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MEMORANDUM

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Representative Douglas Yongue

FROM: Jennie L. Lancaster, Chief Deputy Secretary

RE: Division of Alcoholism and Chemical Dependency Programs
Annual Legislative Report
(G.S. 143B-262.3)

DATE: March 1, 2010

Pursuant to G.S. 143B-262 3, Session Law 2009-451, please find attached the Department of Correction's Legislative Report on the Division of Alcoholism and Chemical Dependency Programs.

JLL:MS/jk

Attachment

cc: Aaron Gallagher
Doug Holbrook
John Poteat

A handwritten signature in black ink, appearing to be "Jennie L. Lancaster", is written over the signature line of the memorandum.



North Carolina Department of Correction

Division of Alcoholism and Chemical Dependency Programs



Annual Legislative Report

FY 2008-2009

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

Alvin W. Keller, Jr.
Secretary of Correction

March 2010

TABLE OF CONTENTS

EXECUTIVE SUMMARY	5
Recent Achievements.....	5
New Initiatives.....	6
Ongoing Activities.....	9
Challenges.....	10
INTRODUCTION AND OVERVIEW	13
Table 1: 2008-2009 Residential Programs by Type of Program, Target Population and Program Length.....	16
COMMUNITY RESIDENTIAL TREATMENT DART-CHERRY	17
Table 2: 2008-2009 DART-Cherry Enrollment.....	18
Graph 1: DART-Cherry Enrollment Trends 28-day Program.....	18
Graph 2: DART-Cherry Enrollment Trends 90-day Program.....	19
Table 3: 2008-2009 DART-Cherry Exits.....	19
SCREENING AND REFERRAL FOR PRISON-BASED PROGRAMS	20
Table 4: 2008-2009 Prison Entries and SASSI Scores.....	20
Graph 3: SASSI Scores of 3 or Above by Group.....	21
Table 5: 2008-2009 Referrals to DACDP Programs by Prison Diagnostic Center.....	22
INTERVENTION	23
DACDP Intervention - 24.....	23
DACDP Brief Treatment - 48.....	23
Table 6: DACDP Intervention-24 and DACDP Brief Treatment- 48.....	24
Table 7: 2008-2009 DACDP Intervention-24 and Brief Treatment-48 Exits.....	25
INTERMEDIATE PROGRAMS	26
Table 8: 2008-2009 Enrollment in Intermediate DACDP Programs.....	26
Table 9: 2008-2009 Exits from Intermediate DACDP Programs.....	27
LONG-TERM PROGRAMS	29
Table 10: 2008-2009 Enrollment in Long-Term Prison-Based Treatment Programs.....	29
Table 11: 2008-2009 Exits from Long-Term Treatment Programs.....	29

Table 12: 2008-2009 Enrollment in Private Treatment Facilities.....	31
Table 13: 2008-2009 Exits from Private Treatment.....	31
Table 14: 2008-2009 Yearly Long-Term Residential Substance Abuse Treatment Slots by Gender and Program.....	32
Table 14A: 2008-2009 Yearly Need to Yearly Supply for Long-Term Residential Substance Abuse Treatment Slots by Gender and Program Type.....	33
AFTERCARE.....	34
Table 15: 2008-2009 Entries to Aftercare.....	34
DACDP EVALUATION MEASURES PART I: LONG-TERM PROGRAMS.....	35
Purpose.....	35
Readiness to Change Drug Use.....	35
Figure A: Advancement in Readiness to Change Drug Use Behavior by Program Type.....	36
Criminal Attitudes and Cognitions.....	36
Figure B: CTS Scores by Scale: DACDP Pre-test Average and Post-test Average.....	37
Figure C: DACDP Intensive Residential Program CTS Scores by Program Type.....	38
Summary.....	38
DACDP EVALUATION MEASURES PART II: COMMUNITY RESIDENTIAL, INTERVENTION-24, INTERMEDIATE AND LONG-TERM PROGRAMS.....	39
Purpose.....	39
Reduction in Alcohol and Drug Dependency.....	39
Table A: Change in Percentage of Specimens Positive for Alcohol or Drugs after Treatment.....	40
Improvements in Disciplinary and Infraction Rates.....	40
Table B: Change in Number of Infractions after Treatment.....	40
Table C: Change in Severity of Infractions after Treatment.....	41
Return to Prison Rates.....	41
Table D: Three-year Return-to-Prison Rates for Male Inmates Exiting in Fiscal year 2005-2006.....	42
Table E: Three-Year Return-to-Prison Rates for Female Inmates Exiting in Fiscal Year 2005-2006.....	42
Other Measures.....	42
Table F: Three-Year Return-to-DOC Supervision Rates for Male Inmates Exiting in Fiscal year 2005-2006.....	43
Table G: Three-Year Return-to-DOC Supervision Rates for Female Inmates Exiting in Fiscal year 2005-2006.....	43

**North Carolina Department of Correction
Division of Alcoholism and Chemical Dependency Programs (DACDP)
2008-2009 Annual Report to the N. C. General Assembly**

G.S. 143B-262.3. Reports to the General Assembly.

The Department of Correction shall report by March 1 of each year to the Chairs of the Senate and House Appropriations Committees and the Chairs of the Senate and House Appropriations Subcommittees in Justice and Public Safety on their efforts to provide effective treatment to offenders with substance abuse problems. The report shall include the following information:

- (1) Efforts to provide effective treatment to offenders with substance abuse problems;
- (2) Details of any new initiatives and expansions or reduction of programs;
- (3) Details on any treatment efforts conducted in conjunction with other departments;
- (4) Utilization of the DART/DWI program, including its aftercare program;
- (5) For each funded program: Statistical information on the number of current inmates with substance abuse problems that require treatment, the number of treatment slots, the number who have completed treatment, and a comparison of available treatment slots to actual utilization rates.
- (6) Evaluation of each substance abuse treatment program funded by DOC based on reduction in alcohol and drug dependency, improvements in disciplinary and infraction rates, recidivism (defined as return-to-prison rates), and other measures.

EXECUTIVE SUMMARY

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. When deemed chemically dependent and appropriate, these offenders 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, a community-based residential facility for male probationers and parolees; brief, intermediate and long-term intensive treatment programs within prison-based programs; and outpatient services.

In order to determine the severity of offenders' addictions, most inmates are screened in the diagnostic centers within the first few weeks of their sentences. The screening tool utilized by the Department of Correction, the Substance Abuse Subtle Screening Inventory (SASSI), was administered to 26,325 offenders who entered prison during FY 2008-2009. 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 26,325 offenders who were screened, 63% or 16,493 indicated a need for intermediate or long-term substance abuse treatment.
- Of the 16,493 identified offenders who were eligible, only 5,932 or 36% were referred to intermediate or long-term substance abuse treatment programs.
- 68% or 2,275 of female offenders who were screened indicated a need for intermediate or long-term substance abuse treatment.
- 71% or 2,775 of youthful male offenders (under 22) who were screened indicated a need for intermediate or long-term substance abuse treatment.

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

RECENT ACHIEVEMENTS INCLUDE:

- Completion of the DACDP Policy and Procedure Manual providing staff with standardized policy reflecting the standards for Behavioral Health Programs as defined by the Commission on Accreditation of Rehabilitation Facilities (CARF). The manual is a compilation of DACDP clinical policies as well as relevant

Department of Correction policies. The completion of the DACDP Policy and Procedure Manual cements this Division's foundation and will enable the Division to grow stronger and improve treatment services as programs provide consistent services throughout the state. The Division looks forward to building on this foundation, increasing the quality of treatment services, and producing stronger outcomes as a result of uniform services.

- Implementation of DACDP Brief Treatment-48 providing brief intensive chemical dependency intervention treatment for offenders during their incarceration in the North Carolina Department of Correction. The program targets offenders who do not meet the criteria for intensive intermediate or long-term treatment programs or who, because of sentencing circumstances, will not have sufficient time to access intensive intermediate or long-term treatment services. DACDP Brief Treatment-48 replaced DACDP Intervention-24.
- Reduction of DACDP program codes within ACD/OPUS resulting in more user-friendly code selection not only for DACDP staff, but for others within the Department. Program codes received a new generic name that can withstand any future changes in curriculum. Program code narratives within OPUS were revised to more accurately reflect program code name changes and program content.
- An invitation to submit an article to the *North Carolina Medical Journal* highlighting the Division of Alcoholism and Chemical Dependency Programs, the need for substance abuse treatment services within the correctional setting, the program's offered by the Division, and the challenges that the Division encounters. The article was published in the January/February 2009 edition and can be located at <http://www.ncmedicaljournal.com/Jan-Feb-09/Price.pdf>.

NEW INITIATIVES FOR FISCAL YEAR 2009 – 2010 INCLUDE:

QUALITY ASSURANCE

To ensure compliance with the standards established for case management, electronic data entry, offender record content, quality of service delivery, and the appropriateness of services delivered; a formal treatment file review process has been developed. The review process provides management with three different review types and perspectives. DACDP is currently working in conjunction with the NCDOC MIS to automate all of the review processes which will enable the Division to track the results of each established review element; assisting management in the identification of program operational issues, job performance issues, and training needs.

- ♦ Case File Reviews: The Substance Abuse Program director and/or supervisor review a random selection of both active and inactive files monthly within their program. Monthly case file reviews were implemented in July 2009 using a

paper format to record the results of the review. DACDP looks forward to introducing the automated version of this process to staff in 2010.

- ♦ Peer Reviews: Peer reviews are conducted quarterly by a 15-member peer review team consisting of DACDP Substance Abuse Program directors, supervisors, and counselors from across the state. Peer teams serve for a period of six months and complete two peer reviews during the six-month period. The Peer Review provides an opportunity for professional staff members to objectively review program services. Peer reviews were implemented in September 2009 using a paper format to record the results of the review. DACDP will train staff in February 2010 on the automated version of this process.
- ♦ Manager's Review: The Substance Abuse Program manager for prison-based programs and the Substance Abuse Program director for community-based programs randomly select a specified number of files from each program facility quarterly for review. Manager reviews were implemented in July 2009 using a paper format to record the results of the review. DACDP looks forward to introducing the automated version of this process to staff in 2010.

LEARNING LABS

All certified counselors that work full or part-time delivering substance abuse services require clinical supervision; DACDP has approximately 130 employees who fall into this category. At present, all Substance Abuse Counselors and some Substance Abuse Program Supervisors and Substance Abuse Program Directors receive some form of clinical supervision provided by either one of the DACDP Licensed Clinical Addiction Specialists (LCAS) or one of the Certified Clinical Supervisors (CCS). DACDP has developed the "Group Learning Lab" in an effort to provide another clinical supervision vehicle to meet the North Carolina Substance Abuse Professional Practice Board's (NCSAPPB) expectation for clinical oversight of all providers of substance abuse services, as required by North Carolina General Statute (G.S. 90-113.40).

The primary goal of the "Group Learning Lab" is to improve counselor skills in a process group setting. The lab which is designed to provide three or four hours of clinical supervision for certified counselors each month will combine counselors from several settings/locations affording them the opportunity to learn new methods of working effectively with various offenders within the Divisions' assortment of programs. The design will permit time for exploration of skills; teaching by master clinicians (LCAS and CCS); counselor role-plays; and feedback. This group format will provide an excellent forum for counselors to practice skill development in a safe and supportive environment, and to observe the modeling actions of how other counselors may handle certain situations. The Division implemented the "Group Learning Labs" in September 2009.

PROGRAM EVALUATIONS

Brief Situational Confidence Questionnaire (BSCQ):

The Brief Situational Confidence Questionnaire (BSCQ) assesses an offender's self-confidence to resist the urge to drink heavily or use drugs in eight situations. The tool evaluates the increase or decrease in self-efficacy from two different times and provides program feedback.

"Individuals in recovery have very different levels of confidence regarding their ability (self-efficacy) to change and abstain from substances. Some are overly confident, while others feel hopeless about achieving sobriety or even reducing use. Self-efficacy, particularly with respect to capabilities for overcoming alcohol dependence or abuse, is an important predictor of treatment outcome. Self-efficacy questionnaires ask clients to rate how risky certain situations are and to estimate their confidence in how well they would do in avoiding the temptation to use substances in these situations. The numerical scores provide an objective measure of a client's self-efficacy for a specific behavior over a range of provocative situations." *Substance Abuse and Mental Health Services Administration (SAMHSA)*

DACDP implemented the BSCQ in intermediate, long-term, and community-based programs in September 2009.

Criminal Thinking Scales (CTS):

The Texas Christian University (TCU) Criminal Thinking Scales (CTS) was developed by the Institute of Behavioral Research at Texas Christian University in Dallas, Texas in an effort to provide criminal justice treatment providers with a brief and cost-effective criminal thinking instrument. Criminal justice literature highlights criminal thinking as one of several key determinates of an individual's willingness to commit crime both before and after criminal justice sanctions have been applied. The instrument uses six scales that represent distinct elements of anti-social cognitions and attitudes based on a national sample of male and female offenders. The results of the CTS survey provides treatment programs with a method to document the impact of program interventions and the change in offender thinking and attitudes that have been associated with drug use and criminal activity.

DACDP long-term programs implemented the CTS in fiscal year 2007-2008. Intermediate and community-based program staff will receive training on the automated CTS form in ACD/OPUS in February 2010. CTS implementation for these programs will occur in March 2010.

ONGOING ACTIVITIES INCLUDE:

DHHS MONITORING

Division of Alcoholism and Chemical Dependency Programs' (DACDP) management continues to meet with NC Department of Health and Human Services (DHHS) as set forth in G.S. 148-19d and the Memorandum of Agreement between DHHS and the North Carolina Department of Correction (DOC). DACDP meets with DHHS on the proposed monitoring schedule, the tool used by DHHS for the evaluation of DACDP programs, and to receive DHHS feedback. Each program is evaluated every two years and includes a review of records, observations, and interviews with staff. Feedback from DHHS is used to improve treatment services provided by the Division.

TRAINING

The Division's clinical training program that began in 2004 with the hiring of two clinical trainers continues to progress and is recognized as a major strength within the Division. In FY 2008-2009, training focused on enhancing professional development by providing approved hours for counselor certification/recertification. The following training modules were offered during the 2008-2009 fiscal year:

- ♦ Co-occurring disorders and the Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition – Text Revision (DSM-IV TR)
- ♦ Clinical Documentation
- ♦ HIV/AIDS for Professionals
- ♦ Ethics in Substance Abuse Counseling
- ♦ Addressing Our Younger Population
- ♦ Recovery Management and Resources

The above training modules were opened to other agencies and Divisions. Individuals representing the following agencies/Divisions attended during the 2008-2009 fiscal year:

- ♦ Administrative Office of the Courts – Drug Treatment Court
- ♦ Division of Prisons
- ♦ Division of Community Corrections – Criminal Justice Partnership Program
- ♦ Federal Bureau of Prisons – Butner

An average of 116 participants attended each training module and a total of 4,188 training hours were awarded to participants.

DACDP trainers also presented to the Halifax Bar Association and to the attorneys in Judicial District 28 (Buncombe County) during the 2008-2009 fiscal year providing continuing substance abuse education to these groups.

CLINICAL SUPERVISION

Clinical supervision is a formal process of professional support and learning which enables individual clinicians to develop knowledge and competence to meet ethical, professional and best-practice standards. Clinical supervision provides staff with the opportunity to develop and improve clinical skills, thus enhancing work satisfaction, reducing work stress and giving program participants the best possible care. Clinical supervision promotes quality clinical practice in addition to ensuring the safety and welfare of program participants.

“Clinical supervision has become the cornerstone of quality improvement in the substance abuse treatment field. In addition to providing a bridge between the classroom and the clinic, clinical supervision improves client care, develops the professionalism of clinical personnel, and imparts to and maintains ethical standards in the field.” *SAMSHA – Substance Abuse and Mental Health Services Administration*

The Division of Alcoholism and Chemical Dependency Programs (DACDP) recognizes Clinical Supervision as an essential component of good quality clinical service provision and expects that all staff engaged in clinical interaction with offenders receive regular clinical supervision by suitably qualified supervisors and/or clinical supervisors approved by the North Carolina Substance Abuse Professional Practice Board (NCSAPPB) and as required by North Carolina General Statute (G.S. 90-113.40). During FY 2008-2009, DACDP Clinical Supervisors provided 2,788 hours of clinical supervision to clinical staff within the Division.

CHALLENGES

Although the Division completed several initiatives in 2008-2009 and developed new initiatives to implement in 2009-2010, there are still challenges to overcome.

RESIDENTIAL TREATMENT FACILITY FOR FEMALE PROBATIONERS AND PAROLEES

The General Assembly continued its support of providing treatment services to female probationers and parolees by providing funding for a 50-bed residential treatment facility for female probationers and parolees. The facility will be located at the closed Black Mountain Correctional Center for Women facility that was vacated by the Division of Prisons in July 2008. The 50-bed Black Mountain facility will complement the 300-bed treatment facility for male probationers and parolees in Goldsboro. Currently, DACDP is addressing the physical needs of this older facility; the hiring of a Facility Manager and a Substance Abuse Program Director; and collaborating with partners in this initiative. DACDP anticipates opening this residential treatment facility at the beginning of the fourth quarter of FY 2009-2010.

STAFF RECRUITMENT AND RETENTION

In September 2005, DACDP staff and operations were directly affected by changes to state law (G.S. 90-113.40) regarding professional credentialing of clinical staff. The changes mandated certification/licensure for all substance abuse professionals, created a new credential, the Certified Criminal Justice Addiction Professional (CCJP), and established new clinical supervision requirements for clinical practice.

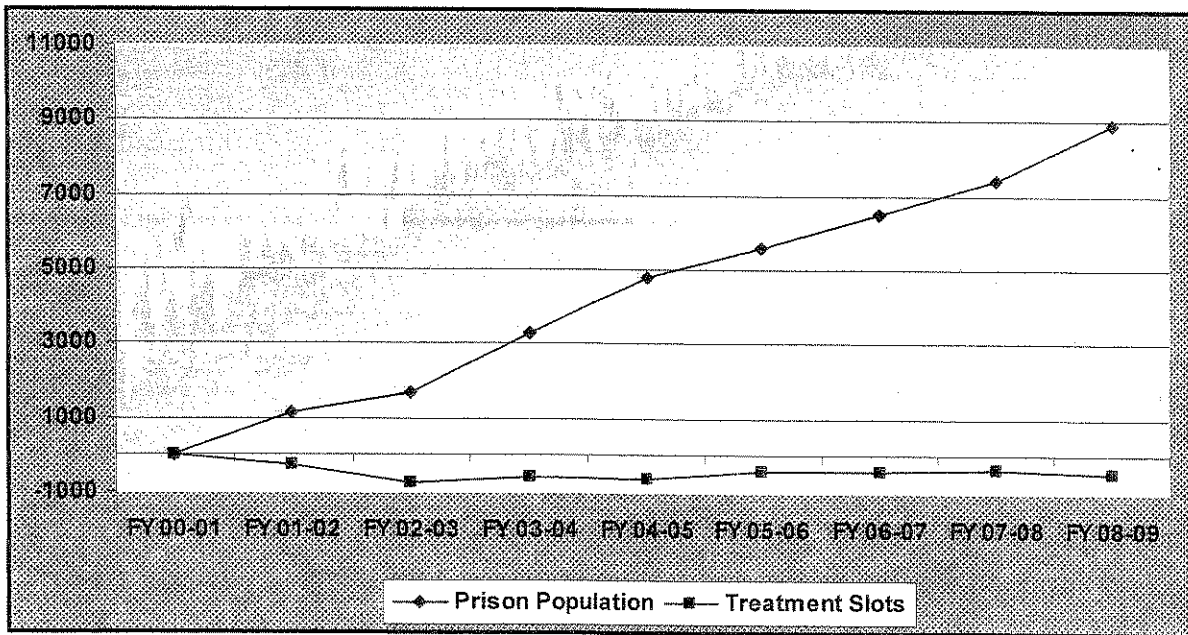
With the establishment of a clinical development team of certified clinical supervisors and trainers, the Division has effectively addressed the practice standards established in the legislation. DACDP is able to provide all clinical supervision and most training requirements for credentialing at no cost to the professional staff. However, competition has increased over the last five years between public and private providers for credentialed substance abuse professionals, with the competition being more pronounced in different areas of the state. It therefore continues to be a constant challenge for DACDP to remain an attractive employment option, as professionals consider work within the prison environment, and limitations on compensation within the state personnel system.

GROWING PRISON POPULATION AND DECREASING TREATMENT SLOTS

Since 2001, the burgeoning prison population in North Carolina increased from 31,899 to 40,824, an increase of 8,925 inmates (22%). Concurrently, the number of substance abuse program treatment slots declined from 1898 to 1452, an overall decrease of 446 treatment slots (23%). Limited resources, staff recruitment challenges related to state salary guidelines, demanding work environments, and new professional credentialing requirements remain obstacles to the fulfillment of DACDP's primary goal – to provide effective treatment services to all offenders who show a demonstrated need.

The graph below is a depiction of the cumulative change in prison population and treatment slots from 2000-2001 through 2008-2009. These shifts represent a critical shortage of substance abuse treatment programs for the prison population in North Carolina

Cumulative Change in Prison Population and Treatment Slots



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 of offenders returning to our communities without treatment. In the interest of public health and safety, the Division will continue, with dedication and commitment, to strengthen its substance abuse treatment services to the offender population to the extent possible in the current economic time.

INTRODUCTION AND OVERVIEW OF DACDP

The Division of Alcoholism and Chemical Dependency Programs (DACDP) is one of four major Divisions of the Department of Correction (DOC). Its mission is to plan, administer and coordinate chemical dependency screening, assessment, intervention, treatment, and aftercare services for offenders. Throughout DACDP, there are 244 positions, including state-level administration, two district office teams, community-based DART-Cherry and prison-based program staff. The Division provides regular training and clinical supervision for clinical staff, encourages input from all staff as to program development, and is committed to activities directed at leadership development for program and district management teams.

The Division promotes programming that reflects "best practices" for intervention and treatment, as established by the National Institute of Health and the U.S. Department of Health and Human Services. It embraces programs that are based on proven cognitive-behavioral interventions, which challenge criminal thinking and confront the abuse and addiction processes as identified by program participants. In addition, the Division provides information and education on traditional recovery resources available to inmates both while in prison and upon return to the community. All male prison programs utilize "A New Direction" curriculum, which is an evidence-based program emphasizing identification of destructive thinking patterns and replacement with constructive recovery-driven thoughts and actions. During FY 2007-2008, DACDP implemented the gender specific cognitive behavioral evidence-based curriculum, "Choices for Change", in all female prison programs.

One hallmark of the prison-based DACDP programs is the use of treatment assistants-current inmates in recovery from alcoholism and/or drug addiction. The concept of treatment assistants helping the treatment team is an integral part of corrections treatment design. Treatment assistants have completed residential treatment in their current sentences, and have participated in the DACDP continuum of care. Six months after the completion of treatment, inmates may choose to enter the treatment assistant application process. Selected candidates attend an intensive 10-week training program at the Treatment Assistant Development Center at Wayne Correctional Center.

The 10-week training program is centered on the treatment assistants knowing and living three basic themes: (1) distinguishing between the contribution of structured self-help recovery activity, such as Alcoholics Anonymous and Narcotics Anonymous, and the professional work of alcoholism and chemical dependency treatment; (2) understanding the elements required in mapping a life of recovery and freedom; and (3) defining the boundaries and practices of an effective role model. These three themes encompass the dynamics that treatment assistants encounter on their jobs.

The training readies them for assignment to one of the DACDP units throughout the state. Treatment assistants live in the dorm with the inmates in treatment and, because of their unique positions, are able to maintain a high degree of credibility with the inmate population and the prison staff. Treatment assistants 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 treatment assistants enhances successful treatment.

Unique in some of DACDP's treatment environments is the concept of a "Therapeutic Community" (TC) as the core component of treatment design. The therapeutic community model views drug abuse as a disorder of the whole person. Treatment activities promote an understanding of criminal thinking in relation to substance abuse behavior and engage the offender in activities that encourage experiential and social learning. The community of inmates is the main driving force in bringing about change, as inmates who are further along in treatment are used to help others initiate the process of change.

While the original DACDP prison-based programs were designed to work with inmates at the beginning of their sentences, this mission has changed over time. As reported in the 2002 report, the Substance Abuse Advisory Council recommended that treatment programs for offenders reach completion near the end of their sentences rather than at the beginning. The research-supported best practice finding suggests that release of an offender from treatment directly into the community is more beneficial to retaining treatment gains than to release that offender back into the general prison population.

Division programs encompass five major service levels for offenders. DART-Cherry is a community-based residential treatment program for male probationers/parolees. The other four categories established for male and female inmates within prison facilities consist of brief intervention, intermediate and long-term treatment, and aftercare services.

For probationers and parolees, eligibility for admission to DART-Cherry is determined by court order or by the Post-Release Supervision and Parole Commission. Eligible offenses include driving while impaired or other drug charges/convictions.

As stated previously, eligibility for prison-based treatment programs is established during diagnostic processing, and utilizes the Substance Abuse Subtle Screening Inventory (SASSI) as a severity indicator of substance abuse problems. Based on the screening results, prison staff makes the initial referral to treatment. Upon admission to levels of treatment beyond intervention, the DACDP staff completes a thorough "common assessment" on all participants, which further defines the history and extent of the substance abuse problem. Together, these measures establish final recommended treatment placement for participants.

The DACDP Intervention-24 program is designed to provide 24 hours of content over a period of three to four days for inmates determined to be substance abusers but not dependent, as indicated by screening completed during prison admission. This program engages the inmates in an exploration of the abuse/addiction process, and familiarizes participants with recovery services should future needs arise. These programs are conducted periodically in designated minimum-security prisons across the state and at

Western Youth Institution. DACDP Intervention-24 programs were phased out during this fiscal year and replaced with DACDP Brief Treatment-48.

The DACDP Brief Treatment-48 program is designed to provide 48 hours of content in either three or six-hour group sessions during a period of up to eight weeks for inmates determined to be substance abusers but not dependent, as indicated by screening completed during prison admission. These programs are conducted periodically in designated minimum and medium security prisons across the state.

Intermediate DACDP programs range from 35 to 180 days and are available in 13 prison facilities across the state. Upon completion of treatment, the inmate returns to the regular prison population and is encouraged to participate in DACDP Aftercare, a formal eight to 12 week track designed to help the inmate transition to general population and remain in recovery for the duration of incarceration. An additional prerelease 12-week component is available for inmates approaching release who indicate a need for renewed focus on recovery planning prior to release.

Within the Division, there are two types of long-term treatment programs: state-funded and contractual private treatment facilities. Both are designed to treat seriously addicted inmates from the North Carolina prison system. These treatment models are scheduled at the end of the inmate's sentence, with assignment within six to 12 months of projected release. Participants remain in the long-term treatment programs for 180 to 365 days. Within prisons, programs utilize a Therapeutic Community (TC) model within the correctional environment. The Department of Correction has contractual agreements with two private facilities, Evergreen Rehabilitation Center (males) and Mary Frances Center (females), for the provision of long-term residential treatment to inmates entering the final six to 12 months of incarceration. These contractual facilities use traditional treatment modalities proven to be effective in long-term addiction treatment programs.

The DOC Controller's Office computes agency and program costs annually. The figures below are for FY 2008-2009.

- The average cost per day per offender for the DART-Cherry facility was \$52.23.
- The cost per day per inmate for the prison-based DACDP programs averaged \$64.94. The cost ranged from \$42.60 at Tyrrell Prison Work Farm to \$100.93 at Western Youth Institution's long-term program (\$70.92 represents Division of Prisons costs). 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 per inmate for both facilities was \$80.83. For the Mary Frances Center, the cost was \$90.60. For Evergreen Rehabilitation Center, the cost was \$71.14. These amounts are the per diem rates specified in the Department's contract with each private facility, plus medical costs. Other costs such as diagnostic, processing, and transportation are not included as they are covered by the Division of Prisons.

**Table 1 – 2008- 2009 DACDP 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	54	35 Days
	Craggy Correctional Center	62	90 Days
	Piedmont Correctional Institution	88	90 Days
	Lumberton Correctional Institution	58	90 Days
	Pender Correctional Institution	98	90 Days
	Wayne Correctional Center	125	90 Days
	Rutherford Correctional Center	34	90 Days
	Duplin Correctional Center	44	90 Days
Youth male	Western Youth Institution	42	90 Days
Female	NC Correctional Institution for Women	64	90 Days
	Swannanoa Correctional Center for Women	20	90 Days
	Fountain Correctional Center for Women	42	120-180 Days
Total		765	
Long-Term Residential Treatment			
Adult Male	Morrison Correctional Institution	88	180-365 Days
	Rowan Correctional Center	34	180-365 Days
Youth Male	Polk Correctional Institution (RSAT)	32	180-365 Days
	Western Youth Institution	32	180-365 Days
Female	NC Correctional Institution for Women	34	180-365 Days
Total		220	
Private Contractual Treatment Facilities			
Adult Male	Evergreen Rehabilitation Center	100	180-365 Days
Adult Female	Mary Frances Center	100	180-365 Days
Total		200	
Total Treatment Slots		1,485	

Community Residential Treatment DART-Cherry

DART-Cherry is a community residential facility in Goldsboro that treats male probationers and parolees. This facility offers two programs: a 28-day program and a 90-day program. There are 100 treatment slots in the 28-day program which is a facilitated cognitive behavioral intervention, designed to impact criminal thinking in relation to substance abuse behavior in the community. Parolees with a DWI conviction have admission preference over probationers in this program. The 28-day program is closed-ended, that is, 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. Due to the lack of availability of 90-day treatment slots, an exception to the close-ended 28-day program is made for backlogged probationers who may begin treatment in the 28-day program and later transfer to the 90-day program with the next incoming cohort.

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(b)(3) mandates 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 promote an understanding of criminal thinking in relation to substance abuse behavior and engage the offender in activities that encourage 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. 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.

In response to an identified need, 10 treatment slots are designated as "priority" beds that are available for probationers or parolees who are experiencing severe substance dependence related problems and are in need of immediate admission to the 90-day residential treatment program. Due to a lack of availability of 90-day treatment slots, priority bed referrals may begin treatment in the 28-day track and later transfer to the 90-day program with the next incoming cohort. DART-Cherry beds (including priority beds) are not for detoxification purposes.

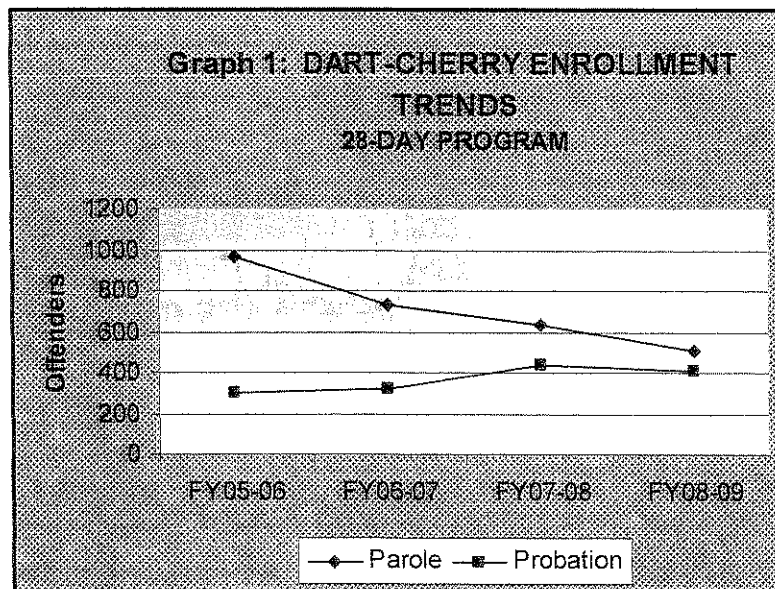
Upon completion of the DART-Cherry program, the offender's counselor develops a complete aftercare plan. The aftercare plan is included in the case file material which is returned to the offender's supervising probation/parole officer to ensure continued treatment follow-up in the community and the completion of the aftercare plan.

There were 1,956 offenders enrolled in DART-Cherry during the 2008-2009 fiscal year.

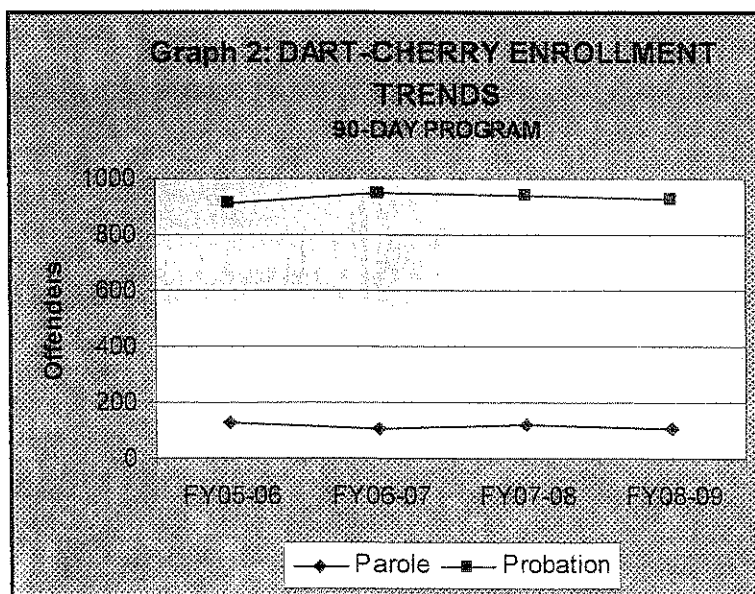
Table 2 – 2008-2009 DART-Cherry Enrollment

Program Type and Type of Supervision	Offenders Enrolled	Percent of Annual Enrolled
28-day Parole	511	26%
28-day Probation	408	21%
90-day Parole	108	6%
90-day Probation	929	47%
Total	1,956	100%

Parolees made up the largest portion (56%) of the offenders assigned to the 28-day program. This was, however, an enrollment decrease of 3% from 2007-2008 and an overall decrease of 20% from FY 2005-2006 continuing the decline of parolee enrollment in the 28-day program.



Parolees made up 10% of the offenders assigned to the 90-day program which was a decrease of 1% from 2007-2008. Parolee enrollment in the 90-day program remains stable but low with no notable change in the past four fiscal years.



The overall enrollment of parolees in all DART-Cherry programs is 32%. Parolee enrollment continues to decline, indicating a shift in needs.

Table 3 – 2008-2009 DART-Cherry Exits

Exit Reason	28-Day Program		90-Day Program	
	Count	Percentage	Count	Percentage
Completed	715	86%	799	92%
Absconded/Withdrawn	6	1%	17	2%
Transferred/Released	96	11%	3	0%
Removed/Discipline	13	1%	32	4%
Inappropriate for Treatment	1	0%	11	1%
Other	4	1%	6	1%
Total	835	100%	868	100%

The majority of participants at DART-Cherry exit the program as successful completions, at a rate of 86% for the 28-day program and 92% for the 90-day program. Other reasons for exiting vary for the two programs. The 28-day program had 96 (11%) offenders who exited as transfers or releases, which in most cases means a transfer to the 90-day program. These transfers impact the overall completion rate for the 28-day program due to transfers/releases occurring prior to the completion of the 28-day program. Two percent of the exits from the 90-day program were due to offenders absconding or withdrawing and another 4% were removed from the program, typically for disciplinary reasons. The "Other" category includes exits due to administrative reasons, detainers, and illness.

SCREENING AND REFERRAL FOR PRISON BASED PROGRAMS

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 abuse disorder. The range of scores with the ideal treatment recommendations are as follows:

<u>SASSI score</u>	<u>Recommendation</u>	<u>Program</u>
1	No treatment	None
2	Intervention	DACDP 24 and 48
3	Brief/Intermediate treatment	DACDP 35 -120
4	Intermediate/long-term treatment	DACDP 90 -180
5	Long-term treatment	State and Private Facilities

DACDP staff administers the SASSI to inmates during the diagnostic process. Case analysts in the Division of Prisons use these scores to refer offenders to the appropriate treatment options. SASSI testing has allowed the Division to identify those offenders who need treatment.

Table 4—2008-2009 Prison Entries and SASSI Scores

Inmate Group	SASSI Score				
	1	2	3	4	5
Female	474 (14%)	579 (18%)	739 (22%)	840 (25%)	696 (21%)
Male - Youth	473 (12%)	643 (17%)	825 (21%)	803 (21%)	1,147 (29%)
Male - Adult	2,913 (15%)	4,752 (25%)	6,944 (36%)	3,284 (17%)	1,213 (7%)
Total	3,860 (15%)	5,974 (23%)	8,508 (32%)	4,927 (19%)	3,056 (11%)

During the 2008-2009 fiscal year, 26,325 newly admitted inmates completed the SASSI. The SASSI identified nearly 63% of inmates in need of brief, intermediate or long-term treatment services (these are scores 3, 4, and 5) and an additional 23% in need of substance abuse intervention. There are differences in the SASSI scores among the three demographic groups presented in Table 4. The SASSI scores of the male youth inmates (under 22) indicate that they are the group with the greatest need for treatment,

with 71% scoring 3 or above. Sixty-eight percent of female inmates and sixty percent of adult male inmates had a SASSI score of 3 or above.

Graph 3 reflects the percentage of SASSI scores of 3 or more by demographic group during the current fiscal year and the past three fiscal years. The female inmate and male youth demographic groups continue to have the greater need for treatment. Although the male and female inmate groups have remained consistent in their need for treatment, the need for treatment of the male youth inmate population has slowly climbed over the past three years and now exceeds that of both the female and male inmate demographic groups.

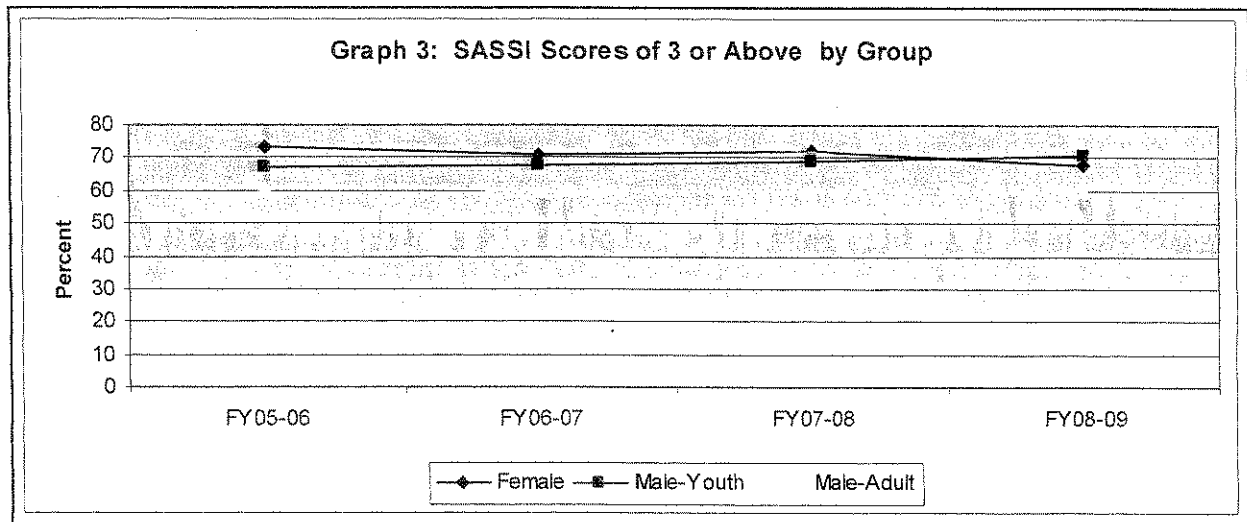


Table 5 presents additional information about the screening and referral process in the prison system. Of all entries to prison during the 2008-2009 fiscal year, 90% completed the SASSI. The number of SASSI screenings increased from 24,031 in FY 2007-2008 to 26,330 in FY 2008-2009. Approximately 10 percent of inmates were not screened using SASSI due in part to serious health conditions, language barriers and other issues.

Table 5—2008-2009 Referrals to DACDP Programs by Prison Diagnostic Center

Diagnostic Center	2008-2009 Prison Admissions	Number Screened	Identified with Alcohol/Drug Problem	Referred to DACDP
Central Prison	1,377	1,023	682	296
Craven Correctional Institution	6,602	6,220	3,578	1,618
Fountain Correctional Center for Women	1,326	1,292	945	19
NC Correctional Institution for Women	2,228	2,036	1,330	614
Neuse Correctional Institution	7,796	6,659	4,062	897
Piedmont Correctional Institution	5,426	4,986	2,961	1,256
Polk Youth Institution	2,621	2,423	1,723	868
Western Youth Institution	1,731	1,691	1,212	364
Totals	29,107	26,330	16,493	5,932

Among the newly-admitted inmates, there were 5,932 referred to a substance abuse treatment program by diagnostic staff. As stated previously, 63% of prison admissions during FY 2008-2009 were identified as needing treatment services, however, only thirty-six percent of the inmates identified as needing treatment were 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. There are instances, however, where inmates are not referred to DACDP due to the inmate's need for other programs, scheduling constraints, operational needs in prisons, or sentences which are shorter than available treatment lengths.

INTERVENTION

DACDP Intervention-24

The DACDP Intervention–24 program addresses the need for substance abuse intervention for two categories of inmates. The first category includes inmates who score a 2 on the SASSI screening instrument and are identified as appropriate for intervention rather than a treatment level. Approximately 23% of prison admissions met this criterion for brief intervention. The second category of DACDP Intervention-24 candidates includes those inmates with misdemeanor convictions, short sentences and SASSI scores of 2 or greater, who do not have the time to complete a prison-based intensive treatment program.

Outpatient staff delivers a total of 24 hours of educational services to introduce the recovery process to inmates. The program 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 offenders make prosocial decisions about substance use) and a treatment orientation aspect (to help offenders recognize the early signs of a substance use problem and seek help). As mentioned earlier in this report, DACDP Intervention-24 programs were phased out during this fiscal year and replaced with DACDP Brief Treatment-48.

DACDP Brief Treatment – 48

The DACDP Brief Treatment–48 program provides brief intensive chemical dependency intervention/treatment for offenders during their incarceration in the North Carolina Department of Correction. The program is cognitive behavioral-based and targets two categories:

- ♦ Inmates who score a 2 or 3 on the SASSI screening instrument; and
- ♦ Inmates with misdemeanor convictions, short sentences, SASSI scores of 2 or 3 who do not have the time to complete a prison-based intensive treatment program.

Outpatient staff delivers a total of 48 hours of substance abuse services to inmates in either three or six-hour group sessions during a period of up to eight weeks. Individual and group counseling services are incorporated into the program with a focus on the thinking and behavioral patterns that have caused the offender's current involvement with the criminal justice system. The program has incorporated a gender specific short-term curriculum with one model for the male offender and one model for the female offender. Program activities support the building of a drug/alcohol/crime-free lifestyle.

**Table 6—2008-2009 Annual Entries
DACDP Intervention-24 and DACDP Brief Treatment – 48**

Facility	Annual Entries DACDP-24	Annual Entries DACDP Brief-48	Total
Albemarle CI	0	48	48
Anson CC	0	19	19
Avery Mitchell CI	0	27	27
Cabarrus CC	0	59	59
Caldwell	0	46	46
Carteret CC	0	44	44
Catawba CC	0	61	61
Dan River Work Farm	9	100	109
Davidson CC	0	58	58
Fountain CCW	88	18	106
Guilford CC	2	0	2
North Piedmont CCW	0	77	77
Orange CC	0	13	13
Pamlico CI	0	34	34
Raleigh CCW	31	0	31
Southern CI	14	83	97
Total	144	687	831

During FY 2008-2009, there were a combined 831 inmates assigned to DACDP Intervention-24 and DACDP Brief Treatment-48 at 16 facilities across the state. When compared with the previous fiscal year, intervention entries remained stable.

As indicated in Table 7, a total of 718 inmates exited prison intervention programs during the 2008-2009 fiscal year. Sixty percent (60%) of the intervention program participants successfully completed. The next most common reason for inmates to exit an intervention program was removal by staff for clinical or disciplinary reasons (16%). Inmates transferred to another prison, released from prison, or out to Court comprised 10% of intervention exits. Withdrawn or dropped (7%) describes inmates who end participation in the program against program staff advice. Inappropriate for treatment (1%) describes inmates who exited the program due to medical or mental issues that could be barriers to completion of the program. The "Other" category covers reasons that were not further defined.

Table 7— 2008-2009 DACDP Intervention-24 and Brief Treatment- 48 Exits

Exit Type	Number of Exits			Percent of Total
	DACDP - 24	DACDP Brief-48	Total	
Completion	93	340	433	60%
Inappropriate for Treatment	0	7	7	1%
Removed/Discipline	24	93	117	16%
Transferred/Released/Out to Court	7	64	71	10%
Withdrawn/Dropped	0	48	48	7%
Other	20	22	42	6%
Total	144	574	718	100%

INTERMEDIATE PROGRAMS

Intermediate DACDP 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 staffers conduct assessments to confirm 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, and is designed to break through denial about the substance abuse problem and to introduce the inmate to recovery-based thinking and action. Upon completion, inmates are encouraged to participate in the Aftercare program administered by DACDP Outpatient Services.

Table 8 – 2008-2009 Enrollment in Intermediate DACDP Programs

Facility	Treatment Slots	Annual Enrollment	Average Daily Enrollment	Capacity Utilization Rate (%)
Craggy Correctional Center	62	406	59	95%
Duplin Correctional Center	44	256	43	98%
Fountain Correctional Center for Women	42	207	40	95%
Haywood Correctional Center	34	340	32	94%
Lumberton Correctional Institution	58	338	54	93%
NC Correctional Institution for Women	64	521	63	98%
Pender Correctional Institution	98	597	94	96%
Piedmont Correctional Institution	88	619	86	98%
Rutherford Correctional Center	34	204	33	97%
Swannanoa Correctional Center for Women	19	116	17	89%
Tyrrell Prison Work Farm	54	654	51	94%
Wayne Correctional Center	125	795	123	98%
Western Youth Institution	42	296	42	100%
Totals	764	5,349	738	97%

Table 8 presents data on the enrollment into the intermediate DACDP programs. The majority of the programs are open-ended such that weekly enrollments and exits are coordinated with Division of Prisons transfer schedules. This coordination results in fluctuations in the number of inmates actually enrolled in the treatment program. The total annual enrollment for intermediate DACDP programs increased by almost 12% (640 offenders) during the 2008-2009 fiscal year over the number of inmates enrolled in FY 2007-2008.

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 treatment assistants. 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 89% to 100%. This is due in part to the program completion schedule not coinciding exactly with Division of Prisons transfer schedules at the facilities and to the reason listed below.

- Swannanoa Correctional Center for Women: The capacity utilization rate of 89% for the Swannanoa program is due to the transition of treatment beds from Black Mountain Correctional Center to Swannanoa to allow for future treatment expansion to accommodate the high treatment needs of women offenders.

Overall, the capacity utilization rate increased by 3% during the 2008-2009 fiscal year to 97%. Annual enrollment increased and the number of intermediate program exits decreased.

Table 9—2008-2009 Exits from Intermediate DACDP Programs

Type of Exit	Number of Exits	Percent of All Exits
Completion	2,779	71%
Completed Orientation	311	8%
Inappropriate for Treatment	52	1%
Other	99	3%
Removed/Discipline	353	9%
Transferred/Released	92	2%
Withdrawn	220	6%
Total	3,906	100%

Table 9 presents the exits from Intermediate DACDP treatment programs. Of all exits from the program, 71% were completions--the satisfactory participation in the program for the required number of treatment days. This was an increase of 4% over the 2007-2008 fiscal year. The next most common reason for exiting the program was the

removal (9%) of inmates from the program. The removed category consists of offenders who were removed from the treatment program by staff for administrative reasons or due to the offender's behavior. At the end of the orientation period, the inmate may elect to continue or withdraw from the program. Eight percent (8%) of the inmates upon completion of the orientation period elected to exit the program and were referred back to their DOP Case Manager for an alternative assignment. 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 conducts thorough assessments of the offender's treatment needs. One percent of the inmates who exited from the Intermediate DACDP programs in FY 2008-2009 was considered inappropriate for treatment (31) or was deemed medically incapable (21) by program staff.

LONG-TERM TREATMENT PROGRAMS

Long-term treatment programs within DACDP range from 180 to 365 days and longer. 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. Long-term treatment programs address substance abuse and criminal thinking issues throughout the treatment process. All long-term programs are back-end loaded, that is, offenders successfully complete the program and then leave prison immediately or soon thereafter. Prison-based substance abuse treatment programs and private treatment centers are the two types of long-term treatment programs offered by the DOC. Annual enrollment figures for each prison-based program are listed in Table 10.

Table 10 – 2008-2009 Enrollment in Long-Term Prison-Based Treatment Programs

Facility	Treatment Slots	Annual Enrollment	Average Daily Enrollment	Capacity Utilization Rate (%)
Morrison Correctional Institution - Adult Males	88	317	85	97%
Rowan Correctional Center- Adult Males	34	124	33	97%
NC Correctional Institution for Women	34	126	33	97%
Western Youth Institution – Male Youth	32	174	31	97%
Total	188	741	182	97%

The overall capacity utilization rate increased from 81% in FY 2007-2008 to 97% in FY 2008-2009.

Table 11 – 2008-2009 Exits from Long-Term Treatment Programs

Type of Exit	Number of Exits	Percent of All Exits
Completion	207	46%
Completed Orientation	12	3%
Inappropriate for Treatment	38	9%
Other	33	7%
Removed/Discipline	102	23%
Transferred/Released/Out to Court	14	3%
Withdrawn	41	9%
Total	447	100%

A total of 447 inmates exited the prison long-term substance abuse treatment programs during the 2008-2009 fiscal year. Forty-six percent successfully completed the program requirements, 23% exited for behavioral or clinical problems identified by program or custody staff and another 7% exited due to other reasons. At the end of the orientation period, an inmate may elect to continue or withdraw from the program. Three percent (3%) of the inmates who completed the orientation period elected to exit the program and were referred back to their DOP Case Manager for an alternative assignment. 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 unrelated to the program. Additionally, the population served by these prison programs 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 FY 2008-2009, 9% of inmates withdrew from the program against the advice of program staff. Another 9% of long-term treatment program exits were inmates inappropriately assigned to treatment or deemed medically incapable. This type of exit occurs after program staffers conduct assessments of the inmates during the orientation phase of the treatment program. Three percent transferred to another facility, were released from prison or went out to go to court.

Private Treatment Centers

DACDP continued its contracts for private long-term intensive residential treatment beds with the Evergreen Rehabilitation Center in Saint Pauls, NC for 100 males and with the Mary Frances Center in Tarboro, NC 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. The programs are truly back-end loaded by providing six to 12 months or more of treatment at the end of an offender's stay in prison. Successful participants complete the program and are then released from prison.

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. To be eligible for the programs at the private facilities, offenders must be in minimum custody, at least 19 years of age, in good health, not have a detainer, not serving time for an assaultive crime, and be infraction-free for at least 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 Prisons staff is the primary referral source for the private treatment programs. Table 12 shows that during FY 2008-2009, there were 538 inmates enrolled in these private treatment centers with an average daily enrollment of 197 inmates.

Table 12 – 2008-2009 Enrollment in Private Treatment Facilities

Facility	Standard Capacity	Annual Enrollment	Average Daily Enrollment	Capacity Utilization Rate (%)
Evergreen Rehabilitation Center	100	267	99	99%
Mary Frances Center	100	271	98	98%
Total	200	538	197	99%

Table 13 – 2008-2009 Exits from Private Treatment

Exit Reason	Evergreen Rehabilitation Center	Mary Frances Center
Completed	71 (65%)	111(73%)
Inappropriate for Treatment	3	4
Other	5	8
Removed/Discipline	30	17
Transferred	0	12
Totals	109	152

The majority of exits from the private treatment facilities were due to successful completion of the program requirements: 65% at Evergreen and 73% at Mary Frances. Removal of inmates by program staff for administrative or disciplinary reasons accounted for 27% of exits from Evergreen and 11% from Mary Frances. Eight percent of inmates exited from Mary Frances due to a transfer back to a DOP prison facility or out to court. The "Other" category includes inmates who exited due to the loss of job or reasons not further defined.

Long-Term Substance Abuse Treatment Need Compared to Treatment Availability

An initial assessment of supply and demand for long-term substance abuse treatment was completed for FY 2006-2007 to compare the number of long-term treatment slots available to the number of inmates within the prison population in need of long-term substance abuse treatment. The assessment included the five long-term treatment programs located at four prisons and the two private treatment facilities with data based on the inmate's substance abuse severity and other factors. DACDP continued this assessment for FY 2008-2009 for comparative purposes.

Table 14 captures the number of long-term residential substance abuse treatment slots available in FY 2008-2009 by gender and program.

Table 14 – 2008-2009 Yearly Long-Term Residential Substance Abuse Treatment Slots by Gender and Program

Program	Treatment Slots	Average Days in Treatment*	Yearly Slots**
Female			
NC Correctional Institution for Women	34	130	96
Mary Frances Center	100	239	153
Male			
Western Youth Institution	32	115	101
Morrison Correctional Institution (Adult)	88	167	193
Rowan Correctional Center	34	143	87
Evergreen	100	252	145

* This figure is the average length of stay for all inmates who exited the program during FY 2008-2009. The figure is used to calculate the number of cycles in a year. That value is multiplied by the number of treatment slots available during a year.

** All programs operate with an "open" admissions policy-as inmates leave the program, new inmates are accepted. This policy allows for a greater number of slots than might be expected given the stated length of the program. This also represents the estimated number of inmates served at each program during a full year.

The need for long-term substance abuse treatment services is great within the prison population and presents an enormous challenge to the Division of Alcoholism and Chemical Dependency Programs. Long-term treatment program needs continue to exceed long-term treatment supply.

Table 14A – 2008-2009 Yearly Need to Yearly Supply for Long-Term Residential Substance Abuse Treatment Slots by Gender and Program Type

Gender	Program Type	Yearly Treatment Slots	Yearly Treatment Need	Chance of Program Placement
Females				
	State	96	354	29%
	Private	153	329	43%
Males				
	State	381	2401	16%
	Private	145	1241	12%
Total		775	4,325	18%

As shown in Table 14A, the largest gap exists in long-term treatment slots available for male offenders and the number of male offenders in need of treatment. During the 2008-2009 fiscal year, males had a 16% chance of being assigned to a DACDP prison-based long-term treatment program and a 12% chance of being assigned to a private treatment program.

DACDP AFTERCARE

Once an offender completes the residential portion at one of the prison-based DACDP 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 offenders are alone with their limited experience with total abstinence from all drugs and alcohol.

Table 15—2008-2009 Entries to Aftercare

DART Region	DACDP Aftercare	
	Annual Entries	Daily Average
District 1	773	149
District 2	1,699	286
Total	2,472	435

Table 15 displays the entries to DACDP Aftercare and the daily average for each of the DACDP Districts. There were a total of 2,472 inmates who began aftercare, with an average daily enrollment of 435.

DACDP EVALUATION MEASURES PART I: LONG –TERM PROGRAMS

PURPOSE AND EXECUTIVE SUMMARY

During the 2007 legislative session, the North Carolina General Assembly required an evaluation of the long-term substance abuse treatment programs operated directly by the Division of Alcoholism and Chemical Dependency Programs and those programs that provide contract services to the Department (i.e., Mary Frances Center, Evergreen Rehabilitation Center). In March of 2008, DACDP provided a status report on this requirement. In March of 2009, DACDP reported the results of program evaluations using the Correctional Program Assessment Inventory 2000 at these sites and preliminary findings on intermediate outcome measures relevant to program goals. This evaluation section provides the results for the intermediate outcome measures – participant readiness to change drug use and criminal attitudes and cognitions.

On April 15, 2008, DACDP began administering the Readiness Ruler, a measure of willingness to change behavior, and the Texas Christian University (TCU) Criminal Thinking Scales (CTS), a measure of pro-criminal attitudes, to all inmates entering long-term programs. In order to fulfill the requirements of the legislative directive, these instruments were administered to inmates exiting the program through October 31, 2009. The Division chose this repeated measures design to evaluate the programs' ability to increase participating inmates' readiness to change drug use and ability to reduce underlying attitudes that are associated with criminal behavior.

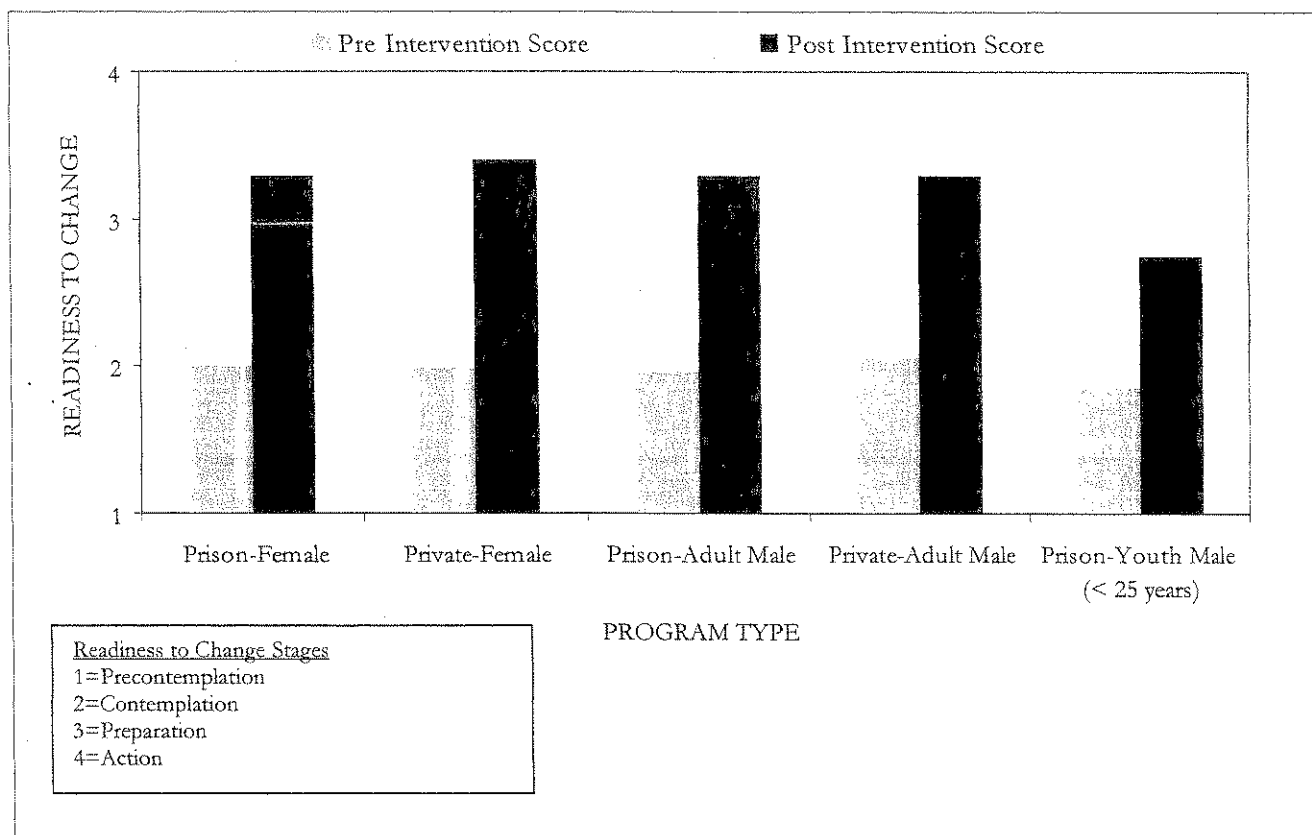
READINESS TO CHANGE DRUG USE

Substance abuse treatment research has shown that an individual's readiness to change drug use behavior is a significant predictor of success after treatment. DACDP evaluated 372 inmates who exited a DACDP-funded long-term substance abuse treatment program through October 31, 2009 for readiness to change substance use behavior. These inmates completed a measure of readiness to change drug use at entry to and exit from the program. The Readiness Ruler measures how ready an inmate is to make a change in use of a specific drug on a scale that corresponds to four of the five stages of change that research has identified as relevant to behavior change. These stages are pre-contemplation, contemplation, preparation, and action. The fifth stage, maintenance, is not relevant to these particular DACDP programs because this stage is associated with an individual's attempt to prevent relapse.

Results of testing suggest that inmates increase their readiness to change substance use behavior at exit from these long-term substance abuse programs. At entry to a long-term program, the average inmate reported scores consistent with the contemplation stage of change. These scores suggest that these inmates have acknowledged a drug use problem at entry to the program, but have not yet decided that changing their behavior is a desirable choice. At this stage of change, inmates are ambivalent about their drug use and have conflicted emotions about whether quitting is desirable. At exit from the programs, the average inmate reported scores consistent

with the preparation stage of change. These scores suggest that at exit these inmates have decided to change their drug-using behavior. At this stage of change, inmates are committed to changing their behavior and are planning how to carry out those changes. Program activities that include creating a plan for release and identifying community resources to help inmates continue their change are key to helping individuals move forward to the action stage of change. Figure A shows the advancement in the stage of change for inmates by program type. These data show that all programs increased readiness to change, and that the magnitude of change was statistically equal among the programs.

Figure A: Advancement in Readiness to Change Drug Use Behavior by Program Type



CRIMINAL ATTITUDES AND COGNITIONS

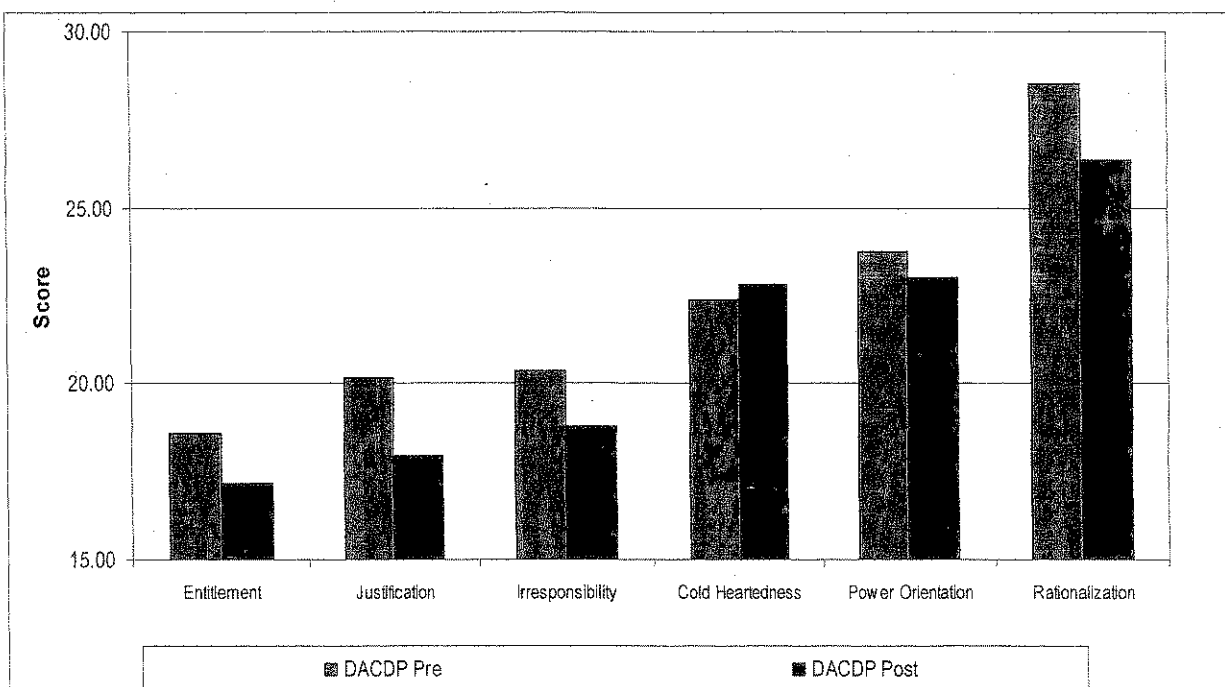
The criminal justice literature highlights criminal thinking as one of several key determinates of an individual's willingness to commit crime both before and after criminal justice sanctions have been applied. Research has shown that when anti-social attitudes and cognitions are addressed, an individual's risk of future offending can be reduced. DACDP evaluated 368 inmates who exited a DACDP-funded long-term substance abuse treatment program through October 31, 2009 for changes in criminal attitudes. These inmates completed a measure of criminal thinking at entry to and exit from the program. The TCU Criminal Thinking Scales (CTS) is a measure used in a number of correctional jurisdictions within the United States and was developed by the

Institute of Behavioral Research at Texas Christian University in Dallas, Texas. The instrument uses six scales that represent distinct elements of antisocial cognitions and attitudes and has had norms generated for a national sample of both male and female offenders.

Results of testing show that inmates participating in DACDP long-term substance abuse treatment program lower their scores on a number of the CTS subscales. Overall, participating inmates reduced their level of entitlement beliefs, justifications of criminal behavior, criminal rationalization, and personal irresponsibility. There were differences in the types of attitudes that were changed, and the magnitude of changes at the various program sites. Figure B shows the average change for all participants with pre-test and post-test scores in these DACDP programs.

Figure B

CTS Scores by Scale: DACDP Pre-test Average and Post-Test Average



A comparison of change by program location and gender shows that though there were few differences in the criminal attitudes among male and female participants, female participants reduced attitudes that reflect justifications of criminal behavior and criminal rationalizations to a greater degree than did male participants (-2.9 and -1.4; -3.5 and -1.7, respectively). While these gender differences are not related to program type for female inmates, male inmates treated at prison-based programs showed greater decreases in criminal attitudes across the majority of these scales. Youthful male inmates (< 25 years) showed no change in criminal attitudes upon exit from the program. Figure C shows the average score on each thinking scale at entry and exit for the various programs along with the average change for each scale.

Figure C: DACDP Intensive Residential Program CTS Scores by Program Type

Criminal Thinking Scale	Prison Female (56 inmates)		Private Female (99 inmates)		Prison Adult Male (120 inmates)		Private Adult Male (43 inmates)		Prison Youth Male (50 inmates)	
	Before	After	Before	After	Before	After	Before	After	Before	After
Entitlement	17.4	16.2	16.9	14.6	19.2	16.7	19.2	19.7	21.6	21.7
Change/Significance	-1.2*		-2.3***		-2.5***		0.5		0.1	
Justification	19.1	17.4	19.2	15.6	20.3	18.0	21.5	20.3	21.0	21.5
Change/Significance	-1.67+		-3.6***		-2.3***		-1.1		0.5	
Power Orientation	23.9	22.1	21.1	19.9	24.8	24.1	23.6	23.9	26.2	27.1
Change/Significance	-1.8*		-1.2		-0.7		0.3		0.9	
Cold Heartedness	20.4	21.1	20.2	21.1	22.6	22.0	23.3	25.4	27.8	29.2
Change/Significance	0.7		0.9		-0.5		2.0+		1.4	
Criminal Rationalization	29.7	26.1	26.9	23.4	30.1	27.4	27.6	28.0	29.0	27.9
Change/Significance	-3.7***		-3.5***		-2.7***		0.5		-1.1	
Personal Irresponsibility	19.5	17.8	18.3	16.0	21.7	18.8	20.1	21.5	23.1	23.1
Change/Significance	-1.7*		-2.2***		-2.9***		1.4		0	

+p≤0.10, *p≤0.05, **p≤0.01, ***p≤0.0001

SUMMARY

Taken together these results indicate that inmates increase their readiness to change substance-abusing behaviors and reduce criminal attitudes and cognitions when they participate in a long-term substance abuse treatment program while incarcerated in the North Carolina Department of Correction. The data reveal that female inmates achieve these benefits whether they are participating in the prison-based program at North Carolina Correctional Institution for Women or at the Mary Frances Center. At either of these programs, female inmates exit committed to changing substance abuse behaviors and express thoughts and beliefs that are less antisocial in orientation. While male inmates participating in a long-term program also improve readiness to change, attitude changes were most closely associated with adult males who participated in the prison based program at Morrison Correctional Institution and Rowan Correctional Center. DACDP continues to administer the CTS at these long-term programs and will focus quality assurance efforts at male program sites to determine if the disparity in results is a result of instrument administration or programmatic issues.

DACDP EVALUATION MEASURES PART II:

Community Residential, Intervention-24, Intermediate and Long-Term Treatment Programs

PURPOSE AND EXECUTIVE SUMMARY

During the 2007 legislative session the North Carolina General Assembly, required an evaluation of each substance abuse treatment program funded by the Department. The legislation specified that measures of reduction in alcohol and drug dependency, improvements in disciplinary and infraction rates, and recidivism (defined as return-to-prison rates) should be included in the annual report. This evaluation section presents statistics for each of the DACDP programs on the required measures for fiscal year 2008-2009.

All DACDP programs were evaluated jointly. The programs include DART-Cherry, a community residential facility, for male probationers and parolees; Intervention-24, a prison-based brief intervention appropriate for inmates with less serious substance abuse issues and inmates with short sentences; intermediate treatment, which varies in length from 35 days to 180 days in order to accommodate inmates with more serious substance abuse issues; and long-term treatment which serves inmates with a need for intensive substance abuse treatment services. The long-term programs serve an outpatient population housed at several prison units and a residential population housed at private treatment centers in the community under contract with the Division.

REDUCTION IN ALCOHOL AND DRUG DEPENDENCY

DACDP evaluated reduction in alcohol and drug dependency using a repeated measures design, which is a comparison of pre and post-intervention drug testing results. Offenders who exited DACDP-funded treatment programs in fiscal year 2008-2009 showed no improvement in chemical dependency based on the results from collected specimens. These results are not surprising since drug screening is neither an inherent part of DACDP interventions and since inmates who exit prison without supervision in the community cannot be measured using these tests because they are no longer under the supervision of the Department. The latter issue is particularly relevant to the long-term programs where treatment frequently coincides with release from prison. Table A below summarizes the outcomes of this evaluation measure by DACDP program and completion status. Note that negative numbers indicate a reduced number of positive specimens. Beginning in fiscal year 2009-2010 DACDP will incorporate a more meaningful measure of chemical dependency, the *Brief Situational Confidence Questionnaire*, that is relevant to the treatment model and that provides a consistent measure that can be used on all inmates assigned to programs, not only those who remain in the custody of the Department.

Table A: Change in Percentage of Specimens Positive for Alcohol or Drugs after Treatment
 % Change for Positive Screens after Treatment

Program	Number Offenders	Completed Treatment	Dropped Out Treatment	Significant ^{1, 2}
Community Residential Intervention-24	766	-26.4% 745	-16.4% 21	No
Intermediate Treatment	310	-0.2% 177	0.7% 133	No
Long-Term Treatment	723	1.1% 502	-1.8% 221	No
	179	22.1% 32	0.2% 147	Yes

IMPROVEMENTS IN DISCIPLINARY AND INFRACTION RATES

DACDP evaluated improvement in disciplinary and infraction rates with a repeated measures design, which is a comparison of disciplinary actions that were taken pre and post intervention. For participants during FY 2008-2009, neither the rate of infractions nor the severity of infractions committed were significantly changed by participation in DACDP's prison-based treatment programs. However, inmates who successfully completed Intervention-24 had fewer infractions and those infractions were less serious when compared to inmates who dropped out of treatment. For inmates who exited a long-term program, both the number and severity of infractions increased after treatment. The differences among inmates who began a treatment program and did not complete and those who completed treatment were not statistically significant.

These mixed results are not surprising since infractions are rare and since inmates who exit prison cannot be evaluated on this measure because they are no longer in prison and cannot violate prison rules. The latter issue is particularly relevant to the long-term programs where treatment frequently coincides with release from prison. Tables B and C below summarize the outcomes of this evaluation measure by DACDP program and completion status. Beginning in fiscal year 2009-2010 DACDP will incorporate an additional measure of change in inmate behavior at Intermediate and Long-term programs, the *TCU Criminal Thinking Scales*, that is relevant to the treatment model and that provides a consistent measure that can be used on all inmates assigned to programs, not only those who remain in the custody of the Department.

Table B: Change in Number of Infractions after Treatment

Program	Number Offenders	Completed Treatment	Dropped Out Treatment	Significant ^{1,2}
Community Residential	n/a	-- n/a	-- n/a	--
Intervention-24	497	-0.12 292	0.09 205	Yes
Intermediate Treatment	2,107	-0.07 1,487	0.05 620	No
Long-Term Treatment	263	0.12 17	0.53 246	No

¹ Sample size (number of offenders) and significance are directly related. Large differences that are observed may not be significant because there are not enough inmates in the group to show a statistically reliable difference. Similarly, small differences may be statistically significant if a large number of inmates are compared.

² A significant difference is indicated when a joint comparison of all groups produces a test statistic that is unlikely (≤ 0.05) if the groups had the same rate.

Table C: Change in Severity of Infractions after Treatment

Program	Number Offenders	Completed Treatment		Dropped Out Treatment		Significant^{1,2}
Community Residential Intervention-24	n/a	--	n/a	--	n/a	--
Intermediate Treatment	497	-0.22	292	0.24	205	Yes
Long-Term Treatment	2,107	-0.16	1,487	0.19	620	No
	263	0.47	17	1.20	246	No

RETURN TO PRISON RATES

A base rate calculation measures recidivism by simply observing exits from a program and calculating a rate of return-to-prison for that group. However, this calculation does not provide a complete picture of program effectiveness because it fails to consider differences among inmates that indicate who is more likely to return-to-prison. More specifically, base rate calculations cannot account for severity of substance abuse disorders, family and criminal history, and other interventions that the inmate may have completed while incarcerated. For these reasons, DACDP evaluated each program's impact on recidivism (defined as a return-to-prison rate) using statistical techniques that consider potential differences among inmates and create equivalent groups appropriate for comparison. This method not only shows when completion of a DACDP program impacts the likelihood of return-to-prison, but also allows for comparison of program participants with inmates not assigned to a DACDP program. Because these techniques produce a matched subset of inmates, summary statistics using base rate calculations or alternate methodologies for determining return-to-prison rates may produce different figures.

For FY 2008-2009, DACDP evaluated each program by gender and expanded the analysis to include inmates who exited the community residential program (DART-Cherry) as a condition of their early release from prison. Return-to-prison rates were lower for males who completed treatment in all programs except long-term treatment, and were lower for females who completed treatment in all programs compared to untreated inmates. Inmates who dropped out of a DACDP program generally had the highest return-to-prison rates. However, in most cases the differences in return-to-prison rates were not large enough to be statistically significant, as indicated in Tables D and E below. In addition, these analyses do not reflect changes made and implemented between 07/01/2007 and 07/01/2008 to the DACDP curriculum to bring the Division's treatment philosophy in line with current evidence-based practices.³ Because DACDP uses a three-year span to measure recidivism outcomes, the current curriculum's ability to affect return-to-prison rates will be evaluated when a sufficient number of inmates exiting prison have participated in these programs.

³ Curriculum changes at DACDP's male prison programs were implemented on 07/01/2007, while changes to the curriculum at female prison programs were implemented on 07/01/2008.

Table D: Three-Year Return-to-Prison Rates for Male Inmates Exiting in Fiscal Year 2005-2006

Program	Number of Offenders	Return Rate for Untreated	Return Rate for Treated	Return Rate for Dropouts	Significant ^{1,2}			
Community Residential Intervention-24	1,720	25.2%	860	21.1%	845	73.3%	15	Yes
Intermediate Treatment	606	35.3%	303	33.3%	258	35.6%	45	No
Long-Term Treatment	6,082	39.1%	3,041	35.6%	2,306	45.4%	1,005	Yes
	694	34.7%	347	41.7%	156	45.0%	191	No

Table E: Three-Year Return-to-Prison Rates for Female Inmates Exiting in Fiscal Year 2005-2006

Program	Number of Offenders	Return Rate for Untreated	Return Rate for Treated	Return Rate for Dropouts	Significant ^{1,2}			
Community Residential Intervention-24	--	--	--	--	--	--	--	--
Intermediate Treatment	692	27.2%	364	25.8%	310	27.8%	36	No
Long-Term Treatment	768	31.5%	384	27.7%	267	35.0%	117	No
	282	33.3%	141	25.8%	120	14.3%	21	No

OTHER MEASURES OF PROGRAMS' SUCCESS

This year, DACDP included an additional measure of program performance by examining whether participation in a DACDP program influences the likelihood that an inmate either will return to prison or be placed on community supervision for a new conviction after exit from prison. This measure is the return-to-DOC-supervision rate. DACDP used the same methods described in the return-to-prison rates section to evaluate this measure. The results of these analyses show statistically significant improvements in returns to DOC supervision after exit from prison for individuals completing DACDP programs.

Comparing the return rates for each group of participants allowed DACDP to determine the relative impact of treatment for each program by treatment result (i.e., unassigned, completed, drop-out). Male inmates who completed intermediate treatment were 6.1% less likely to return to supervision after exit when compared to a control group of exiting male inmates not assigned to a DACDP program.⁴ Similarly, females who exited after completion of intermediate and long-term treatment were also less likely to return to DOC supervision when compared to a control group of exiting female inmates not assigned to a DACDP program (18.1% and 28.9% less likely, respectively).⁴ Offenders who exited prison to DART-Cherry and successfully completed treatment were 45.9% less likely to return to DOC supervision when compared to a control group of exiting DWI inmates not paroled to the community residential program.⁴ Tables F and G below

⁴ The percentage difference in return rates is calculated by subtracting the rate of return for the completing group of offenders from the rate of return for the untreated group of offenders and dividing this value by the return rate for the untreated group. For example to calculate the percentage difference in return rate for males completing intermediate treatment, the calculation is as follows: (47.5%-50.6%) / 50.6%. For this calculation the difference in return rates for completers (-3.1%) divided by the return rate for untreated offenders (50.6%) is -6.1%.

summarizes the outcomes of this evaluation measure by DACDP program, completion status, and gender.

While these figures show a more positive influence for DACDP programs on other measures of recidivism, caution about the implications for current DACDP interventions is in order. As with return-to-prison rates, these figures do not reflect changes made to the curriculum and implemented between 07/01/2007 and 07/01/2008 to bring the Division's treatment philosophy in line with current evidence-based practices.³ As such, firm conclusions cannot yet be made on current interventions' ability to affect returns to DOC supervision by participating inmates.

Table F: Three-Year Return-to-DOC-Supervision Rates for Male Inmates Exiting in Fiscal Year 2005-2006

Program	Number of Offenders	Return Rate for Untreated	Return Rate for Treated	Return Rate for Dropouts	Significant ^{1,2}			
Community Residential Intervention-24	1,720	40.1%	860	21.7%	845	80.0%	15	Yes
Intermediate Treatment	606	44.2%	303	46.5%	258	42.2%	45	No
Long-Term Treatment	6,082	50.6%	3,041	47.5%	2,306	55.8%	1,005	Yes
	694	51.6%	347	57.7%	156	57.1%	191	No

Table G: Three-Year Return-to-DOC-Supervision Rates for Female Inmates Exiting in Fiscal Year 2005-2006

Program	Number of Offenders	Return Rate for Untreated	Return Rate for Treated	Return Rate for Dropouts	Significant ^{1,2}			
Community Residential Intervention-24	--	--	--	--	--	--	--	--
Intermediate Treatment	692	42.8%	364	42.3%	310	38.9%	36	No
Long-Term Treatment	768	53.1%	384	43.5%	267	53.0%	117	Yes
	282	53.9%	141	38.3%	120	28.6%	21	Yes