

North Carolina Department of Public Safety
Alcoholism and Chemical Dependency Programs Section



Annual Legislative Report
FY 2011-2012

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**North Carolina Department of Public Safety
Alcoholism and Chemical Dependency Programs Section (ACDP)
2011-2012 Annual Report to the N. C. General Assembly**

G.S. §143B – 707. Reports to the General Assembly.

“The Division of Adult Correction of the Department of Public Safety 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:

- (1), Details of any new initiatives and expansions or reduction of programs.
- (2), Details on any treatment efforts conducted in conjunction with other departments.
- (3), Utilization of the community-based programs at DART Cherry and Black Mountain Substance Abuse Treatment Center for Women.
- (4), (5) Repealed by Session Laws 2007-323, s.17.3 (a), effective July 1, 2007.
- (6) 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. The report shall include this information for each DPS funded program.
- (7) Evaluation of each substance abuse treatment program funded by the Division of Adult Correction of the Department of Public Safety. Evaluation measures shall include reduction in alcohol and drug dependency, improvements in disciplinary and infraction rates, recidivism (defined as return-to-prison rates), and other measures of the programs' success.”

EXECUTIVE SUMMARY

The mission of the Alcoholism and Chemical Dependency Programs Section (ACDP) is to deliver effective substance abuse treatment services to eligible offenders within the North Carolina Department of Public Safety when deemed chemically dependent and appropriate. Contemporary research demonstrates a high correlation between therapeutic intervention in an offender's substance abuse problems and significant reductions in recidivism, that is, re-arrest and subsequent incarceration.

ACDP continues to take significant strides in the implementation of evidence-based male and female programs, delivered by well-trained and clinically supervised professionals, in both community and prison-based treatment environments.

For the period of this report, based on statistical analysis by the Office of Research and Planning, indicators of ACDP program success continue to rise, as described in the final section of this document. Most important is data demonstrating that the substance abuse treatment continuum does reduce the rate of recidivism among program completers, and indicates constructive change in both addictive and criminal thinking patterns among participants.

As the field of addiction services evolves, ACDP remains 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.

TREATMENT NEED

ACDP staff, utilizing the Substance Abuse Subtle Screening Inventory (SASSI), screen most new prison admissions in the diagnostic centers within the first few weeks of their sentences to identify inmates with chemical dependence and the appropriate level of treatment needed. Below is a noteworthy statistical snapshot of the testing results:

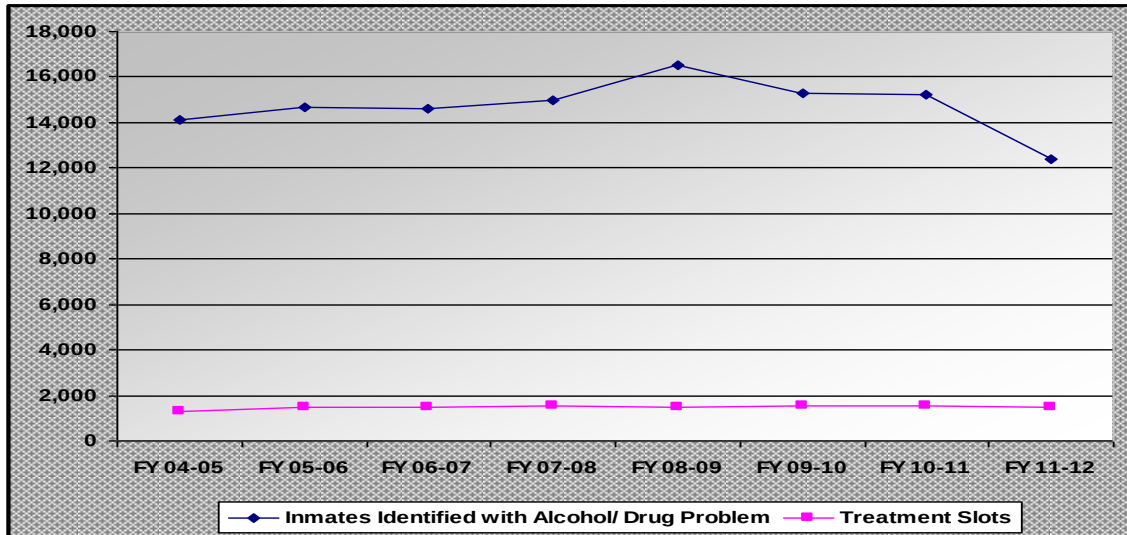
- Of the total number of 20,056 offenders who were screened, 62% or 12,383 indicated a need for intermediate or long-term substance abuse treatment.
- Of the 12,383 identified offenders who were eligible, 8,776 or 70% were referred to an identified pool of inmates eligible for assignment to an intermediate or long-term substance abuse treatment program depending on program space availability.
- 66% or 1,598 of female offenders who were screened indicated a need for intermediate or long-term substance abuse treatment.
- 70% or 1,949 of youthful male offenders (under 22) who were screened indicated a need for intermediate or long-term substance abuse treatment.

TREATMENT RESOURCES

During FY 2011-2012, the time period covered in this report, ACDP resources were such that only one in five inmates had the chance of placement in a long term program; and only one in two inmates had the chance of placement in an intermediate program.. The graph on the following page reflects the number of inmate admissions from FY 2004 -2005 through FY 2011 - 2012 that were identified as having a drug and/or alcohol problem during the prison admission process and the total number of treatment slots available daily to that population.

FY 2011- 2012

Inmate Admissions Identified with Alcohol/Drug Problems and Number of Treatment Slots Available Daily



Without additional resources, the chasm between the chemically-dependent treated offender and the chemically-dependent untreated offender will continue--resulting in offenders returning to our communities without treatment. In the interest of public health and safety, ACDP will continue to strengthen its substance abuse treatment services to the offender population to the extent possible in the current economic time.

TREATMENT PROGRAM COSTS

The DPS Controller's Office computes agency and program costs annually. The figures below are for FY 2011-2012.

- The average cost per day per offender for the DART Cherry facility was \$50.03.
- The average cost per day per offender for the Black Mountain Substance Abuse Treatment Center for Women was \$133.29.
- The average cost per day per inmate for the prison-based ACDP programs was \$68.52. These cost estimations are calculated using the program and custody costs excluding the Prisons Section's overhead costs. ACDP program costs alone averaged \$14.72 per inmate.

STAFF RECRUITMENT AND RETENTION

In September 2005, ACDP 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.

ACDP has effectively addressed the practice standards established in the legislation and 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 ACDP 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.

Limited resources, staff recruitment challenges related to state salary guidelines, demanding work environments, and professional credentialing requirements remain obstacles to fulfilling the primary goal of ACDP – to provide effective treatment services to all offenders who show a demonstrated need.

A summary of substance abuse treatment programs provided by ACDP is listed by type of program and length of treatment on the following page.

**Table 1 – 2011- 2012 ACDP Programs by Type of Program,
Target Population & Program Length**

<i>Facility</i>		<i>Treatment Slots</i>	<i>Length of Treatment</i>
Community Residential Treatment Program			
Male	DART Cherry 90-Day Program	300	90 Days
Female	Black Mountain TCW 90-Day Program	60	90 Days
Total		360	
Intermediate Treatment Programs			
Adult Male	Haywood Correctional Center	34	35 Days
	Tyrrell Prison Work Farm	54	35 Days
	Catawba Correctional Center	30	90 Days
	Craggy Correctional Center	62	90 Days
	Duplin Correctional Center	58	90 Days
	Lumberton Correctional Institution	58	90 Days
	Pender Correctional Institution	98	90 Days
	Piedmont Correctional Institution	88	90 Days
	Rutherford Correctional Center	34	90 Days
	Wayne Correctional Center	125	90 Days
Youth Male	Western Youth Institution	42	90 Days
Female	NC Correctional Institution for Women	64	90 Days
	Swannanoa Correctional Center for Women	60	90 Days
Total		807	
Long-Term Residential Treatment			
Adult Male	Dan River PWF (RSAT)	66	180-365 Days
	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		328	
Total Treatment Slots		1,495	

INTRODUCTION AND OVERVIEW OF ACDP

The Alcoholism and Chemical Dependency Programs Section (ACDP) is one of four major components of the Division of Adult Correction within the Department of Public Safety (DPS). Its mission is to plan, administer and coordinate chemical dependency screening, assessment, and treatment services for offenders. Throughout ACDP, there are 221 positions including state-level administration, two district office teams, two community-based programs and prison-based program staff. ACDP 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.

BEST PRACTICE

ACDP 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 cognitive-behavioral interventions, which challenge criminal thinking and confront the abuse and addiction processes as identified by program participants, and are proven to reduce recidivism. In addition, ACDP 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, ACDP implemented the gender specific cognitive behavioral evidence-based curriculum, “Choices for Change”, in all female programs.

PROGRAM STRUCTURE

ACDP programs encompass three 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 two categories established for male and female inmates consist of intermediate and long-term treatment services within sixteen prison facilities.

Unique in some ACDP 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.

One hallmark of the prison-based ACDP 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 ACDP 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.

While the original ACDP 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.

SCREENING AND REFERRAL FOR PRISON – BASED PROGRAMS

Eligibility for prison-based treatment programs is established during diagnostic processing. In 2003, ACDP implemented the Substance Abuse Subtle Screening Inventory (SASSI) as a severity indicator of substance abuse problems. The SASSI replaced earlier screening tools, the Chemical Dependency Screening Test (CDST) and Short Michigan Alcoholism Screening Test (SMAST). ACDP 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.

ACDP staff administers the SASSI to inmates during the diagnostic process and enters the recommended level of treatment into OPUS. SASSI testing has allowed ACDP to identify those offenders who need treatment. 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:

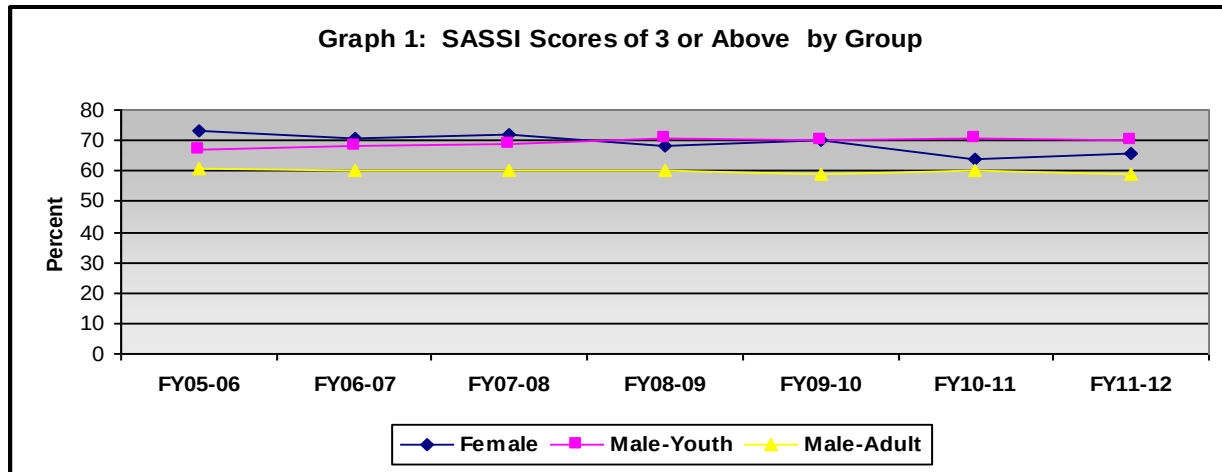
<u>SASSI score</u>	<u>Recommendation</u>	<u>Program</u>
1	No treatment	None
2	Intervention	None
3	Intermediate treatment	90 days
4	Intermediate/long-term treatment	90 -180 days
5	Long-term treatment	120-365 days

During FY 2011-2012, 20,056 newly admitted inmates completed the SASSI. The SASSI identified nearly 62% of inmates in need of 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 2.

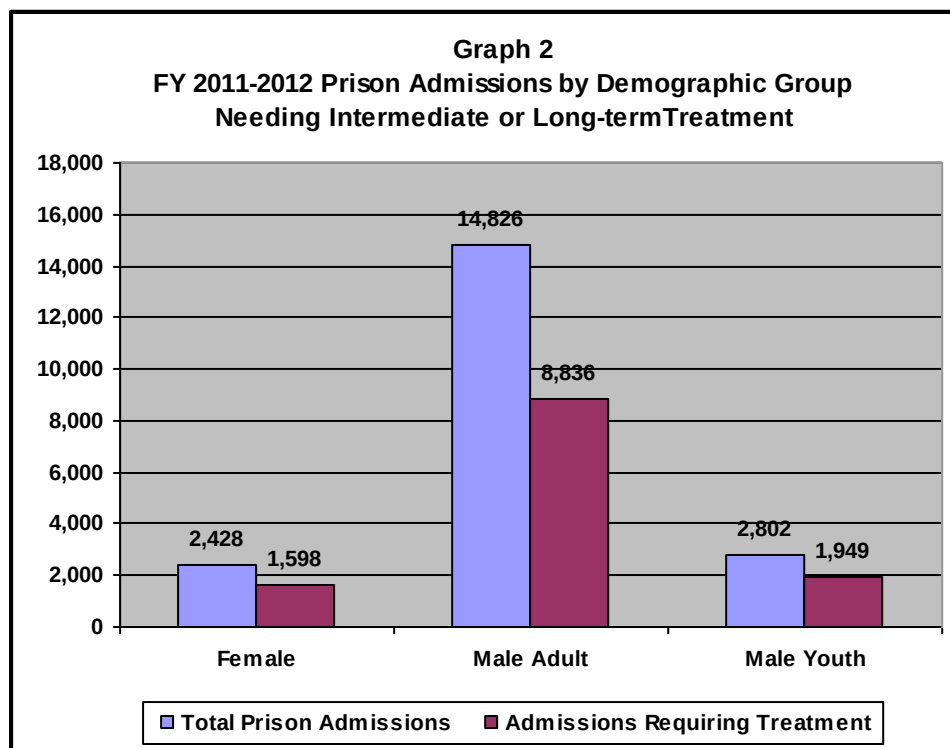
Table 2—2011-2012 Prison Entries and SASSI Scores

Inmate Group	SASSI Score				
	1	2	3	4	5
Female	414 (17%)	416 (17%)	596 (25%)	567 (23%)	435 (18%)
Male – Adult	2,558 (17%)	3432 (23%)	5249 (35%)	2530 (17%)	1057 (7%)
Male –Youth	369 (13%)	484 (17%)	659 (24%)	585 (21%)	705 (25%)
Total	3,341(17%)	4332 (22%)	6504 (32%)	3682 (18%)	2,197 (11%)

Graph 1 reflects the percentage of SASSI scores of 3 or more by demographic group during the current fiscal year and the past six fiscal years indicating a need for intermediate or long-term treatment. The male youth and adult male demographic group's need for treatment has remained steady. The female demographic group has shown a slight decrease in the need for treatment. The need for intermediate and long-term treatment for all three groups, however, still ranges from 60-70%.



Graph 2 compares FY 2011-2012 prison admissions by demographic group and each demographic group's need for intermediate or long-term substance abuse treatment, those with a SASSI score of 3 or more.



As reflected in Graph 2, the male youth and female demographic groups have smaller admission numbers but have a higher percentage of that specific population in need of intermediate or long-term treatment services, 70% of the male youth admissions and 66% of the female admissions. The adult male population is the largest population to serve in number. Although the ‘percentage’ of adult male admissions needing treatment is smaller than the male youth and female demographic group, the actual ‘number’ of adult males (8,836) is the largest overall pool of admissions in need of intermediate and long-term substance abuse treatment services. As noted later in this report, only 18% of males in need of long-term treatment have a chance of placement in a long-term treatment program.

Table 3 presents additional information about the screening and referral process in the prison system. Of all entries to prison during FY 2011-2012, 87% completed the SASSI. The number of SASSI screenings decreased from 24,719 in FY 2010-2011 to 20,056 in FY 2011-2012. Prison admissions also decreased during the same period from 27,915 in FY 2010-2011 to 22,956 in FY 2011-2012. Approximately 13 percent of inmates were not screened due in part to serious health conditions and other issues.

Table 3—2011-2012 Referrals to ACDP Programs by Prison Diagnostic Center

Diagnostic Center	2011-2012 Prison Admissions	Number Screened	Identified with Alcohol/Drug Problem	Referred by DOP to ACDP Eligible Pool
Central Prison	787	523	298	302
Craven Correctional Institution	5,251	4,833	2,954	2,033
Fountain Correctional Center for Women	501	411	261	117
NC Correctional Institution for Women	2,189	2,017	1,337	1,061
Neuse Correctional Institution	5,254	4,327	2,575	2,108
Piedmont Correctional Institution	5,482	4,789	2,774	1,683
Polk Youth Institution	2,441	2,153	1,431	1,071
Western Youth Institution	1,051	1,003	753	401
Totals	22,956	20,056	12,383	8,776

Prison case analysts at the diagnostic centers use the SASSI scores entered by ACDP staff to determine priority for substance abuse programming. A referral may be generated in OPUS by the case analyst if the inmate has a minimum SASSI score of three or above providing prisons with an identified pool of inmates who are eligible for substance abuse programming. Depending on program type and program space availability, some inmates who have completed the diagnostic process and referred into the eligible pool will be transferred directly from the diagnostic center to a prison facility for ACDP program assignment. After arrival at the prison facility, the inmate is then assigned to the ACDP program on the *Inmate Activity Assignment*

screen in OPUS. This is one of many opportunities for assignment to an ACDP program for an inmate.

Other inmates who have completed the diagnostic process and are eligible for substance abuse programming are transferred to other prisons and assigned to a prison unit case manager who may facilitate their transfer and assignment to an ACDP program at another time during their incarceration. There are instances, however, where inmates are not referred due to the inmate's need for other programs, scheduling constraints, operational needs in prisons, or sentences which are shorter than available treatment.

Among the newly-admitted inmates in FY 2011-2012, there were 12,383 inmates who were identified as needing substance abuse programming but only 8,776 of the 12,383 were referred into the eligible pool by diagnostic staff. This was a 19% decrease in referrals to the substance abuse programming eligible pool from FY 2010 – 2011.

SCREENING AND REFERRAL FOR COMMUNITY – BASED PROGRAMS

G.S. §15A-1343(b)(3) mandates that participation of probationers in a residential program must be based on a screening and assessment that indicates chemical dependency. Representatives from Treatment Accountability for Safer Communities (TASC) complete the assessment in the community to determine appropriateness of assignment to a community-based facility.

For probationers and parolees, 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. Eligible offenses include driving while impaired or other drug charges/convictions.

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 Alcoholism and Chemical Dependency Programs Section (ACDP) 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 2011-2012, ACDP Clinical Supervisors provided 2,200 hours of clinical supervision to clinical staff within ACDP.

■ Learning Labs

All registrants and certified counselors who work full or part-time delivering substance abuse services require clinical supervision. ACDP has approximately 127 employees who fall into this category. At present, all Substance Abuse Counselors, Substance Abuse Program Administrators and Substance Abuse Program Directors receive clinical supervision provided by either one of the ACDP Licensed Clinical Addiction Specialists (LCAS) or one of the Certified Clinical Supervisors (CCS). ACDP 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 ACDP’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. ACDP implemented the “Group Learning Labs” in September 2009.

QUALITY ASSURANCE

■ File Reviews

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 is used. The review process provides management with three different review types and perspectives. ACDP, working in conjunction with the NCDOC MIS, implemented the Case File Review and Peer Reviews. The data generated by these reviews enable ACDP to track the results of each established review element thereby assisting management in the identification of program strengths, areas that need additional attention, job performance issues, and training needs.

■ 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)*

ACDP 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.

ACDP long-term programs implemented the CTS in fiscal year 2007-2008. Intermediate programs and DART Cherry program staff implemented the CTS 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 28.

■ **Training**

Trainings in the fall of 2011 focused on enhancing professional development by providing approved hours for counselor certification/recertification. The following training modules were offered during the 2011-2012 fiscal year:

- Ethical Considerations in Working with the HIV/AIDS Substance Abuser
- Clinical Supervision in Substance Abuse Counseling
- Group Counseling for the Advanced Substance Abuse Counselor

In FY 2011-2012, the ACDP training component was presented with a challenge with the departure of our clinical trainer in November 2011. Trainings during FY 2011-2012 were limited. The search for a new clinical trainer was lengthy. The new trainer became operational July 2012.

DETAILS OF ANY NEW INITIATIVES AND EXPANSIONS OR REDUCTION OF PROGRAMS

ACDP Haywood Closed: In October 2011, the ACDP Haywood 35-day program closed and, shortly thereafter, the prison facility closed. Haywood Correctional Center's closure was one of four prison closings ordered by the General Assembly due to state budget cuts. The ACDP Haywood program consisted of 34 treatment beds and had the capacity to serve 375 inmates annually. The program was one of two 35-day programs that served inmates requiring treatment who did not have sufficient time remaining on their sentence to participate in a 90-day or long-term treatment program. Prior to closing, the program was predominantly serving inmates convicted of DWI.

ACDP Western Youth Long-Term Program Closed: Due to the decreasing target population to sustain this program, the ACDP Western Youth long-term program closed on 1/23/12. The long-term program consisted of 32 treatment beds with a program length of 180-365 days. Existing staff transitioned to either the Western Youth Intermediate program or the new ACDP Catawba program.

ACDP Tyrrell Closed: In June 2012, the ACDP Tyrrell 35-day program closed. ACDP Tyrrell consisted of 54 treatment beds and had the capacity to serve 625 male inmates annually. The program operated on grant funding for a two year period after being awarded an American Reinvestment and Recovery Act (ARRA) grant. The grant ended on 6/30/12 and the program was closed. ACDP Tyrrell was one of two 35-day programs that served inmates requiring treatment who did not have sufficient time remaining on their sentence to participate in a 90-day or long-term treatment program. Prior to closing, the program was predominantly serving inmates convicted of DWI.

ACDP Catawba: In February 2012, a 90-day substance abuse treatment program with 30 treatment beds for male inmates was opened. The program is located in Catawba Correctional Center, a minimum custody facility in Newton, NC.

ACDP Dan River: In April 2012, a long-term (180-365 days) substance abuse treatment program with 30 treatment beds for male inmates was opened. The program is located at Dan River Prison Work Farm, a minimum custody facility in Blanch, NC.

ACDP Swannanoa: On July 1, 2012, ACDP Swannanoa increased their treatment beds from 60 to 90. ACDP Swannanoa is located within Swannanoa Correctional Center for Women, a minimum custody facility in Black Mountain, NC that provides a 90-day substance abuse treatment program to female inmates.

ACDP Swannanoa: In addition to the 90-day substance abuse treatment component already offered at Swannanoa, ACDP will provide an Aftercare and Re-Integration track for up to 30 female inmates that first complete the ACDP Swannanoa 90-day substance abuse treatment component. The program will target women that will transition from prison to the local community for extended services after release for a period up to 6 months. This program was awarded a GCC grant that will provide 75% of the funding for this program with a state match of 25%. Program is projected to begin 3/1/13.

Southern Correctional Institution: ACDP plans to open a 32 bed pilot treatment program at this facility that addresses both Mental Illness and Substance Abuse in the same female treatment environment. This will be a “first of its kind” collaborative effort between ACDP and Prison Mental Health program teams. A federal RSAT grant provides for 75% of the funding with a state match of 25%. Program is projected to begin 3/1/13.

Neuse Correctional Institution: ACDP has developed a pilot program that will serve 32 male inmates with DWI convictions. The program targets inmates with a short time remaining on their sentence (35 to 90 day program); and utilizes a curriculum designed specifically for the DWI offender. This program was awarded a GCC grant that will provide 75% of the funding for this program with a state match of 25%. Program is projected to begin 4/1/13.

Harnett Correctional Institution: ACDP has designed a pilot program to serve 32 male inmates that have identified substance abuse as well as an identified sexual offense. This will be a unique collaborative effort between the ACDP team and the SOAR (Sexual Offenders Accountability & Recovery) program at Harnett. Program is projected to begin 4/1/13.

Confinement in Response to Violation Implementation (CRV):

“Confinement in Response to Violation” – When a defendant under supervision for a felony conviction has violated a condition of probation other than G.S. §15A-1343(b)(1) or G.S. §15A-1343(b)(3a), the court may impose a 90-day period of confinement. The court may not revoke probation unless the defendant has previously received a total of two periods of confinement under this subsection. A defendant may receive only two periods of confinement under this subsection. If the time remaining on the maximum imposed sentence on a defendant under supervision for a felony conviction is 90 days or less, then the term of confinement is for the remaining period of the sentence. Confinement under this section shall be credited pursuant to G.S. §15-196.1. When a defendant under supervision for a misdemeanor conviction has violated a condition of probation other than G.S. §15A-1343(b)(1) or G.S. §15A-1343(b)(3a), the court may impose a period of confinement of up to 90 days. The court may not revoke probation unless the defendant has previously received a total of two periods of confinement under this subsection. A defendant may receive only two periods of confinement under this subsection. Confinement under this section shall be credited pursuant to G.S. §15-196.1.”

The Alcoholism and Chemical Dependency Programs Section provides a substance abuse education component at each of the 5 designated prison facilities receiving CRV offenders during the last 30 days of the offender’s confinement.

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

Alcoholism and Chemical Dependency Programs Section (ACDP) management continue 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 (now known as the Division of Adult Correction in the Department of Public Safety as of January 1, 2012). ACDP meets with DHHS on the proposed monitoring schedule, the tool used by DHHS for the evaluation of ACDP 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 section.

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.

UTILIZATION OF THE COMMUNITY – BASED PROGRAMS AT DART CHERRY AND BLACK MOUNTAIN SUBSTANCE ABUSE TREATMENT CENTER FOR WOMEN

COMMUNITY-BASED RESIDENTIAL TREATMENT

The Alcoholism and Chemical Dependency Programs Section 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 Treatment Accountability for Safer Communities (TASC) complete the assessment in the community to determine appropriateness.

Both programs are dedicated to a holistic treatment approach, the program addresses individual needs in six major life areas: (a) alcohol and drug use, (b) medical/physical health, (c) education & vocational, (d) family/social, (e) legal status and (f) psychological and mental health diagnosis. Facility counselors are trained in substance abuse recovery principles, and all are licensed, certified or registered with appropriate state counseling practice boards.

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 facilities do not have dedicated detoxification units. Offenders requiring intensive detoxification requiring hospital accommodations/monitoring are not appropriate for assignment to a residential treatment beds (including priority beds) at a community-based facility.

DART CHERRY

DART Cherry is a 300 bed community residential facility in Goldsboro that provides residential substance abuse treatment services to male probationers and parolees. During FY 2011-2012, the facility had a 95% utilization rate and 1,545 admissions to the program.

The 90-day program has three 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. 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 were initially designated “priority” beds that were available for probationers or parolees who were experiencing severe substance dependence related problems and were in need of immediate admission to the 90-day residential treatment program. As a result of a review of the utilization rate of the “priority” beds during this fiscal year with Community Corrections, priority beds were reduced to 5.

Table 4 – 2011-2012 DART Cherry Enrollment

Program Type and Type of Supervision	Offenders Enrolled	Percent of Annual Enrolled
90-day Parole	440	28%
90-day Probation	1,105	72%
Total	1,545	100%

The majority of participants at DART Cherry exit the program as successful completions, at a rate of 86%. The “Other” category includes exits due to administrative reasons, detainers, and illness.

Table 5 – 2011-2012 DART Cherry Exits

Exit Reason	90-Day Program	
Completed	1084	86%
Absconded/Withdrawn	37	3%
Transferred/Released	14	1%
Removed/Discipline	99	8%
Inappropriate for Treatment	17	1%
Other	18	1%
Total	1269	100%

BLACK MOUNTAIN SUBSTANCE ABUSE TREATMENT CENTER FOR WOMEN

The Black Mountain Substance Abuse Treatment Center for Women is a 60 bed residential treatment facility offering a 90-day program that provides chemical dependency treatment services to probationers sent by the courts and to parolees released from prison and transitioning home to the community. During FY 2011-2012, the facility had a 90% utilization rate and 290 admissions to the program. The Black Mountain program embraces evidence-based practice design and provides a multi-disciplinary approach, focusing on group and individual therapy in addition to substance abuse education. The Center offers a program that:

- ♦ Encourages healthy social living skills;
- ♦ Integrates cognitive-behavior interventions using a core curriculum (Residential Drug Abuse Program);
- ♦ Provides motivational enhancement therapy;
- ♦ Utilizes selected material from Stephanie Covington's work addressing women's recovery/trauma; and
- ♦ Introduces the program participant to a variety of self help recovery groups.

Table 6 – 2011-2012 Black Mountain Enrollment

Program Type and Type of Supervision	Offenders Enrolled	Percent of Annual Enrolled
90-day Parole	39	13%
90-day Probation	251	87%
Total	290	100%

The majority of offenders at Black Mountain exited the program as successful completions, at a rate of 85% for offenders on probation and 87% for offenders paroled directly to Black Mountain. Female inmates identified by the Prisons Section to participate in the Black Mountain program receive additional screening prior to selection to ensure that the inmate is appropriate for treatment and that medical and mental issues are stabilized prior to paroling them to the Black Mountain facility. It appears that the additional screening of inmates paroled to Black Mountain during FY 2011-2012 resulted in more completions than the offenders assigned to the facility that were on probation.

Table 7 – 2011-2012 Black Mountain Exits

Exit Reason	Probation		Parole	
Completed	173	85%	26	87%
Absconded/Withdrawn	3	1%	0	0%
Transferred/Released	0	0%	0	0%
Removed/Discipline	16	8%	2	7%
Inappropriate for Treatment	8	4%	1	3%
Other	4	2%	1	3%
Total	204	100%	30	100%

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.

INTERMEDIATE PROGRAMS

Intermediate ACDP programs range from 35 to 90 days and are available in 13 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, ACDP 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.

Table 8 presents data on the enrollment into the intermediate ACDP programs. The majority of the programs are open-ended such that weekly enrollments and exits are coordinated with prison transfer schedules. This coordination results in fluctuations in the number of inmates actually enrolled in the treatment program. The total annual enrollment for intermediate ACDP programs decreased from 5,091 during FY 2010-2011 to 4,889 in FY 2011-2012 as did prison admissions.

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 21% to 99%. The overall capacity utilization rate for intermediate programs dropped from 97% in FY 2010-2011 to 83% in FY 2011-2012. The ACDP program capacity utilization rate for intermediate programs was affected drastically during FY 2011-2012 by the closure of 2 programs, the beginning of a new start-up program, and a change in the youthful offender prison population. Additional information on these programs is provided below the chart on the following page.

Table 8 – 2011-2012 Enrollment in Intermediate ACDP Programs

Facility	Treatment Slots	Annual Enrollment	Average Daily Enrollment	Capacity Utilization Rate (%)
Catawba Correctional Center	30	67	22	26%
Craggy Correctional Center	62	403	58	94%
Duplin Correctional Center	58	341	57	98%
Haywood Correctional Center	34	83	27	21%
Lumberton Correctional Institution	58	323	55	95%
NC Correctional Institution for Women	64	440	62	97%
Pender Correctional Institution	98	525	93	95%
Piedmont Correctional Institution	88	537	87	99%
Rutherford Correctional Center	34	212	33	97%
Swannanoa Correctional Center for Women	60	288	55	92%
Tyrrell Prison Work Farm	54	746	48	87%
Wayne Correctional Center	125	679	121	97%
Western Youth Institution	48	245	37	77%
Totals	813	4,889	755	83%

As noted earlier in this report, the overall capacity utilization rate was affected by the following program closures, a new program start-up program, and a change in the youthful offender prison population:

- ♦ The program at Haywood Correctional Center closed on 10/31/11 and was operational 4 months during FY 2011-2012. The last program assignment to ACDP Haywood was 8/30/11 to ensure all inmates that were assigned to the program had the opportunity to complete the program prior to closing. The census gradually declined from 8/30/11 to 10/31/11, the program's closing date.
- ♦ The program at Catawba Correctional Center is a new 90-day substance abuse treatment program that began 2/24/12. Program enrollments gradually grew with the program operating at close to full capacity by April 2012.
- ♦ The program at Tyrrell Prison Work Farm closed on 6/30/12. The last program assignment to ACDP Tyrrell was 5/23/12 to ensure all inmates that were assigned to the program had the opportunity to complete the program prior to closing. The census gradually declined from 5/23/12 to 6/30/12, the program's closing date.

- ♦ The intermediate program at Western Youth Institute has been affected by a severe drop in the overall prison population for youthful offenders as a result of the Justice Reinvestment Act. Due to the rapid decline of this population, ACDP moved the intermediate program to Western Youth's minimum facility, increased the intermediate program's beds from 32 to 48, and closed the long-term program at Western Youth Institute. Even with the implementation of these changes, the Western Youth's intermediate program has not been able to reach the capacity expected and will need future adjustments.

Intermediate Substance Abuse Treatment Need Compared to Treatment Availability

An initial assessment of supply and demand for intermediate substance abuse treatment was completed for FY 2011-2012 to compare the number of intermediate treatment slots available to the number of inmates within the prison population in need of substance abuse treatment. As shown in Table 9, male inmates in need of intermediate treatment only had a 47% chance of being assigned to an ACDP intermediate treatment program during FY 2011-2012,

Table 9 – 2011-2012 Yearly Need to Yearly Supply for Intermediate Substance Abuse Treatment Slots by Gender and Program Type

Gender	Program Type	Yearly Treatment Slots	Yearly Treatment Need	Chance of Program Placement
Females	Intermediate	586	616	95%
Males	Intermediate	2,802	5,915	47%
TOTAL		3,388	6,531	52%

The need for intermediate substance abuse treatment services for males is significant within the prison population and presents an enormous challenge to the Alcoholism and Chemical Dependency Programs Section.

Table 10—2011-2012 Exits from Intermediate ACDP Programs

Type of Exit	Number of Exits	Percent of All Exits
Completion	1,945	80%
Inappropriate for Treatment	40	2%
Other	52	2%
Removed/Discipline	181	7%
Transferred/Released	53	2%
Withdrawal	163	7%
Total	2,434	100%

Table 10 presents the exits from ACDP intermediate treatment programs. Of all exits from the program, 80% were completions--the satisfactory participation in the program for the required number of treatment days. **Completions increased from 73% in FY 2010-2011 to 80% in FY 2011-2012.** All other exit types, as defined below, decreased with the exception of the "Other" category which remained the same.

- Inappropriate for Treatment: This exit type consists of inmates who did not meet the clinical criteria for treatment at that program as determined by their assessment. When inmates are assigned to a treatment program, program staff conducts a thorough assessment of the inmate's treatment needs.
- ♦ Other: This exit type consists of inmates who were demoted or promoted to another custody level requiring the inmate's reassignment to another prison facility, inmates who died, or inmates who were assigned to the program in error.
- ♦ Removed: This exit type consists of inmates who were removed from the treatment program by staff for administrative reasons or due to the inmate's behavior.
- ♦ Transferred: This exit type occurs when the inmate is moved to another prison facility or was released from prison due to coming to the end of their sentence.
- ♦ Withdrawal: At the end of the orientation period, the inmate may elect to continue or withdraw from the program. The withdrawal exit type is made up of inmates who voluntarily withdrew from the treatment program against staff advice at the end of the orientation period or later during the treatment period. These inmates were referred back to their Prison Case Manager for an alternative assignment.

LONG-TERM TREATMENT PROGRAMS

Long-term treatment programs within ACDP range from 120 to 365 days. These programs are reserved for inmates 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, inmates 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 11.

Table 11 – 2011-2012 Enrollment in Long-Term Prison-Based Treatment Programs

	Facility	Treatment Slots	Annual Enrollment	Average Daily Enrollment	Capacity Utilization Rate (%)
Adult Male	Dan River	66	61	29	10%
	Morrison Correctional Institution	88	323	84	95%
	Piedmont Minimum Correctional Center	34	141	33	97%
Female	Fountain Correctional Center for Women	42	199	39	93%
	NC Correctional Institution for Women	34	112	29	85%
Male Youth	Polk Correctional Institution	32	139	31	97%
	Western Youth Institution	32	105	29	49%
	Total	328	1,080	274	69%

The overall capacity utilization rate for long-term programs decreased from 95% in FY 2010-2011 to 69% in FY 2011-2012 due to the closure of on one program, the start-up of a new program, and a decrease in the youthful offender population as described below.

- ♦ The program at Dan River Prison Work Farm is a new long-term (180-365 days) substance abuse treatment program that started on 4/11/12 with 5 inmates. Program enrollments gradually grew with the program operating at close to full capacity during July 2012.
- ♦ The long-term program for female inmates at NCCIW struggled with their census during FY 2011-2012. The criteria for that program have been modified in an attempt to expand the eligibility pool for this target population.
- ♦ The long-term program at Western Youth Institute was affected by a severe drop in the overall prison population for youthful offenders. Due to the rapid decline of this population, ACDP could no longer support the Western Youth long-term program. The 66-bed program was closed on 1/23/12.

Table 12 – 2011-2012 Exits from Long-Term Treatment Programs

Type of Exit	Number of Exits	Percent of All Exits
Completion	307	62%
Inappropriate for Treatment	7	1%
Other	20	4%
Removed/Discipline	109	22%
Transferred/Released/Out to Court	19	4%
Withdrawal	32	7%
Total	494	100%

A total of 494 inmates exited the prison long-term substance abuse treatment programs during FY 2011-2012. **Sixty-two percent successfully completed the program requirements. This was a 7% increase over FY2010-2011, a 10% increase over FY2009-2010, and a 13% increase over FY 2008-2009. Long-term programs have consistently improved over the past four fiscal years.** Twenty-two percent of the inmates exited for behavioral or clinical problems identified by program or custody staff, a 1% increase from the previous fiscal year. 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. All other exit types decreased during FY 2011-2012 with the exception of the “Transferred” category which remained the same.

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.

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. ACDP continued this assessment for FY 2011-2012 for comparative purposes.

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

As shown in Table 13 on the following page, the largest gap exists in long-term treatment slots available for male inmates and the number of male inmates in need of treatment. During FY 2011-2012, males had an 18% chance of being assigned to an ACDP long-term treatment program.

Table 13– 2011-2012 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	Long-term	214	457	47%
Males	Long-term	612	3,441	18%
TOTAL		826	3,898	21%

EVALUATION OF EACH SUBSTANCE ABUSE TREATMENT PROGRAM FUNDED BY THE DIVISION OF ADULT CORRECTION OF THE DEPARTMENT OF PUBLIC SAFETY. EVALUATION MEASURES SHALL INCLUDE REDUCTION IN ALCOHOL AND DRUG DEPENDENCY, IMPROVEMENTS IN DISCIPLINARY AND INFRACTION RATES, RECIDIVISM (DEFINED AS RETURN-TO-PRISON RATES), AND OTHER MEASURES OF PROGRAMS' SUCCESS.

ACDP EVALUATION MEASURES

Purpose and Executive Summary

Annually, since the 2007 legislative session, the North Carolina General Assembly has required an evaluation of each substance abuse treatment program funded by the Department. ACDP in collaboration with Research and Planning has been able to evaluate program data across the Section. 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, and
- Recidivism (defined as return-to-prison rates)

All ACDP programs were evaluated jointly by program type. The programs include DART Cherry, a community-based residential facility for male probationers and parolees; Black Mountain Substance Abuse Treatment Center for Women, a community-based residential facility for female probationers and parolees; 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. During FY 2011-2012, long-term programs serving a residential population housed at private treatment centers were closed. Therefore, only analyses for those long-term programs operating in a prison setting are included in the evaluation.

The following discussion summarizes findings for each of the ACDP program types that existed in fiscal year 2011-2012, encompassing the required evaluation measures.

Reduction in Alcohol and Drug Dependency

ACDP evaluated reduction in alcohol and drug dependency using a repeated measures design, which is a comparison of pre and post intervention testing results. ACDP uses the *Brief Situational Confidence Questionnaire* (BSCQ) to measure change in alcohol and drug dependency. Offenders who exited ACDP programs in fiscal year 2011-2012 almost universally improved their confidence to resist the urge to drink heavily or use drugs in a variety of situations. At community programs, confidence scores moved from the low-mid 60s into the high 70s and 80s confidence range. In prison programs, the increases were more modest, moving from the high 50s into the low 70s confidence range. Participant confidence in their ability to resist use in situations where they were testing their control over use of alcohol or drugs were typically less in magnitude; nonetheless, the confidence increases in this area were significant from entry to the program to exit at all programs except long-term.

The BSCQ is a measure that is relevant to the treatment model and that provides a consistent measure that can be used on all inmates assigned to programs. The BSCQ asks participants to imagine themselves as they are now in each of eight situations. They are then asked to indicate on a scale how

confident they are that they can resist the urge to drink heavily or to use drugs in each of the situations. Each of the 8 scale situations consists of line, anchored by 0% ("not at all confident") and 100% ("totally confident"). Participants are asked to place an "X" along the line, from 0% to 100%. Because the BSCQ is a state measure, assessing self-efficacy at various points during treatment allows for an evaluation of increases or decreases in self-efficacy as a function of the intervention. ACDP assessed situational confidence at entry and exit.

Improvements in Disciplinary and Infraction Rates

ACDP evaluated improvement in disciplinary and infraction rates with a repeated measures design, which is a comparison of disciplinary actions that were taken pre and post-intervention. For inmates who completed a long-term program in FY 2011-2012 and remained in prison after exiting treatment, the number of infractions decreased after treatment. Otherwise, neither the rate of infractions nor the severity of infractions committed by inmates who remained in prison after exiting the 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 and in the severity of those infractions when compared to inmates who dropped out of these treatment programs.

These results are not surprising since infractions are relatively rare and since inmates who exit prison cannot be evaluated on this measure because they are no longer in prison. As such, ACDP incorporates an additional measure of change in inmate behavior that can be used on all inmates assigned to programs. The results of changes in criminal attitudes and thinking are presented in the "Other Measures of Programs' Success" portion of this section.

Return-to-Prison Rates

A base rate calculation measures recidivism by simply observing exits from a program and calculating a rate of return-to-prison for that group. However, this calculation does not provide a complete picture of program effectiveness because it fails to consider differences among inmates that indicate who is more likely to return to prison. More specifically, base rate calculations cannot account for severity of substance abuse disorders, family and criminal history, and other interventions that the inmate may have completed while incarcerated. For these reasons, ACDP evaluated each program's impact on recidivism (defined as a return to prison with 3 years) 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 ACDP program impacts the likelihood of return-to-prison, but also allows for comparison of program participants with inmates not assigned to an ACDP 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 2011-2012, ACDP evaluated each prison program by gender, including inmates who exited the male community residential program (DART-Cherry) as a condition of their early release from prison. Return-to-prison rates were lower for inmates who completed treatment in all programs compared to a matched comparison group. Inmates who dropped out of an ACDP program had return-to-prison rates that were generally equal to or lower than matched unassigned inmates, but were higher than return-to-prison rates for inmates who completed treatment. The differences in return-to-prison rates were by and large statistically significant. Nonetheless, there was no statistically significant difference in return-to-prison rates for male inmates who were assigned to long-term treatment in prison compared to a matched sample of unassigned inmates. Their rates, though lower, were statistically equal. This result appears largely driven by the fairly high rate (~51%) of treatment drop-outs as the rates for unassigned

inmates matched to completers, drop-outs, and the drop-outs themselves are statistically equal, and higher than that of completers.

Other Measures of Program Success

ACDP continues to incorporate an additional measure of behavior change within their programs. 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. The criminal justice literature highlights criminal thinking as one of several key determinates of an individual's willingness to commit crime both before and after criminal justice sanctions have been applied. Research has shown that when anti-social attitudes and cognitions are addressed, risk of future offending can be reduced. Results of testing show that participating inmates lower their scores on virtually all the CTS subscales. In general, participating inmates reduced their level of entitlement beliefs, justifications of criminal behavior, power orientation, criminal rationalization, and personal irresponsibility. Scores on the Cold Heartedness subscale were not statistically lower at either the female Community Residential program or Long Term treatment programs. This anomaly appears to be the result of a tendency by female participants to score statistically the same on pre and post-testing treatment administration. This gender difference was apparent even at Intermediate programs; though at these programs there were too few female participants, compared to male participants, to impact significance in the score change. Table F shows the average change in pre and post-test scores for participants in ACDP programs.

Summary of Findings:

- Participants in ACDP community-based residential programs and intermediate prison-based programs improved their confidence significantly to resist the urge to drink or use drugs as measured by a nationally accepted indicator.
- ACDP's community-based residential program and intermediate prison-based programs for **male** offenders reduced recidivism among program participants exiting in FY 2008-2009 at a rate that is statistically significant.
- ACDP intermediate and long-term prison-based programs for **female** offenders reduced recidivism among program participants exiting in FY 2008-2009 at a rate that is statistically significant.
- Overall, disciplinary and infraction rates are not good indicators of program impact.