Department of Corrections and Community Supervision

The Comprehensive Alcohol and Substance Abuse Treatment Program (CASAT)

2025

The Harriman State Campus, 1220 Washington Avenue, Albany, NY 12226-2050 I www.doccs.ny.gov

CASAT PROGRAM

The New York State Department of Corrections and Community Supervision's (NYSDOCCS) Comprehensive Alcohol and Substance Abuse Treatment (CASAT) program was a creation of the 1989 Prison Omnibus Legislation.[1] This legislation called for the establishment of six 200-bed alcohol and substance use treatment annexes at specified locations. Persons successfully completing the six-month long annex phase of treatment (Phase I) would be transferred to a work release facility or an appropriate community-based program (Phase II). The law also provided for an aftercare component upon release from the Department while under the supervision of the former Division of Parole (Phase III). Appendix A diagrams the movement of the incarcerated individual through the CASAT program phases.

This report focuses on program trends from 2021-2025. For an in-depth description of the CASAT program, please see *"The Comprehensive Alcohol and Substance Abuse Treatment Program: 2008".*[2]

PROGRAM GOALS

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

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

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

[2] "The Comprehensive Alcohol and Substance Abuse Treatment Program: 2008," New York State Department of Correctional Services, Albany, New York 12226 (2009) https://doccs.ny.gov/system/files/documents/2019/09/CASAT_Report_2008.pdf.

CURRENT PROGRAM ELIGIBILITY

- Documented history of alcohol and/or drug use.

- Minimum of 9 months to earliest release at the time of review to allow for sufficient program time, but no more than 24 months to merit eligibility (if, merit eligible) or earliest release date. One exception to this is that drug offenders may enter Phase I at 30 months to earliest release.

- Classified as medium or minimum security.

- Temporary Release is approvable except for some drug offenders sentenced by judges to CASAT treatment (court-mandated CASAT). Court-mandated CASAT participants not meeting Temporary Release eligibility, are permitted to enter Phase I but are not allowed to transition to Phase II. This group is referred to as Phase I-only participants. This program modification, implemented in May 2006, permits a larger pool of incarcerated individuals to receive intensive, residential drug treatment. Court-mandated drug offenders who meet all established CASAT requirements and are approved for Presumptive Work Release, are eligible to enter Phase II upon completion of Phase I. This group is referred to as Traditional CASAT Participants.

The review for CASAT eligibility is conducted via an automated screening. The incarcerated individual's interest in participating in a treatment program is determined during Reception processing or later at a general confinement facility during an interview between the incarcerated individual and their Offender Rehabilitation Coordinator. Following this facility level review, a Presumptive Work Release application may be forwarded to Temporary Release in Central Office for a final review of appropriateness for work release upon completion of CASAT Phase I. Those individuals found to be acceptable for temporary release represent the pool of potential participants for traditional CASAT Phase I and II programs.

Historical information on CASAT is included in the 2020 report on the DOCCS website:
https://doccs.ny.gov/system/files/documents/2022/06/2020-casat-report.pdf

PHASE I PARTICIPANT POPULATION: 2021-2025

Table 1.1 and Figure 1.1 present trends in CASAT participation between 2021 and 2025.

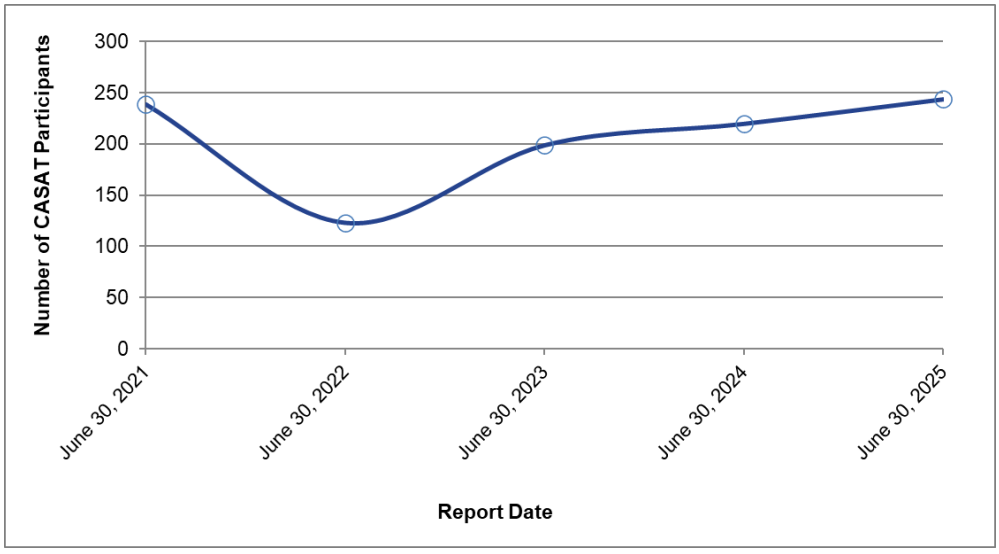
- In general, the number of Phase I participants is related to the proportion of Drug Commitments among all New Court Commitments. In 2021, Drug Commitments represented 16% of New Court Commitments and the number of Phase I participants on June 30, 2021 was 239. As the proportion of Drug Commitments declined to 14% in the two following years, the number of Phase I participants also decreased. In 2024 and 2025, with Drug Commitments rising back to 15% of the Total New Court Commitments (Appendix B), the total number of Phase I participants on June 30 increased to 220 and 244, respectively (Figure 1.1.).

- The 244 Phase I participants on June 30, 2025 represented an 11% increase from the 220 participants on June 30, 2024 and 98% more than the fewest number of participants (123) on June 30, 2022 (Table 1.1).

Table 1.1
CASAT Phase I Participant Snapshot as of June 30
By Report Year: 2021 – 2025

Facility	2021	2022	2023	2024	2025
Albion	16	3	10	14	14
Hale Creek	182	106	156	182	201
Marcy	41	14	33	24	29
Total	**239**	**123**	**199**	**220**	**244**

Figure 1.1
CASAT Phase I Participant Snapshot as of June 30
Calendar Years: 2021 – 2025



CASAT PROGRAM CAPACITY AND PARTICIPATION: JUNE 30, 2025

Table 1.2 presents the capacities and number of participants in CASAT Programs on June 30, 2025.

- As of June 30, 2025, 53% of all CASAT program beds were filled with participants (Table 1.2).
- On June 30, 2025, only 3 (1%) of the total Phase I participants were court-mandated and work release ineligible so a large proportion of participants who complete Phase I are eligible to participate in Phase II, which requires temporary release approval.

Table 1.2
Capacity and Phase I Participants in CASAT Programs
As of June 30, 2025*

Annex	Program Start Date	Capacity	CASAT Phase I Participants		Total Phase I Participants	% of Program Capacity
			Traditional CASAT Participants	Phase I Only Participants**		
Albion	December 2012	15	14	0	14	93%
Hale Creek	November 1990	399	198	3	201	50%
Marcy	October 2011	50	29	0	29	58%
Total		**464**	**241**	**3**	**244**	**53%**

*Some program beds at CASAT facilities are occupied by individuals either waiting to begin Phase I or Phase I completers awaiting transfer to work release or general confinement facilities. These individuals are not included in these figures.
**Phase I Only participants are sentenced by a judge to CASAT treatment but do not meet Temporary Release eligibility.

CASAT PHASE I and PHASE II TRENDS: 2021 – 2025

Table 1.3 and Figure 1.2 present quarterly snapshots of the number of Phase I and Phase II participants between January 2021 and January 2026.

- During this five-year period, the total number of Phase I participants was at a high point on 1/1/21 (363), declining to the lowest number on 7/1/22 (123). On January 1, 2026, the total number of Phase I participants was 218, 40% lower than on January 1, 2021 (Table 1.3).

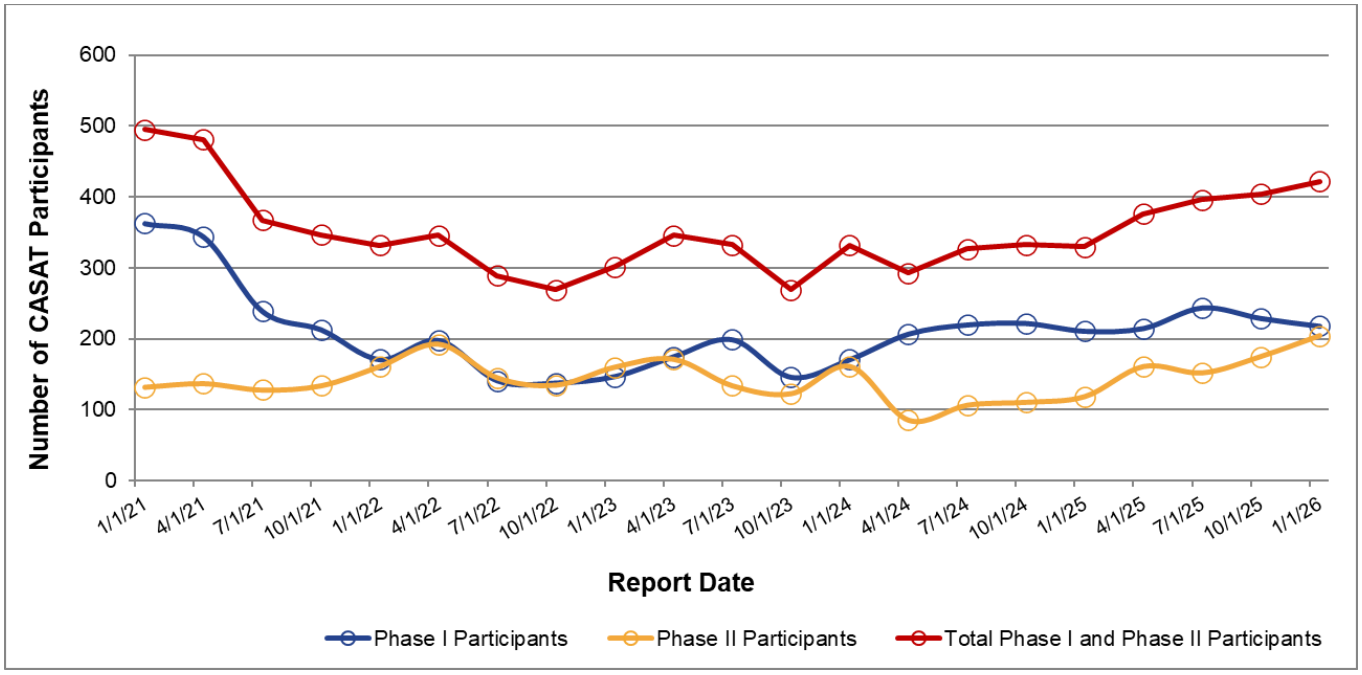
- The proportion of females in Phase I was 13% (47) on January 1, 2021, and decreased to 7% of Phase I participants on January 1, 2026 (Table 1.3).

- In the past five years, the number of CASAT Phase 2 participants ranged from a low of 86 on April 1, 2024, to a high of 204 participants on January 1, 2026 (Table 1.3).

Table 1.3
CASAT Phase I and Phase II Population:
2021 – 2025

Report Date	Phase I Participants					Phase II Participants	Total Phase I and Phase II Participants
	Male		Female		Total		
1/1/2021	316	87.1%	47	12.9%	363	132	495
4/1/2021	325	94.5%	19	5.5%	344	137	481
7/1/2021	223	93.3%	16	6.7%	239	128	367
10/1/2021	180	84.5%	12	5.6%	213	134	347
1/1/2022	163	95.3%	8	4.7%	171	161	332
4/1/2022	164	93.7%	11	6.3%	175	171	346
7/1/2022	120	97.6%	3	2.4%	123	166	289
10/1/2022	143	97.9%	3	2.1%	146	123	269
1/1/2023	157	96.9%	5	3.1%	162	140	302
4/1/2023	164	93.7%	11	6.3%	175	171	346
7/1/2023	189	95.0%	10	5.0%	199	134	333
10/1/2023	143	97.9%	3	2.1%	146	123	269
1/1/2024	163	95.3%	8	4.7%	171	161	332
4/1/2024	195	94.2%	12	5.8%	207	86	293
7/1/2024	206	93.6%	14	6.4%	220	107	327
10/1/2024	208	93.7%	14	6.3%	222	111	333
1/1/2025	199	94.3%	12	5.7%	211	119	330
4/1/2025	200	93.0%	15	7.0%	215	161	376
7/1/2025	230	94.3%	14	5.7%	244	152	396
10/1/2025	217	94.8%	12	5.2%	229	175	404
1/1/2026	203	93.1%	15	6.9%	218	204	422

Figure 1.2
CASAT Phase I and Phase II Participants
2021-2025



CASAT PHASE II: CONTINUING SUBSTANCE USE TREATMENT

Table 1.4 presents the caseloads of the outpatient service providers as reported on December 31, 2025.

After participating in an intensive, residential, therapeutic community-based substance use treatment component in Phase I, CASAT participants eligible to enter Phase II (work release) continue in substance use treatment. Female work release participants from the New York City area are assigned to Edgecombe Correctional Facility with outpatient treatment services provided by the Center for Community Alternatives (CCA).

Starting in March 2007, incarcerated individuals entering CASAT Phase II in Upstate work release facilities began receiving treatment services from community outpatient treatment providers. This program is funded through a collaborative project with the New York State Office of Addiction Services and Supports (OASAS). The service providers are asked to report the program capacity and population. The providers' information reported below represents snapshot data as of December 31, 2025 and does not reflect the total number of participants during the calendar year.

Table 1.4
Outpatient Substance Use Service Providers by Regional Area
CASAT Phase II, Work Release, and DWI Transition Participants
As of December 31, 2025

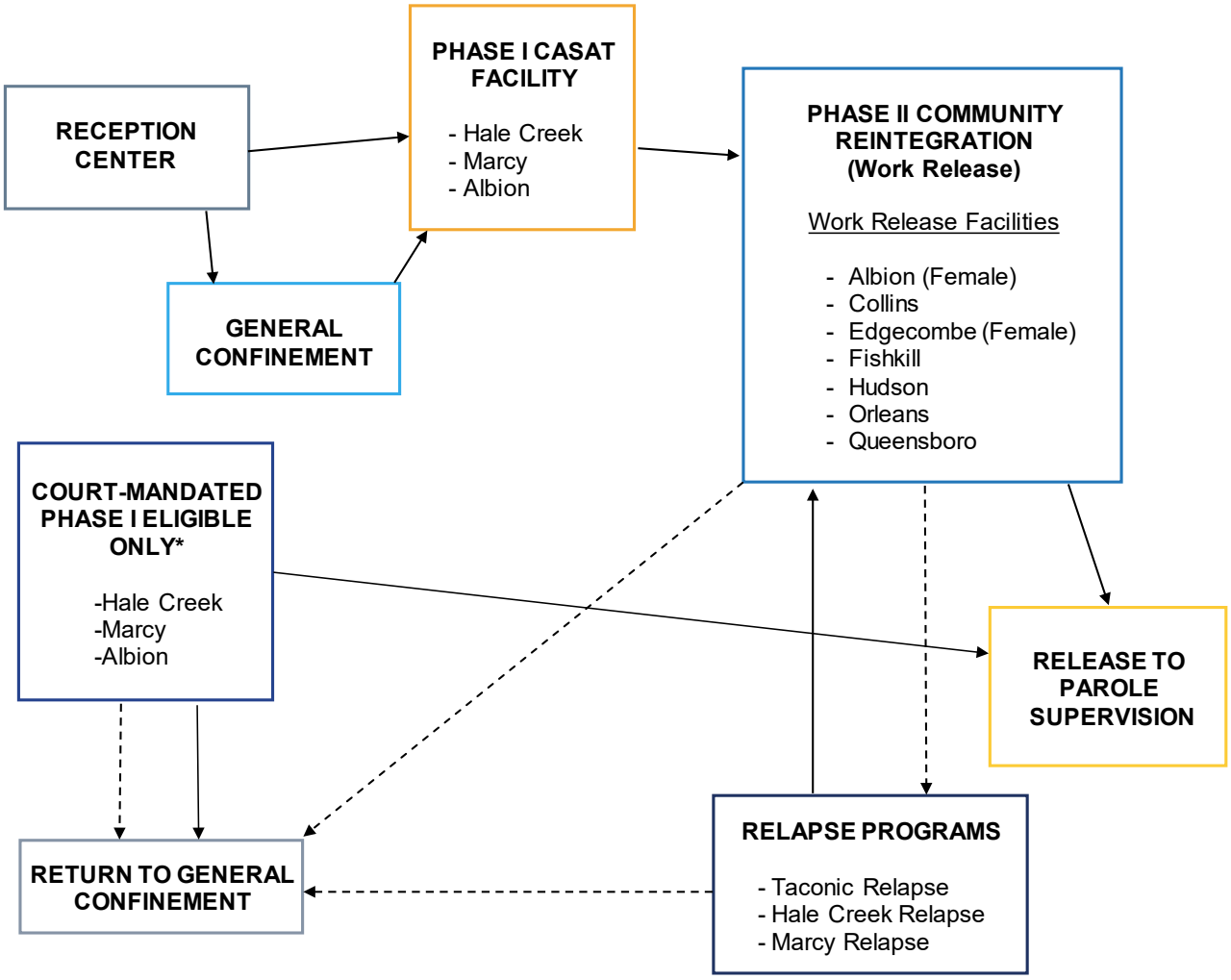
Service Providers	Assigned Facility	Caseload as of 12/31/25
Albany Area & North Country		
Conifer Park	Hudson	7
Twin County Recovery Services	Hudson	13
Buffalo/Orleans Area		
Best Self	Orleans, Albion, & Collins	0
Conifer Park	Orleans & Albion	6
UConnectCare	Orleans & Albion	7
Spectrum	Orleans, Albion, & Collins	8
Strong Recovery	Orleans & Albion	3
Utica/Syracuse Area		
Helio Health, Inc.	Albion & Orleans	3
Insights of Helio Health	Albion, Orleans, & Collins	4
Hudson Valley Area*		
The Bridge Back	Fishkill	0
St. Johns Riverside Hospital	Fishkill	1
Turning Point	Fishkill	14
New York City		
Center for Community Alternatives	Edgecombe Female & Queensboro	11
The Fortune Society	Queensboro	10
Odyssey House	Queensboro	6
Phoenix House	Queensboro	14
Total		**107**

*Catholic Charities terminated their agreement with the Department as of March 31, 2025.

CONCLUSION

In view of the fact that approximately 70% to 80% of the CASAT participants have been committed for drug offenses since the Sentencing Reform Act (SRA) of 1995, the decline in the number of individuals committed annually to NYSDOCCS for drug offenses has reduced the pool of incarcerated individuals eligible for the CASAT program. The decrease in the total number of New Court Commitments since 2019 further decreased the number of incarcerated individuals eligible for CASAT. However, CASAT participation has increased from its lowest point in 2022. Continuing the trend from the past few years, most CASAT Phase I participants were eligible to participate in Phase II.

Appendix A
NYS DOCCS CASAT Program
Movement of Incarcerated Individuals as of December 31, 2025



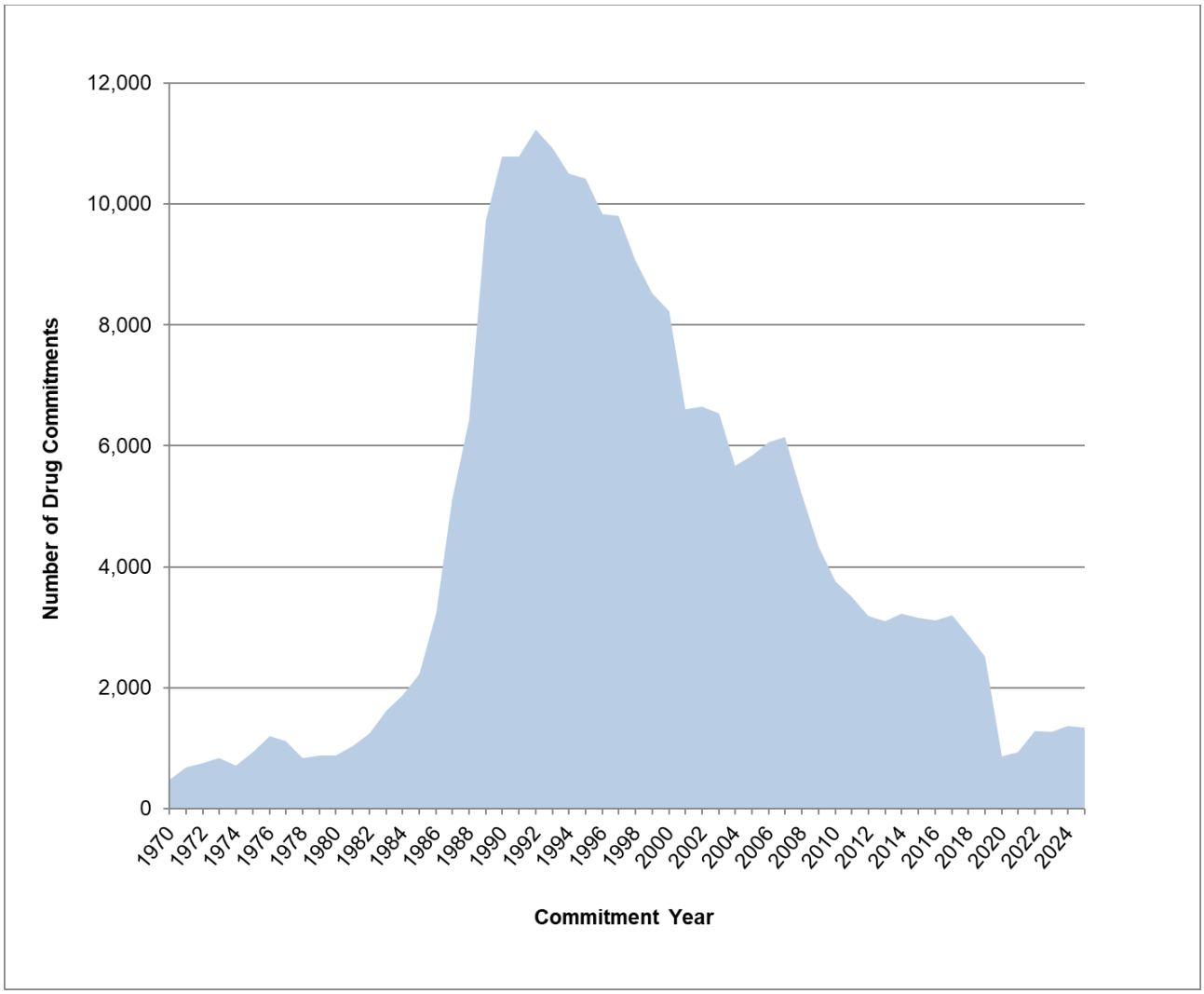
*Successful court-mandated Phase I-only participants are either paroled from the CASAT facility or are returned to general confinement.

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

Appendix B
NYS DOCCS Annual Felony Drug Commitments and Total Commitments
Calendar Years: 1970 - 2025

Year of Commitment	Drug Commitments		Total New Court Commitments
1970	470	11.1%	4,250
1971	690	13.5%	5,130
1972	751	13.2%	5,709
1973	834	12.9%	6,477
1974	713	10.7%	6,691
1975	933	12.6%	7,424
1976	1,203	14.9%	8,063
1977	1,122	13.3%	8,436
1978	844	11.7%	7,232
1979	880	11.6%	7,559
1980	886	11.1%	7,960
1981	1,036	10.1%	10,303
1982	1,243	11.9%	10,406
1983	1,625	13.0%	12,537
1984	1,874	15.3%	12,248
1985	2,218	17.9%	12,420
1986	3,228	21.7%	14,901
1987	5,106	32.6%	15,654
1988	6,432	37.2%	17,308
1989	9,742	45.3%	21,518
1990	10,784	46.7%	23,115
1991	10,778	44.7%	24,116
1992	11,225	44.6%	25,155
1993	10,920	43.9%	24,897
1994	10,508	45.4%	23,153
1995	10,418	45.3%	22,981
1996	9,841	46.4%	21,192
1997	9,810	47.2%	20,804
1998	9,063	46.6%	19,453
1999	8,520	44.5%	19,157
2000	8,225	44.3%	18,561
2001	6,606	40.0%	16,497
2002	6,647	39.1%	16,999
2003	6,540	37.7%	17,336
2004	5,667	34.6%	16,388
2005	5,839	35.7%	16,363
2006	6,060	35.9%	16,867
2007	6,147	35.6%	17,248
2008	5,190	32.8%	15,812
2009	4,324	28.2%	15,322
2010	3,756	25.5%	14,754
2011	3,510	24.2%	14,496
2012	3,189	22.7%	14,089
2013	3,096	22.6%	13,694
2014	3,225	24.3%	13,271
2015	3,165	25.0%	12,663
2016	3,117	24.2%	12,872
2017	3,118	24.3%	12,806
2018	2,893	24.9%	11,608
2019	2,520	24.2%	10,409
2020	872	22.1%	3,945
2021	934	15.6%	5,991
2022	1,289	14.3%	9,006
2023	1,266	13.8%	9,156
2024	1,362	15.0%	9,084
2025	1,336	15.3%	8,752
TOTAL	**243,590**	**31.6%**	**770,238**

Appendix C
NYS DOCCS Felony Drug Commitments
Calendar Years: 1970 – 2025



Prepared by:
Program Planning, Research & Evaluation