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MEMORANDUM

TO: Senator Peter S. Brunstetter Representative Harold J. Brubaker
Senator Neal Hunt Representative Jeffrey L. Barnhart
Senator Richard Y. Stevens Representative Mitch Gillespie
Senator Harry Brown Representative Linda P. Johnson
Senator Thom Goolsby Representative N. Leo Daughtry
 Representative W. David Guice
 Representative Shirley B. Randleman

FROM:  Jennie L. Lancaster, Chief Operating Officer

RE: Legislative Report on
Alcohol and Chemical Dependency Program
(G.S. 143B-262.3)

DATE: March 1, 2011

Pursuant to G.S. 143B262.3, Session Law 2009-451, please find attached the Department of Correction's Legislative Report on Alcohol and Chemical Dependency Program.

JLL:BSB/jbk

cc: Aaron Gallagher
John Poteat
Doug Holbrook
Kristine Leggett
Gov Ops Website
General Assembly Legislative Library



North Carolina Department of Correction

Division of Alcoholism and Chemical Dependency Programs



Annual Legislative Report

FY 2009-2010

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

Alvin W. Keller, Jr.
Secretary of Correction

March 2011

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**North Carolina Department of Correction
Division of Alcoholism and Chemical Dependency Programs (DACDP)
2009-2010 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: two community-based residential facilities, DART Cherry for male probationers and parolees and Black Mountain Substance Abuse Treatment Center for Women for female probationers and parolees; brief, intermediate and long-term intensive treatment programs within prison facilities; 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 24,384 offenders who entered prison during FY 2009-2010. DACDP utilizes this highly reliable screening tool to identify offenders with chemical dependence and to assign an appropriate treatment level. Below is a noteworthy statistical snapshot of the testing results:

- Of the total number of 24,384 offenders who were screened, 63% or 15,275 indicated a need for intermediate or long-term substance abuse treatment.
- Of the 15,275 identified offenders who were eligible, 10,501 or 69% were referred to intermediate or long-term substance abuse treatment programs.
- 70% or 2,263 of female offenders who were screened indicated a need for intermediate or long-term substance abuse treatment.
- 70% or 2,656 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.

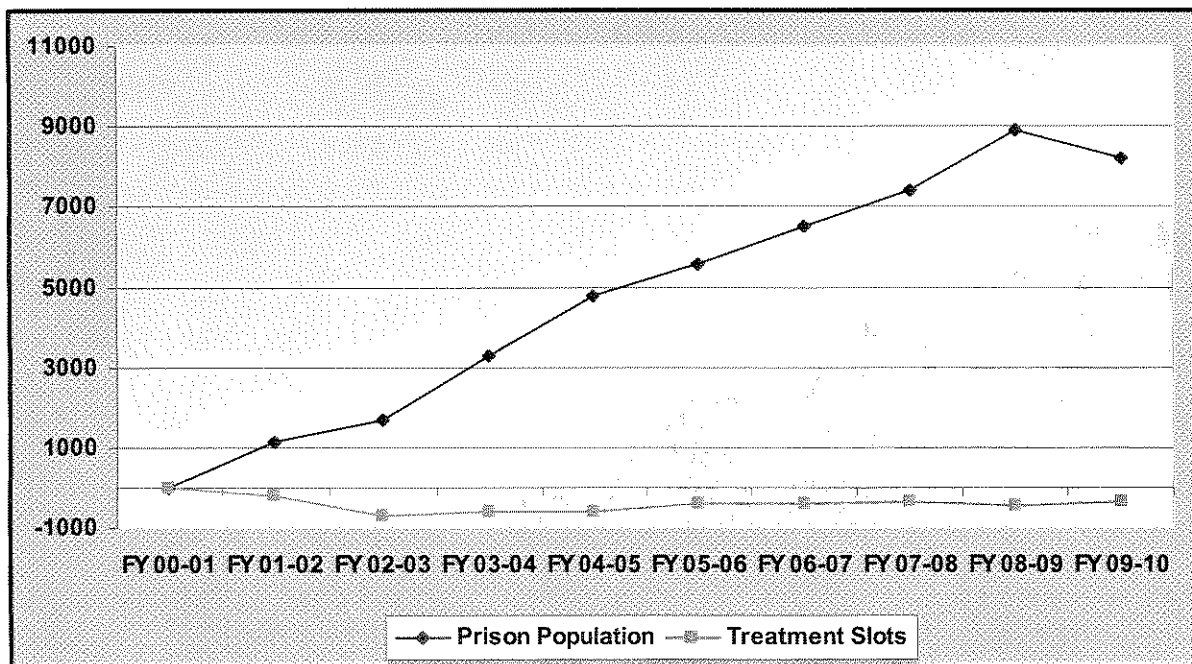
The indicators for program success continue to rise, as described later in this document. In FY 2009-2010, the dates this report covers, the division can only provide treatment for one in four inmates who actually make it into a treatment program (see page 37). The graph on the next page clearly demonstrates the inability of treatment to keep pace with demand due to the rising prison population in the past 10 years.

Prison Population and Treatment Slots

Since 2001, the burgeoning prison population in North Carolina increased from 31,899 to 40,102, an increase of 8,203 inmates (21%). Concurrently, the number of substance abuse program treatment slots declined from 1,898 to 1,535, an overall decrease of 363 treatment slots (23%). Limited resources, staff recruitment challenges related to state salary guidelines, demanding work environments, and new professional credentialing requirements remain obstacles to fulfilling the primary goal of DACDP – 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 2009-2010. 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 237 positions, including state-level administration, two district office teams, two community-based programs 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 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 male candidates attend an intensive 10-week training program at the Treatment Assistant Development Center at Wayne Correctional Center.

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 noted initially 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. There are two community-based residential treatment programs for probationers/parolees; DART Cherry for male probationers/parolees and the Black Mountain Substance Abuse Treatment Center for Women for female 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 a community-based residential treatment program 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.

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 in a DACDP program.

The DOC Controller's Office computes agency and program costs annually. The figures below are for FY 2009-2010.

- The average cost per day per offender for the DART Cherry facility was \$47.34.
- The average cost per day per inmate for the prison-based DACDP programs was \$66.25. These cost estimations are calculated using the program and custody costs excluding the Division of Prisons' overhead costs. DACDP program costs alone averaged \$16.32 per inmate.
- The private facility average cost per day per inmate for both facilities was \$78.79. For the Mary Frances Center, the cost was \$89.02. For Evergreen Rehabilitation Center, the cost was \$68.41. 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.

A summary of residential treatment programs provided by the division is listed by type of program and length of treatment on the next page.

**Table 1 – 2009- 2010 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
Female	Black Mountain TCW 90-Day Program	50	90 Days
Total		350	
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
Total		723	
Long-Term Residential Treatment			
Adult Male	Morrison Correctional Institution	88	180-365 Days
	Piedmont Minimum Correctional Center	34	180-365 Days
Youth Male	Polk Correctional Institution (RSAT)	32	180-365 Days
	Western Youth Institution	32	180-365 Days
Female	Fountain Correctional Center for Women	42	120-180 Days
	NC Correctional Institution for Women	34	180-365 Days
Total		262	
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		1,535	

EFFORTS TO PROVIDE EFFECTIVE TREATMENT TO OFFENDERS WITH SUBSTANCE ABUSE PROBLEMS

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 48 (hours)
3	Brief/Intermediate treatment	DACDP 35 – 90 (days)
4	Intermediate/long-term treatment	DACDP 120 -180 (days)
5	Long-term treatment	State and Private Facilities 180-365 (days)

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 2—2009-2010 Prison Entries and SASSI Scores

Inmate Group	SASSI Score				
	1	2	3	4	5
Female	416 (13%)	539 (17%)	722 (22%)	836 (26%)	705 (22%)
Male - Youth	458 (12%)	651 (17%)	827 (22%)	806 (22%)	1,023 (27%)
Male - Adult	2,775 (16%)	4,270 (25%)	6,136 (35%)	2,978 (17%)	1,242 (7%)
Total	3,649 (15%)	5,460 (22%)	7,685 (32%)	4,620 (19%)	2,970 (12%)

During FY 2009-2010, 24,384 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 22% 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) and female inmates indicate that they are the groups with the greatest need for treatment, with each having 70% scoring 3 or above. Fifty-nine percent of adult male inmates had a SASSI score of 3 or above.

Graph 1 reflects the percentage of SASSI scores of 3 or more by demographic group during the current fiscal year and the past four 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 treatment needs of the female and male youth inmate population have consistently remained higher.

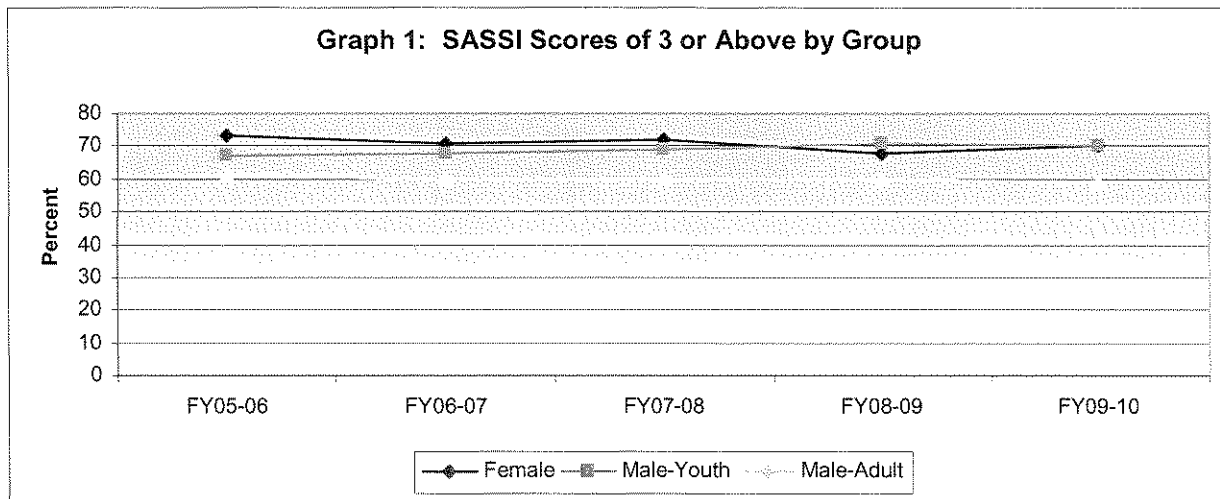


Table 3 presents additional information about the screening and referral process in the prison system. Of all entries to prison during FY 2009-2010, 90% completed the SASSI. The number of SASSI screenings decreased from 26,330 in FY 2008-2009 to 24,384 in the FY 2009-2010. Prison admissions also decreased during the same period from 29,107 in FY 2008-2009 to 27,076 in FY 2009-2010. Approximately 10 percent of inmates were not screened using SASSI due in part to serious health conditions and other issues.

Table 3—2009-2010 Referrals to DACDP Programs by Prison Diagnostic Center

Diagnostic Center	2009-2010 Prison Admissions	Number Screened	Identified with Alcohol/Drug Problem	Referred to DACDP
Central Prison	1,187	849	561	280
Craven Correctional Institution	6,111	5,670	3,403	2,291
Fountain Correctional Center for Women	1,337	1,304	911	150
NC Correctional Institution for Women	2,018	1,914	1,352	987
Neuse Correctional Institution	7,381	6,246	3,716	3,384
Piedmont Correctional Institution	5,031	4,622	2,665	1,646
Polk Youth Institution	2,267	2,098	1,432	1,040
Western Youth Institution	1,744	1,681	1,235	723
Totals	27,076	24,384	15,275	10,501

Among the newly-admitted inmates, there were 10,501 referred to a substance abuse treatment program by diagnostic staff. As stated previously, 63% of prison admissions during FY 2009-2010 were identified as needing treatment services and 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.

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 treatment. 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 2009-2010, DACDP Clinical Supervisors provided 3,237 hours of clinical supervision to clinical staff within the Division.

• Learning Labs

All registrants and certified counselors who work full or part-time delivering substance abuse services require clinical supervision. DACDP has approximately 124 employees who fall into this category. At present, all Substance Abuse Counselors and some Substance Abuse Program Administrators 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 combines counselors from several settings/locations affording them the opportunity to learn new methods of working effectively with various offenders within the division’s assortment of programs. The design permits time for exploration of skills; teaching by master clinicians (LCAS and CCS); counselor role-plays; and feedback. This group format provides 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.

Policy and Procedure Manual Revisions

In order to insure continued improvement of treatment services and compliance with selected standards from the national Commission of Accreditation of Rehabilitation Facilities (CARF) Behavioral Health Standards Manual, specific clinical operation sections from the DACDP Policy and Procedure Manual were assigned to committees. The two committees, comprised of DACDP clinicians, were charged with comparing the current policy to the Division of Health and Human Services (DHHS) audit tool; recommending edits to bring the manual sections into compliance with the audit tool; recommending edits to give clarity to roles and responsibilities and to facilitate work flow.

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 and long-term programs and DART Cherry in September 2009. Black Mountain Substance Abuse Treatment Center for Women implemented the BSCQ in November 2010.

- ◆ Criminal Thinking Scales (CTS):

The Criminal Thinking Scale (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 tool for measuring the criminal thinking among offenders. 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 programs and DART Cherry program staff received training on the automated CTS form in ACD/OPUS in February 2010 and implemented on 03/01/10. Black Mountain Substance Abuse Treatment Center for Women implemented the CTS in November 2010.

A more in-depth discussion on program evaluations begins on [page 39](#).

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 for community-based and prison programs. The review process provides management with three different review types and perspectives. DACDP is currently working in conjunction with the NCDOC MIS to complete the remaining two automated review processes which will enable the Division to track the results of each established review element thereby assisting management in the identification of program operational issues, job performance issues, and training needs.

- ◆ **Case File Review:** The Substance Abuse Program director and/or administrator 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 2011.
- ◆ **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 2011.
- ◆ **Peer Reviews:** Peer reviews provide an opportunity for professional staff members to objectively review the electronic clinical records of another staff member. Peer reviews were implemented in September 2009 using a paper format to record the results of the review. On 4/1/10, the automated peer review was put into production in ACD/OPUS QA facilitating the review process. DACDP peer reviews are conducted quarterly by a 15-member peer review

team consisting of DACDP Substance Abuse Program directors, administrators, and counselors from across the state. The team serves for a period of six months and completes two quarterly peer reviews during the six-month period. The automated system within ACD/OPUS QA randomly selects and assigns electronic treatment files to each team member to review. The selected electronic files originate from DACDP programs across the state and are reviewed by the team member at his/her program work station. During the peer review process, the team member reviews each electronic file for twenty-one specific elements, determines if the file is in compliance with each required element, and enters the compliance result for each element into ACD/OPUS QA. The automated system compiles the responses and provides the division with data and graphs that assist management in the identification of program operational issues, job performance issues, and training needs, all of which work together to improve offender treatment service level.

Training

The Division's clinical training program that began in 2004 with the hiring of two clinical trainers has since been recognized as a major strength within the Division. In FY 2009-2010, the training program was presented with a major challenge when both clinical trainer positions became vacant 01/01/10. Due to the credentials required for this position, finding a qualified applicant also presented a challenge. One position was filled in July 2010. The second position was posted and is currently in pending status due to the hiring freeze.

In FY 2009-2010, training focused on enhancing professional development by providing approved hours for counselor certification/recertification. The following training modules were offered during the 2009-2010 fiscal year:

- ◆ Clinical Supervision
- ◆ HIV/AIDS for Professionals
- ◆ Pharmacology
- ◆ Clinical Assessment
- ◆ Dual Diagnosis

An average of 121 participants attended each training module and a total of 2,172 training hours were awarded to participants.

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, limitations on compensation within the state personnel system, and anticipated erosion of benefits due to budget shortfalls.

DETAILS OF ANY NEW INITIATIVES AND EXPANSIONS OR REDUCTION OF PROGRAMS

Black Mountain Substance Abuse Treatment Center for Women

The Black Mountain Substance Abuse Treatment Center for Women opened on 05/10/10. The center, funded through state legislation, is a long-awaited response to requests for such a facility from judges, legislators, the Division of Community Corrections, and the Division of Alcoholism and Chemical Dependency Programs. The 50-bed Black Mountain facility is responsible for the delivery of chemical dependency treatment services to female probationers sent by the courts and to female parolees released from the Division of Prisons (DOP) and transitioning home to the community. Embracing evidence-based practice design, the Black Mountain clinical team provides a multi-disciplinary approach, focusing on group and individual therapy, in addition to substance abuse education. The Center offers a 90-day program that encourages healthy social living skills and integrates cognitive-behavioral interventions through the utilization of a gender specific curriculum, motivational enhancement therapy, selected material addressing women's recovery/trauma, and introduction to a variety of self-help recovery groups.

A more in-depth discussion on the Black Mountain Substance Abuse Treatment Center for Women begins on [page 24](#).

DACDP Reorganization

In order to promote better efficiency and focus on its core mission, DACDP reorganized effective 05/01/10. Outpatient Services which included Brief Treatment - 48, Aftercare, and Prerelease programs were closed.

The programs within Outpatient Services were a voluntary DOP assignment and had not been able to maintain a strong outpatient census across the division due to competing program and work opportunities for inmates. While there were pockets of success and high rates of participation, they were the exception and the program lacked stability.

During FY 2009-2010, DACDP found itself increasingly challenged to meet the demand for more "in prison" residential treatment services, while resources to accomplish this were consistently restrained due to budget reductions. Adding to the challenge was the historic difficulty of filling vacancies in established prison programs, which create staff to inmate ratios that often exceed best practice standards for effective clinical programs.

During strategic planning activity in late 2009, DACDP management reached a consensus that a reorganization of Outpatient Services was one way to address these problems. In addition, a new prison program could be created from vacant outpatient staff positions to meet some of the demand for "in prison" treatment which DACDP could not meet with current resources. Valuable credentialed professional workforce

assigned to the outpatient structure would best be utilized in reorganization, resulting in a stronger array of “in prison” clinical services.

DART Cherry Transition to 90-day Treatment Facility

The Department of Correction and the Post-Release Supervision and Parole Commission requested a study to explore the feasibility of transitioning the 28-day treatment beds at DART Cherry to 90-day treatment beds. A work study group was formed with representatives from the Post-Release Supervision and Parole Commission, Research and Planning, Management Information Systems (MIS), Combined Records, Division of Community Corrections (DART Cherry and DCC Administration Office), Division of Prisons (Program Services and Diagnostic Services), and the Division of Alcoholism and Chemical Dependency Programs (DART Cherry and DACDP Administration Office). As a result of the feedback and efforts of the work study group, a report was prepared for the Secretary’s office recommending the transition of DART Cherry’s 28-day beds to 90-day treatment beds. All 300 beds at the DART Cherry facility, the 100 beds from the 28-day program and the 200 existing beds from the 90-day program, would be dedicated to a holistic approach addressing individual offender needs in six major life areas: psychological/mental health, medical/physical health, educational/vocational, family/social, legal status and drug/alcohol. DART Cherry implemented the transition on 01/01/11.

Female Treatment Assistants

The Division of Alcoholism and Chemical Dependency Programs (DACDP) historically has used Treatment Assistants (TA) to assist the treatment team in prison-based DACDP programs. Treatment Assistants are current inmates in recovery from alcoholism and/or drug addiction who have completed a residential or intensive outpatient treatment program in their current sentence and have participated in DACDP continuum of care.

Treatment Assistants live in the treatment dorm, and because of their unique position, 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 pro-social lifestyle. This continued contact allows the Treatment Assistant to set a positive example, as well as to observe and confront inappropriate behaviors. The active presence of Treatment Assistants enhances successful treatment for all participants.

The Division of Alcoholism and Chemical Dependency Programs currently has a Treatment Assistant Development Center for male inmates. After an application process is completed, candidates attend at a minimum an intensive 10-week training program at the Treatment Assistant Development Center at Wayne Correctional Center in Goldsboro, NC. Training readies the Treatment Assistant for assignment to one of the Division’s treatment programs throughout the state.

DACDP has started a review of the female recruitment process for female Treatment Assistants across the state; and their need for a defined training component. The ultimate goal is to develop a Treatment Assistant Development Center for female inmates that would complement the Center for male inmates at Wayne Correctional Center.

DETAILS ON ANY TREATMENT EFFORTS CONDUCTED IN CONJUNCTION WITH OTHER DEPARTMENTS

North Carolina Department of Health and Human Services (NCDHHS) Division of Mental Health, Developmental Disabilities and Substance Abuse (DD, MH, SAS) Accountability Team Assurance Unit

Division of Alcoholism and Chemical Dependency Programs' (DACDP) management continues to meet with 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. The DHHS monitoring tool utilized during program evaluations consists of selected standards from the national Commission of Accreditation of Rehabilitation Facilities (CARF) Behavioral Health Standards Manual. Feedback from DHHS is used to improve treatment services provided by the division.

NCDHHS, MH, DD, SAS TREATMENT ACCOUNTABILITY FOR SAFER COMMUNITIES (TASC)

G.S. § 15A-1343(b)(3) mandates that probationers in a residential treatment program must be screened and assessed for chemical dependency. Representatives from TASC complete the offender's assessment in the community to determine appropriateness for assignment to either DART Cherry for male offenders or to Black Mountain Substance Abuse Treatment Center for Women for female offenders. TASC works closely with both community-based treatment facilities to determine if offenders are an appropriate "fit" for residential treatment. Their assessments also contain summary medical and psychiatric conditions of offenders and any medications they are currently taking. Upon release from both residential facilities, TASC is also instrumental in ensuring that offenders have outpatient treatment providers who will treat them upon their return to the community.

ADMINISTRATIVE OFFICE OF THE COURTS (AOC) COURT PROGRAMS DIVISION DRUG TREATMENT COURTS

NC Drug Treatment Court judges refer offenders to DART Cherry or Black Mountain Substance Abuse Treatment Center for Women. Some offenders who participate in Drug Treatment Court fail to comply with the conditions of the Court and need a more structured residential treatment environment in their attempt to achieve recovery. Drug Treatment Courts, working in conjunction with the offender's probation/parole officer, refer the offender to either DART Cherry or Black Mountain Substance Abuse Treatment Center for Women. Upon completion of the residential program, the offender is returned to Drug Treatment Court who continues the continuum of care. This growing relationship benefits the Division of Community Corrections, Drug Treatment Courts and DACDP who are all vested in the offender's recovery.

UTILIZATION OF THE DART/DWI PROGRAM, INCLUDING ITS AFTERCARE PROGRAM

Community Residential Treatment

The Division of Alcoholism and Chemical Dependency Programs has two community-based residential treatment facilities, DART Cherry and Black Mountain Substance Abuse Treatment Center for Women.

Judges may order participation in a community-based residential treatment program as a condition of probation or the Post-Release Supervision and Parole Commission may order participation as a condition of parole. As noted on the previous page, G.S. § 15A-1343(b)(3) mandates that participation of probationers in a residential program must be based on a screening and assessment that indicate chemical dependency. Representatives from TASC complete the assessment in the community to determine appropriateness.

Upon completion of a community-based residential treatment 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.

Community-based residential treatment beds (including priority beds) are not for detoxification purposes.

DART CHERRY

DART Cherry is a community residential facility in Goldsboro that treats male probationers and parolees. There were 2,241 offenders enrolled in DART Cherry during FY 2009-2010. 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.

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

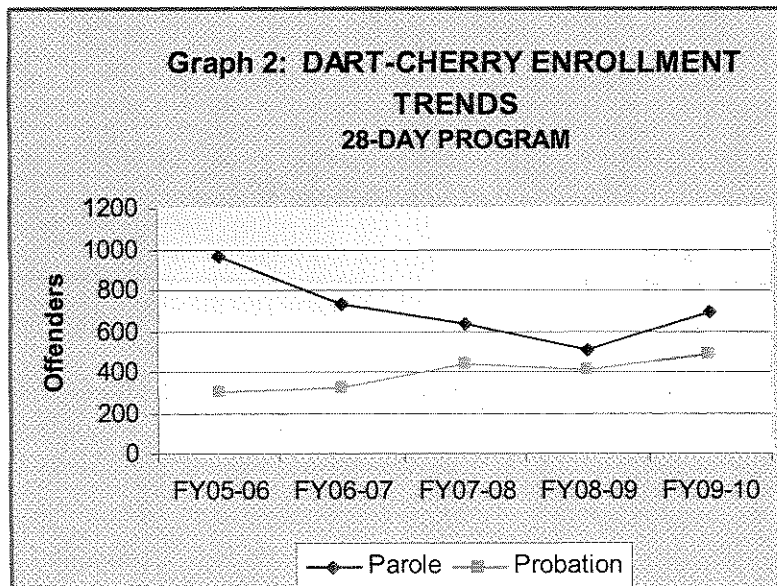
activities that encourage experiential and social learning. The community of offenders is the main driving force in bringing about change. In comparison to the 28-day program, these TC programs admit three cohorts of offenders through the 90-day period. This entry style allows the more senior residents 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 “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.

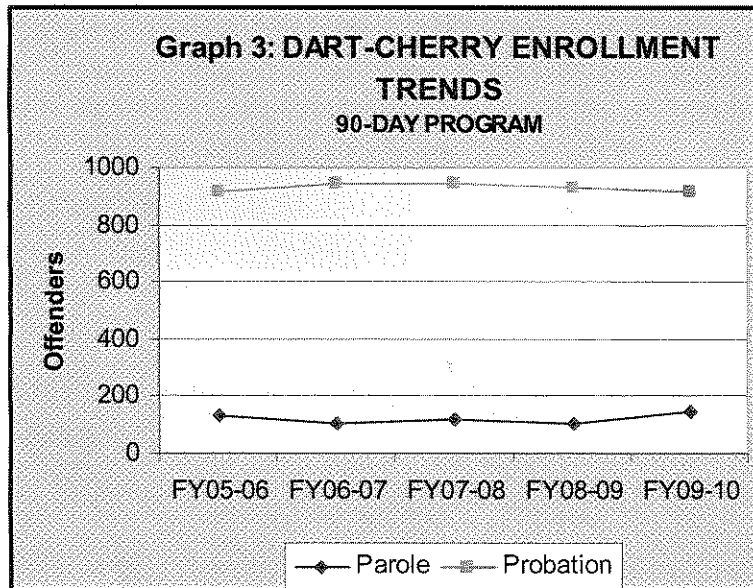
Table 4 – 2009-2010 DART Cherry Enrollment

Program Type and Type of Supervision	Offenders Enrolled	Percent of Annual Enrolled
28-day Parole	696	31%
28-day Probation	483	21%
90-day Parole	145	7%
90-day Probation	917	41%
Total	2,241	100%

Parolees made up the largest portion (59%) of the offenders assigned to the 28-day program. This was an enrollment increase of 3% from FY 2008-2009.



Parolees made up 14% of the offenders assigned to the 90-day program which was an increase of 4% from FY 2008-2009.



The overall enrollment of parolees in all DART Cherry programs is 38%, an increase of 6% from FY 2008-2009.

Table 5 – 2009-2010 DART Cherry Exits

Exit Reason	28-Day Program		90-Day Program	
	Count	Percentage	Count	Percentage
Completed	889	81%	784	89%
Absconded/Withdrawn	9	1%	15	2%
Transferred/Released	174	16%	6	1%
Removed/Discipline	14	1%	46	5%
Inappropriate for Treatment	6	1%	22	2%
Other	4	0%	9	1%
Total	1,096	100%	882	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 89% for the 90-day program. Other reasons for exiting vary for the two programs. The 28-day program had 174 (16%) 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 5% were removed from the program, typically for disciplinary reasons. The "Other" category includes exits due to administrative reasons, detainees, and illness.

Black Mountain Substance Abuse Treatment Center for Women

The Black Mountain Substance Abuse Treatment Center for Women is a 50-bed community residential facility in Black Mountain that provides chemical dependency treatment services for female probationers and parolees. The center which opened on May 10, 2010 is a long-awaited response to requests for such a facility from judges, legislators, the Division of Community Corrections (DCC), and the Division of Alcoholism and Chemical Dependency Programs (DACDP).

Over the past 10 years, many community advocates encouraged the North Carolina Department of Correction (NCDOC) to establish a prison alternative community sanction for substance abusing females either on probation or eligible for parole from incarceration. Such an alternative has existed for men at DART Cherry since 1988.

In June 2008, the last inmates incarcerated at the Black Mountain Correctional Center for Women were relocated to the new Swannanoa Correctional Center for Women leaving behind a facility designated for use as the new substance abuse program. Once budget obstacles were overcome, the momentum began to bring the project into reality. After an interdepartmental meeting on October 29, 2009, DACDP initiated the effort to bring the Black Mountain Substance Abuse Treatment Center for Women into reality. From that date until the first admission group arrived just over six months later on May 10, 2010, the project has exemplified the collaborative team spirit within the NCDOC.

The first major focus was on the physical appearance and readiness of the facility, which required consultation and decisions on painting, flooring, roofing, cabinetry, plumbing/electrical and HVAC repair as well as new appliances and furnishings for the entire facility. With assistance from the Division of Prisons (DOP), Central Engineering and Correction Enterprise teams, orders were placed and project plans made that would eventually bring new life into the physical plant while dealing with one of the harshest winters in recent memory for western North Carolina.

At the same time, beginning with the Facility Director, a staff of over thirty people were recruited, screened, interviewed and approved for hire prior to the facility coming on-line. In order to accomplish the considerable task of interviewing a great number of applicants over a short period of time, DACDP called upon its own staff from across the state to serve on interview teams. Subsequently, all DACDP programs were impacted by the "temporary reassignment" of staff to this project. With this effort and the support of DOC Personnel, the Black Mountain team was assembled in record time. By the end of March, the majority of staff was in place at the facility. With the leadership of the Office of Staff Development and Training, the Black Mountain team was oriented to the department while also spending a great deal of time in the initial design of the various

program components and operating procedures that would comprise the entire operation.

One of the basic challenges for the new Black Mountain team was the logistics of Food Service and 24/7 operation. DACDP utilized the expertise from nearby Swannanoa Correctional Center for Women, The Black Mountain team was coached in the day-to-day aspects of food service delivery; clean-up operations; and procedures necessary for the safe and secure operation of the facility.

A major component of the substance abuse program design is the presence of medical, nursing, and psychiatric services. Drawing from the expertise of the Division of Prisons' medical and psychiatric teams across the department, DACDP assembled a team focused on the medical well-being of the Black Mountain program participants, providing an integral part of the clinical continuum of care offered to the program participants.

Throughout the process and into the future, the Division of Alcoholism and Chemical Dependency Programs' closest collaborative partners remain the Division of Community Corrections to include their clinical liaison with Treatment Accountability for Safer Communities (TASC), and the North Carolina Post-Release Supervision and Parole Commission.

During the months prior to opening day, a considerable amount of time was spent with these partners refining the eligibility criteria, admission procedures, transportation logistics, and security concerns important to the design of a treatment program within a correctional environment. Through these continued efforts, program participants are identified, screened and referred to the program. DACDP staff considers clinical recommendations and determines final acceptance into the program.

Although DACDP is now responsible for the transportation of probationers, individual probation officers from across the state provided offender transport to the program over the initial five months. Transportation for eligible inmates accepted into the program is coordinated through the Division of Prisons' transportation system.

Of paramount importance for the success of this program is its ability to provide an encouraging and supportive environment for the initiation of recovery from substance abuse, while at the same time providing a structured environment that insures the safety and security of the program participants, staff and community. We believe this emphasis has been possible at BMSATCW through the knowledge and expertise provided to the program by both DCC and DOP professionals.

* Due to the Black Mountain Substance Abuse Treatment Center for Women opening six weeks prior to the close of Fiscal Year 2009-2010, there have been no program completions in the 90-day program. All statistical data will be reported in FY 2010-2011.

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.

INTERVENTION

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.

These programs are conducted periodically in designated minimum and medium security prisons across the state and are delivered by DACDP Outpatient Services staff. A total of 48 hours of substance abuse services is delivered 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.

Brief Treatment-48 programs were offered to inmates through 04/30/10. All DACDP Brief Treatment-48 programs were closed as part of the division's reorganization effective 05/01/10.

**Table 6—2009-2010 Annual Entries
DACDP Brief Treatment – 48**

Facility	Annual Entries DACDP Brief-48
Albemarle CI	59
Cabarrus CC	54
Caldwell	33
Carteret CC	6
Catawba CC	40
Dan River Work Farm	93
Davidson CC	5
Fountain CCW	1
North Piedmont CCW	64
Pamlico CI	23
Raleigh CCW	37
Southern CI	114
Total	529

During FY 2009-2010, 529 inmates were assigned to DACDP Brief Treatment-48 at 12 facilities across the state. Entries decreased during FY 2009-2010 due to the phasing out of this program and the division's reorganization.

As indicated in Table 7, a total of 529 inmates exited Brief Treatment-48 during FY 2009-2010. Sixty-four percent (64%) 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 (14%). Inmates transferred to another prison, released from prison, or out to Court comprised 12% of intervention exits. Withdrawal or dropped (8%) 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— 2009-2010 DACDP Brief Treatment- 48 Exits

Exit Type	Percent	
	DACDP Brief-48	of Total
Completion	336	64%
Inappropriate for Treatment	9	1%
Removed/Discipline	74	14%
Transferred/Released/Out to Court	63	12%
Withdrawal/Dropped	41	8%
Other	6	1%
Total	529	100%

INTERMEDIATE PROGRAMS

Intermediate DACDP programs range from 35 to 90 days and are available in 12 prison facilities across the state. Program lengths vary 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 introduce the inmate to recovery-based thinking and action. During FY 2009-2010, inmates upon program completion were encouraged to participate in the Aftercare program administered by DACDP Outpatient Services.

Table 8 – 2009-2010 Enrollment in Intermediate DACDP Programs

Facility	Treatment Slots	Annual Enrollment	Average Daily Enrollment	Capacity Utilization Rate (%)
Craggy Correctional Center	62	406	58	94%
Duplin Correctional Center	44	240	43	98%
Haywood Correctional Center	34	340	32	94%
Lumberton Correctional Institution	58	326	55	95%
NC Correctional Institution for Women	64	427	63	98%
Pender Correctional Institution	98	608	94	96%
Piedmont Correctional Institution	88	577	86	98%
Rutherford Correctional Center	34	223	33	97%
Swannanoa Correctional Center for Women	20	107	20	100%
Tyrrell Prison Work Farm	54	683	52	96%
Wayne Correctional Center	125	811	123	98%
Western Youth Institution	42	266	41	98%
Totals	723	5,014	700	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 decreased by 6% (335 offenders) during FY 2009-2010 over the number of inmates enrolled in FY 2008-2009. This decrease was in part caused by the removal of Fountain Correctional Center for Women from the intermediate program category to the long-term prison-based program category effective 07/01/09. As stated earlier in this report, prison admissions also decreased during this same period.

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 94% to 100%. This is due in part to the program completion schedule not coinciding exactly with Division of Prisons transfer schedules at the facilities.

Overall, the capacity utilization rate for intermediate programs remained the same during FY 2009-2010 when compared to FY 2008-2009.

Table 9—2009-2010 Exits from Intermediate DACDP Programs

Type of Exit	Number of Exits	Percent of All Exits
Completion	2,792	73%
Completed Orientation	182	5%
Inappropriate for Treatment	50	1%
Other	49	1%
Removed/Discipline	388	10%
Transferred/Released	91	2%
Withdrawn	288	8%
Total	3,840	100%

Table 9 presents the exits from Intermediate DACDP treatment programs. Of all exits from the program, 73% were completions--the satisfactory participation in the program for the required number of treatment days. This was an increase of 2% over FY 2008—2009 and an overall increase of 6% over FY 2007-2008. The next most common reason for exiting the program was the removal (10%) 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. The withdrawal category is made up of offenders who voluntarily withdraw from the treatment program against staff advice at the end of the orientation period. Five percent (5%) 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 or was released from prison due to coming to the end of their sentence.

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 2009-2010 was considered inappropriate for treatment (34) or was deemed medically incapable (16) by program staff.

LONG-TERM TREATMENT PROGRAMS

Within the Division, there are two types of long-term treatment programs: state-funded and contractual private treatment facilities. Long-term treatment programs within DACDP range from 120 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. 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.

Within prisons, programs utilize a modified Therapeutic Community (TC) model within the correctional environment. Annual enrollment figures for each prison-based program are listed in Table 10.

Table 10 – 2009-2010 Enrollment in Long-Term Prison-Based Treatment Programs

	Facility	Treatment Slots	Annual Enrollment	Average Daily Enrollment	Capacity Utilization Rate (%)
Adult Male	Morrison Correctional Institution	88	311	85	97%
	Rowan/Piedmont Minimum Correctional Center	34	162	33	97%
Female	Fountain Correctional Center for Women	42	168	40	95%
	NC Correctional Institution for Women	34	121	33	97%
Male Youth	Polk Correctional Institution	32	47	29	91%
	Western Youth Institution	32	131	31	97%
	Total	262	940	250	92%

The overall capacity utilization rate decreased from 97% in FY 2008-2009 to 92% in FY 2009-2010. This decrease was caused by the gradual implementation of the new long-term program at Polk Correctional Institution on 02/26/10. The program reached 100% capacity on 04/22/10.

As noted earlier in this report, Fountain Correctional Center for Women was moved to the prison-based long-term program category effective 07/01/09.

Table 11 – 2009-2010 Exits from Long-Term Treatment Programs

Type of Exit	Number of Exits	Percent of All Exits
Completion	286	52%
Completed Orientation	1	0%
Inappropriate for Treatment	33	6%
Other	46	8%
Removed/Discipline	128	24%
Transferred/Released/Out to Court	19	4%
Withdrawal	33	6%
Total	546	100%

A total of 546 inmates exited the prison long-term substance abuse treatment programs during FY 2009-2010. Fifty-two percent successfully completed the program requirements. This was a 6% increase over the 2008-2009 fiscal year. Twenty-four percent exited for behavioral or clinical problems identified by program or custody staff. At the end of the orientation period, an inmate may elect to continue or withdraw from the program. Only one inmate who completed the orientation period elected to exit the program and was 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 2009-2010, 6% of inmates withdrew from the program against the advice of program staff. Another 6% 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. Four percent transferred to another facility, were released from prison due to coming to the end of their sentence 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 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 2009-2010, there were 606 inmates enrolled in these private treatment centers with an average daily enrollment of 200 inmates.

Table 12 – 2009-2010 Enrollment in Private Treatment Facilities

Facility	Standard Capacity	Annual Enrollment	Average Daily Enrollment	Capacity Utilization Rate (%)
Evergreen Rehabilitation Center	100	340	99	99%
Mary Frances Center	100	266	101	101%
Total	200	606	200	100%

Table 13 – 2009-2010 Exits from Private Treatment

Exit Reason	Evergreen Rehabilitation Center	Mary Frances Center
Completed	122(79%)	106(72%)
Inappropriate for Treatment	4	5
Other	7	5
Removed/Discipline	18	23
Transferred	3	9
Totals	154	148

The majority of exits from the private treatment facilities were due to successful completion of the program requirements: 79% at Evergreen and 72% at Mary Frances. Removal of inmates by program staff for administrative or disciplinary reasons accounted for 12% of exits from Evergreen and 16% from Mary Frances. Six 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 2009-2010 for comparative purposes.

Table 14 captures the number of long-term residential substance abuse treatment slots available in FY 2009-2010 by gender and program.

Table 14 – 2009-2010 Yearly Long-Term Residential Substance Abuse Treatment Slots by Gender and Program

Program	Treatment Slots	Average Days in Treatment*	Yearly Slots**
Female			
Fountain Correctional Center for Women	42	97	158
NC Correctional Institution for Women	34	117	106
Mary Frances Center	100	243	150
Male			
Morrison Correctional Institution	88	151	213
Polk Correctional Institution	32	63	186
Rowan/Piedmont Correctional Center	34	131	95
Western Youth Institution	32	138	84
Evergreen	100	225	162

* This figure is the average length of stay for all inmates who exited the program during FY 2009-2010. 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 – 2009-2010 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	264	331	80%
	Private	150	377	40%
Males				
	State	578	2647	22%
	Private	162	1370	12%
Total		1,154	4,725	24%

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 FY 2009-2010, males had a 22% 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 displays the entries to DACDP Aftercare and the daily average for each of the DACDP Districts. There were a total of 1,440 inmates who began aftercare, with an average daily enrollment of 280. This was a significant decrease from the previous fiscal year due to phasing out this program.

Table 15—2009-2010 Entries to Aftercare

DART Region	DACDP Aftercare	
	Annual Entries	Daily Average
District 1	587	116
District 2	853	164
Total	1,440	280

During FY 2009-2010, the Aftercare program was offered to inmates through 04/30/10. All DACDP Aftercare programs as delivered by Outpatient Services were closed as part of the division's reorganization effective 05/01/10.

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.

DACDP EVALUATION MEASURES

Purpose and Executive Summary

During the 2007 legislative session, the North Carolina General Assembly enacted evaluation requirements for all substance abuse treatment programs funded by the Department. DACDP in collaboration with Research and Planning has been able to evaluate program data across the division. The legislation specified that the following measures be included in the annual report:

- Reduction in alcohol and drug dependency
- Improvements in disciplinary and infraction rates,
- Recidivism (defined as return-to-prison rates)

All DACDP program types were evaluated. The programs include DART Cherry, a community-based residential facility for male probationers and parolees; Brief Intervention, a prison-based program appropriate for inmates with less serious substance abuse issues and inmates with short sentences; intermediate treatment, which varies in length from 35 days to 90 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 exist in multiple prison units across the state and at two contractual treatment centers that are located in the community under contract with the Division. These long-term programs were evaluated specific to program location (i.e., prison-based or private).

The following discussion summarizes findings for each of the DACDP program types that existed in fiscal year 2009-2010, encompassing the required evaluation measures.

Reduction in Alcohol and Drug Dependency

Beginning in fiscal year 2009-2010, DACDP incorporated the *Brief Situational Confidence Questionnaire* (BSCQ) as a measure of change in alcohol and drug dependency. The BSCQ asks participants to indicate how certain they are that they will be able to abstain from drug or alcohol use in each of eight situations. DACDP assessed this situational confidence at entry to and exit from interventions targeted to offenders with substance use issues likely to result in a diagnosis of dependency. Therefore, inmates assigned to brief intervention were not assessed because they have less serious substance abuse issues not likely to be considered dependent.

Offenders who exited DACDP funded treatment programs in fiscal year 2009-2010 generally improved their confidence to resist the urge to drink heavily or use drugs in a variety of situations. Offenders assigned to the community-based residential intervention (DART Cherry) and intermediate treatment reported increased confidence to resist usage across all assessed

situations. Inmates assigned to long-term treatment reported improvement in a limited number of situations. Because studies have shown that confidence to abstain at the end of treatment is associated with reduced drug and alcohol use, these results point toward a reduction in alcohol and drug dependency for inmates participating in DACDP programs.

Improvements in Disciplinary and Infraction Rates

DACDP evaluated improvement in disciplinary and infraction rates with a repeated measures design, which compares disciplinary actions that were taken against the inmate pre and post-intervention. For inmates who completed a prison-based long-term program in FY 2009-2010 and remained in prison after exiting the program, both the number and severity of infractions decreased after treatment. Neither the rate of infractions nor the severity of infractions committed by inmates who remained in prison after exiting other programs were significantly reduced by participation in these programs. Rather, infractions generally increased post-treatment over pre-treatment. However, inmates who successfully completed intermediate treatment had a smaller increase in infractions when compared to inmates who dropped out of the treatment program. In general, participation in DACDP programs appears to have little positive impact on observed disciplinary infractions.

This result is 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. For these reasons, DACDP incorporated an additional measure of change in inmate behavior at Community Residential, Intermediate, and Long-term programs that can be used on all inmates assigned to these programs, not only those who remain in the custody of the Department after exiting treatment. Changes in criminal attitudes and thinking among DACDP treatment participants, as measured by the *TCU Criminal Thinking Scales*, are presented in the "Other Measures of Programs' Success" portion of this section.

Return-to-Prison Rates

Applying a "base rate calculation" may be used to measure 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 (i.e., propensity score analysis) 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 2009-2010, DACDP evaluated each prison program by gender, including inmates who exited the community-based 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, and were lower for females who completed treatment 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. Nonetheless, male inmates completing intermediate treatment in prison and those who completed treatment at the private male long-term facility were significantly less likely to return to prison. On average, they were 12% less likely to return to prison.

On average, participation in a DACDP program reduced the likelihood of a return-to-prison by approximately 14% for program participants exiting in FY 2006-2007. However, because there were relatively few inmates who exited from prison during the period and who also had completed certain DACDP programs statistical significance was not found in a number of these analyses. As DACDP continues to track participant recidivism outcomes, the division will be able to combine and analyze multiple cohorts of exits thereby increasing the number of participants and the ability to detect significance for the relatively small treatment effects which are anticipated for in-prison substance abuse programs (Aos, Miller, and Drake, 2006).¹

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.² 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.

Other Measures of Program Success

Beginning in fiscal year 2009-2010 DACDP incorporated an additional measure of change pertinent to inmate behavior, and measured results from the community-based residential component, as well as the intermediate and long term programs. Because the brief intervention treatment period is so short, inmates assigned to these programs were not assessed. As referenced in the previous section on disciplinary and infraction rates, The TCU Criminal Thinking Scales (CTS) is relevant to the treatment model and 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.

¹ A meta-analysis of in-prison treatment programs conducted by the Washington State Institute for Public Policy found a 5.3% reduction in recidivism rates for in-prison therapeutic communities, and a 6.0% reduction in recidivism for drug treatment in jails.

² 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.

The criminal justice literature highlights criminal thinking as one of several key determinates of an individual's willingness to misbehave both before and after 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. Results of testing show that inmates, participating in DACDP programs, lower their scores on a number of the CTS subscales. In general, participants reduced their level of entitlement beliefs, justifications of criminal behavior, and criminal rationalization. These results suggest that inmates who participate in a DACDP program will reduce criminal attitudes and cognitions that lead to misbehavior. Though this effect was not found for in-prison infractions, that while easily observed are nonetheless rare and require an extended observation period not feasible given program structure (i.e., release coincides with exit from treatment), the reductions in criminal attitudes and cognitions observed reflect a positive impact of treatment. Additional evaluation technical details are available upon request.

Summary of Findings:

- DACDP intermediate male programs and the private male long-term program reduced recidivism among program participants exiting in FY 2006-2007 at a rate that is statistically significant.
- DACDP long-term programs and the private female program exhibited a trend toward decreasing recidivism among program participants exiting in FY 2006-2007 but statistical significance will depend on larger sample sizes.
- Overall, disciplinary and infraction rates are not good indicators of program impact.
- DACDP programs and the private contracted programs in FY 2009-2010 show a positive impact on criminal thinking traits and situational confidence characteristics as measured by nationally accepted indicators.