

New York State Comptroller
THOMAS P. DiNAPOLI

Department of Corrections and Community Supervision

Oversight of the Community Based
Residential Program for Released
Individuals

June 2026 | Report 2024-S-23

Prepared by the Division of State Government Accountability

Audit Highlights

Objective

To determine whether the Department of Corrections and Community Supervision (DOCCS) provides adequate oversight of Community Based Residential Program providers to assess their effectiveness in facilitating successful re-entry and reducing recidivism rates, and whether contracted services are being provided to meet individuals' needs. Our audit covered the period from January 2019 through July 2025.

About the Program

DOCCS's mission is to improve public safety by providing a continuity of appropriate treatment services in safe and secure facilities where all incarcerated individuals' needs are addressed and they are prepared for release. DOCCS is also responsible for supervising incarcerated individuals released from prison by action of the Parole Board, conditional release, or release to a period of post-release supervision, as well as individuals sentenced directly to community supervision by judicial sanction. Safe and stable housing is critical for parolees to successfully re-enter society. While homeless shelters provide an important safety net, they may not always provide the supportive environment needed for someone trying to establish stability.

DOCCS's Transitional Services Program makes resource materials available in correctional facilities for substance use disorder treatment, education, vocational or employment information, medical and mental health providers, and housing assistance. Prior to release, incarcerated individuals provide the address of their intended residence. If an individual is determined to be undomiciled, the DOCCS Offender Rehabilitation Coordinator (Rehabilitation Coordinator) speaks with the incarcerated individual to discuss options that may include homeless shelters or residential programs, such as Community Based Residential Programs (CBRPs), if one is available in their county of release.

CBRPs are meant to assist releasees in gaining stability while providing community-based services to keep individuals engaged and productive in their communities and out of prison. These programs provide food, shelter, and employment counseling to residents directly, as well as substance use disorder treatment, educational/vocational training, mental health treatment, and other supportive services through referrals to credentialed providers in the community. Participation in these programs is generally limited to 120 days, but extensions are available on a case-by-case basis.

DOCCS directives and its Community Supervision Handbook provide guidelines for DOCCS staff preparing incarcerated individuals for life after release. Additionally, DOCCS's CBRP contract Work Plan provides CBRP contract requirements, including 77 requirements for CBRP providers regarding health and safety (e.g., meals, maintenance of facilities).

As of November 2025, DOCCS had contracts with eight individual providers operating 12 locations with a capacity of 149 beds in nine counties. The annual budget for the programs is approximately \$3.9 million, with a total contract value of over \$18 million. For the remaining 53 counties in New York State, CBRP services are not available.

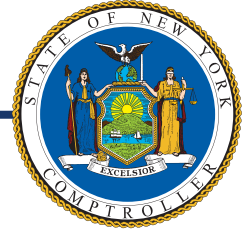
Key Findings

- DOCCS does not have a formal process for identifying incarcerated individuals who are good candidates for CBRPs. It also has not ensured individuals receive adequate information about these programs as options upon release and has not promoted the program sufficiently.
- DOCCS has not continued to analyze locations for the CBRPs to determine if additional counties (including locations with a high number of undomiciled releasees) would benefit from having a CBRP in their county.
- We found multiple health and safety issues at CBRP sites, including:
 - Disabled smoke detectors.
 - Improperly stored cleaning chemicals.
 - Two providers didn't provide the three meals per day required by the contract.
- DOCCS does not have a clear process for documenting individuals' outcomes; therefore, the overall program cannot be properly evaluated to determine if it is meeting its intended goals.
- The system DOCCS uses to track program information does not have a clear way of differentiating CBRP enrollment from other programs using the same facilities, complicating tracking for oversight and planning purposes.
- There was a pause in reporting of official CBRP results in April 2022, with no future date for this CBRP tracking to resume.

Key Recommendations

- Develop, implement, and formally document a process for identifying and enrolling incarcerated individuals in CBRPs prior to release, and train staff on the identification and enrollment process.
- Continuously analyze releasee data and formally document criteria and results to determine if additional counties (including locations with a high number of undomiciled releasees) would benefit from having a CBRP in their county.

- Develop checklists and inspection protocols that address all aspects of CBRP contracts, as well as identifying additional health and safety issues, and train staff to conduct proper inspections.
- Implement a standardized process for evaluating parolee discharges (positive, neutral, and negative) to more consistently determine conclusions based on meeting parolee-established program goals and not strictly obtaining housing. Provide training to staff and CBRPs for evaluation standards.
- Develop and implement procedures for tracking parolee enrollment, progress, and discharge results for the CBRPs, which include enrollment tracking and documenting program results. Train staff involved in program tracking.
- Resume reporting of CBRP results based on standardized tracking so that program success can be appropriately evaluated.



**Office of the New York State Comptroller
Division of State Government Accountability**

June 4, 2026

Daniel F. Martuscello III
Commissioner
Department of Corrections and Community Supervision
1220 Washington Avenue
State Campus Building 4
Albany, NY 12226

Dear Commissioner Martuscello:

The Office of the State Comptroller is committed to helping State agencies, public authorities, and local government agencies manage their resources efficiently and effectively. By so doing, it provides accountability for the tax dollars spent to support government operations. The Comptroller oversees the fiscal affairs of State agencies, public authorities, and local government agencies, as well as their compliance with relevant statutes and their observance of good business practices. This fiscal oversight is accomplished, in part, through our audits, which identify opportunities for improving operations. Audits can also identify strategies for reducing costs and strengthening controls that are intended to safeguard assets.

Following is a report of our audit entitled *Oversight of the Community Based Residential Program for Released Individuals*. This audit was performed pursuant to the State Comptroller's authority under Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law.

This audit's results and recommendations are resources for you to use in effectively managing your operations and in meeting the expectations of taxpayers. If you have any questions about this report, please feel free to contact us.

Respectfully submitted,

Division of State Government Accountability

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Glossary of Terms

Term	Description	Identifier
DOCCS	Department of Corrections and Community Supervision	<i>Auditee</i>
CBRP	Community Based Residential Program	<i>Program</i>
CMS	Case Management System	<i>Key Term</i>
DCJS	Division of Criminal Justice Services	<i>State Agency</i>
OTDA	Office of Temporary and Disability Assistance	<i>State Agency</i>
Rehabilitation Coordinator	Offender Rehabilitation Coordinator	<i>Key Term</i>
RFA	Request for Application	<i>Key Term</i>
Work Plan	Department CBRP contract Attachment A Work Plan, effective October 1, 2022–September 30, 2027	<i>Key Term</i>

Background

According to the Department of Corrections and Community Supervision's (DOCCS) *2024 Releases to Community Supervision by Housing Status* report, 4,443 of the 9,883 (45%) individuals released from prison in 2024 were reported as being undomiciled—lacking a fixed, permanent residence. Of those, 1,954 (44%) were housed in non-shelter placements, which include halfway houses, hotel or motel stays funded by DOCCS on an emergency and temporary basis, and transitional housing. The remaining 2,489 (56%) were housed in homeless shelters. These statistics don't include individuals who become undomiciled subsequent to release during the course of supervision. In a report conducted in 2019 by the New York State Bar Association Task Force on release planning and programs, DOCCS officials stated that, on any given day, about 1,600 people under supervision are living in a shelter.

Safe and stable housing is critical for incarcerated individuals to successfully re-enter society. While homeless shelters provide an important safety net, they may not always provide the supportive environment needed for someone trying to establish stability.

DOCCS's mission is to improve public safety by providing a continuity of appropriate treatment services in safe and secure facilities where incarcerated individuals' needs are addressed and they are prepared for release. DOCCS is also responsible for supervising incarcerated individuals released from prison by action of the Parole Board, conditional release, or release to a period of post-release supervision, as well as individuals sentenced directly to community supervision by judicial sanction.

During the fiscal year 2006–07, to meet the need for safe, hospitable housing, the Office of Addiction Services and Supports and Division of Parole (now part of DOCCS) collaborated, using \$6 million in combined funding for a pilot initiative that granted funds to community organizations to forge re-entry links to chemical dependence treatment and other support services, such as housing and employment, to reduce recidivism rates among those released from prison.

These housing initiatives have been in operation since May 2007. They are currently known as Community Based Residential Programs (CBRPs) and are now managed entirely by DOCCS. CBRPs are meant to assist releasees in gaining stability while providing community-based services to keep individuals engaged and productive in their communities and out of prison. These programs provide food, shelter, and employment counseling to residents directly, as well as substance use disorder treatment, educational/vocational training, mental health treatment, and other supportive services through referrals to credentialed providers in the community. Prior to release from a correctional facility, incarcerated individuals provide the address of their intended residence. If an individual is determined to be undomiciled, the DOCCS Offender Rehabilitation Coordinator (Rehabilitation Coordinator) speaks with the incarcerated individual to discuss options that may include homeless shelters or residential programs, such as CBRPs, if one is available in their county of release. Participation in these programs is generally limited to 120 days, but extensions are available on a case-by-case basis.

There are four groups of releasees under community supervision:

- Newly released individuals under community supervision who do not have an acceptable residence.
- Releasees under community supervision who require increased supervision and structure in order to change behavior patterns and/or who require removal from their current living environment.
- Releasees under community supervision with mental health, physical, and/or medical concerns.
- Releasees under community supervision convicted of arson or sex offenses.

The annual budget for CBRPs is approximately \$3.9 million, with a total contract value of over \$18 million. DOCCS has seven regions within the State, each with a Re-entry Operations Unit headed by a Re-entry Manager and staffed with two Assistant Re-entry Managers. Statewide Re-entry Operations is responsible for ensuring individuals on community supervision have access to supportive services in their individual counties. Re-entry Managers serve as Contract Managers and are responsible for providing oversight of the CBRPs in their regions.

DOCCS's Community Supervision Handbook and various directives describe the actions DOCCS staff must take to assist incarcerated individuals in planning for life after release. Additionally, DOCCS's CBRP contract Work Plan (Work Plan), effective October 1, 2022 through September 30, 2027, provides contract requirements including:

- DOCCS will prescreen prospective resident referrals according to program eligibility criteria.
- DOCCS will identify eligible parolees for screening and provide the CBRP with a DOCCS referral form.
- The CBRP will forward a copy of the discharge summary to the Parole Officer/Senior Parole Officer and Contract Manager within 5 working days of discharge of the resident from the facility.
- The CBRP shall submit monthly reports concerning program operation to the Contract Manager by the 10th calendar day of the following month.
- Monthly reports will be reviewed by DOCCS to determine the number of appropriate placements. Discharges to shelters are not considered appropriate placement.

The Work Plan also outlines 77 requirements for CBRP providers, including policies, procedures, and safety standards for facilities.

Audit Findings and Recommendations

DOCCS does not provide sufficient oversight of the CBRPs to ensure that incarcerated individuals are aware of the program availability and benefits, parolee referrals are made promptly, contract services are delivered, safety concerns are addressed, and program outcomes are monitored and reported. A lack of measurable goals, examination of program operations, and evaluation of program results has affected DOCCS's ability to gauge whether the CBRP is generating the results it was intended to produce.

DOCCS does not have a formal process for identifying incarcerated individuals who could benefit from the program and has not ensured adequate communication about CBRPs as options upon release. As a result, incarcerated individuals may not be aware of this option and DOCCS has not promoted the program enough to address pre-existing perceptions about the program's rules and regulations, which can affect whether individuals choose to participate. Further, DOCCS has not continued to analyze the locations for the CBRPs since the last awarding of contracts to determine if the current locations should keep the CBRPs or if new locations should be pursued.

DOCCS has not taken steps to ensure that CBRP contract requirements are met. We found that DOCCS's inspection checklist does not include many of the contract requirements and that staff have not received explicit training in conducting site visits. Further, DOCCS has not considered identifying and addressing certain safety issues above the requirements of the Work Plan. We conducted site visits and found issues such as participants at two locations not being provided required daily meals, disabled smoke detectors, and improperly stored cleaning chemicals.

Official reporting on CBRP results has been on hold since early 2022. DOCCS determines CBRP outcomes based on whether the parolee discharge is positive, negative, or neutral, but these designations are left to the discretion of the person making the determination and there is insufficient guidance for or understanding of what even constitutes a successful program outcome. In addition, the DOCCS Case Management System does not have a way of specifically identifying enrollment in CBRPs, complicating DOCCS's tracking of individual and program outcomes and its ability to differentiate the CBRPs from other programs.

Program Promotion and Referral Process Issues

A primary source of information for incarcerated individuals comes from DOCCS's Transitional Services Program, which makes resource materials available in correctional facilities for substance use disorder treatment, education, vocational or employment information, housing assistance, and medical and mental health providers. This information is available to all incarcerated individuals during operational hours.

Prior to release, incarcerated individuals provide the address of their intended residence to their assigned Rehabilitation Coordinator who must coordinate with the regional Parole Officer assigned by the Regional Bureau Chief for the county where the individual is being released. If

an individual cannot provide an address or the address provided by the individual is not deemed suitable, the Parole Officer is responsible for identifying other potential housing options and community-based services. The Rehabilitation Coordinator also speaks with the incarcerated individual to discuss options that may include Office of Temporary and Disability Assistance (OTDA) shelters or residential programs, such as CBRP, if one is available in their county of release.

We interviewed DOCCS officials and Parole Officers in five different counties to determine the processes followed to present release options to incarcerated individuals during their pre-release planning. We found that DOCCS has not ensured that Rehabilitation Coordinators and Parole Officers are adequately presenting CBRPs as options upon release to incarcerated individuals and has not promoted the program enough to overcome the preconception of the rules and regulations that ultimately cause incarcerated individuals to choose homelessness or shelters. We also found that referrals are inconsistent and vary depending on each region's Parole Officers, who handle referrals differently. Some Parole Officers wait until individuals are released to evaluate them for CBRP referrals, while others work with Rehabilitation Coordinators to make referrals before release. The primary reason is that DOCCS does not have a documented process for referring incarcerated individuals and parolees to the CBRPs or for prioritizing this process before release to prevent unnecessary stays in homeless shelters when a bed might be available at a CBRP.

Additionally, we found that high turnover rates of Rehabilitation Coordinators combined with the lack of literature (e.g., pamphlets) may result in new coordinators not being informed of the availability of CBRPs. DOCCS also does not ensure that sufficient procedures, controls, and monitoring guarantee parolees are enrolled in the CBRPs prior to release.

DOCCS officials agreed with our conclusion that the referral process is handled inconsistently, something they attribute to regions not having a Parole Officer specifically assigned to CBRP-eligible individuals. They stated that, in the future, training will be provided to Parole Officers in regions with CBRPs. DOCCS officials also agreed that CBRPs are not regularly presented to incarcerated individuals as an option upon release. They stated that literature will be created and provided to facilities as guidance to encourage pre-release referrals. In addition, they stated that a general information brochure will be created and provided to facility staff.

According to DOCCS officials, another obstacle to parolees enrolling in a CBRP is the preconception that it's a continuation of prison due to the rules, such as curfews, detailed in CBRP handbooks. This underscores why it's important for DOCCS to promote the CBRP during the release preparation phase so that individuals don't miss out on the prospect of participating in the program. Conducting program outreach at this time would also present an opportunity to discuss the advantages and disadvantages of CBRPs with the parolees in order to dispel some of the misconceptions or to properly explain the rules of the program.

As of November 2025, DOCCS had contracts in only nine counties with eight separate providers operating 12 locations with a capacity of 149 beds, leaving parolees in the other 53 counties with limited options for CBRP referrals. In addition, we generally found that parolees are referred to

and enrolled in CBRP services, if available, in the county that they are being released to. At times, they may enroll in a CBRP in a nearby county, but this is rare.

In 2021, DOCCS issued a continuous recruitment Request for Application (RFA) for not-for-profit and for-profit providers throughout the State to develop and operate CBRPs for contracts through 2027. DOCCS officials stated that Re-entry Managers provided input by looking at undomiciled releasees in their region to determine what areas could be successful. They also stated that this process is done informally without any documented criteria or results. The RFA was posted to the DOCCS website and the NYS Contract Reporter, and DOCCS conducted some direct email solicitation. DOCCS received 29 applications for 17 counties. From these applications:

- 12 contracts were awarded in the nine counties currently hosting CBRPs
- 12 contracts were not awarded (some in six counties that do not currently have a CBRP)
- Four applicants were non-responsive
- One application was withdrawn

DOCCS reported that during 2024, the CBRPs currently operating in the nine counties have the following number of undomiciled releasees: Albany (127), Broome (116), Dutchess (58), Erie (199), Nassau (171), Niagara (62), Oneida (85), Schenectady (88), and Suffolk (224). However, there are other counties with a higher number of undomiciled releasees than most, if not all, of the counties with CBRPs including Monroe (238), Onondaga (171), and Westchester (120), leaving parolees in these counties with limited options for attending a CBRP. While applications for CBRPs were received for these locations, the providers were not awarded a contract due to various reasons such as being non-responsive, failing site visit requirements, or not meeting mandatory requirements. DOCCS officials stated that they have discussed this issue, including a potential Request for Information prior to the next RFA to obtain information from potential vendors on availability in order to open new opportunities as part of the RFA. However, since the RFA was issued, DOCCS has not continued to analyze any additional locations for CBRPs to determine if other locations, including those with a high number of releasees, would benefit from having a CBRP in their county.

In addition, in 2024, there were 1,538 undomiciled releases to New York City. While there are no CBRPs in New York City, the Edgecombe Residential Transitional Housing pilot program (initiated in 2022) operates within Edgecombe Correctional Facility, offering transitional housing to individuals returning to New York City under community supervision. Edgecombe sends staff into correctional facilities for program outreach to distribute brochures, show a video with testimonies from parolees who have completed the program, and maintain regular communication with facility staff. The program, encompassing 76 male beds and 32 female beds, is meant to combat the prison-to-shelter pipeline in New York City and is only available upon release from incarceration in a State facility.

Had DOCCS continued to analyze where the CBRPs were needed based on, among other factors, numbers of undomiciled releasees, it might have been able to better promote and work with potential CBRP providers in these areas and provide more releasees with the option of

enrolling in a CBRP. However, because these location needs have not been continuously analyzed, there may be more stays in homeless shelters when individuals could have been enrolled in a CBRP—stays that could also jeopardize those individuals' access to services they need to lead healthy, productive lives outside of the prison system.

Contractual Requirement and Program Issues

The CBRPs' contract Work Plan outlines 77 requirements for providers. Overall, we found that insufficient documentation and guidance resulted in inconsistent compliance with these guidelines. Additionally, through our site visits to CBRPs, we found instances of non-compliance with the contracts, including issues that affected parolee health and safety and documentation requirements, as well as additional health and safety issues not covered by the contracts.

Health and Safety Issues at Program Sites

The Work Plan outlines 77 requirements for program providers, which do not all relate to health and safety. However, the ones that do include:

- Ensuring three well-balanced and nutritious meals are prepared daily.
- Maintaining facilities with two means of egress.
- Posting exit signs in English and Spanish and displaying fire regulations and evacuation routes in both languages in bold print on a contrasting background.
- Installing working smoke detectors and carbon monoxide detectors.
- Ensuring corridor widths meet a minimum of 3 feet, and ceiling heights a minimum of 7 feet, 6 inches.
- Storing cleaning agents such as bleaches, insecticides, or any poisonous, dangerous, or flammable materials so they are inaccessible to residents.
- Providing resident lockers with locks to protect valuables.

We reviewed the Work Plan and identified 42 requirements that should be reviewed regularly, such as regular drug testing of residents and fire safety (fire drill logs and extinguisher inspections). The remaining 35 requirements included items that would not change between visits, such as building dimensions, Americans with Disabilities Act compliance, and having a resident handbook.

Contract Non-Compliance

We visited CBRP locations in Erie, Nassau, Niagara, Oneida, Schenectady, and Suffolk counties, which covered nine of the 12 current contracts, to observe how the contract requirements were met. We identified 26 instances of programs not meeting the contract standards, including:

- At two locations, although food was available for residents to prepare themselves, the providers did not prepare three well-balanced and nutritious meals as required by the contract. In fact, two providers have never had food service programs. According to the providers, prepared food often goes uneaten and is thrown out. Many individuals choose to make their own meals and allowing them to do so supports independence. However, during a monthly site visit conducted on July 18, 2024, two residents indicated they were unaware that they were entitled to three prepared meals per day while enrolled in the CBRP. DOCCS officials stated that they knew these providers weren't in compliance.
- At three locations, we discovered that residents had disabled smoke detectors (see Figure 1).
- One provider's hallway on the second floor did not meet the 7-feet, 6-inch height requirement. In fact, auditors had to lower their heads while walking around on the second floor.
- Two providers did not properly store cleaning products containing dangerous chemicals away from residents.
- Four providers had their English exit signs illuminated, but their Spanish signs were not illuminated (see Figure 2).
- None of the six providers were in compliance with proper posting of evacuation routes.

Figure 1



Disabled smoke detector observed at a CBRP provider.

Figure 2



Spanish exit sign not illuminated at a CBRP provider.

Other Health and Safety Issues

We also reviewed sites to determine if they offered a safe living and working environment for CBRP residents and employees. We identified 56 instances of 17 different health and safety issues not included in the Work Plan, but also affecting the health and safety of the residents at the CBRPs we visited. Although these health and safety issues are not requirements of the contract, nor things DOCCS looked for during inspections, several of these issues could lead to injury of CBRP residents and employees (see Table 1 and Figures 3–5).

Table 1
Health and Safety Issues at CBRPs Visited

Safety Issues	Instances	Number of CBRPs With Instances
Extension cords instead of power strips	11	4
Outlet – cracked/broken/uncovered	10	5
No screens on windows	7	2
No GFI/GFCI breaker on washer outlet	5	2
Lamps without shades	4	2
Frayed/worn rug	3	1
Mold in bathroom	3	3
No shower curtain	3	2
Hole/drywall repair	2	1
Unguarded fan blades	1	1
Items drying directly on radiator	1	1
Broken mirror	1	1
Cracked toilet lid	1	1
Missing floor tile – tripping hazard	1	1
Cluttered bedroom	1	1
Laundry on fire sprinkler pipes in room	1	1
Wall light fixture missing two light bulbs, exposing open sockets	1	1
Totals	56	

In addition, one site visit checklist detailed a monthly visit conducted in March 2022 to a provider in Orange County, a program that had contract beds for both DOCCS and OTDA. On the checklist, the Re-entry Manager noted that an OTDA staff member and he had raised concerns about two of DOCCS's contracted rooms, including the use of electric space heaters, plastic wrapping touching a lightbulb that was on, exposed smoke detector wires, and a lamp without a shade, exposing a hot light bulb. As a result of this inspection, DOCCS issued corrective actions for the facility, and due to ongoing and new issues, the contract was eventually canceled.

Figures 3 and 4

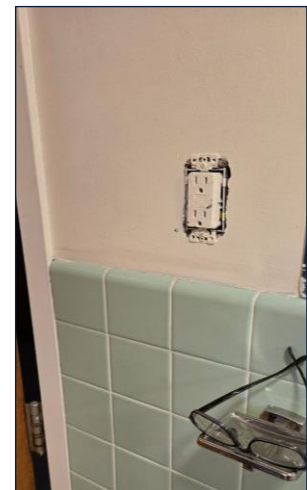


Mold in bathrooms.

We also learned that OTDA requires annual facility inspections using multiple comprehensive checklists to review programmatic, environmental, and structural issues, which would identify the type of findings listed above. The checklist that DOCCS staff have been provided for these visits is not thorough enough to detect these safety issues; therefore, many inspections rely on staff's common sense, observational skills, and personal knowledge of health and safety.

In response to our audit, DOCCS officials stated that they plan to review the inspection procedures of other State agencies to aid them in developing and implementing regular, proper inspections that will improve oversight related to health and safety. These procedures will be included in a new directive specific to CBRPs. In addition, officials stated Re-entry Operations would immediately implement some improvements by providing training for Contract Managers and updating the site visit checklist.

Figure 5



Missing outlet cover in wet area.

File Documentation Non-Compliance

According to the Work Plan, a file must be created for each parolee documenting their stay at the CBRP, including their referral, services provided, progress notes, communication with their Parole Officers, and a discharge summary. Without this documentation in place, DOCCS has limited assurance that certain requirements are being met.

We reviewed a judgmental sample of 50 parolee case management folders for completeness, finding 71 instances of non-compliance (see Table 2).

Table 2
Non-Compliance With Documentation Requirements

Contract Work Plan	Instances of Non-Compliance	Number of CBRPs Not in Compliance
Consent to release information forms	10	4
Missing DOCCS identification number in discharge summary	8	4
Missing documentation of written or telephone communications with DOCCS	20	5
Missing emergency contact list or other referral material	10	4
Missing individual Case Management Action Plan	4	3
Missing documentation of compliance with Case Management Action Plan	4	3
Missing completed discharge summary	4	2
Missing discharge summary dates	2	2
Missing substance use test results (required monthly)	7	1
Missing copies of Parole Officer/Senior Parole Officer-approved minor visits, passes, and approved leave beyond curfew or overnight	1	1
Missing parolee referral form	1	1
Total	71	

Additionally, we found that monthly site visits were not documented uniformly. We observed that some regions typed their site visit results, while others scanned handwritten copies, which can be difficult to read. Further, the level of detail in these records varied by staff, with some site visits being extensively documented while others had minimal notes.

Inconsistent documentation and guidance can result in different inspection outcomes for the same facility when conducted by different staff. Because these inspections can protect residents and employees from health and safety hazards and may result in contract changes, it is important to ensure they are thorough, consistent, and easily legible. Additionally, improved attention to documentation requirements could also show DOCCS specific areas where CBRPs are not delivering all required services, potentially giving DOCCS information it needs to improve the program and assist parolees with re-entry.

Program Result Tracking Issues

Tracking CBRP program results is important because DOCCs needs to know the success of the program prior to enrolling releasees or determining if new locations for CBRPs are warranted. Our review of DOCCS's tracking documents, site visits to providers, and interviews with CBRP providers, Parole Officers, and DOCCS officials revealed issues with consistent tracking of CBRP outcomes, in addition to an underlying misunderstanding of what even constitutes success. Without a clear definition of successful program outcomes, or a means of consistently tracking them, DOCCS may be less able to achieve overarching program goals.

According to DOCCS officials, in April 2022, official reporting of CBRP results was paused (due to software issues) and there is currently no date for this CBRP tracking to resume. Before the pause, CBRPs were responsible for providing their respective Re-entry Managers with a CBRP Monthly Statistical Report for annual program participation and discharge reporting. Although DOCCS doesn't have an official report, we found Re-entry Managers also track CBRP information in spreadsheets. However, according to the Director of Re-entry, this tracking spreadsheet is for regional use and not for official reporting or to understand how the program is running as a whole.

The tracking spreadsheet uses two sources of information:

- Parole Officers prepare referrals for parolees interested in enrolling in a CBRP. These referrals are sent to the CBRP management for approval, with DOCCS Re-entry staff included in communications. Referrals contain the parolee's name, ID number, and the types of services required per the terms of their parole. CBRP management must review the referral and determine if the parolee is a good candidate for their program within 5 working days.
- CBRPs prepare discharge summaries when a parolee leaves the program, and a copy of the discharge summary is provided to DOCCS's Re-entry Managers. Discharge summaries contain the parolee name and ID number, program entry date, program exit date, and discharge reasons. Discharge reasons included descriptions such as Arrest/Parole Violation, Program Rule Violation, Non-Attendance, Program Completion, Discharged from Supervision, and Other. However, the descriptions of the discharge reasons did not cover all potential reasons for discharge and gave the Re-entry Managers discretion as to what descriptions to use for discharge.

Re-entry Managers can use the resulting tracking spreadsheet to track current enrollment, referrals, and discharges from the CBRP. As of 2025, regional Re-entry Manager tracking is the only source of information on CBRP performance and outcomes for DOCCS; however, there is no review of this information for program evaluation purposes.

To review DOCCS's tracking of its CBRPs, we requested copies of the Re-entry Managers' tracking spreadsheets and CBRP discharge summaries for the period from January 2022 through December 2024. The tracking spreadsheets listed 1,232 parolees, and we received

discharge summaries for 1,074. We compared parolees' discharge summaries to information recorded on the tracking spreadsheets and found:

- 280 of 1,074 (26%) parolees' reasons for discharge did not match between the two documents. 71 of the 1,145 (6.2%) discharge summaries were missing from the tracking sheets and DOCCS was unable to provide 158 discharge summaries that did appear on the spreadsheets.
- 102 instances of dates recorded on tracking spreadsheets for either enrollment or discharge did not match the discharge summary.

Additionally, during our review of tracking documents, site visits to providers, and interviews with DOCCS officials and CBRP staff, we found several other issues, such as there being no requirement for CBRPs to use the standard CBRP activity tracking template; missing positive, negative, or neutral determinations on Re-entry Managers' tracking sheets; and unclear program goals for DOCCS to determine participant success. For example, since the pause of the CBRP Monthly Statistical Report, CBRP tracking has been done by the Re-entry Managers, but only 771 of 1,232 (63%) of Re-entry Manager tracking sheets we received included a determination of whether a discharge was positive, negative, or neutral. We also found DOCCS Re-entry Managers were given very limited choices for discharge reasoning, which is tied to a negative, neutral, or positive result. This allowed inconsistencies to arise within and among regions, which makes it almost impossible to adequately measure the success or failure of the CBRPs.

According to CBRP and DOCCS staff, stability can look different for each parolee. Parolees enrolling in a CBRP enter with specific goals identified on the referral and intake evaluation, such as employment, budgeting, alcohol and drug treatment, or domestic violence counseling. For example, parolees requiring domestic violence counseling or substance use disorder treatment may have homes they can only return to after treatment, and, therefore, housing is not part of their goal to achieve stability. Additionally, we found that enrollment in a CBRP removes a parolee's undomiciled status, which can affect eligibility for certain low-income housing programs. A resident can enroll with the goal of getting a job and saving money for rent, but still be discharged to a shelter to regain their eligibility status for low-income housing. Discharge tracking is limited to housing status upon discharge and doesn't review the program's effect on parolee housing status long term. Therefore, CBRP success should not be based strictly on housing status upon discharge.

Program goals are also not clearly defined for DOCCS staff to determine success. When we met with Re-entry Managers, CBRP management, and the DOCCS Statewide Director of Re-entry Operations, we found varying definitions for a positive, neutral, or negative discharge. For example, we asked if a parolee who attends a CBRP for a single day and then moves in with a family member or significant other would be considered a positive result. There were mixed answers. Some said it would be a positive result while others said the parolee had yet to receive any program services, and the result would be neutral. Additionally, we observed instances of parolees discharged to a shelter receiving a Program Completion, which DOCCS staff and CBRP management also disagreed over due to the unclear definition of "stability."

As previously stated in the Other Health and Safety Issues sub-section of this report, DOCCS is in the process of creating a new directive specifically for CBRPs. In addition to improvements to health and safety oversight, DOCCS officials stated that the directive will clearly define successful and unsuccessful discharges. Further, to determine discharge type, the directive will identify benchmarks a releasee should meet prior to discharge. It will also have guidance establishing a process for proper tracking of enrollment, progress, and discharge. DOCCS is also working to resolve issues in its database so it can resume generating the monthly report for CBRP tracking.

Case Management System Limitations

DOCCS's Case Management System (CMS) is used to track all parolee activity, including the programs parolees are enrolled in, current residence, and type of residence, such as apartment, halfway house, hospital, hotel, inpatient psychiatric, motel, nursing home, Office of Mental Health Community Residence, Office for People With Developmental Disabilities residential, private house, residential drug/alcohol, shelter, undomiciled, and unknown. However, we found that no program code exists for CBRP providers, as the housing initiative is not appropriately classified as a program in CMS. The only indication in CMS of an individual's enrollment in a particular CBRP would be their current address matching a CBRP location.

There are several issues with this. First, CBRP beds are contracted by DOCCS from providers in the community that are usually already established organizations for re-entry and/or used for OTDA homeless sheltering. Individuals may reside at the location under a different program's contract bed. For example, one CBRP provider has contract beds through the Division of Criminal Justice Services (DCJS) as well as contract beds through OTDA. Individuals residing in an OTDA-contracted bed, DCJS-contracted bed, and a DOCCS-contracted bed would all have the same address in CMS. Second, addresses are entered into CMS manually by Parole Officers, who may enter abbreviations (e.g., Street/St. or Place/Pl.) differently with each entry, making it difficult to populate CBRP enrollment based on addresses. Finally, each address entered into CMS requires a residence type, and when we interviewed five Parole Officers, we received seven possible entries for CBRP placements, including adult home, furnished room, housing placement, shelter, undomiciled, residential drug/alcohol, and halfway house. Therefore, CBRP addresses could be included in any of those seven residence types in CMS, and there is no consensus among Parole Officers entering the information on what residence type a CBRP should be recorded as.

Without consistent tracking of CBRP enrollment, DOCCS is less aware of these individuals' status and, therefore, less able to perform its oversight responsibilities. Enhanced tracking capabilities in CMS, clear tracking requirements, and training of staff entering this data would provide DOCCS with a more reliable means of assessing program services and outcomes, as well as a sounder foundation for planning program improvements.

Recommendations

1. Develop, implement, and formally document a process for identifying and enrolling incarcerated individuals in CBRPs prior to release, and train staff on the identification and enrollment process.
2. Continuously analyze releasee data and formally document criteria and results to determine if additional counties (including locations with a high number of undomiciled releasees) would benefit from having a CBRP in their county.
3. Develop checklists and inspection protocols that address all aspects of CBRP contracts, as well as identifying health and safety issues, and train staff to conduct proper inspections.
4. Implement a standardized process for evaluating parolee discharges (positive, neutral, and negative) to more consistently determine conclusions based on meeting parolee-established program goals and not strictly obtaining housing. Provide training to staff and CBRPs for evaluation standards.
5. Develop and implement procedures for tracking parolee enrollment, progress, and discharge results for the CBRPs, which include enrollment tracking and documenting program results. Train staff involved in program tracking.
6. Resume reporting of CBRP results based on standardized tracking so that program success can be appropriately evaluated.

Audit Objective, Scope, and Methodology

The objective of our audit was to determine whether DOCCS provides adequate oversight of CBRP providers to assess their effectiveness in facilitating successful re-entry and reducing recidivism rates, and whether contracted services are being provided to meet individuals' needs. Our audit covered the period from January 2019 through July 2025.

To accomplish our objective and assess related internal controls, we reviewed DOCCS's policies, procedures, and directives; CBRP contracts; and the Office of the State Comptroller's Standards for Internal Control in New York State Government. We interviewed DOCCS Re-entry officials and Parole Officers to understand their process for referring releasees to the CBRP, and we interviewed CBRP staff to understand their process for ensuring releasees are provided accommodations and services. We reviewed CBRP tracking and CBRP discharge summaries, DOCCS inspection checklists, and parolee case management folders maintained at the CBRP. We also made site visits to CBRPs to observe physical health and safety conditions and to assess contract compliance.

We used a non-statistical sampling approach to provide conclusions on our audit objectives and to test internal controls and compliance. We selected judgmental samples. However, because we used a non-statistical sampling approach for our tests, we cannot project the results to the respective populations. Our samples, which are discussed in detail in the body of our report, include:

- A judgmental sample of nine of 12 CBRP contract locations to visit based on location, population type (male, female, sex offender, arson), and number of beds, to observe health and safety conditions and evaluate whether contract deliverables are being met.
- A judgmental sample of 50 of 1,232 parolee case management folders for discharges based on contract period, length of stay in the CBRP, and explanation of discharge.

We obtained Re-entry Manager tracking spreadsheets and discharge summaries from DOCCS and assessed the reliability of that data by reviewing existing information, interviewing officials knowledgeable about the process of completing and submitting the forms, and tracing to source documents. We determined that the data from these tracking spreadsheets and discharge summaries was not sufficiently reliable, as discussed in the body of this report. DOCCS is not able to provide an accurate list of parolees who have participated in, or have been discharged from, the CBRP, nor can the CBRPs themselves. We used the lists provided by DOCCS and the CBRPs when selecting our samples, as they are the only lists available to DOCCS officials and employees as part of their oversight activities and to us for our audit work. As a result, our sample is drawn from the population of CBRP participants that DOCCS is aware of and actively overseeing and not necessarily all CBRP participants in the State. We limited our reliance on this data when forming our audit conclusions, relying instead on other sources, such as site visits or hard-copy documentation, where applicable. Certain other data in our report was used to provide background information. Data that we used for this purpose was obtained from the best available

sources, which were identified in our report. Generally accepted government auditing standards do not require us to complete a data reliability assessment for data used for this purpose.

Statutory Requirements

Authority

The audit was performed pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law.

We conducted our performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

In addition to being the State Auditor, the Comptroller performs certain other constitutionally and statutorily mandated duties as the chief fiscal officer of New York State. These include operating the State's accounting system; preparing the State's financial statements; and approving State contracts, refunds, and other payments. These duties could be considered management functions for the purposes of evaluating organizational independence under generally accepted government auditing standards. In our professional judgment, these duties do not affect our ability to conduct this independent performance audit of DOCCS's oversight and administration of the Community Based Residential Program for Released Individuals.

Reporting Requirements

We provided a draft copy of this report to DOCCS officials for their review and response and considered their comments in preparing this final report. We have included their response in its entirety at the end of this report. In their response, DOCCS officials agreed with our audit conclusions and recommendations and have indicated actions planned or already ongoing to implement our recommendations.

Within 180 days after final release of this report, as required by Section 170 of the Executive Law, the Commissioner of the Department of Corrections and Community Supervision shall report to the Governor, the State Comptroller, and the leaders of the Legislature and fiscal committees, advising what steps were taken to implement the recommendations contained herein, and where recommendations were not implemented, the reasons why.

DOCCS Response



**Department of Corrections
and Community Supervision**

KATHY HOCHUL
Governor

DANIEL F. MARTUSCELLO III
Commissioner

April 28, 2026

Peter Carroll
Audit Supervisor
Office of the State Comptroller
Division of State Government Accountability
110 State Street, 11th Floor
Albany, NY 12236

Re: 2024-S-023 – Draft Report, Oversight of the Community Based Residential Program (CBRP) for Released Individuals

Dear Audit Supervisor Carroll:

Thank you for the opportunity to respond to the Office of the State Comptroller's Draft Audit Report 2024-S-023, "Oversight of the Community Based Residential Program (CBRP) for Released Individuals." Attached is the Department's reply to the Draft Audit Report 2024-S-023.

DOCCS would like to acknowledge the time and effort of the OSC auditors that were involved with this audit.

Sincerely,

A handwritten signature in black ink, appearing to read "Daniel F. Martuscello III".

Daniel F. Martuscello III
Commissioner

Attachment



April 28, 2026

Peter Carroll
Audit Supervisor
Office of the State Comptroller
Division of State Government Accountability
110 State Street, 11th Floor
Albany, NY 12236

Re: 2024-S-023 – Draft Report, Oversight of the
Community Based Residential Program (CBRP) for
Released Individuals

Dear Audit Supervisor Carroll:

We appreciate the opportunity to review and comment on the Draft Audit Report 2024-S-023 “Oversight of the Community Based Residential Program (CBRP) for Released Individuals.” We offer our comments to the various conclusions and specific recommendations as follows:

Program Promotion and Referral Process

Finding

DOCCS does not have a formal process for identifying incarcerated individuals who are good candidates for CBRPs. It also has not ensured individuals receive adequate information about these programs as options upon release and has not promoted the program sufficiently.

Recommendation

Develop, implement, and formally document a process for identifying and enrolling incarcerated individuals in CBRPs prior to release, and train staff on the identification and enrollment process.

DOCCS Response

Agree.

CBRP is not presented to I/Is on a regular basis. Literature will be created and provided to facility Guidance to share for pre-release referrals. In addition, a general information brochure will be created and provided to facility staff. Other options, such as a marketing video like Edgecombe TH, can be explored.

Finding

DOCCS has not continued to analyze locations for the CBRPs to determine if additional counties (including locations with a high number of undomiciled releasees) would benefit from having a CBRP in their county.

Recommendation

Continuously analyze releasee data and formally document criteria and results to determine if additional counties (including locations with a high number of undomiciled releasees) would benefit from having a CBRP in their county.

DOCCS Response

Agree.

Although information specific to the number of undomiciled releasees in each county is considered, further analysis will be conducted. DOCCS will create a standardized process to evaluate geographical needs, alternative housing options specific to each county and variations of housing cost. Prior to RFA release, we will conduct outreach to those areas identified as having a greater need for CBRP. Further, DOCCS is exploring options to solicit Request for Information (RFI) prior to bid release to better enhance the bid process.

Contractual Requirements and Programs

Finding

We found multiple health and safety issues at CBRP sites, including:

- disabled smoke detectors
- improperly stored cleaning chemicals
- two providers didn't provide the three meals per day required by the contract.

Recommendation

Develop checklists and inspection protocols that address all aspects of CBRP contracts, as well as identifying additional health and safety issues, and train staff to conduct proper inspections.

DOCCS Response

Agree.

Each CBRP is required to have a Certificate of Occupancy issued by the local municipality. DOCCS conducts basic health and safety checks (fire extinguishers, fire alarm systems, food, etc.). Reentry Operations has sought guidance from Office of Temporary Disability Assistance who provided minimum standards for conducting health and safety inspections for supportive housing programs. Reentry Operations will immediately implement improvements by providing training to contract managers, ensure information is included in the new CBRP Directive, and update the site visit checklist. Annual training for Reentry staff will be implemented on contract management of CBRPs.

Finding

DOCCS does not have a clear process for documenting individuals' outcomes, therefore the overall program cannot be properly evaluated to determine if it is meeting its intended goals.

Recommendation

Implement a standardized process for evaluating parolee discharges (positive, neutral, and negative) to more consistently determine conclusions based on meeting parolee-established program goals and not strictly obtaining housing. Provide training to staff and CBRPs for evaluation standards.

DOCCS Response

Agree.

DOCCS is drafting a CBRP Directive to clearly define successful and unsuccessful discharges as noted on the Discharge Summary. This new directive will identify benchmarks a releasee should meet prior to discharge to determine the discharge type.

The new CBRP Directive will address/establish a process for proper tracking of enrollment, progress and discharge. DOCCS also plans to create a training presentation for field staff and regional reentry staff.

Program Result Tracking

Finding

The system DOCCS uses to track program information does not have a clear way of differentiating CBRP enrollment from other programs using the same facilities, complicating tracking for oversight and planning purposes.

Recommendation

Develop and implement procedures for tracking parolee enrollment, progress, and discharge results for the CBRPs, which include enrollment tracking and documenting program results. Train staff involved in program tracking.

DOCCS Response

Agree.

DOCCS will add CBRP specific residence and program screens in our Case Management System. This addition will assist with tracking CBRP enrollment and discharge results. The use of specific CBRP residence and program screens will be outlined in the new CBRP Directive.

Case Management System

Finding

There was a pause in reporting of official CBRP results in April 2022, with no future date for this CBRP tracking to resume.

Recommendation

Resume reporting of CBRP results based on standardized tracking so that program success can be appropriately evaluated.

DOCCS Response

Agree

The new CBRP Directive provides instructions for staff on how to record positive, neutral and negative discharges from the program, which will assist Reentry Operations with tracking and evaluating program success.

Sincerely,



Marco Ricci
Deputy Commissioner Community Supervision

- cc: Daniel Martuscello III, Commissioner
- Jaifa Collado, Executive Deputy Commissioner
- Melissa Coolidge, Associate Commissioner/Chief of Staff
- Osbourne A. McKay, Deputy Commissioner, Correctional Industries, Compliance Standards and Diversity
- Jason Golub, Deputy Commissioner and Counsel

Anne Marie McGrath, Deputy Commissioner, Strategic Planning & Population Management

Anna DeJesus, Assistant Commissioner for Community Supervision

Sarah Donlon, Director, Reentry Operations

Courtney Shepard, Director, Bureau of Internal Controls

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