *Persons Engaging in Illegal Use of a Drug:*
      b. *Persons Abusing Alcohol:*
      c. *Persons Furnishing False Information:* Any person who furnished false or misleading information concerning illegal drug use, alcohol abuse, or rehabilitation of illegal drug users or alcohol abusers;
      d. *Persons Engaging in Criminal Activity*
         i. *Drug Crime On or Off the Premises:*
            if any tenant, member of the tenant’s household, or guest engages in any drug-related criminal activity on or off the premises, or any other person under the tenant’s control engages in any drug-related criminal activity on the premises;
   1. **Warning:** PHA’s have the authority to evict for drug-related activity even if the tenant did not know, could not foresee, or could not control behavior by other occupants or guests. Dep’t of Housing & Urban Dev. v. Rucker, 535 U.S. 125 (2002).

4. **Section 8 Subsidy Terminations (administrative hearing)**  
(24 C.F.R. §§ 982.551, 982.552, 982.553)

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D. **Strategies for advocacy**
   1. Understand what is happening in criminal court and translate to civil court
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   3. Leverage data, shifting public opinion and changing policies
VII. Other civil consequences
VIII. Shifting public policies & opinion
IX. Discussion/Q & A
X. Resources
New Bronx Drug Courts Aim to Divert Opioid Drug Offenders at High Risk of Overdose

New York City – With the alarming number of opioid overdose fatalities in the Bronx and throughout New York State, Chief Administrative Judge Lawrence K. Marks, in partnership with Bronx County District Attorney Darcel D. Clark and key stakeholders, today announced the launch in Bronx County Criminal Court of two specialized court parts that specifically target low-level offenders at high risk of overdose.

The first such drug courts in New York City, the Overdose Avoidance and Recovery (OAR) tracks, under the direction of Bronx County Criminal Court Supervising Judge George A. Grasso, offer intensive treatment in lieu of incarceration to misdemeanor offenders charged with criminal possession of a controlled substance in the seventh degree (NY penal law, section 220.03) who are at high risk of overdose. Eligible offenders who complete the OAR program will have their cases dismissed and sealed, averting the collateral consequences of a potential conviction – a strong incentive for participation in this voluntary court initiative.

Cases considered appropriate for OAR are flagged for preliminary screening upon the consent of the defendant and defendant’s attorney. (Cases in which there is an order of protection against the offender are not eligible for OAR.) The preliminary screenings are conducted by Bronx Community Solutions (BCS), which operates in the courthouse, linking eligible offenders to drug treatment, job training, housing and other services to help them get back on track.

Defendants who opt to undergo the preliminary screening and are found to be at high risk of overdose will have the case proceed in one of two specialized OAR parts presided over by Judges Grasso and Linda Poust-Lopez, with the District Attorney’s office suspending
The prosecution of the case pending its outcome in the specialized court part. For those defendants requiring immediate admission to treatment, the case is adjourned for approximately six weeks; where immediate treatment is not indicated, the case is adjourned to the following week, with BCS presenting its treatment plan to the judge during that court appearance.

Depending on the circumstances, defendants are either released on their own recognizance or placed on supervised release. OAR participants who fulfill all treatment and other requirements will, upon the consent of the court and District Attorney, have the case dismissed and sealed; those enrolled in the specialized track who fail to satisfy all agreed-upon conditions will have the case transferred to an appropriate court part for regular processing. Those defendants who decline to participate in OAR will in no way be penalized, with the case moving forward via the traditional court process.

“This latest iteration of the drug court model addresses the specific needs of justice-involved individuals struggling with substance use disorders who are at high risk of overdose, combining overdose prevention strategies, individualized treatment and services to save and transform lives, all with a focus on balancing the public safety. I commend District Attorney Clark and Judge Grasso for their tireless efforts in launching the OAR parts and for their commitment to the advancement of innovative approaches aimed at halting the devastating cycle of addiction and crime. Additionally, I would like to thank our other key partners, including the defense bar and Bronx Community Solutions, for their ongoing support in bringing these innovative courts to fruition,” said Chief Administrative Judge Marks.

“The OAR track is an important Criminal Court innovation that will save lives. OAR is not about ‘crime and punishment,’ but about ‘compassion and recovery.’ Individuals placed on the OAR track are provided with the network of support and services they need to overcome the deadly disease of addiction and avoid becoming another tragic statistic. This focused, collaborative effort by the Criminal Court in partnership with the District Attorney, defense bar and Bronx Community Solutions provides an immediate response to an at-risk individual that was previously lacking in the criminal justice system. I am proud to be part of it,” said Judge Grasso.

“The Overdose Avoidance and Recovery (OAR) program is an innovative tool for confronting a scourge that has ravaged the Bronx far too long and ruined hundreds of lives. Last year, our borough had the second highest rate of opioid overdose deaths in the state. My office has a duty to stem this health crisis by addressing defendants who cycle through the criminal justice system because of crimes fueled by drug abuse. I’m proud to introduce the City’s first such drug diversion program, which will operate in newly established Bronx court parts. I want to thank Chief Administrative Judge Lawrence K. Marks, Judge Grasso, Bronx
Community Solutions and the defense bar for their support and assistance in fighting this public health crisis by establishing this pioneering court. OAR will save and reshape lives,” said District Attorney Clark.

“Bronx Community Solutions, a project of the Center for Court Innovation, is pleased to team up with Bronx Criminal Court, the Bronx District Attorney’s Office, The Legal Aid Society and Bronx Defenders on this important, life-saving initiative to combat the opioid epidemic in the Bronx. Since 2005, Bronx Community Solutions has worked to improve public safety and reduce incarceration by delivering social services and community service to thousands of people involved in the criminal justice system,” said Maria Almonte, project director of BCS.

“OAR is an opportunity for people struggling with substance abuse to voluntarily obtain individualized treatment without the stigma of conviction or the hurdle created when unnecessarily jailed for a low-level offense. This creates a meaningful chance for someone to seek help and, if successful, return and contribute to their community,” said Peter Jones, Attorney-in-Charge of The Legal Aid Society’s Bronx Criminal Defense Practice.

“Opioid addiction has destroyed or stolen the lives of far too many Bronx residents,” said Alice Fontier, managing director of the Bronx Defenders' Criminal Defense Practice. “We applaud the Court for recognizing that addressing this crisis will rely on a solution that prioritizes treatment, not incarceration. In particular, we appreciate that the Bronx OAR’s approach does not rely on the threat of incarceration, a significant improvement over other treatment models. Our goal must remain finding ways to treat the opioid epidemic as the health crisis that it is, outside of the criminal justice system entirely.”

The OAR program began screening cases last month. To date, 250 cases have been screened, out of which 176 were deemed eligible for OAR. There are currently 55 defendants participating in the program.

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WILLARD DRUG TREATMENT CAMPUS

The Correctional Association (CA) visited Willard Drug Treatment Campus, in Willard, NY, on February 14 and 15, 2008. Willard is a 900-bed intensive “boot-camp” style drug treatment center for men and women. This voluntary 90-day treatment program provides a sentencing option for individuals convicted of a drug offense and parole violators who otherwise would have been returned to a state prison in most cases for a year or more. Because of their special status, the men and women detained at Willard are referred to as parolees, not inmates. The facility is operated by the Department of Correctional Services (DOCS) in conjunction with the Division of Parole and is licensed by the state Office of Alcoholism and Substance Abuse Services (OASAS).

At the time of our visit, the facility had a total population of 749 men and 58 women. Of these, 631 men and 52 women were in Willard’s drug treatment program, which has the capacity to house 700 men and 64 women. Willard also held 48 men and three women in its reception dorms reserved for parolees waiting to be screened for Willard eligibility and 18 men in a holding dorm waiting to start the program. Finally, there were 52 men and three women newly admitted to the orientation dorms. The facility operates academic, vocational, substance abuse treatment, and other treatment programs.

The primary objectives of our visit to Willard included an assessment of facilities and programs for men, as well as the substance abuse treatment programs for both men and women. The CA obtained surveys about general conditions at the facility from 60 men at Willard. However, we also received 10 surveys on programs and general conditions from women. For this reason, we have included a separate section discussing matters concerning women at Willard. We also obtained separate surveys focused solely on the substance abuse treatment program from 18 men and 9 women. While we will include a more detailed assessment of Willard’s Alcohol and Substance Abuse Treatment (ASAT) program in our forthcoming report evaluating DOCS substance abuse treatment programs throughout the state, we have included a preliminary assessment of the Willard ASAT program in this report because of its central role at the facility. We base the following report on findings from the surveys of Willard parolees; conversations with the Superintendent, the executive team, program staff and parolees; written correspondence with parolees; meetings with staff union representatives, staff of the substance abuse treatment programs and security staff; and observations during our visit.
On November 24, 2008, we spoke with the executive team from Willard and officials from DOCS Central Office concerning a draft of this report detailing our preliminary findings and recommendations. We found the discussion informative and useful in finalizing this report, and have included information we learned during that conversation.

**Summary of Findings and Recommendations**

The Visiting Committee was impressed with many areas at Willard. Its academic program struck us as well-run, and our impressions were confirmed by parolees’ opinions. We were also impressed with the level of coordination among Parole staff and DOCS civilian and security staff, as well as the dedication of many staff. Many parolees expressed positive opinions about the treatment programs.

We also noted some problems: a high level of tension between parolees and staff, including a high level of physical and verbal confrontations between parolees and staff at the facility; some individuals being sentenced to Willard without knowing the program follows the Shock model; and issues related to deficiencies in the medical care system.

Our recommendations include:
- Assessing the effectiveness of the Willard program;
- Expanding vocational programs;
- Filling vacant ASAT staff positions;
- Updating and standardizing the ASAT curriculum and materials;
- Expanding availability of up-to-date materials related to recovery, such as books and pamphlets, to parolees;
- Expanding treatment programming in problem solving and life skills in the ASAT program;
- Evaluating the ASAT treatment program;
- Developing a plan to reduce tension and confrontations between staff and parolees;
- Creating a Parole Officer position that will focus on housing placements for parolees experiencing difficulties locating appropriate housing in their communities;
- Improving access to, and quality of, sick call and clinic encounters;
- Enhancing patient education and outreach efforts to identify more parolees infected with Hepatitis C;
- Improving the timeliness and follow-up for specialty care appointments.

**Willard Overview**

Willard Drug Treatment Campus is modeled after New York’s Shock Incarceration program, an intensive program that emphasizes substance abuse treatment, decision-making, discipline, and education in the context of a therapeutic community and military environment. It is a voluntary program, offering an alternative to prison, thereby reducing the number of parole violators who would otherwise serve sentences in prison.1

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1 Throughout this report we compare Willard to the Lakeview Shock Program. Although both programs are based upon similar treatment models, these two programs are not identical. The Lakeview’s Shock Program is twice as long (six months) as Willard’s treatment program, and Lakeview confines individuals who are 16 to 39 years old.
There are three “categories” of individuals housed at Willard: judicially sanctioned parolees, returned parole violators and “alternative drug treatment” inmates. Judicially sanctioned parolees are individuals sentenced directly to parole under new charges and required to complete the Willard program. Returned parole violators, on the other hand, are individuals whose parole status is revoked and who are sent to Willard following a drug-related parole violation or previous conviction. If there is no space available at Willard and a judicially sanctioned parolee is made to wait more than 20 days or a returned parole violator is made to wait more than 40 days, he or she can petition a state court to be released, based upon prior court decisions imposing time limits on the length of time a parolee can be detained prior to admission to Willard.

Individuals falling in the final category, “alternative drug treatment” (ADT), first entered Willard in late 2007. They are inmates, not parolees, who were sentenced by an administrative law judge in a parole revocation hearing to serve a specified period of time (typically 12 months) in a state prison as a reinstatement of their prior sentence. However, these individuals are also given the option to complete a three-month drug treatment program in lieu of a regular prison sentence, which could be the Willard program or a treatment program at another state facility. It appears DOCS and Parole created this category in response to Willard’s consistently full capacity in 2007, which resulted in delays in admitting parolees to the program, and based upon the desire by the agencies to create additional treatment programs for the parole violator population at other prisons. Although the Department has identified Monterrey C.F. as a potential location for a 90-day treatment program, this program is not yet operational. Consequently, individuals classified as ADT are sent to Willard to serve their sentence. Facility staff explained to us that the 40-day limit set by the courts for parole violators seems to apply to ADT inmates as well.

A number of parolees and inmates with whom we spoke complained of long delays before arriving at Willard. The staff explained to us that, with the exception of approximately 26 individuals who were delayed in other DOCS facilities before beginning the Willard program, parolees and inmates generally leave DOCS Reception centers for Willard within one to two weeks. Staff stated that most delays occur while individuals are waiting for transfer to DOCS from county jails.

At the time of our visit, ADT inmates, parolees and staff expressed concern that many inmates had not been informed that they could be sent to Willard as part of the ADT program. Instead, at their parole revocation hearing, they were given the option to participate in a 90-day treatment program with no explanation of the Willard program. This approach seemed to increase tension between newly admitted ADT inmates and Willard staff. When we spoke with Willard staff following our visit, they explained that they were receiving fewer complaints about delays from ADT inmates and informed us that the facility was forwarding all complaints to appropriate DOCS officials.

2 Outside of this section of this report, we use the term “parolee” to refer to both inmates and parolees.
At the time of our visit, staff reported that 56% of those housed at Willard were returned parole violators, 8% were judicially sanctioned, and the remainder were ADT inmates. For the period January - April 2008, 26% of the newly admitted men and 17% of the women had been in the Willard program before, 16% of the men and 8% of the women had been in a Shock facility during prior incarcerations, and 58% of the men and 75% of the women were new to both the Shock and Willard programs. Having a significant portion of the parolee population experienced with Shock and Willard suggests that Willard could be housing a group of parolees with greater treatment needs. More than 40% of the men have been through an intensive DOCS substance abuse treatment program and relapsed, resulting in their assignment to Willard.

We commend the facility administration for initiating an exit survey given to parolees. We reviewed the survey, and it seeks information that would be useful to the Department in gaining a better understanding of parolees’ experiences in the program. However, we also urge DOCS, Parole and OASAS to collect and analyze data on the outcomes of inmates with prior Willard or Shock experience to assess the effectiveness of the Willard program. Moreover, these agencies should evaluate the causes of relapse for this population to ascertain whether the prior DOCS treatment was appropriate for these individuals and what could be done to reduce the frequency of relapse. This analysis could assist the state in developing and implementing various treatment programs that are best suited for the different populations they are required to treat.

All parolees and inmates who are eventually assigned to Willard are first screened for medical and mental health eligibility at the state’s reception prisons prior to their transfer to Willard. At the reception prisons, parolees may opt out of the Willard program, at which time they will be granted a new parole revocation hearing, during which their parole will be revoked and they will be remanded to a state prison. Similarly, newly admitted parolees to Willard can decline the program and be sent to a state prison following a new revocation hearing.

Once parolees arrive at Willard, there is a second screening. This screening looks again at medical and mental health compatibility with the program, as well as religious practices that might conflict with the program. Parolees who are found ineligible for any of these reasons are offered the option to participate in a three-month substance abuse treatment program at Arthur Kill C.F.’s CASAT program. It seems that Willard has disqualified very few parolees for medical reasons. In 2007, 3,437 men and 239 women entered the facility. The same year, 2,928 men and 170 women were paroled, representing graduation rates of 85% for men and 71% for women. In 2007, 557 men and 46 women were transferred out of the program. Of those transferred from the program, most refused participation during orientation or at another time during the program, with two-thirds of the male and 59% of the female transfers representing refusals. Transfers for disciplinary reasons or for inadequate program performance represented a small percentage of the parolee population: in 2007, only 148 men (4% of those admitted and 27% of those transferred) and 7 women (3% of admissions and 15% of transfers) were removed by the Willard Evaluation Review Committee. It appears that the Willard staff make a concerted effort to keep parolees in the program and encourage them to graduate.

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3 For example, the requirement that Willard program participants have cropped hair conflicts with some religious practices.
Those eligible for Willard begin with a one week orientation, called “zero week,” which focuses on the basic elements of the program, in particular physical training and discipline. During this time, parolees cannot receive visitors and while they can write and receive mail, there is very limited time to do so. The program is designed to isolate parolees from outside “distractions” so they can concentrate on treatment. For the entirety of the program, parolees are not permitted to receive packages or printed materials from outside organizations, and have limited access to print and electronic media. Once “zero week” is completed, parolees are assigned to a “platoon” to begin the regular program.

Unlike the Lakeview Shock program, where inmates are incarcerated but do not begin the program until there is a sufficient number of inmates to form a platoon, some Willard parolees join existing platoons as they enter the facility. Staff estimated that two-thirds of the platoons at Willard consisted of parolees who began the program at the same time, while the other third started within one week of each other. Staff reported that they are working toward having “dedicated” platoons made up of parolees with the same graduation dates. When we spoke with staff in May, they reported that all platoons, with the exception of the medical and women’s platoons, had the same graduation date. While this policy of dedicated platoons might result in parolees waiting longer until a platoon is formed, we support the facility exploring such a practice in light of its potential benefits to create a more effective therapeutic community in the dedicated platoons.

On our visit, we met with both DOCS and Parole staff, all of whom described the relationship between the agencies at the facility as a partnership. While DOCS provides security along with academic, vocational and treatment programs, Parole is responsible for pre-release classes and discharge planning. Willard is authorized to have 17 Parole Officers and 3 Parole Supervisors. In January 2009, staff told us that the prison has four Parole Officer vacancies. We are concerned about the number of vacancies because insufficient Parole staff can impede the development of effective discharge plans. There seems to be considerable case management coordination between the agencies, and Parole staff play a much more important role at Willard than any other DOCS facility. Parolees meet with Parole staff for a minimum of 20 minutes twice per month. Staff explained that discharge plans are individualized and include housing and substance abuse treatment plans.

The Office of Alcoholism and Substance Abuse Services (OASAS), the state’s substance abuse treatment and prevention agency, licenses the substance abuse treatment program at Willard, provides the facility with guidelines for the treatment services, and conducts audits of the ASAT program to ensure compliance. Willard staff explained to us that the facility has consistently received three-year licenses. OASAS conducted a site visit to Willard in December, 2007, and had yet to release its report on the visit. It appears that the delay could be related to OASAS’s reconsideration of the appropriate classification of the Willard program’s treatment modality. Some Willard staff expressed frustration with the delay in being informed of the audit results and the possible reclassification. They speculated that the delay resulted from the difficulty in categorizing the Willard program, which is unique in New York State. It appears staff are also concerned that, if OASAS reclassifies the program, it may be difficult to meet the requirements of a new classification, such as individual counseling and other record keeping.
Of the male parolees we surveyed at Willard, 30% were satisfied with the overall program, a rate considerably lower than the 75% satisfaction rate we found at Lakeview’s Shock program. Nearly 30% of the Willard survey respondents had been in a Shock program before admission to Willard. The majority of these respondents rated Willard as worse when compared to the Shock facilities, with 35% stating Willard was much worse and only 18% rating Willard as somewhat better. Several Willard respondents to our survey who had been in Shock expressed concerns about the quality of the programs at Willard in comparison to Shock and their perception that Willard security staff were more disrespectful and more physical with inmates than the staff at Shock. The most common positive fact noted by these survey participants was that the Willard program was shorter. Considering the differences in satisfaction rates, we urge DOCS, Parole and OASAS to evaluate the effectiveness of the Willard program and the reasons for participant dissatisfaction.

Program Schedule

Willard parolees’ day begins at 5:30am with reveille and physical training. The physical training program at Willard includes one hour of calisthenics and jogging. Of the parolees we surveyed, 68% were satisfied, at least somewhat, with the physical training program. Following physical training and breakfast, inmates are engaged in program sessions in the morning, afternoon and evening until 9:00pm each weekday. The fully programmed day ends with mandatory lights-out at 9:30pm. Parolees generally have nine hours of academic education per week, one six-hour program day per week during which they attend ASAT or other treatment programs, two days per week of work or vocational training, and five evening programs during which they participate in educational classes, ASAT, pre-release program, Network classes or the Confrontation program.

Throughout all parts of the program, emphasis is placed on parolees working together. If officers perceive one parolee disobeying an order, they may discipline the entire platoon. This policy’s aim is to develop the capability to work with a team.

Community Work and Vocational Program

Parolees who qualify to participate in the Community Work Program leave the facility in groups during the day, two days per week. Staff reported that approximately one-third of Willard parolees are approved for this outside work. Parolees who do not qualify, typically for security reasons, work as porters or in other areas of the facility two days per week. Of the parolees we surveyed, 43% were satisfied with their job, 17% were sometimes or somewhat satisfied, and 40% were dissatisfied with their job. Staff reported that if there were more staff to provide security supervision, there could be more parolees working in the community.

A total of 60 male and female parolees are enrolled in one of six vocational programs, which include building maintenance, floor covering, horticulture I and II, masonry, and painting. Staff reported that because parolees are at Willard for such a short period of time, instructors focus on “softer” job skill development, such as communication. We are pleased that the facility established a new computer room with job search software and now participates in the National Center for Construction Education and Research (NCCER) program, through which parolees may obtain a nationally-recognized certificate in certain industries.
There were no vacancies among Willard’s six vocational staff. We were impressed with the level of dedication expressed by the vocational staff and many of the parolees whom we interviewed on our visit spoke highly of the vocational instructors. Of the parolees we surveyed, 52% were satisfied, at least somewhat, with the vocational program while 48% were dissatisfied. Parolees suggested that the skills they learned in the vocational program would not be useful once they were released. Staff told us that increased vocational programming would be useful, especially considering that, by their estimates, half of Willard’s population already has a General Equivalency Diploma (GED).

During our conversation with the Willard executive staff in November 2008 and in subsequent contacts, we learned that the facility expanded its vocational program by doubling the potential enrollment in each vocational area and by permitting any parolee who has his GED to enroll in a vocational program. The prior rule restricted vocational enrollment to parolees in only six of the twelve platoons. The change increased enrollment in the vocational program from 60 to 120 parolees.

**Academic Program**

All parolees attend Willard’s academic program, which consists of multi-level classes in which students work on different material depending on their level of education. The curriculum is based on test scores as well as a math test the facility administers upon entry. Students who have a GED meet with their counselors to determine what vocational materials they would like to work on while in the classroom if they are not tutoring other students. There were no vacancies in the facility’s academic staff of 19 and there were four parolee-tutors in every class of approximately 50 students. The facility recently completed installation of a new computer program that will be available for students, but it was not yet operating at the time of our visit as the facility was waiting for DOCS Central Office to connect the computers. We learned during our November 2008 conversation that the computer lab was operational. There is an ESL curriculum, as well as a curriculum for monolingual parolees.

Willard’s GED passage rate was 81% in 2006 and 2007, higher than the 2007 state-wide average of 67%. Staff attributed the high passage rate to the facility’s allowing teachers discretion in teaching. Of the male parolees we surveyed, 70% were satisfied with the academic program, at least sometimes or somewhat, and 30% were dissatisfied.

**Libraries**

The Visiting Committee toured the law and general libraries and met with the librarian. At the time of our visit, the general library was not completed, but was expected to open for parolee use in May 2008. When we spoke with staff in November 2008, we learned it had opened. The law library was bright and well-stocked with materials. Staff reported that 15-35 parolees visit the law library daily. When we asked male parolees about the law library, 46% of respondents said they were satisfied, at least some of the time, and 54% said they were dissatisfied, with

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several parolees complaining that the heavily programmed day did not leave them time to visit the library.

**Alcohol and Substance Abuse Treatment (ASAT)**

All Willard parolees participate in the facility’s Alcohol and Substance Abuse Treatment (ASAT) program for nine hours per week. Overall, the CA and the parolees who responded to our survey had a somewhat favorable impression of the substance abuse program, although the parolees’ assessment of the counseling services appears to vary significantly based upon the staff member facilitating the program.

As in other facilities, the Willard ASAT program aims to provide education and counseling to individuals through a competency-based curriculum consisting of nine subject areas and individual treatment plans. Competency topics include addiction, relapse prevention, maintaining a drug-free lifestyle, and psychological and social skills such as understanding self, criminal thinking, decision making, communication skills and the relationship between substance abuse and health, family relations and legal problems.

While nine competencies are common in all DOCS ASAT programs, facilities are permitted to select differing treatment strategies. The DOCS ASAT Manual is not detailed, permitting significant variation in how the competencies are taught and the materials can be used. Willard program staff’s descriptions and our observations indicate that the intended treatment modality at Willard is a modified therapeutic community that includes aspects of a cognitive behavioral approach. The Willard Inmate SMART Book and Willard staff, however, described the “backbone” of the Willard treatment program as the “twelve steps of ASAT” which is a listing of principles almost identical to the Twelve Steps of Alcoholics Anonymous, including references to God. The “twelve steps of ASAT” are also painted on the walls of almost every program room in the facility. Each treatment staff member seems to develop his/her own curriculum and to use different materials, with little consistency among platoons. This lack of a standardized treatment approach at Willard was evident during our visit. This inconsistency can pose obstacles to providing effective quality assurance across the program, and may impair treatment effectiveness for an individual who changes platoons.

As of our visit, the ASAT Manual had not been revised for several years, and some staff expressed the view that DOCS’ treatment program could benefit from an update of the curriculum and program materials. We are also concerned that some materials used by individual treatment staff members may be outdated.

We urge the facility to review its curriculum and materials and make adjustments to maximize consistency and effectiveness in treatment throughout the facility. We also urge the facility to update its curriculum and materials to reflect current best practices.

At the time of our visit, the ASAT staff consisted of two Senior Correction Counselors, 10 ASAT Correction Counselors, three Network Program Administrators, and 18 ASAT Program Assistants (PA) assigned to work with male parolees and one Senior Corrections Counselor, one ASAT Corrections Counselor, and one ASAT Program Assistant assigned to women’s platoons. One Corrections Counselor and one Network Program Assistant position had been vacant since
December 2007, and two ASAT Program Assistant positions had been vacant since November 2007.

During our November 2008 conversation and in subsequent communications with prison staff, we learned that the facility has five vacancies in its substance abuse treatment program: a Supervising Correction Counselor, three Correction Counselors, and one ASAT Program Assistant (PA). We were pleased to learn, however, that the facility recently had filled a Supervising Correction Counselor and two ASAT/PA positions and is seeking authorization to fill the other items.

The Visiting Committee met with several members of the ASAT staff, and we appreciated their observations about, and insight into, the ASAT program and the parolees they serve. We were generally impressed with their commitment to the program and their desire to improve treatment services. All ASAT staff are required, pursuant to civil service classifications, to have treatment experience prior to working in DOCS as a treatment provider. Several members were OASAS Credentialed Alcoholism and Substance Abuse Counselors (CASAC). Staff explained that there is a significant amount of ASAT personnel turnover, particularly among the entry level positions, which they attributed to the promotion of PAs to positions of greater responsibility. Along with other Willard staff, all treatment staff must go through the Shock training program, which occurs once per year. Some staff expressed concern about training for the CASAC, noting that there was little incentive to obtain and maintain the credential, and some staff had let their CASAC expire.

Each ASAT session involves approximately 50 parolees working in one large group or multiple small groups or doing independent study. At these sessions, participants engage in educational seminars or discussions or hear/view video presentations. While ASAT Program Assistants, Parole Officers, Corrections Counselors and Drill Instructors participate in ASAT classes, staff informed us that ASAT classes are generally facilitated once per week by an ASAT Counselor, once per week by the PA and that the third class, which is usually a confrontation class or treatment group, is jointly facilitated by the Counselor and Program Assistant. Each platoon is divided into six or seven color groups. These small groups are assigned presentations or other activities in the treatment program, perform other exercises as part of their Network program, or are required to perform other activities related to their housing area.

Every parolee is assigned to a treatment team, which consists of an ASAT PA, a Parole Officer, Corrections Counselor, Drill Instructor, Teacher/Vocational Instructor, Network Drill Instructor, and Network Administrator. We were impressed with the level of coordination among program staff. The treatment team prepares an initial assessment of all ASAT participants, including a treatment plan. Each parolee is also assigned to a specific Parole Officer, ASAT Counselor or PA, who maintains a case file about the individual’s treatment plan and progress. In each platoon, 25% of the case files are given to the Parole Officer and the remainder is divided among the Counselor and Program Assistant. Each participant’s treatment team reviews that participant’s treatment plan weekly.

Although case managers see parolees every two weeks, some treatment staff expressed concerns about the amount of individual counseling provided. Specifically, there is a question whether the amount of one-on-one counseling will meet OASAS requirements if the Willard
program is reclassified. Another issue is whether parolees receive an adequate assessment of their need for counseling and other treatment services and whether, based upon that assessment, they receive sufficient individual counseling. Consequently, we urge the state to conduct an assessment of the program by outside substance abuse specialists to determine if this aspect of treatment is being properly met.

Staff also expressed concern about the adequacy of reentry plans provided to those leaving the program, noting that at present most graduates are sent to an outpatient substance abuse treatment program rather than a residential treatment program regardless of their treatment needs. Moreover, some staff expressed the view that graduates are leaving with inadequate living skills to cope with the challenges they will face in the community, and that, for example, some graduates are unable to identify appropriate housing to meet their needs. Staff expressed their feelings of frustration when a recent graduate is subsequently returned to Willard after a parole violation for these or similar reasons.

**Participant Assessment of ASAT Treatment by Parolee Participants**

Sixty men and ten women responded to our general conditions survey seeking their evaluation of all programs at Willard. Sixty-five percent of the male survey participants were somewhat or very satisfied with the ASAT program, a satisfaction rate similar to their assessment of several other treatment programs at the facility. But there was also significant variation in their responses, with 19% of the male survey participants reporting they were very satisfied, while 22% said they were very dissatisfied. We also sought explanations of the reasons behind the parolees’ ratings, and it appears that the male respondents had different reactions to the program in part based upon their relationship with the substance abuse staff; some parolees complimented treatment staff for their knowledge, efforts and concern, while other parolees were very critical of the staff as ineffective.

The women parolees participating in the survey of all Willard programs were more positive about the ASAT program. Of the ten survey respondents, six were very satisfied with ASAT, three were somewhat satisfied and only one was very dissatisfied. Their comments emphasized their positive views of the counselors facilitating their ASAT program.

In addition to the overall survey of Willard programs, we collected in-depth substance abuse treatment (MQA) surveys from 18 men and 9 women at Willard. We recognize that this is a relatively small percentage of the total male population enrolled in the ASAT program and may not accurately represent the views of all ASAT participants. However, we believe it is important to report the results of the MQA surveys as an indication of how some parolees perceive the program and to prompt further investigation by DOCS and other agencies monitoring the ASAT program regarding potential problems in the program’s effectiveness.

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5 The CA utilizes the Multimodality Quality Assurance Scales (MQA) Participant Survey developed by the National Development and Research Institutes, Inc (NDRI) to evaluate participants’ assessment of their substance abuse treatment program. The NDRI used this survey to assess prison-based programs in several jurisdictions throughout the United States. Following a visit by the CA to a DOCS facility, treatment program participants who agree to participate in our analysis of their substance abuse treatment program are mailed the survey, and they return the completed document to us using envelopes we provide. Correspondence with the CA is privileged mail, so the inmates'/parolees’ responses are not reviewed by facility staff and remain confidential.
Women respondents rated the Willard substance abuse treatment-planning, counseling and discharge planning services somewhat more favorably than the male survey participants. Specifically, 45% of the men participating in the MQA survey and 56% of the women survey participants were somewhat or very satisfied with the ASAT treatment-planning process. Fifty-six percent of the male respondents were somewhat satisfied with the counseling in ASAT, with no respondents very satisfied with this aspect of the program. In contrast, 56% of women were at least somewhat satisfied with the ASAT counseling they received, including 43% of the women who stated they were very satisfied. Finally, 53% of the male MQA survey participants and 62% of women respondents were somewhat or very satisfied with the discharge planning services.

Comparing these figures to our findings about Lakeview Shock, which we visited in October 2007, the male Willard respondents were significantly less positive about their program than the Lakeview Shock men. Ninety-seven percent of the male Lakeview Shock respondents were somewhat or very satisfied with the treatment planning process, 89% were somewhat or very satisfied with counseling and 79% were somewhat or very satisfied with discharge planning. The female Lakeview Shock inmates had satisfaction rates similar to the men at Lakeview Shock, rates higher than the female parolees at Willard. Given the differences between the responses of Lakeview Shock inmates and the Willard MQA survey participants, we urge the relevant state agencies to evaluate the Willard program to determine ways to improve participants’ engagement in, and satisfaction with, their treatment program.

**Participant Assessment of Treatment Program Modalities**

In their responses to the MQA survey, Willard parolees also assessed the extent to which the treatment program incorporated elements of a therapeutic community (TC), cognitive-behavioral therapy and 12-step-based program into the curriculum and whether participants were satisfied with these different components. The parolees’ responses reflected that there is no rigorous or consistent adherence to any of these three modalities. For example, on our visit, we found little hierarchy in the organization of the male participants, a key component of the TC model. When we asked parolees the degree to which seven elements of a TC model were incorporated into the Willard program, the men’s responses suggested that these components were only somewhat important to the program and less significant than at most other ASAT TC programs we have visited. The women we surveyed described a greater presence of the TC elements, at levels higher than most other ASAT programs we have visited. Overall, 50% of men and 66% of women we surveyed were at least somewhat satisfied with the therapeutic community components of treatment.

The male and female survey respondents’ evaluation of the cognitive behavioral therapy (CBT) aspects of the program were both higher than the TC figures, denoting the somewhat greater importance placed on these aspects of the treatment program. However, in comparison to other ASAT programs and Lakeview Shock, the men’s responses were below the average. The female survey participants rated the CBT elements higher than at any other program we have visited, including Shock. Sixty-six percent of both the men and women were at least somewhat satisfied with the CBT components of the program, with 57% of the women respondents and only 22% of the men reporting they were very satisfied.

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6 We obtained MQA surveys from 40 male and 28 female Lakeview Shock inmates.
Officially, DOCS does not integrate 12-step programming into its treatment. However, we found that training on this approach and many references to it are part of the treatment program at Willard, including (as noted above) the “Twelve Steps of ASAT,” which are almost identical to the Twelve Steps of Alcoholics Anonymous. In assessing five elements of a 12-step approach in our survey, the respondents at Willard rated the importance of these components higher than program participants at most other facilities we have visited, but not as high as the CBT elements. Seventy-two percent of men and 62% of women were at least somewhat satisfied with this aspect of the program.

Overall, it appears that the content of the treatment program varies among the platoons and treatment staff facilitating the program. The significant variation in the participants’ assessment of the importance of various treatment strategies reinforces our conclusion that there are wide disparities in the treatment approaches used by the treatment staff. We urge DOCS, Parole and OASAS to ensure that there is a consistent, well-defined approach being presented in the treatment program.

**Participant Assessment of Treatment Involvement, Program Commitment and Personal Progress**

Survey respondents were asked a series of questions about their involvement in the program, assessing their understanding of, participation in and attachment to the program. The survey also asked them to assess their commitment to treatment, evaluating their progress in the program and their efforts to change. They were generally positive both about their involvement in, and commitment to, the program; however, the women reported much greater levels of satisfaction than the men. Seventy-two percent of the men responding to the MQA survey and 89% of the women participants said they were somewhat satisfied with their involvement in the program, but only 11% of the men in comparison to 67% of the women reported they were very satisfied. Concerning their commitment to the program, 88% of the male respondents and 100% of the women respondents were at least somewhat satisfied, but only 41% of the men as compared to 89% of the women were very satisfied. Sixty-seven percent of both the men and women MQA survey participants said that it was at least mostly true that they felt good about their progress working on their substance problems; but only 22% of the men and 56% of the women said this was very true. All respondents said that they were attempting to change, with 33% of the men and 75% of the women saying that it was very true that they are attempting to do so.

Comparing the survey results from the Willard parolees to the responses by Lakeview Shock inmates on these issues, we again observed substantially greater levels of satisfaction among the Lakeview Shock male inmates in comparison to the men at Willard, particularly in the percentage of respondents who were very satisfied or who responded to the statements as very true. Specifically, 60% of the Lakeview male respondents and 64% of the women survey participants were very satisfied with their involvement in treatment; likewise, 79% of the Lakeview men and 82% of the Lakeview women were very satisfied with their commitment to treatment. Sixty-six percent of the Lakeview men and 64% of the women said it was very true that they feel good about their progress in working on their substance problems.
The figures for Willard program participants and the comparison to data from Lakeview Shock ASAT participants suggest that more might be done to improve male Willard ASAT participants’ involvement in their treatment program.

**Participant Assessment of ASAT Staff and Relation with Staff**

Survey respondents were somewhat positive about the staff in their evaluation of the ASAT program, with the women survey participants expressing significantly more favorable opinions of the treatment staff than the male respondents. While a majority of both the men and women respondents were somewhat satisfied with the counseling process, as noted above, only 17% of the men and 67% of the women reported it was mostly or very true that the treatment staff support their goals. Similarly, 22% of the men and 67% of the women said it was mostly or very true that the treatment staff sincerely want to help them. Seventeen percent of the men and 75% of the women replied that it was mostly or very true that they work well with the treatment staff. When asked whether they were satisfied with their treatment, only 17% of the men, but 67% of the women, answered this was mostly or very true. Finally, when asked if the treatment meets or exceeds their expectations, none of the men said this was mostly or very true, while 56% of the women replied in the affirmative. For each of these questions, a majority of the men said the statements were somewhat true, but their level of satisfaction clearly is substantially less than the women MQA survey respondents.

In comparison to the Lakeview Shock inmates who participated in our substance abuse survey, the Willard men had significantly more negative impressions of the treatment staff. When we asked male Lakeview Shock inmates to respond to the statements relating to treatment staff support, staff desire to help them and their working relationship with staff, approximately two-thirds or more of the Lakeview men replied that these statements were mostly or very true, rates three to four times those of the Willard male respondents. The Lakeview women responding to the MQA survey had even higher levels of positive responses to these statements than the Lakeview men, rates similar to, but slightly higher than, the positive responses of the Willard female MQA survey respondents.

Many program participants described an atmosphere where staff does not encourage parolees to express their opinions about treatment; they reported that the program fails to maintain an environment in which participants can speak without fear of ridicule or retaliation. Seventy-two percent of men we surveyed and 44% of women respondents said that substance abuse treatment staff rarely or never ask for parolees’ opinions and suggestions about treatment issues. Similarly, 78% of both the male and female survey participants reported that they had none or very little influence on what happens in the treatment program. Forty-five percent of the men and 62% of women reported that it was mostly or very true that people were afraid to speak up for fear of ridicule. Participant involvement in treatment can offer an opportunity for greater individualization and therefore more effective treatment. In addition, having a safe environment for discussing personal issues is crucial for individuals attempting to change long-standing attitudes and behaviors. We urge the facility to consider methods to better individualize treatment and to improve the environment for parolees wishing to share their personal opinions and experiences.

Given the discrepancies in opinions of treatment staff between the female and male Willard respondents and the male Shock inmates, we are concerned that not all the treatment staff
adequately engage or support the male Willard population. We urge the facility’s executive team and other DOCS and OASAS staff to evaluate the effectiveness of the treatment program to identify ways to better engage and increase satisfaction among treatment participants.

**Network**

The ASAT program at Willard is closely intertwined and coordinated with the Network treatment program. Network is designed to improve decision-making skills and self-esteem, and comprises several components, all of which are mandatory for Willard parolees. As part of Network, parolees attend daily community meetings, classes on decision making, and a confrontation program intended to resolve issues among program participants and to focus on parolees who are not progressing in the program. The Visiting Committee was generally impressed by the treatment staff and the parolees appeared engaged in the programs’ activities. Of the parolees we surveyed, 61% were satisfied with the overall Network program, with some inmates saying that the program assisted them in developing decision-making skills.

The Visiting Committee toured many components of the Network program. The daily community meetings are parolee-led. In the class, parolees take turns stating the Willard mission statement by memory, and discuss in a very structured dialogue the progress and set-backs they and their peers have experienced. Security staff were involved in the meeting and interjected several times to correct or guide the discussion. Of the parolees we surveyed, 72% were satisfied, at least somewhat, with the community meetings, with many saying they appreciated the communal aspect of the meetings.

We observed two confrontation sessions, which are intended to provide support and correction to participants who are alleged to have violated rules or are perceived as making inadequate progress in treatment. In a highly structured meeting of the entire platoon, the facilitator (ASAT counselor) engages the parolee being “confronted” in a discussion about his or her behavior and what measures the parolee will take to address the concerns raised by the staff and the platoon. Of the parolees we surveyed, only 37% were satisfied, at least somewhat, with the confrontation classes, while 45% were “very dissatisfied.” Many parolees clearly perceived the confrontation session facilitators as degrading parolees. Parolees stated that the sessions did not always provide a safe environment for sharing highly personal information because some parolees violate the program’s rule of confidentiality and refer to information disclosed in these sessions outside the classroom. We urge the facility to explore ways to increase peer participation in the confrontation process.

The program also includes a “three-part meeting” designed to serve as a support group, in which parolees affirm self-growth and problem-solve with peers. We did not observe this meeting. Of the male parolees we surveyed, 65% were satisfied with the three-part meetings, with many speaking positively about the experience of sharing matters with other parolees.

**Safety**

**Parolee-Staff Relations**

As in New York’s Shock Incarceration facilities, platoons at Willard are managed by “Drill Instructors” (DIs) who are Corrections Officers (COs) specially trained for the program
and assigned to a specific platoon. Drill Instructors have the most frequent interaction with parolees, because they are present for every part of the parolee’s day. The Willard model encourages a high level of coordination between Drill Instructors, teachers and counselors.

The Visiting Committee met with the DIs and was generally impressed with their commitment to the Willard program. They reported a low level of physical confrontation at the facility, between parolees and staff and especially among parolees.

In contrast, when we asked parolees about their relations with security staff over all, 69% reported relations as bad, 25% as equally good and bad, and only 6% as good. These dissatisfaction rates are higher than many other prisons we have visited, and much higher compared to Lakeview’s Shock program, where 44% of inmates rated relations with security staff as bad. Willard parolees’ opinions of their relationship with DIs, however, were more favorable, with 31% describing them as good, 50% saying relations were somewhat good and somewhat bad, and only 19% reporting relations were bad. Though these figures are worse than Lakeview Shock inmates’ opinions of their relationship with Drill Instructors, it is clear that Willard parolees have a favorable opinion of the DIs, in stark contrast to security staff overall. Parolees rated relations with Parole staff and Corrections Counselors most favorably, with approximately 49% stating relations were good, 35% as somewhat good and somewhat bad, and 15% as bad. Considering the short amount of time parolees spend at Willard, the number of parolees who expressed concerns about staff conduct is striking. Ninety-eight percent of respondents believed that some COs at Willard do a good job; however, 72% of respondents stated that there are COs who engage in serious misconduct. Parolees estimated that 70% of staff engage in misconduct and that 30% do a good job, such as being respectful and helpful.

Many parolees described the relationship between security staff and parolees as frequently physically and verbally abusive. Fifty-one percent of the male parolees we surveyed reported they had experienced a physical confrontation with staff at least once while at Willard. This rate is significantly higher than at many other prisons we have visited, though about the same as we found at Lakeview’s Shock program. In addition, 75% described physical confrontations between parolees and staff as frequent, a rate that is higher than comparable data we received from other facilities and significantly higher than the rate at Lakeview Shock. Fifty-three percent of the respondents told us that they frequently felt unsafe, with 41% saying they felt very unsafe. These rates are much higher than we have found at other medium security prisons, including Lakeview Shock, and comparable to rates at maximum security facilities. In addition, 27% of respondents reported they heard of sexual abuse occurring in the facility at least once, with 15% stating that they frequently heard about its occurrence. Few parolees told us they had experienced or witnessed abusive pat frisks.

We obtained computer data from the Department summarizing the number of disciplinary actions against Willard parolees and the number of Unusual Incidents Reports (UIRs) at Willard for the period January 2003 through August 2006. For the male Willard population, the rate of disciplinary infractions for assault on staff was very high, more than almost all the medium security prisons in the system and higher than some of the maximum security prisons. Similarly, the rates for UIRs for assault on staff at Willard were higher than all medium security prisons and several maximum security prisons. These rates are very disturbing and reinforce our
impression that there is a significant amount of physical confrontation between parolees and staff at the facility.

Seventy-six percent of the male parolees we surveyed stated they frequently experienced verbal harassment, a rate that is comparable to that which we found at Lakeview Shock. Ninety-four percent of the Willard respondents said that verbal harassment occurred frequently throughout the facility, a rate that is significantly higher than what we found at Lakeview Shock. Many Willard parolees with whom we spoke on our visit described the verbal harassment from staff as sexually charged and involving threats of program termination.

Of the parolees we surveyed, 50% said that racial tension was widespread or common throughout the facility. Thirty-three percent said that racial discrimination contributed significantly to abuse. These rates are higher than we have observed at other prisons throughout the state, including Lakeview Shock, and consequently, we suggest the facility investigate this issue and take action to reduce the level of racial tension, including more training on diversity and cultural competency for staff and parolees. The facility did not provide the CA with data on the race or ethnicity of its staff, but the facility administration stated that its staff was more diverse than many other DOCS facilities and that the staff receive diversity training. On our visit, we noted several more persons of color on the prison staff than at many other facilities we have visited.

We recognize that some parolees might interpret elements of the Willard program, particularly the intense interactions between staff and parolees, as harassment and thus may feel unsafe. Further, the fact that parolees are intentionally placed under stress could result in more physical and verbal confrontations between staff and parolees or among parolees than in a facility with less stress. However, the frequent reports of parolee-staff physical confrontations and parolees’ perceptions of their safety are problematic and require attention by the Department. Specifically, the facility should develop a plan to reduce the frequency of physical confrontations between parolees and staff and to diminish the number of complaints about staff misconduct. Improving communication between staff and parolees and enhancing staff training on nonviolent conflict resolution could reduce the levels of tension and violence.

**Parolee-Parolee Relations**

Staff described confrontations between parolees as rare and not involving serious injury. Parolees had a somewhat different perspective, with 33% of respondents reporting having been in a physical confrontation with another parolee at least once, a rate that is higher than at most other facilities we have visited. Similarly, 35% of survey participants reported frequent confrontations among parolees, a rate higher than at other medium security prisons we have visited and slightly lower than at Lakeview Shock. However, when asked to compare the level of parolee-on-parolee violence at Willard to other facilities in which the parolee has been confined, 83% of the survey respondents reported it was better at Willard and only 7% said such violence was worse at Willard. Parolees attributed the causes of most parolee-on-parolee violence to stress and personal conflicts, and there were no reports of significant injuries. While 68% of the parolees we surveyed stated that gang activity was common at the facility, a rate consistent with other prisons we have visited and higher than at Lakeview Shock, most parolees said that gang activity did not contribute to violence at the facility. Very few parolees reported that contraband drug use was common at the facility.
Department computer data for the period January 2003 through August 2006 for Willard UIRs and disciplinary infractions resulting from confrontations among parolees reveals relatively few incidents, with rates that are well below the average for medium security facilities. Specifically, the rate for UIRs about assault on inmates was in the bottom 20% for medium security facilities. Concerning the rate for disciplinary infractions for assault on inmates, Willard men were in the bottom third for all medium security facilities and in the bottom half for infractions for inmate fighting. Overall, this data and the parolee survey responses suggest that parolee-on-parolee violence is not as serious a problem as confrontations with staff and well below the averages for Department reports concerning such incidents.

**Discipline at Willard**

The discipline system at Willard is different than at other facilities. Instead of immediately writing a misbehavior report in response to a parolee’s actions, any staff person, including counselors and instructors, can issue “instant corrective actions” such as push-ups or running laps. Staff can also issue “learning experiences,” which might include the parolee wearing a large card around his or her neck that says “attitude” or other “corrective” text. Staff may also issue a misbehavior report. If the misbehavior report results in disciplinary confinement of 30 days or more, the parolee is transferred to another facility. Parolees receiving disciplinary sentences shorter than 30 days are also sent to another facility though they may return to the Willard program if they so request. The decision to return a parolee to Willard who has been removed due to disciplinary action is made by an administrative law judge. Staff seemed committed to avoiding disciplinary confinement for minor offenses of the facility’s rules so that parolees can remain in the program, as reflected in the low rates of removals from the program for disciplinary reasons or for non-compliance with the program: in 2007, only 147 men (4% of those admitted) and 7 women (3%) were removed by the Willard Evaluation Review Committee.

Staff explained that Willard parolees’ time at the facility can be extended and that parolees can also be required to begin the program anew. The executive team said that this “recycling” is not meant to be a disciplinary measure but is for the parolee’s benefit. Other staff we spoke with, however, said that parolees are “recycled” for disciplinary reasons.

**Grievance Program**

Staff at Willard explained a five-step grievance process. First, a parolee will raise the grievance among his or her peers, then the treatment team, followed by the Captain, who, according to the parolees handbook, is designated to handle all parolee grievances. If the grievance cannot be resolved though this informal process, the parolee may submit a grievance form and, finally, address the problem through a formal committee and the Superintendent. In 2006, only 15 formal grievances were filed at Willard, the majority concerning staff conduct and medical services. While most survey respondents had never used the grievance system, there was a perception that the system was not effective, with the majority rating it as poor and worse than the grievance systems at other facilities.
Visiting and Package Program

Parolees may not receive visitors during “zero weeks,” though they may receive visitors once every two weeks after this period. Staff reported that the visiting room was busy. Seventy percent of parolees we surveyed were dissatisfied with the visiting program. Phone calls are also limited at Willard, with parolees permitted to use the telephone for ten minutes once every two weeks. While parolees cannot receive packages, they can receive letters. Forty-two percent of survey respondents reported experiencing a problem with their mail.

Food

Because of the physical demands of the Willard program, meals at the facility have a higher caloric content than those at other prisons. Fifty-two percent of the parolees we surveyed reported they were satisfied with the food at the facility, at least some of the time. When we visited the mess hall, it appeared clean. At mealtimes, parolees are not permitted to speak or look at each other, and they have a limited period of time to complete their meal. Parolees must eat the entirety of the serving they take or carry out leftovers in their pockets. The goods available in the Commissary are limited. Seventy-five percent of survey participants were dissatisfied with the Commissary.

Transitional Services, Parole Services and Aftercare Program

In preparation for release, parolees attend a pre-release program weekly after “zero weeks.” The curriculum includes topics such as job development, budgeting, communication skills, family planning, parenting, STD education, nutrition and health, and domestic violence. Classes are taught by Parole staff, who also meet with each parolee to develop an individualized aftercare plan.

There is a large Division of Parole staff at the facility, consisting of a supervisor, three senior Parole Officers, 17 Parole Officers and approximately 10 support staff. The Visiting Committee was generally impressed with the Parole staff and their commitment to the Willard program and their desire to assist parolees in returning to their communities. The Parole Officers are divided among 15 treatment teams in the facility. Parole staff are also responsible for preparing a discharge plan for each parolee that includes reentry plans for both housing and substance abuse treatment. Staff told us that locating and approving housing in a timely manner for some parolees can be problematic, and therefore, approximately 30% of the parolees may go to a shelter when released. They explained that plans are in place to assign a Parole Officer to work on these difficult housing cases, but this project was not operating at the time of our visit and staff had yet to be hired to carry it out. We support this initiative and urge Parole to promptly fill this position. Concerning substance abuse treatment, prior to release each parolee is given an appointment at a treatment program in the community. The Parole staff noted that it is very difficult to get a parolee into a residential treatment program, particularly since most parolees are not approved for Medicaid at the time of their release. The staff estimated that only 10% of released parolees will go to residential treatment programs; the remainder are given appointments with non-residential treatment programs.
Upon release from DOCS custody, all parolees are transferred to the Division of Parole Supervision program that consists of intensive supervision through regular reporting, home visits, employment and program verification, curfew checks and frequent random urinalysis. Some parolees who are judicially sanctioned to Willard participate in the “Extended Willard” program, which includes six months of inpatient substance abuse treatment followed by six months of outpatient treatment. As planning for reentry to the community plays a critical role in post-release success for inmates with a history of substance abuse, we support the program’s increased aftercare services. The Visiting Committee did not visit the Extended Willard program or other aftercare services provided by Parole outside the facility.

In summary, we found Parole staff to be dedicated and committed to finding resources for parolees on the outside, though many lamented the limited options available. Of the male parolees we surveyed, 60% were satisfied, at least somewhat, with discharge planning services at Willard.

Medical Care

The Visiting Committee met with the Nurse Administrator, Louise Guzalak, who provided detailed information about the health services at the facility and took the Visiting Committee on a tour of the medical unit; we appreciated her cooperation during the visit and her comprehensive responses to our questions. We found the health facilities to be clean and well maintained.

The medical department has two part-time physicians, a nurse practitioner, 9 full-time nurses, one part-time nurse and an authorization to use a per diem nurse 40 hours per week. One nurse position was vacant for about a year at the time of our visit. The Nurse Administrator told us that the per diem nurse position is consistently used. We question why a nursing position has been unfilled for such an extended period, and we urge the facility’s medical staff, along with DOCS Division of Health Services, to explore ways to recruit a permanent replacement. If those efforts are unsuccessful in the short term, we suggest that the Department contact state officials to request an increase in the salary level authorized for the vacant position. We were pleased to learn during our November 2008 conversation that two nursing positions had been filled and that there were no medical vacancies.

Overall, the parolees we surveyed had mixed views of the healthcare services: 44% rated the quality of medical care as poor, 39% said it was fair and 17% reported that it was good. While these figures are about average for the DOCS facilities we visit, they represent a significant level of dissatisfaction with the services being provided.

Sick call is conducted in the early morning hours; parolees are awakened at 4:30am to go to sick call, and it is completed generally by 6:00am. On average, approximately 30-40 parolees attend sick call daily, five days per week, and the medical department assigns three nurses to this operation. Parolees responding to our survey were critical of the sick call process and the care they received. Twenty-six percent of the survey respondents said they could not get to sick call when needed, a figure worse than at most facilities we visit. Nearly half the survey participants rated sick call as poor, again a response that is more critical than at most other prisons.
The survey respondents were more positive about the services provided by the physicians and nurse practitioner. Thirty-eight percent of survey participants reported that they never have problems accessing these providers, a figure higher than the percentage at other prisons. Based upon the parolees’ responses, it appears that they can be seen in the clinic in about one to two weeks of the referral, a time period less than at many other facilities. Concerning the quality of the care they receive from the providers, 23% of the survey participants stated it was good, 42% reported it as fair, and 36% said it was bad. These figures are also better than those reported at most other prisons we have visited.

The facility does not have a pharmacy; it gets its medications from the regional pharmacy at Auburn Correctional Facility. A majority of the survey participants who reported being on medication said they have experienced some problems in getting their medications.

Given the short length of stay for Willard parolees, we were not surprised to find that few of the parolees we interviewed had been referred to a specialist and, therefore, we received limited information about the timeliness and adequacy of this type of care. Of those few who had been, or believed they needed, specialty care, all expressed concerns about delays in access and the follow-up to their specialty care. We urge the medical department to investigate this situation.

The facility has many parolees with chronic conditions: 27 are HIV-infected, of which 14 were on treatment; 90 infected with Hepatitis C, of which none were on treatment; 24 diabetics, all of whom were on daily medication; 142 asthmatics, of which 90% were on daily medication; and 67 with hypertension, of which 80% were on daily medication. It appears that the HIV-infected parolees are all treated by facility medical providers, including Dr. Graceffo, who is recognized by DOCS as an HIV specialist; the staff reported that no parolee has seen an outside infectious disease specialist in the last six months. The staff informed us that all newly admitted parolees are screened for Hepatitis C, a policy we strongly endorse. The facility, however, is not providing HCV treatment to its HCV-infected population; rather, it appears that the medical staff tell HCV-infected patients to wait until their release to pursue HCV therapy. The staff also informed us that they have not ordered any liver biopsies in the recent past. Although we would endorse a more aggressive policy on HCV treatment, we believe it is reasonable for the Department to refuse to initiate HCV therapy for the three month period these individuals are incarcerated at Willard. However, we question the decision to not perform liver biopsies on HCV-infected patients who exhibit symptoms indicating a serious risk for significant liver disease to determine if they are potential candidates for HCV therapy once they are released. We urge the Department to reconsider this policy and develop guidelines for when it is appropriate to pursue an assessment of an HCV-infected patient for potential treatment.

The Nurse Administrator told us that the facility holds a quality improvement (QI) committee meeting every three months and that this session includes regular reviews of medical charts. Notes are prepared of these meetings and sent to DOCS Division of Health Services personnel for review. Although we did not review records of these meetings, it appears there is an active QI program at the facility.

Medical staff is also responsible for screening newly admitted parolees to ascertain if they are medically eligible for the Willard program, which involves strenuous physical activity as part of the treatment program. The staff informed us that most parolees unsuited for the program are
screened out at the reception prisons prior to their transfer to Willard. However, Willard performs a medical and mental health evaluation and disqualifies a limited number of parolees per year.

In summary, it appears that the healthcare services at Willard are meeting many of the patients’ needs, but that a significant portion of the patient population is dissatisfied with some elements of the facility’s medical care. We urge the facility administrative team to review healthcare services, with particular attention to sick call, medications and access to specialty care. Since the parolee population infrequently uses the formal grievance system to raise complaints, we believe it would be very beneficial for the medical staff to meet regularly with a representative body of parolees to explore patients’ concerns with the medical care system.

Willard Program for Women

The women’s program at Willard is identical to the men’s, with early-morning calisthenics and intensive treatment programs. Like with the men, women’s hair is cropped upon entering Willard; their clothes are only slightly different than the men’s. There is no comingling of men and women in any aspect of the program.

We received 10 abbreviated surveys from women at Willard focused on their assessment of treatment programs at the facility. Seven of the women we surveyed were returned parole violators and two were judicially sanctioned to the facility. Overall, the women expressed a level of satisfaction greater than that of men in the program, with 60% stating they were satisfied with the overall program (as compared to the 30% figure for men). Women praised all program services at Willard at higher rates than the men, with nearly all women reporting satisfaction with the various components of the treatment program and with a higher percentage of women compared to men finding ASAT to be the most useful program. Seventy percent were satisfied with the Network program and 80% satisfied with the community meeting. Women rated relations with civilian and security staff better than the men. For example, 60% said that relations with Drill Instructors were good. While we did not ask questions in the women’s survey about physical confrontations or verbal harassment, the women with whom we spoke on our visit did not express the same concerns as men. Of the women we surveyed, four had been in a Shock program before, two rating Willard as worse than Shock and two rating it as better.

Meeting with Staff

Visiting Committee members met with representatives of each staff union, and we appreciated the informative conversations that resulted. They described a positive work environment in which they feel safe and where there is a good rapport and significant coordination between security and civilian staff. They also noted that they have a generally positive relationship with the administration and appreciated the open-door policy of the executive team. Overall, staff found their work at Willard particularly rewarding as they see parolees’ progress in the program.

Willard’s security personnel are very experienced. There was a concern among some staff that many senior correction officers would retire upon reaching 25 years with the Department, since their existing pension plan offers no incentive for them to remain on the job
longer. In addition, some security officers told us that increased security staff would allow for more parolee work crews, benefiting both parolees and the community.

Many staff were also concerned about the number of staff who had not received the month-long Shock-specific training offered only once per year, adding that fully trained staff fosters cohesion in the program. Staff mentioned also that both staff and parolees would benefit from better cold-weather gear, particularly considering the physical training portion of the program and the location of the facility. Some staff also believed that the parolees should receive enhanced meals beyond the unlimited peanut butter, jelly and bread they now receive. Staff expressed concern, too, at the disrepair of some of the facility’s aging buildings.

During our November 2008 conversation, we learned that in April 2008 almost all new staff attended the four-week Shock training. In addition, in October 2008, the facility ran a three-day training for new staff who were unable to attend the April 2008 training.

**Final Meeting with Executive Team**

Following our visit, the Visiting Committee spoke twice with the Executive Team via telephone to share our initial observations, and we greatly appreciated the informative discussions that resulted. We mentioned our positive impressions of staff coordination and dedication to the program, particularly the vigilance in trying to keep parolees enrolled. We noted the meaningful coordination between DOCS and Parole. We also remarked on the impressive GED passing rate and our positive impression of the academic program overall. We said we were pleased that the general library would open soon. We also discussed our concern that some ADT inmates were unaware that they would be sent to Willard. The Executive Team shared this concern.

**Follow-up Conversation with Executive Team and DOCS Officials**

During our November 2008 conversation with DOCS Central Office and facility staff, we learned that Department officials, including Willard staff, are in ongoing discussions with OASAS concerning the OASAS requirements for the Willard treatment program. Although a final determination has not been made, it appears that OASAS will develop new standards for Willard and, as a result, Willard will have to increase the amount of time it provides one-on-one and small group counseling. We strongly endorse the efforts of DOCS and OASAS to negotiate new standards for Willard, and we believe augmenting one-on-one and small group counseling could significantly improve the treatment program. Once new standards are established, we urge DOCS, Parole and OASAS officials to assess whether the facility has sufficient treatment staff to meet the new requirements.

We asked Willard’s parole staff whether they have experienced difficulties placing parolees in aftercare drug treatment programs in the community in light of the recent termination of contracts between the Division of Parole and community-based substance abuse treatment programs. We learned that community treatment programs are still willing to accept initial appointments for Willard parolees, but it is not clear how these organizations will be compensated for the services provided. One potential source for reimbursement is Medicaid, but it is not immediately available for most parolees discharged from Willard. Although DOCS and
the Department of Health have implemented a program to suspend, rather than terminate, Medicaid for newly incarcerated individuals who are on Medicaid at the time of their incarceration, it is unclear how many Willard parolees can take advantage of this process. Approximately 75% to 80% of individuals coming into the Department are not actively enrolled in Medicaid. No Medicaid applications are filed for Willard parolees while they are in the program and therefore, these individuals will have to file for Medicaid once they are released. Approval for Medicaid can take 45 days to several months after an application has been submitted. We remain concerned about the ability of individuals discharged from Willard to get prompt access to substance abuse treatment in the community.

The difficult fiscal environment for the state raises concerns about the ability of DOCS and Division of Parole to maintain adequate staff for Willard. We were pleased to learn that the facility recently was authorized to hire additional substance abuse treatment staff, but were also told that there were vacancies in the Parole staff and that no waiver to hire replacements had been sought.

We were pleased to learn from the superintendent that each month the prison conducts a survey of one platoon of program graduates (40 to 60 individuals) to assess parolee satisfaction with the program and to identify problematic areas. Having reviewed the survey, we see it as a useful instrument that could assist the facility and the Department in identifying successful elements of the program and areas needing improvement. We commend the facility for initiating this process and urge the Department to consider implementing similar surveys at other DOCS facilities.

Recommendations

Program Evaluation
- Develop and implement a program to separately assess the effectiveness of the Willard program for each of the facility’s parolee categories: judicially sanctioned, parolee violators and ADT inmates and for this analysis, distinguish parolees who are new to Willard and Shock from those who have had prior experience with Shock and/or Willard. Consider including in this analysis both an assessment of the performance of the parolees in the program and outcomes once these individuals are released.

Vocational Program
- Initiate additional vocational programs that more closely reflect job opportunities in the community.

Alcohol and Substance Abuse Treatment
- Fill the vacant ASAT Supervising Correction Counselor position. If an appropriate candidate cannot be identified in the near term, the Department and state officials should take action to augment the salary for this position.
- Provide incentives for ASAT staff to obtain and maintain their CASAC credentials.
• Increase training for ASAT staff through programs offered by DOCS, OASAS and other substance abuse treatment organizations, especially those off-premises that are likely to expose staff to a wide variety of strategies and approaches.

• Revise the ASAT curriculum and materials to integrate best practices in prison-based treatment and standardize the program.

• Expand availability of up-to-date materials related to recovery, such as books and pamphlets, for parolees.

• Expand and enhance training in the ASAT program for life skills and problem solving.

• Evaluate the effectiveness of the ASAT program for all Willard participants, including those who have previously participated in a Shock or Willard program. This assessment should include a judgment by independent substance abuse specialists of the adequacy of the initial evaluation of participants’ needs, the provisions of counseling services and the development and implementation of individualized treatment plans.

• Enhance the assessment of participants’ satisfaction with, and involvement in, the ASAT program and take measures to increase participants’ engagement in their treatment program.

Safety
• Review Unusual Incident Reports and misbehavior reports to assess whether there are patterns of physical and verbal confrontations within the facility, whether specific staff members are more frequently involved in parolee-staff confrontations and whether certain areas within the facility are more frequent locations for such confrontations. Following this review, develop a plan, including additional staff training, to reduce confrontations between parolees and staff and among parolees.

• Assess the level and causes for racial tension within the facility and develop a plan to reduce this tension and incidents of racial harassment, including diversity training for staff and parolees.

Packages and Mail
• Initiate monitoring measures to prevent delays in the delivery of mail to parolees.

Discharge Planning
• Assign a Parolee Officer to work on discharge plans for parolees for whom an appropriate housing option is not readily available.

• Initiate efforts to get parolees enrolled in Medicaid prior to their release from Willard.

• Intensify efforts to assign parolees to residential substance abuse treatments programs when available.
**Medical Care**

- Review the quality of the sick call encounters to determine whether all sick call nurses are adequately addressing parolees’ medical needs and expand parolees access to sick call by ensuring that all parolees are offered the service on days it is conducted.

- Review parolee complaints concerning access to medications and develop a corrective plan if systemic deficiencies are identified.

- Improve the timeliness of specialty care appointments and initiate a review of completed consultations to determine whether there has been adequate follow-up to the recommendations made by the specialists.

- Reconsider the decision to not evaluate HCV-infected parolees for potential treatment and develop guidelines for when it is appropriate to assess potential treatment options for those HCV-infected patients who are at the greatest risk for significant liver damage.

- Convene a meeting between facility administrators, health staff and a representative sample of the parolee population on a regular basis to ascertain parolees’ concerns about the facility’s healthcare system.

**Staff Concerns**

- The Executive and the Legislature should institute system-wide incentives for security staff to remain on the job for longer than 25 years.