

The Correctional Association of New York

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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

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.² 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.

have not been incarcerated in a state prison and have only been convicted of a non-violent crime. These restrictions are not applicable to Willard parolees.

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.³ 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.

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%.⁴ 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

⁴ NYS DCJS, *New York State Criminal Justice 2007 Crimestat Report*, p. 55 (2008).

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.⁵ 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.

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.

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 through 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.