

North Carolina Department of Correction

Division of Alcoholism and Chemical Dependency Programs



Annual Legislative Report

FY 2006-2007

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EXECUTIVE SUMMARY

North Carolina Department of Correction Division of Alcoholism and Chemical Dependency Programs (DACDP) 2006-2007 Annual Report to the N. C. General Assembly

G.S. 143B-262.3 requires the Department of Correction to report by March 1 of each year to the Chairs of the Senate and the House of Representatives Appropriations Committees and to the Chairs of the Senate and House of Representative Appropriations Subcommittees on Justice and Public Safety. The report for FY 2006–2007 shall include the following information:

1. Efforts to provide effective treatment to offenders with substance abuse problems;
2. Details of any new initiatives and expansion 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. The following statistical information for each funded program:
 - Number of current inmates with substance abuse problems that receive treatment;
 - Number of treatment slots;
 - Number who have completed treatment; and a
 - Comparison of available treatment slots.
6. Evaluation of each substance abuse program funded by DOC based on the following:
 - Reduction in alcohol and drug dependency;
 - Improvement in disciplinary and infraction rates;
 - Recidivism (return to prison rates); and
 - Other measures.
7. For the 2007-2009 fiscal biennium, DOC's evaluation effort shall focus mainly on evaluation of the long-term programs operated through private contract and those operated directly by the Department of Correction. The evaluation component of the March 1, 2008 annual report shall be primarily a status report and provide only preliminary information on the evaluation of the residential program. The final evaluation report shall be included in the March 1, 2009 annual report.

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, a community-based residential facility, for male probationers and parolees; prison-based brief, intermediate and long-term residential treatment programs; and outpatient programs.

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 is the Substance Abuse Subtle Screening Inventory (SASSI); it was administered to 23,111 offenders who entered prison during FY 2006-2007. 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 23,111 offenders who were screened, 63% or 14,582 indicated a need for residential substance abuse treatment.
- 66% or 9,578 of the 14,582 identified offenders were eligible and, therefore, referred to residential treatment programs.
- 71% or 2,217 of female offenders who were screened indicated a need for residential substance abuse treatment.
- 67% or 2,146 of youthful male offenders (under 22) 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 are recipients of the latest evidence-based best practices. Program improvement initiatives are critical to this process. Recent achievements have included:

- Full implementation and training of staff on the "A New Direction" curriculum, a nationally recognized and standardized cognitive-behavioral curriculum designed specifically for offenders, in all adult male DACDP programs;
- Development of a Certified Clinical Supervisor Program;
- Conversion of the two Residential Substance Abuse Treatment (RSAT) programs located at Morrison Correctional Institution in Hoffman, NC and North Carolina Correctional Institution for Women in Raleigh, NC to state-funded programs;
- Completion of a review of all clinical services/programs to determine strengths, needs, and effectiveness of services; and
- Development and completion of two Division-wide training and leadership meetings for Division management.

Since 2001, the burgeoning prison population in North Carolina has increased by 6,524. Concurrently, the number of substance abuse program treatment slots has declined by 408. 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 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 of offenders returning to our communities without treatment.

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, aftercare and continuing care services for the department. Throughout DACDP, there are 215 staff members, (eight of whom are federally funded), 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 aimed 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 on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA). 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. During this year, all adult male programs implemented the curriculum “A New Direction”, which is a workbook driven program emphasizing identification of destructive thinking patterns and replacement with constructive recovery-driven thoughts and actions.

One hallmark of the prison-based DACDP programs is the use of peer counselors--current inmates in recovery from alcoholism and/or drug addiction. The concept of peer counselors assisting the treatment team is an integral part of corrections treatment design. Peer counselors have completed residential treatment in their current sentence, and have participated in the DACDP 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 DACDP 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 to one of the DACDP units throughout the state. Peer counselors 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. 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.

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. However, offenders who complete medium-custody treatment programs return to the general prison population because offenders are not typically released from medium custody.

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

Eligibility for admission to DART-Cherry is determined either by court order for probationers, 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 done 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.

Intermediate DACDP programs range from 35 to 180 days and are available in 13 residential settings located in prisons 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 8-12 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: federally funded Residential Substance Abuse Treatment (RSAT) programs and contractual private treatment facilities, each of which is 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, the RSAT programs replicate the 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 2006-2007.

- The average cost per day per offender for the DART-Cherry facility was \$46.27.
- The cost per day per inmate for the prison-based DACDP programs averaged \$61.46. The cost ranged from \$45.38 at Tyrrell PWF to \$93.59 (\$71.12 represents Division of Prisons costs) 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 per inmate for both facilities was \$77.57. For the Mary Frances Center, the cost was \$88.59. For Evergreen Center, the cost was \$66.28. These amounts are the per diem rates specified in the Department's contract with each private facility, plus medical costs.

**Table 1 – 2006-2007 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	90 Days
	Piedmont Correctional Institution	88	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	90 Days
Female	Black Mountain Correctional Center for Women	18	56 Days
	NC Correctional Institution for Women	62	90 Days
	Fountain Correctional Center for Women	42	90-180 Days
Total		749	
Long-Term Residential Treatment			
Adult Male	Morrison Correctional Institution - Therapeutic Community	96	180-365 Days
	Rowan Correctional Center - 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	

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; one is a 28-day program and the other is 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.

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 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. 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.

In response to an identified need, 10 treatment slots were designated as “priority” beds. These 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 availability of 90-day treatment slots, priority bed referrals may begin treatment in the 28-day track and are later transferred to the 90-day program with the next incoming cohort. Priority beds are not for detoxification purposes.

Upon completion of the DART-Cherry program, a complete aftercare plan is developed by the offender’s counselor. 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 2,105 offenders enrolled in DART-Cherry during the 2006-2007 fiscal year. Fifty percent of the offenders were assigned to the 28-day program. Parolees made up the largest portion (70%) of the offenders assigned to the 28-day program. This was a decrease of almost 7% from 2005-2006. In addition, parolees made up 10% of the offenders assigned to the 90-day program which was a decrease of 2% from 2005-2006. Overall, there was a decrease of 9% in DART-Cherry programs enrollment from the previous year which can be directly attributed to the decrease in parole entries.

Table 2 – 2006-2007 DART-Cherry Enrollment

Program type and type of supervision	Offenders Enrolled	Percent of Annual Enrolled
28-day Parole	732	35%
28-day Probation	320	15%
90-day Parole	106	5%
90-day Probation	947	45%
Total	2105	100%

The majority of participants at DART-Cherry exit the program as successful completions, at a rate of 81% for the 28-day program and 87% for the 90-day program. Other reasons for exiting vary for the two programs. The 28-day program had 130 (13%) offenders who exited as transfers or releases, which in most cases means a transfer to the 90-day program. This was an increase of 9% from 2005-2006 and severely impacted the overall completion rate for the 28-day program due to transfers/releases occurring prior to the completion of the 28-day program. Three 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 due to administrative reasons, detainers, and illness.

Table 3 – 2006-2007 DART-Cherry Exits

Exit Reason	28-Day Program		90-Day Program	
Completed	801	81%	743	87%
Absconded/Withdrawn	10	1%	25	3%
Transferred/Released	130	13%	3	1%
Removed/Discipline	9	1%	28	3%
Inappropriate for Treatment	4	1%	18	2%
Other	30	3%	36	4%
Total	984	100%	853	100%

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 Outpatient
3	Brief/Intermediate treatment	DACDP-35 - 90
4	Intermediate/long-term treatment	DACDP-90 - 180
5	Long-term treatment	RSAT and/or Private facilities

DACDP staff administers 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.

Table 4—2006-2007 Prison Entries and SASSI Scores

Inmate Group	SASSI Score				
	1	2	3	4	5
Female	405 (13%)	469 (15%)	628 (20%)	868 (28%)	721 (23%)
Male - Youth	460 (14%)	576 (18%)	758 (24%)	633 (20%)	755 (24%)
Male - Adult	2475 (15%)	4144 (25%)	6293 (37%)	2913 (17%)	1013 (6%)
Total	3340 (14.5%)	5189 (22.5%)	7679 (33%)	4414 (19%)	2489 (11%)

During the 2006-2007 fiscal year, 23,111 inmates newly admitted to prison 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 female inmates indicate that they are the group with the greatest need for treatment with 71% scoring 3 or above. The proportion of male youth inmates (under 22) 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 2006-2007 fiscal year, 86% completed the SASSI, which is a slight decrease from 88% the previous year. Although the number of SASSI screenings increased from 22,970 in FY 2005-2006 to 23,111 in FY 2006-2007, the overall completion percentage decreased due to an even larger increase in prison admissions. Approximately 14 percent of inmates were not screened using SASSI due in part to serious health conditions, language barriers and other issues.

Table 5—2006-2007 Referrals to DACDP Programs by Prison Diagnostic Center

Diagnostic Center	2006-2007 Prison Admissions	Number Screened	Identified with Alcohol/Drug Problem	Referred to DACDP
Central Prison	1,229	924	582	423
Craven Correctional Institution	5,986	5,592	3,129	2,786
Fountain Correctional Center for Women	1,259	1,195	848	643
NC Correctional Institution for Women	2,045	1,896	1,369	1,131
Neuse Correctional Institution	7,152	5,376	3,601	433
Piedmont Correctional Institution	5,164	4,531	2,632	2,599
Polk Youth Institution	2,476	2,223	1,526	1,281
Western Youth Institution	1,421	1,374	895	282
Totals	26,732	23,111	14,582	9,578

Among the newly-admitted inmates, there were 9,578 referred to a substance abuse treatment program by diagnostic staff. Sixty-six 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. 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 treatment lengths.

DACDP INTERVENTION-24

The DACDP Intervention-24 program addresses the need for substance abuse intervention. Two categories of inmates are candidates for this program. The first category includes inmates who score a 2 that the SASSI screening instrument identifies 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 residential 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).

Table 6—2006-2007 Annual Entries in DACDP Intervention-24

Facility	Annual Entries
Albemarle CI	55
Anson CC	32
Cabarrus CC	63
Dan River Work Farm	15
Davidson CC	34
Forsyth CC	16
Fountain CCW	213
McCain Hospital	15
North Piedmont CCW	14
Orange CC	17
Raleigh CCW	108
Southern CCW	51
Total	634

There were 634 inmates assigned to DACDP Intervention-24 in the 2006-2007 fiscal year at 12 facilities across the state. This is a 38% decrease in entries from FY 2005-2006. Explanations for this decrease include the number of staff vacancies among the outpatient staff, the demand on outpatient staff to administer the SASSI at all diagnostic centers, and the way the cycles of intervention cut across the fiscal year, with more cycles in some years and fewer in others. The two facilities with the highest FY 2006-

2007 enrollment were female facilities resulting in half (50%) of all DACDP Intervention-24 entries.

Table 7— 2006-2007 DACDP Intervention-24 Exits

Exit Type	Number of Exits	Percent of Total
Completion	541	85%
Inappropriate for Treatment	2	0%
Removed/Discipline	35	6%
Transferred/Released	18	3%
Withdrawn/Dropped	16	3%
Other	21	3%
Total	633	100%

The majority (85%) of FY 2006-2007 participants successfully completed DACDP Intervention-24. The next most common reason for inmates to exit the program was removal by staff for clinical or disciplinary reasons (6%). Inmates transferred to another prison or released from prison comprised 3% of DACDP Intervention-24 exits. Withdrawn or dropped (3%) describes inmates who end participation in the program against program staff advice. The “Other” category covers reasons that were not further defined.

INTERMEDIATE DACDP PROGRAMS

Intermediate DACDP programs 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 client to recovery-based thinking and action. Upon completion, inmates are encouraged to participate in aftercare services.

Table 8 – 2006-2007 Enrollment in Intermediate DACDP Programs

Facility	Treatment Slots	Annual Enrollment	Average Daily Enrollment	Capacity Utilization Rate (%)
Tyrrell Prison Work Farm	52	496	45	87%
Wayne Correctional Center	126	1,239	125	99%
Haywood Correctional Center	34	325	33	97%
Lumberton Correctional Institution	47	280	45	96%
Pender Correctional Institution	98	536	95	97%
Piedmont Correctional Institution	88	627	84	95%
Craggy Correctional Center	62	433	59	95%
Duplin Correctional Center	44	251	43	98%
Black Mountain Correctional Center for Women	18	109	17	94%
Fountain Correctional Center for Women	42	164	40	95%
NC Correctional Institution for Women	62	352	60	97%
Western Youth Institution	42	294	42	100%
Rutherford Correctional Center	34	173	34	100%
Totals	749	5,279	722	95%

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. Total enrollment in intermediate DACDP programs increased by almost 2% during the 2006-2007 fiscal year over the number of inmates enrolled in FY 2005-2006. The daily average enrollment was 722, which is slightly higher than the average of 681 in the previous fiscal 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 87% to 100%. This is due in part to the program completion schedule not coinciding exactly with Division of Prisons transfer schedules at the facilities.

Table 9 presents the exits from Intermediate DACDP treatment programs. Of all exits from the program, 63% were completions--the satisfactory participation in the program for the required number of treatment days. The next most common reasons for exiting the program were the removal (10%) of inmates from the program and the completion of the orientation (10%). 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. 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 offenders' treatment needs. Almost 2% of the inmates who exited from the Intermediate DACDP programs in FY 2006-2007 were considered inappropriate for treatment (58) or were deemed medically incapable (27) by program staff.

Table 9—2006-2007 Exits from Intermediate DACDP Programs

Type of Exit	Number of Exits	Percent of All Exits
Completion	2,888	63%
Completed Orientation	457	10%
Inappropriate for Treatment	85	2%
Other	208	4%
Program Terminated	37	1%
Removed/Discipline	476	10%
Transferred/Released	142	3%
Withdrawn	314	7%
Total	4,607	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, that is, 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 dictates that the programs meet the following criteria:

- 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, which 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 average daily enrollment increased from 228 in FY 2005-2006 to 236 in FY 2006-2007. The capacity utilization rate decreased from 93% in 2005-2006 to 91% in FY 2006-2007. Although utilization rates vary among the programs, the decrease from FY 2006-2007 is primarily due to the lower rates for both the medium (90%) and minimum (88%) programs at Morrison Correctional Institution.

Table 10 – 2006-2007 Enrollment in RSAT-Based Long-Term Treatment Programs

Facility	Treatment Slots	Annual Enrollment	Average Daily Enrollment	Capacity Utilization Rate (%)
Morrison Correctional Institution - Adult Therapeutic Community	96	279	93	90% **
Rowan Correctional Center- Adult Therapeutic Community	34	100	33	97% *
NC Correctional Institution for Women -Therapeutic Community	34	92	33	97% **
Morrison Correctional Institution - SARGE	50	118	47	88% **
Western Youth Institution – SARGE	32	103	30	94% *
Total	246	692	236	91%

* RSAT Funded Program

** DOC Funded Program

Table 11 – 2006-2007 Exits from RSAT-based Long-Term Treatment Programs

Type of Exit	Number of Exits	Percent of All Exits
Completion	252	51%
Inappropriate for Treatment	21	4%
Other	24	5%
Program Terminated	2	0%
Removed/Discipline	122	24%
Transferred/Released	28	6%
Withdrawn	48	10%
Total	497	100%

A total of 497 inmates exited the prison long-term substance abuse treatment programs during the 2006-2007 fiscal year. Fifty-one percent successfully completed the program requirements while 24% exited for behavioral or clinical problems identified by program or custody staff and another 5% were demoted (Other). 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 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 FY 2006-2007, 10% of inmates withdrew from the program against the advice of program staff. Another 4% 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. Six 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 90 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. They are truly backend-loaded (similar to the RSAT programs) by providing six to 12 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, in good health, not have a detainer, not serving time for an assaultive crime, and infraction-free 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 Prisons' staff is the primary referral source for the private treatment programs. Table 13 shows that during FY 2006-2007, there were 414 inmates enrolled in these private treatment centers. The average daily enrollment in private treatment centers during FY 2006-2007 was 193 inmates.

Table 12 – 2006-2007 Enrollment in Private Treatment Facilities

Facility	Standard Capacity	Annual Enrollment	Average Daily Enrollment	Capacity Utilization Rate (%)
Evergreen Rehabilitation Center	95	191	95	100%
Mary Frances Center	100	223	98	98%
Total	195	414	193	99%

Table 13 – 2006-2007 Exits from Private Treatment

Exit Reason	Evergreen Rehabilitation Center	Mary Frances Center
Completed	76 (63%)	107 (78%)
Inappropriate for Treatment	5	1
Other	18	3
Removed/Discipline	20	19
Transferred	1	8
Totals	120	138

The majority of exits from the private treatment facilities was due to successful completion of the program requirements; 63% at Evergreen and 78% at Mary Frances. Removal of inmates by program staff for administrative or disciplinary reasons accounted for 17% of exits from Evergreen and 14% from Mary Frances. Six percent of inmates that exited from Mary Frances were attributed to a transfer back to a DOP prison facility or out to court, and less than 1% of Evergreen offenders exited for this reason. The last category “Other” 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. All inmates who were in the prison population on June 30, 2006 and any who entered prison between July 1, 2006 and June 30, 2007 were included in the calculation. There were 63,632 inmates in the prison population during this timeframe. Of that number, 61,736 met the analysis criteria.

Table 14 captures the number of long-term residential substance abuse treatment slots available in FY 2006-2007 by gender and program.

Table 14 – 2006-2007 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	183	68
Mary Frances Center	100	235	156
Male			
Western Youth Institution	32	123	95
Morrison Correctional Institution (Youth)	50	115	159
Morrison Correctional Institution (Adult)	96	188	186
Rowan Correctional Center	34	172	72
Evergreen	95	252	138

* This figure is the average length of stay for all inmates who exited the program during FY 2006-2007. 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.

Table 15 compares the yearly supply of long-term treatment slots to the number of inmates within the prison population in need of long-term substance abuse treatment during FY 2006-2007. Inmates that met the following criteria were included in this calculation:

- SASSI score of 4 or 5 or CDST/SMASST score 3 or greater
- No escape status
- No chronic mental or physical disease
- Not an inpatient at a mental health or medical facility
- Not on death row
- No affiliation with a Security Threat Group
- Age over 18 years as of July 1, 2007 or the date of entry to prison if after July 1, 2007
- No outstanding warrants
- No detainees
- At least 180 days past July 1, 2007 remaining on their sentences
- Not completed substance abuse treatment during the current period of incarceration
- Not housed in close custody

In order for an inmate to be eligible for a private treatment facility, the offender must meet the following criteria:

- Must have never escaped from prison;
- Be in minimum custody and
- Be in prison for a nonviolent crime.

Table 15 – 2006-2007 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 Placement	Yearly Need to Yearly Supply
Females					
	State	68	197	35%	289.7%
	Private	156	205	76%	131.4%
Males					
	State	512	1,362	38%	266.0%
	Private	138	737	17%	534.1%
Total		874	2,501	35%	286.2%

In their current design, long-term treatment programs have the capacity to serve approximately 874 inmates per year. However, there were 2,501 inmates who were in need of long-term substance abuse treatment during this fiscal year. Long-term treatment need far exceeds long-term treatment program supply by approximately 286% as there are nearly three inmates for each treatment slot. Only 35% of the inmates who meet the program-specific criteria have a chance to be assigned to a long-term treatment slot.

Table 16 captures the daily need to daily supply for long-term treatment slots by gender and program type when inmate assignments and segregation status are taken into consideration. In addition to the screening criteria listed above for Table 15, the following

screening requirements for inmates to be qualified for placement are:

- Not currently in segregation with no segregation time pending; and
- Not assigned to work release, construction, education, or currently enrolled in substance abuse treatment.

Table 16 – 2006-2007 Daily Need to Daily Supply for Long-Term Residential Substance Abuse Treatment Slots by Gender and Program Type

Gender	Program Type	Daily Slots	Excess Need on a Day	Ratio of Excess Need to Slots	Percentage Excess Need
Females					
	State	34	85	2.5	250.0%
	Private	100	38	0.4	38.0%
Males					
	State	212	601	2.8	283.5%
	Private	95	252	2.7	265.3%
Total		441	976	2.2	221.3%

The overall inmate pool is substantially reduced when an inmate's segregation status and current assignments such as education and work release are taken into consideration. The steep reduction in the male inmate pool is a result of assignment to programs in minimum custody units, e.g. work release, etc. Even with the reduction of the pool, long-term treatment need far exceeds long-term treatment program supply by approximately 221%.

The largest gaps in long-term treatment exist for inmates of either gender who are eligible for DACDP (state) treatment programs and treatment slots for male inmates who meet the criteria for placement in a private treatment program. In order to obtain a similar ratio at state long-term treatment programs, females would need an additional 51 daily treatment slots and males would need approximately 369 additional long-term treatment daily slots. Males would also need an additional 153 daily slots at private treatment programs. 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.

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 the offender is alone with their limited experience with total abstinence from all drugs and alcohol.

Table 17—2006-2007 Entries to Aftercare

	DACDP Aftercare	
DART Region	Annual Entries	Daily Average
District 1	1,424	263
District 2	2,227	388
Total	3,651	651

Table 14 displays the entries to DACDP Aftercare and the daily average for each of the DACDP Districts. There were a total of 3,651 inmates who began the aftercare treatment, with an average daily enrollment of 651. The current annual entries and daily average are both lower than the previous year. This is due to the reduction of four 35-day programs, staff vacancies among outpatient staff and the growing demand for outpatient to administer the SASSI in the diagnostic centers.

NEW INITIATIVES

Analysis and Evaluation of Long-Term Residential Programs

This outlines the DOC's efforts focused on the evaluation of the long-term residential programs operated through private contract and those operated directly by the Department of Correction. This evaluation component is a status report that provides preliminary information on the evaluation of the residential programs.

The DACDP staff is working with R&P staff to complete the following aspects of the larger evaluation design:

1. Staff will implement the use of an offender self-assessment tool, the Readiness Ruler (Rollnick, CASAA Research Division, 2006) that measures an offender's motivation to change and to enter treatment. Beyond providing descriptive information, these data will be used to individualize an offender's treatment to enhance completion.

Rationale: Research has shown that an individual's motivation to change is crucial to treatment success. Counselors can direct individual attention to those offenders with a great need and low desire to change.

2. Staff will implement the Offender Progress Report (Hazelden, 2007), a rating form completed by treatment counselors at the end of each phase and at the end of treatment. This counselor rating scale measures each client's progress along a continuum that examines prosocial improvement in his or her attitudes and behaviors. These findings will be supplemented by the use of the TCU Criminal Thinking Scales (Institute of Behavioral Research, Texas Christian University, 2005).

Rationale: Research has documented substance abuse as a criminogenic need and the causality of pro-criminal thoughts and attitudes with substance abuse. These findings are intermediate measures that examine success/failure of cognitive restructuring early enough in the treatment process to allow for additional treatment efforts.

3. Staff will use OPUS data to provide a detailed description of the inmate population in need of long-term treatment. This description will include consideration of their more severe substance abuse needs and, frequently, their higher risk level (for recidivism).

Rationale: These findings will be used to enhance the Life Areas of the Correctional Case Plan to allow for appropriate placement and treatment of offenders.

4. Staff will continue a comparison of the need for long-term treatment versus the availability of treatment slots;

Rationale: These data will guide DACDP staff in examining the efficiency of resource use.

5. Department staff will assess the effectiveness of the residential programs with the Correctional Program Assessment Inventory (CPAI), an objective instrument that compares a program's integrity to the body of literature and practices proven to reduce recidivism. The CPAI findings allow for an examination of program fidelity to Evidence-based Practices, a set of characteristics and practices that have demonstrated an ability to reduce recidivism.

Rationale: Research has demonstrated the implementation of Evidence-based Practices does reduce substance abuse, which leads to a reduction in recidivism. These findings will lead to program improvement efforts by the DACDP staff.

6. Staff will examine the feasibility of post-release followup of offenders who complete treatment. Again, data will be collected to allow for a comparison of the state versus private residential programs.

Rationale: These are long-term outcome measures. R&P staff will examine these data using statistical methods to determine the impact of treatment on return to prison.

Clinical Development Team

In an effort to further enhance the quality of the treatment provided to offenders and maintain consistent and accountable clinical supervision of all eligible staff, the Division created the Clinical Development Team. The Clinical Development Team (CDT) consists of the Clinical Director, two Certified Clinical Supervisors, two Clinical Trainers, and a Substance Abuse Program Consultant. As of June 30, 2007, all CDT positions were filled. The Clinical Development Team will be responsible for the following:

- Clinical supervision of DACDP staff in a professional manner, consistent with staff development and quality improvement efforts;
- Development and standardization of statewide policy for clinical programs;

- Ongoing reviews of all clinical services/programs to determine strengths, needs and effectiveness of services;
- Clinical training of staff; and
- Statistical tracking of clinical services.

Clinical Services/Program Reviews

The Common Assessment was reviewed as part of the overall review of all clinical services/programs for DACDP. A Common Assessment Committee was formed and charged with modifying this instrument into a more concise and user-friendly format. The goal of this committee is to incorporate the revised document into the new Division Web-based ACD OPUS.

The Outpatient Services Committee was formed and charged with redesigning outpatient services to better meet the needs of the offender, to facilitate staff delivery of the program, and to ensure effective, efficient, and consistent outpatient services statewide.

Conversion of RSAT Funded Facilities to State Funded

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 severely addicted inmates in need of long-term treatment.

The Division requested replacement dollars from the General Assembly for these critically needed treatment programs. The General Assembly subsequently funded the two remaining RSAT programs located at Western Youth Institution in Morganton, NC and at Rowan Correctional Center in Salisbury, NC effective June 30, 2007. In FY 2007-2008, the Division will work to transition these programs to state-funded programs addressing transition issues.

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 2006-07, training focused on enhancing professional development. In FY 2007-2008, training will be expanded and offered to other programs/agencies that would benefit from the trainings such as the Administrative Office of the Courts' Drug Treatment Court program.

Transition of Peer Counselor Job Description to Treatment Assistant

The Division has initiated a change in the job title for the Division's Peer Counselors to Treatment Assistants in order to better define their roles within the program. The change will require updated job descriptions, the establishment of appropriate new codes in OPUS, and collaboration with DOP to facilitate the change.

Web-based Alcohol Chemical Dependency OPUS (ACD OPUS)

The Division has worked in conjunction with the NCDOC Management Information Systems (MIS) to develop a Web-based ACD OPUS application for the Division. The Web-based application is built on information that is currently stored in the North Carolina Department of Correction's OPUS database and will provide Division staff with a more effective, efficient and user-friendly system. The completed product will be implemented statewide in the near future.

CHALLENGES

Completion of DACDP Program Policy

The Division has an ongoing commitment to develop and complete a standardized Division program policy for statewide implementation which reflects the standards for Behavioral Health Programs as defined by the Commission on Accreditation of Rehabilitation Facilities (CARF). Committee assignments have been made and the development of this policy is under way. The policy will provide guidance to Division program staff, ensure accountability, and result in enhanced program integrity.

Female Treatment Curriculum

The Division has initiated the search for a new gender-specific curriculum for females in order to standardize female treatment curriculum statewide. The needs of women in the treatment process are different from those of men and must be more holistic in order to produce better outcomes. In addition to treating the substance abuse problem, a female treatment program must also be able to address the female's social and psychological needs.

Increase Female Treatment Beds

DACDP is striving to meet the increased need of the adult female population for substance abuse treatment within the Department of Correction. FY 2005-2006 and FY

2006-2007 SASSI score statistics for prison entries indicated that the female inmate group had the greatest need for intermediate and long-term treatment services. As a result of the tremendous growth of the female inmate population and their continued projected growth, there is a critical need for additional female bed space.

In November 2006, the General Assembly approved a plan by the Department of Juvenile Justice and Delinquency Prevention and the North Carolina Department of Correction to share use of the Swannanoa Valley Youth Development Center (SVYDC) campus. Under the proposed plan, DJJDP will continue to operate the southern part of the campus as a youth development center for male juvenile offenders. DOC in turn will move its operations from Black Mountain Correctional Center for Women to Swannanoa and operate the northern part of the SVYDC campus as a prison facility for adult females.

The long-term goal of both departments is to effect a complete transition of the Swannanoa Valley campus to DOC in three phases. The departments are in the process of implementing Phase I of the transition, in which DOC will increase the female population in Buncombe County from 80 inmates to 165 inmates, supervised by a staff of 79 employees. When Phase I is complete, DACDP will provide 30 treatment beds for females on the Swannanoa campus.

Residential Treatment Facility for Female Probationers and Parolees

While the Division operates a 300-bed residential treatment facility for male probationers and parolees, there is not a comparable facility for females. DOC's Research and Planning section estimates that 50 residential beds will meet the treatment needs of female probationers and parolees and will bring services to this population of women within the Department of Correction. Annual operational costs for this facility will be approximately \$1,800,000 for the first year and will require 35 state positions.

Increase Male Youth Treatment Beds

The need for additional male youth treatment beds and services was established by FY 2005-2006 and FY 2006-2007 SASSI scores which reflected that 67% of the male youth inmate population was in need of intermediate or long-term treatment. Polk Correctional Institution in Butner, NC was the site selected by the Division for future male youth treatment bed expansion. In April 2007, federal RSAT grant monies became available through the North Carolina Governor's Crime Commission. The Division submitted a grant application and in 2007 the Department received a grant from the Commission to fund a new long-term substance abuse treatment program consisting of approximately 32 beds at Polk Correctional Institution.

Training

To enhance the present training component, the Division would like to explore the capability of developing some e-learning tracks for staff. This development would be inclusive of an orientation module. In addition, the Division would like to improve its capability to electronically capture total training credit hours that would apply towards a staff member's certification process with the NC Substance Abuse Professional Practice Board.

Comparison of Treatment Slots and Prison Population Growth

Over the past six 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 2006-2007. 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 six years, the prison population increased by 6,524 on the last day of the 2006-2007 fiscal year and treatment slots decreased by 408. 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

