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MEMORANDUM

TO: Senator Walter H. Dalton Representative Alma S. Adams
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Representative Joe P. Tolson
Representative Douglas Yongue

FROM: 
Tracy A. Little, Deputy Secretary

RE: Alcoholism and Chemical Dependency Programs
Annual Report to the North Carolina General Assembly
(G.S. 143B-262.3)

DATE: March 22, 2007

Pursuant to G.S. 143B-262.3, please find attached the Department of Correction's report on alcoholism and chemical dependency programs for fiscal year 2005-2006.

TAL:ea

Attachment

cc: Jim Mills
John Poteat
Sheryl Stephens

2005-2006
Alcoholism and Chemical Dependency Programs
Annual Report to the North Carolina General Assembly

North Carolina Department of Correction
Division of Alcoholism and Chemical Dependency Programs

Virginia N. Price
Assistant Secretary for Alcoholism and Chemical Dependency Programs

Theodis Beck
Secretary of Correction

March 2007

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EXECUTIVE SUMMARY

North Carolina Department of Correction Division of Alcoholism and Chemical Dependency Programs (DACDP) 2005-2006 Annual Report to the N. C. General Assembly

G.S. 143B-262.3 requires the Department of Correction to report efforts to provide effective treatment to offenders with substance abuse problems by March 1 of each year. This report addresses program utilization, numbers of offenders participating, interagency treatment efforts, offender tracking, program evaluation and new initiatives. This report includes Fiscal Year (FY) 2005-2006 activities.

The mission of the Division of Alcoholism and Chemical Dependency Programs (DACDP) is to deliver effective substance abuse treatment services to eligible offenders within the North Carolina Department of Correction. These offenders, when deemed chemically dependent and appropriate, are sent to a network of programs that provide intervention, treatment and aftercare services in a statewide continuum of care. Contemporary research demonstrates a high correlation between therapeutic intervention in an offender's substance abuse problems and significant reductions in recidivism, that is, reoffending and subsequent incarcerations.

Major functional areas of DACDP include: DART-Cherry for male probationers and parolees; prison-based short, intermediate and long-term residential programs; and outpatient programs.

During 2005-2006, the Substance Abuse Subtle Screening Inventory (SASSI) was administered to 88% of the new offenders entering the North Carolina Department of Correction. For this same period, 26,075 persons were admitted to the North Carolina Department of Correction, of which 22,970 or 88% were screened by the SASSI. DACDP utilizes this highly reliable screening tool to identify offenders with chemical dependence and to assign an acuity level. Below is a noteworthy statistical snapshot of the testing results.

- Of the total number of 22,970 offenders who were screened, 64% or 14,642 were screened in categories that indicated a need for residential substance abuse treatment.
- 61% or 8,990 of the 14,642 identified offenders who were referred to residential treatment programs.
- 73% or 2,287 of female offenders who were screened indicated a need for residential substance abuse treatment.
- 67% or 2,038 of youthful male offenders who were screened indicated a need for residential substance abuse treatment.

As the field of addiction services evolves, DACDP is committed to ongoing self-evaluation and professional development. These efforts ensure that offenders benefit from the latest evidence-based best practices. Program improvement initiatives are critical to this process, including the following recent initiatives:

- Full implementation of SASSI screening for all new offenders;
- Refined treatment matching of offenders to programs;
- Introduction of "A New Direction", a nationally recognized and standardized cognitive-behavioral curriculum designed specifically for offenders;
- A division-wide clinical training program;
- Development of meaningful outcomes measures; and
- Staff development and credentialing through the North Carolina Substance Abuse Professional Practice Board as required by North Carolina General Statute 90-113.30.

Since 2001, the burgeoning prison population in North Carolina has increased by 5,568. Concurrently, the number of substance abuse program treatment slots has declined by 573. Limited resources, staff recruitment challenges related to state salary guidelines and demanding work environments, along with new professional credentialing requirements, remain obstacles to the fulfillment of DACDP's primary goal – to provide effective treatment services to all offenders who are in need.

Without additional resources the chasm between the chemically-dependent treated offender and the chemically-dependent untreated offender will grow ever wider resulting in increasing numbers returning to our communities without treatment.

INTRODUCTION

The Division of Alcoholism and Chemical Dependency Programs (DACDP) is one of four major divisions of the Department of Correction (DOC). DACDP's mission is to plan, administer and coordinate chemical dependency screening and treatment, aftercare, and continuing care programs and services in the department. There are 213 staff members in the Division which includes state-level administration, two district offices, DART-Cherry and prison program staff; thirty-seven of these positions are federally funded. There are four major categories of programs the Division provides for offenders. DART-Cherry is a community-based male residential facility; the other three segments, for males and females, are prison-based. These programs offer education, intermediate and long-term treatment services.

Located in Goldsboro, DART-Cherry is a community-based treatment program for male probationers and parolees. A judge may order participation in the program as a condition of probation or the Parole/Post-Release Supervision Commission may require enrollment as a condition of parole for male inmates with Driving While Impaired convictions. DART-Cherry has two components, a 28-day residential "New Direction" program for 100 probationers and parolees, and a 90-day modified Therapeutic Community "New Direction" program for 200 offenders. Upon completion of the residential program, the offender returns to the community under the supervision of his probation/parole officer.

The prison-based Drug and Alcohol Recovery Treatment (DART) programs offer a continuum of services including screening, treatment and aftercare services to inmates throughout their period of incarceration. During diagnostic processing, DACDP staff administer the Substance Abuse Subtle Screening Inventory (SASSI) which screens for the severity of substance abuse problems. Based on the results of the SASSI, prison staff make the initial referral to treatment. The score provides a guideline for assignment to the most appropriate prison-based substance abuse service--education, intermediate treatment or long-term treatment.

The DART 24 program is an educational intervention designed to provide 24 hours of content over a three or four-day period. This program engages the inmates in the recovery process. These programs are located in designated minimum-security prisons across the state and at Western Youth Institution.

The Intermediate DART programs are facilitated 12-Step programs based on the Minnesota Model and range from 35 to 180 days. These programs are available in 13 residential settings located in prisons across the state. Following prison-based treatment, the inmate returns to the regular prison population and participates in DART Aftercare, a formal 8-10 week aftercare program designed to help the inmate transition to general population and remain in recovery.

There are two types of long-term treatment programs: federally funded Residential Substance Abuse Treatment (RSAT) programs and contractual private treatment facilities. Inmates remain in the long-term treatment programs for 180 to 365 days.

The RSAT programs are designed to treat seriously addicted offenders in the North Carolina prison system. The program provides intensive residential treatment based on the Hazelden model and specifically addresses the inmate's educational needs. This treatment is scheduled at the end of the inmate's sentence, with assignment within six to twelve months of projected release.

Table 1 – 2005-2006 Residential Programs by Type of Program, Target Population & Program Length

Facility		Treatment Slots	Length of Treatment
Community Residential Treatment Program			
Adult Male	DART-Cherry 28-Day Program	100	28 Days
	DART-Cherry 90-Day Program	200	90 Days
Total		300	
Intermediate Treatment Programs			
Adult Male	Haywood Correctional Center	34	35 Days
	Tyrrell Prison Work Farm	52	35 Days
	Craggy Correctional Center	62	35-90 Days
	Piedmont Correctional Institution	88	35-90 Days
	Lumberton Correctional Institution	47	90 Days
	Pender Correctional Institution	98	90 Days
	Wayne Correctional Center	126	90 Days
	Rutherford Correctional Center	34	90 Days
	Duplin Correctional Center	44	90-120 Days
Youth male	Western Youth Institution	42	35-90 Days
Female	Black Mountain Correctional Center for Women	18	56 Days
	NC Correctional Institution for Women	62	35-90 Days
	Fountain Correctional Center for Women	42	90-180 Days
Total		749	
Long-Term Residential Treatment			
Adult Male	Morrison Correctional Institution - New Directions Therapeutic Community	96	180-365 Days
	Rowan Correctional Center New Directions Therapeutic Community	34	180-365 Days
Youth Male	Morrison Correctional Institution - SARGE	50	180-365 Days
	Western Youth Institution - SARGE	32	180-365 Days
Female	NC Correctional Institution for Women - Therapeutic Community	34	180-365 Days
Total		246	
Private Contractual Treatment Facilities			
Adult Male	Evergreen Rehabilitation Center	90	180-365 Days
Female	Mary Frances Center	100	180-365 Days
Total		190	
Total Treatment Slots		1,485	

DOC has a contractual agreement with two private facilities, Evergreen Rehabilitation Center and Mary Frances Center, to provide long-term residential treatment to inmates nearing their release from prison. These contractual facilities use a variety of treatment modalities, blending 12-step concepts with other clinical approaches.

The DOC's Controller's Office computes agency and program costs annually. The figures below are for Fiscal Year 2005-2006.

- The average cost per day for the DART-Cherry facility was \$40.98.
- The cost per day for the prison-based DART programs averaged \$57.79. The cost ranged from \$42.12 at Rutherford Correctional Center to \$77.05 at Western Youth Institution. These cost estimations are calculated using the program and custody costs excluding the Division of Prisons overhead costs.
- The private facility average cost per day for both facilities was \$76.01. For the Mary Frances Center, the cost was \$84.57. For Evergreen Center, the cost was \$66.80. These amounts are the per diem rates specified in the Department's contract with each private facility, plus costs associated with motor vehicles and other contractual obligations.

COMMUNITY RESIDENTIAL TREATMENT DART-CHERRY

DART-Cherry is a community residential facility in Goldsboro that treats substance abusing male probationers and parolees. This facility offers two programs, one is 28-days and the other is 90-days. There are 100 treatment slots in the 28-day program that is a facilitated 12-step program. Parolees with a DWI conviction have admission preference over probationers in this program. The 28-day program is closed-ended; offenders enter and move through the program as a cohort with no replacement of those who withdraw. The closed-ended nature of the program ensures that the counselors can complete the necessary assessment and clinical documentation while providing adequate treatment.

Judges may order participation in this program as a condition of probation or the Post-Release Supervision and Parole Commission may order participation as a condition of parole. G.S. § 15A-1343.(b3) mandated that participation of probationers in this residential program must be based on a screening and assessment that indicate chemical dependency. Representatives from TASC (Treatment Accountability for Safer Communities) complete the assessment in the community to determine appropriateness.

The 90-day program has two therapeutic community (TC) programs in separate buildings, each with 100 treatment slots. The therapeutic community model views drug abuse as a disorder of the whole person. Treatment activities expand beyond engaging the offender with the 12 steps and into experiential and social learning. The community of offenders is the main driving force in bringing about change. As opposed to the 28-day program, these TC programs admit three cohorts of offenders through the 90-day period. Indicative of the TC, this entry style allows the more senior residents or "family members" to provide a positive and guiding influence on new residents coming into the program.

During the 2005-2006 fiscal year, 10 treatment slots were designated as "priority" beds. These are available for probationers who, because of their substance abuse problems, need immediate admission to a treatment program. Once admitted, many of these offenders are transferred from the 28-day program to the 90-day program with the next incoming cohort. Priority beds are not for detoxification purposes.

There were 2,311 offenders enrolled in DART-Cherry during the 2005-2006 fiscal year. More than half (55%) were assigned to the 28-day program. Parolees make up the largest portion (76%) of offenders assigned to the 28-day program. In addition, 12% of offenders in the 90-day program were parolees, which is a decrease from 15% in 2004-2005. Overall, there was a slight increase of 6% in DART-Cherry programs enrollment from the previous year.

Table 2 – 2005-2006 DART-Cherry Enrollment

Program type and type of supervision	Offenders Enrolled	Percent of Annual Enrolled
28-day Parole	963	42%
28-day Probation	302	13%
90-day Parole	130	6%
90-day Probation	916	39%
Totals	2,311	100%

The overwhelming majority of participants at DART-Cherry exit the program as successful completions, at a rate of 91% for the 28-day program and 88% for the 90-day program. Other reasons for exiting vary for the two programs. The 28-day program had 53 (4%) offenders that exited as transfers or releases, which in most cases means a transfer to the 90-day program. Five percent of the exits from the 90-day program were due to offenders absconding or withdrawing and another 3% were removed from the program typically for disciplinary reasons. The "other" category includes exits for medical reasons, which were much more common in the 90-day program, as well as two who were deemed inappropriate for treatment, and those with no further explanation of the exit reason.

Table 3 – 2005-2006 DART-Cherry Exits

Exit Reason	28-Day Program	90-Day Program
Completed	1,069 (91%)	754 (88%)
Absconded/Withdrawn	12	41
Transferred/Released	53	6
Removed/Discipline	13	24
Other	25	28
Totals	1,172	853

PRISON SCREENING AND REFERRAL

In 2003, the Division implemented the Substance Abuse Subtle Screening Inventory (SASSI) as the replacement for earlier screening tools, the Chemical Dependency Screening Test (CDST) and Short Michigan Alcoholism Screening Test (SMAST). The Division selected the SASSI because it has a reputation as the “gold standard” of screening instruments. The SASSI was normed for the North Carolina prison population. Using scoring categories ranging from 1 to 5 (no problem to very serious problem), the SASSI identifies the probability that an inmate has a substance use disorder. The range of scores with the treatment recommendations are as follows:

<u>SASSI score</u>	<u>Recommendation</u>	<u>Program</u>
1	no treatment	none
2	education only	DART-24 outpatient
3	brief/intermediate treatment	DART-35
4	intermediate/long-term treatment	DART-90
5	long-term treatment	RSAT and/or Private facilities

DACDP staff administer the SASSI to inmates during the diagnostic process. The Division of Prisons (DOP) case analysts use these scores to refer offenders to the appropriate treatment options. SASSI testing has allowed the Division to identify those offenders who need treatment. In 2005-2006, the SASSI identified nearly 64% of inmates in need of brief, intermediate or long-term treatment services, and an additional 23% in need of substance abuse education.

Table 4—2005-2006 Prison Entries and SASSI Scores

Inmate Group	SASSI Score				
	1	2	3	4	5
Female	360 (12%)	483 (15%)	664 (21%)	827 (26%)	796 (26%)
Male - Youth	420 (14%)	565 (19%)	744 (25%)	578 (19%)	716 (23%)
Male - Adult	2,329 (14%)	4,171 (25%)	6,401 (38%)	2,858 (17%)	1,058 (6%)
Total	3,109 (14%)	5,219 (23%)	7,809 (34%)	4,263 (19%)	2,570 (10%)

During the 2005-2006 fiscal year, 22,970 inmates newly admitted to prison completed the SASSI. Overall, 64% scored in the categories that indicate the need for substance abuse treatment (these are scores of 3, 4 and 5). There are differences in the SASSI scores among the three demographic groups presented in Table 4. The SASSI scores of the female inmates indicate that they are the group with the greatest need for treatment with 73% scoring 3 or above. The proportion of youth male inmates scoring 3 or above is 67% and shows a greater need for treatment than adult males.

Table 5 presents additional information about the screening and referral process in the prison system. Of all entries to prison during the 2005-2006 fiscal year, 88% completed

the SASSI, which is a slight decrease from 89% the previous year. Approximately 12 percent of inmates were not screened using SASSI due in part to language barriers, serious health conditions and other issues.

Table 5—2005-2006 Referrals to DACDP Programs by Prison Diagnostic Center

Diagnostic Center	2005-2006 Prison Admissions	Number Screened	Identified with Alcohol/Drug Problem	Referred to DACDP
Central Prison	804	633	396	398
Craven Correctional Institution	5,595	5,113	2,857	3,269
Fountain Correctional Center for Women	1,235	1,188	860	30
NC Correctional Institution for Women	2,071	1,942	1,427	921
Neuse Correctional Institution	7,123	5,894	3,828	65
Piedmont Correctional Institution	5,426	4,773	2,972	2,971
Polk Youth Institution	2,516	2,172	1,488	1,093
Western Youth Institution	1,305	1,255	814	243
Totals	26,075	22,970	14,642	8,990

Among the newly admitted inmates, there were 8,990 referred to a substance abuse treatment program by diagnostic staff. Sixty-one percent of the inmates identified as needing treatment are referred to DACDP as part of diagnostic processing. This is one of many opportunities for a referral for inmates. Once inmates complete the diagnostic process, they are transferred to other prisons and assigned to a prison case manager who may refer them to treatment at another time during their incarceration. In some instances, inmates are not referred to DACDP due to the inmate's need for other programs, scheduling constraints or sentences which are shorter than treatment lengths.

DART-24 EDUCATION

The DART-24 program addresses the need for substance abuse education services. Two categories of inmates are candidates for this program. The first category includes inmates that the SASSI screening instrument identifies as in need of an intervention but not treatment; inmates who score a 2 on the SASSI are identified as needing education. Approximately 23% of prison admissions met this criterion for brief intervention. The second category of DART-24 candidates is those inmates with misdemeanor convictions with short sentences and SASSI scores of 2 or greater, who do not have the time to complete residential in-prison treatment.

Outpatient staff deliver a total of 24 hours of educational services to introduce the recovery process to inmates. It consists of six one-hour sessions over a four-day period or eight one-hour sessions over a three-day period, for a total of 24 hours of contact time. These services have a prevention aspect (to help them make pro-social decisions about substance use) and a treatment orientation aspect (to help them recognize the early signs of a substance use problem and seek help).

Table 6—2005-2006 Annual Entries in DART-24

Facility	Annual Entries
Albemarle CI	75
Anson CC	72
Cabarrus CC	88
Dan River Work Farm	96
Davidson CC	89
Forsyth CC	52
Fountain CCW	314
McCain Hospital	13
North Piedmont CCW	127
Orange CC	13
Raleigh CCW	30
Southern CCW	69
Total	1,038

There were 1,038 inmates assigned to DART-24 in the 2005-2006 fiscal year at 12 facilities across the state. This is a 68% increase in entries from 2004-2005. The two facilities with the highest 2005-2006 enrollment were female facilities resulting in almost half (43%) of all DART-24 entries.

Table 7— 2005-2006 DART-24 Exits

Exit Type	Number of Exits	Percent of Total
Completion	865	85%
Removed/Discipline	53	5%
Transferred/Released	34	3%
Withdrawn/Dropped	25	3%
Other	44	4%
Total	1,021	100%

The majority (85%) of 2005-2006 participants successfully completed DART-24. The next most common reason for inmates to exit the program was removal by staff for clinical or disciplinary reasons. Those inmates transferred to another prison or released from prison comprise 3% of DART-24 exits. Withdrawn or dropped (3%) describes inmates who end participation in the program against program staff advice.

INTERMEDIATE DART PROGRAMS

Intermediate DART programs, with the exception of the Therapeutic Community (TC) program at Fountain CCW, are facilitated 12-step programs. The content is based on Alcoholics Anonymous and the programs are all derived from the Minnesota Model of treatment. Program lengths vary from 35 days to 180 days in order to accommodate a range of sentence lengths and those inmates who are referred late in their incarceration.

Programs begin with a mandatory 15-day orientation. During that time, DACDP staff conduct assessments to determine the inmate's need for treatment. After the orientation, and depending upon the results of the assessment and the inmate's level of motivation, the inmate may opt to leave the program. Otherwise, the inmate will continue to the treatment phase of the program. Treatment involves lectures and group counseling focused on the 12 steps (Alcoholic Anonymous and/or Narcotics Anonymous). Treatment is designed to break through denial about the substance abuse problem and to introduce the client to recovery--the active practice of the 12 steps.

One hallmark of the prison-based DART programs is the use of peer counselors. The concept of peer counselors, laypersons that are active in their own recovery, as part of treatment and the treatment team is an integral part of the Minnesota model. Peer counselors are current inmates in recovery from alcoholism and/or drug addiction. They have completed residential treatment in their current sentences, and have participated in the DART continuum of care. After an application process, they attend an intensive 10-week training program at the Peer Development Center at Wayne Correctional Center.

The 10-week training program is centered on the peers knowing and living three basic themes: (1) The Difference between Alcoholics Anonymous and Narcotics Anonymous and the Professional Field of Alcoholism & Chemical Dependency; (2) The DART Model; and (3) What Is & How To Be An Effective Role Model. These three themes encompass the dynamics that peer counselors encounter on their jobs.

The training readies them for assignment at one of the DART units throughout the state. Peer counselors live in the dorm with the inmates in treatment. Because of their unique positions, peer counselors are able to maintain a high degree of credibility with the inmate population and the prison staff. Peer counselors are available to other inmates at all times and are able to help with an inmate's transition to a prosocial lifestyle. Anecdotally, the active presence of peer counselors enhances successful treatment.

While the original DART prison-based programs were designed to work with inmates at the beginning of their sentence, this mission has changed over time. As reported in the 2002 report, the Substance Abuse Advisory Council recommended programs change the time of entry so that offenders finish treatment near the end of their sentence rather than at the beginning. The research-supported best practice findings suggest that

release of an offender directly into the community is more beneficial to retaining treatment gains than to release that offender back into the general prison population. Because of established Division of Prison's procedures, it has not been possible to achieve this exact timing for the intermediate length programs. As a result, the entry date into treatment is an approximation, closer to the offender's release date but not exact.

The TC program at FCCW functions as a residential therapeutic community. This program has 42 treatment slots and is 180 days in length. The therapeutic community model views drug abuse as a disorder of the whole person. Treatment activities expand beyond engaging the inmate with the 12 steps and into experiential and social learning. The community of inmates is the main driving force in bringing about change. Inmates who are further along in treatment are used to help others. Minimum custody female inmates with less than six months left on their sentence are eligible for this program.

Table 8 – 2005-2006 Enrollment in Intermediate DART Programs

Facility	Treatment Slots	Annual Enrollment	Average Daily Enrollment	Capacity Utilization Rate (%)
Tyrrell Prison Work Farm	52	498	40	77%
Wayne Correctional Center	126	1,275	121	96%
Haywood Correctional Center	34	317	31	91%
Lumberton Correctional Institution	47	278	41	87%
Pender Correctional Institution	98	579	92	94%
Piedmont Correctional Institution	88	663	82	93%
Craggy Correctional Center	62	411	58	94%
Duplin Correctional Center	44	219	42	95%
Black Mountain Correctional Center for Women	18	108	16	89%
Fountain Correctional Center for Women	42	153	38	90%
NC Correctional Institution for Women	62	365	58	94%
Western Youth Institution	42	273	41	98%
Rutherford Correctional Center	34	37	20	60%
Totals	749	5,189	681	

* Rutherford Correctional Center program began operations in May 2006.

Table 8 presents data on the enrollment into the intermediate DART programs. The majority of the programs are open-ended such that weekly enrollments and exits are

coordinated with the Division of Prisons transfer schedules. This coordination results in fluctuations in the number of inmates actually enrolled in the treatment program. Total enrollment in intermediate DART programs decreased by 1% during the 2005-2006 fiscal year over the number of inmates enrolled in 2004-2005. The daily average enrollment was 681, which is slightly higher than the average of 658 in the previous year.

The capacity utilization rate is calculated based on the number of program treatment slots at each facility, and not the total number of beds since the latter includes the assignment of peer counselors. This is a change from previous years and provides a more accurate portrayal of treatment capacity. There is some variation among the different facilities with utilization rates ranging from 60% to 98%. This is due in part to the program completion schedule not coinciding exactly with Division of Prisons transfer schedule at the facilities.

Table 9 presents the exits from Intermediate DART treatment programs. Of all exits from the program, 68% were completions, the satisfactory participation in the program for the required number of treatment days. The next most common reason for exiting the programs was the withdrawal (9%) of inmates from the program. These withdrawals are against the recommendation of program treatment staff. The removed category accounts for 10% of exits and are offenders who were removed from the treatment program by staff for administrative reasons or due to the offender's behavior. Transferred means the inmate was moved to another prison facility, was released from prison or left prison to go to court.

When inmates are assigned to a treatment program, staff conduct thorough assessments of their treatment needs. There were 2% that exited Intermediate DART programs in 2005-2006 because they were considered inappropriate for treatment by program staff. Of the remaining exits, 34 were deemed medically incapable of completing the program.

Table 9—2005-2006 Exits from Intermediate DART Programs

Type of Exit	Number of Exits	Percent of All Exits
Completion	3,057	68%
Removed/Discipline	448	10%
Withdrawn	381	9%
Transferred/Released	182	4%
Inappropriate for Treatment	122	2%
Other	274	7%
Total	4,464	100%

LONG-TERM TREATMENT PROGRAMS

Long-term treatment programs within DACDP range from 180 to 365 days. These programs are reserved for offenders who are in need of intensive treatment as indicated by SASSI scores of 4 or 5, whose abuse history is both lengthy and severe and those with multiple treatment episodes. All of these programs are backend-loaded; offenders successfully complete the program and then leave prison immediately or soon thereafter. Federally-funded Residential Substance Abuse Treatment (RSAT) and private treatment centers are the two types of long-term treatment programs offered by the DOC.

Residential Substance Abuse Treatment Programs (RSAT)

DACDP began implementing programs funded by the Residential Substance Abuse Treatment Formula Grant Programs (RSAT) in 1997. The grant criteria dictate the programs:

- be six months to 12 months in length;
- house the participants separately from the general prison population;
- release the offenders from prison to coincide with their program completion;
- provide treatment services that focus on the substance abuse problems of the offender and develop the cognitive, behavioral, social, vocational and other skills to solve the substance abuse and related problems;
- refer all offenders to continuing care services (aftercare) after their release from prison; and
- ensure that all offenders receive drug testing throughout their enrollment in the RSAT program and during the post-release aftercare period.

There are two RSAT-funded therapeutic community (TC) programs with a cognitive behavioral based curriculum. These programs are 6 to 12 months in duration, address substance abuse and criminal thinking issues throughout a similar three-phased treatment process. Both TC programs have step-down components available to offenders that successfully complete six months of treatment and are promoted to minimum custody classification. This step-down allows the offenders to continue in substance abuse treatment while in minimum custody.

Annual enrollment figures for each RSAT program are listed in Table 10. The overall number of inmates enrolled during the 2005-2006 fiscal year was lower than the previous year due to the closure of the 30-bed program at Raleigh Correctional Center for Women. This resulted in a decrease in the average daily enrollment from 247 to 228. The capacity utilization rate rose from 90% in 2004-2005 to almost 93% in 2005-2006. Although utilization rates vary among the programs, the increase from 2004-2005 is primarily due to higher rates for both the medium (94%) and minimum (96%) programs at Morrison Correctional Institution.

Table 10 – 2005-2006 Enrollment in RSAT-Based Long-Term Treatment Programs

Facility	Treatment Slots	Annual Enrollment	Average Daily Enrollment	Capacity Utilization Rate (%)
Morrison Correctional Institution - New Directions Therapeutic Community	96	262	90	94%
Rowan Correctional Center New Directions Therapeutic Community	34	95	32	94%
NC Correctional Institution for Women -Therapeutic Community	34	81	30	88%
Morrison Correctional Institution - SARGE	50	162	48	96%
Western Youth Institution – SARGE	32	92	28	88%
Total	246	692	228	

Table 11 – 2005-2006 Exits from RSAT-based Long-Term Treatment Programs

Type of Exit	Number of Exits	Percent of All Exits
Completion	246	49%
Removed/Discipline	104	22%
Withdrawn	70	14%
Inappropriate for Treatment	16	3%
Transferred/Released	22	4%
Other	36	8%
Total	494	100%

A total of 494 inmates exited the prison long-term substance abuse treatment programs during the 2005-2006 fiscal year. Forty-nine percent successfully completed the program requirements while 22% exited for behavioral or clinical problems identified by program or custody staff. With a long-term program, there are instances when inmates receive disciplinary infractions and are able to return to the program, but the more serious or disruptive circumstances can result in a final exit due to disciplinary reasons.

The prison long-term treatment programs have the highest proportion of exits due to removal by staff for a number of reasons. By definition, these are the longest treatment programs so there is more opportunity over time for a disciplinary infraction to occur that is not related to the program. Additionally, the population served by this program is also a significant factor in that higher-risk inmates are assigned to these programs while the lower-risk inmates are assigned to the private treatment facilities.

During 2005-2006, 14% of inmates withdrew from the program against the advice of program staff. Another 3% of long-term treatment program exits were inmates inappropriately assigned to treatment. This type of exit occurs after program staff conduct assessments of the inmates during the orientation phase of the treatment program. Four percent transferred to another facility, were released from prison or went out to go to court.

The last category for exits from long-term treatment programs is "other" which includes 10 inmates that left the program for medical conditions. The other 26 inmates had various reasons for exiting.

Private Treatment Centers

DACDP continued its contracts for private long-term intensive residential treatment beds with the Evergreen Rehabilitation Center in Saint Pauls for 90 males and with the Mary Frances Center in Tarboro for 100 females. These multiphase treatment programs target offenders who are near the end of their sentences, have multiple recovery issues as determined by the appropriate screening criteria, require long-term, intensive treatment and are low-risk inmates.

These private treatment centers share the philosophy of the Minnesota Model of treatment. These programs include educational and vocational services, family support, and work release opportunities. The minimum-custody status allows greater access to family, work and other support systems in the community. Due to the impending release back into the community, there is a greater emphasis on post-release and community transition programming. They are truly backend-loaded (similar to the RSAT programs) by providing six to twelve months of treatment at the end of an offender's stay in prison. Successful participants complete the program and are released from prison at the same time.

The main difference between other DACDP programs and the private facilities is that the latter are minimum security only. Eligibility is more restrictive than for the prison long-term treatment programs, RSAT. To be eligible for the programs at the private facilities, offenders must be in minimum custody, at least 19 years of age and in good health. In addition, the offender cannot have a detainer, cannot be serving time for an assaultive crime and cannot have an infraction for 90 days prior to entry. As a group, offenders going to a private treatment facility are lower-risk offenders who have demonstrated exemplary behavior during their prison sentences.

The Division of Prison's staff are the primary referral source for the private treatment programs. Table 13 shows that during FY 2005-2006, there were 439 inmates enrolled in these private treatment centers. The average daily enrollment in private treatment centers during FY 2005-2006 was 188 inmates.

Table 12 – 2005-2006 Enrollment in Private Treatment Facilities

Facility	Standard Capacity	Annual Enrollment	Average Daily Enrollment	Capacity Utilization Rate (%)
Evergreen Rehabilitation Center	90	194	90	100%
Mary Frances Center	100	245	97	97%
Total	190	439	187	

Table 13 – 2005-2006 Exits from Private Treatment

Exit Reason	Evergreen Rehabilitation Center	Mary Frances Center
Completed	81 (61%)	121 (80%)
Removed/Discipline	28	13
Transferred	2	10
Other	21	7
Totals	132	151

The majority of exits from the private treatment facilities were due to successful completion of the program requirements; 61% at Evergreen and 80% at Mary Frances. Removal of inmates by program staff for administrative or disciplinary reasons accounted for 18% of exits from Evergreen and 8% from Mary Frances. Seven percent of inmates that exited from Mary Frances were attributed to a transfer back to a DOP prison facility or out to court, while 2% of Evergreen offenders exited for this reason. The last category--"other"-- includes inmates that exits due to medical reasons or reasons not further defined.

DART AFTERCARE

Once an offender completes the residential portion at one of the prison-based DART treatment facilities, the Division continues to offer continuing care at a lower level of intensity on an outpatient basis. The Division has long understood that the challenge of remaining committed to abstinence is particularly difficult once primary treatment ends. For this reason, the outpatient staff attempts to engage newly completed offenders in continuing care services for 8 to 12 sessions. These sessions focus on the offender's adjustment to the recovery process and how to meet new pressures and temptations at their new prison assignments. Offenders learn that recovery does not come as the result of treatment but as the result of hard work on real issues once treatment services decrease and the offender is alone with limited experience with total abstinence from all drugs and alcohol.

Table 14—2005-2006 Entries to Aftercare

DART Region	DART Aftercare	
	Annual Entries	Daily Average
District 1	1,834	333
District 2	2,386	401
Total	4,221	734

Table 12 displays the entries to DART Aftercare and the daily average for each of the DACDP Districts. There were a total of 4,221 inmates that began the aftercare treatment, with an average daily enrollment of 734. This is a higher number of newly enrolled inmates from 2004-2005 when 3,055 inmates began aftercare. The current year's average daily enrollment of 734 is also higher than the previous year's average of 672, which is partially due to the SASSI screening responsibilities of outpatient treatment staff.

NEW INITIATIVES

As the Division continues to address provisions contained in Article 5C of Chapter 90 of the General Statutes, a Certified Clinical Supervisor Program will be launched in August 2006. The program will utilize existing Division staff that are interested in and qualified to deliver clinical supervision as approved by the North Carolina Substance Abuse Professional Practice Board. Division staff accepted into the program will receive additional compensation for the expanded duties added to their job assignment. Clinical supervision within this program shall be delivered in a professional manner, consistent with staff development and quality improvement efforts, but will not replace the day to day administrative program supervision structure within the Division.

In keeping with a commitment to appropriately utilize the A New Direction curriculum throughout the Division, all program staff for adult male offenders/inmates will receive training and subsequently implement the curriculum by the Spring of 2007. The curriculum will include one remaining long-term program and four shorter-term programs across the State. As part of its contractual relationship with Hazelden for the A New Direction curriculum, DACDP continues to evaluate its implementation efforts, and will coordinate a visit by Hazelden's trainer in preparation for additional training on the new curriculum.

With the final approval of the Clinical Director and Regional Clinical Supervisor positions, DACDP will move forward to bring those persons into the Division, which will further enhance Division efforts for consistent and accountable Clinical Supervision throughout all eligible clinical staff.

CHALLENGES

Program Description

Across the Division, a range of program designs have evolved that may sometimes be confusing when reviewed as a whole. DACDP will make an effort to review all of its clinical programs over the next year, with an attempt to standardize as much as possible the various levels of service that comprise our DACDP continuum of care. DACDP will engage its clinical staff in committee assignments, to insure that final program descriptions are embraced by those staff charged with the responsibility of implementing the program at the site. However, DACDP will insist that program descriptions are defined at the Division level and then duplicated across all sites that offer similar programs.

CARF Standards

The Division has previously initiated a process that requires that policy and procedures reflect standards for behavioral health programs as defined by the Commission on Accreditation of Rehabilitation Facilities (CARF). As part of this process, DACDP will conduct a comprehensive review of all policies and procedures, resulting in a new Division policy manual by the end of the year. This effort will incorporate existing NC DOC policy and procedure, but will allow some discussion of implementation unique to DACDP as it implements behavioral health programs.

PEER Utilization

For many years, PEER Counselors have provided an important assist in the delivery of programs within the Division. As DACDP moves forward with a new curriculum, it is necessary to continue to evaluate the most effective way to utilize this resource within our programs. With the curriculum transitions of the past year and changes in professional practice regulation, DACDP has experienced increasing difficulty in the recruitment, retention and utilization of PEER Counselors. It is imperative that the Division work hard to find the proper function and identity which allows program graduates a structured opportunity through which they might contribute their enthusiasm and excitement into the successful treatment experience of other participants.

RSAT Funding

During FY 2005 -2006, the Division began to plan for the expected decline in Department of Justice grant resources allocated for the Residential Substance Abuse Treatment (RSAT) programs operated since 1997 by the Division. These programs were designed to conduct services for our severely addicted inmates in need of long-term treatment.

With the decline in funding to start after July 1, 2006, the Division requested replacement dollars from the General Assembly for these critically needed treatment programs. There are 246 treatment slots in five programs and 37 treatment positions supported by federal funds for these programs.

The General Assembly decided to fund the two RSAT programs at Morrison Correctional Institution in Hoffman, and the RSAT program at North Carolina Correctional Institution for Women in Raleigh. These three programs treat 146 male offenders at Morrison and 34 women at NCCIW. Twenty-two treatment staff will be converted to full State positions. In addition the General Assembly also agreed to fund the RSAT Program Consultant I, RSAT Clinical Substance Abuse Counselor/Trainer, and the RSAT Accounting Clerk positions. The Division is optimistic that this represents the first round in the General Assembly's commitment to fully fund all five of the current

RSAT programs. It is anticipated that the second phase of this planned conversion will take place after the 2007-2008 FY budget is authorized.

Program Evaluation and Outcome Measures

The Division continues to address program evaluations and outcomes measures on an ongoing basis. With the implementation of the Hazelden A New Direction curriculum, the Division is preparing to incorporate both short and intermediate measures to track offender progress while enrolled in these new programs. Hazelden has authorized the use of what they refer to as "the offender progress report", which tracks offenders along an 18-item checklist to measure how offenders respond to the A New Direction modules during each phase of the treatment process. This checklist will be incorporated into the newly designed OPUS on the Web for DACDP program reporting.

In addition to these new measuring methods, the Division continues to work with Research and Planning staff to assess and revise the long-term outcomes as offenders are released into the community. The Division is working closely with the Division of Community Corrections to develop reporting methods to insure compliance with treatment post-release recommendations for those offenders under supervision. Research and Planning also is helping DACDP to be included in plans to pilot the Correctional Programs Assessment Instrument (CPAI) in 2007. The intention is to select an existing DACDP treatment program as a pilot location to determine the reliability of this tool to help track, evaluate and assist with revising policies and procedures to improve the outcomes measuring goals of the Department of Correction.

Training

The Division's clinical training program that began in 2004 with the hiring of two clinical trainers continues to progress. It now exists as an integral component of a broader professional development initiative.

In FY 2005-2006, training was instrumental in two key areas. First, individual growth and development was emphasized through training directly related to skill advancement. This resulted in a substantial increase of staff earning professional credentials. Second, clinical instruction aided in the successful transition and implementation of a new division-wide standardized treatment curriculum, thereby enhancing the overall quality and continuity of services.

Cumulatively, Division trainers conducted approximately 35 training sessions attended by 675 individuals. Over 4,300 hours of training credit were awarded, all approved and recognized to meet the educational standards of the NC Substance Abuse Professional Practice Board (NCSAPPB).

Division training for the upcoming year will focus on refining selected topics to reflect and support the findings of clinical supervision. The reciprocal relationship between training and clinical supervision will be essential to maximize professional growth and development potential.

Treatment Slot Allocation From 2000-2001 through 2005-2006

Over the past five fiscal years, the North Carolina prison population has increased at a steady rate. However, the number of substance abuse treatment slots has decreased over the same period. Graph 1 is a depiction of the change in the prison population and treatment slots from 2000-2001 through 2005-2006. On June 30, 2001, there were 31,899 inmates in North Carolina prisons and 1,898 treatment slots in substance abuse programs at any given time. Over the next five years, the prison population increased by 5,568 on the last day of the 2005-2006 fiscal year and treatment slots decreased by 573. These shifts represent a critical shortage of substance abuse treatment programs for the prison population in North Carolina.

Graph 1 – Change in Prison Population and Treatment Slots

