

# **North Carolina Department of Public Safety**

## **Division of Alcoholism and Chemical Dependency Programs**



### **Annual Legislative Report**

**FY 2010-2011**

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March 2012

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**North Carolina Department of Public Safety  
Division of Alcoholism and Chemical Dependency Programs (DACDP)  
2010-2011 Annual Report to the N. C. General Assembly**

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

“The Department of Correction (now known as the Division of Adult Correction in the Department of Public Safety as of January 1, 2012) 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), 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 DART/DWI program;
- (4), (5) Repealed by Session Laws 2007-323, s.17.3 (a), effective July 1, 2007.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 DOC (now known as DPS as of January 1, 2012) funded program; and
- (7) Evaluation of each substance abuse treatment program funded by the Department of Correction (now known as the Division of Adult Correction in the Department of Public Safety as of January 1, 2012). 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 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 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.

The division 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 DACDP 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.

However, the recent session of the General Assembly required significant reductions to the DACDP budget, resulting in the loss of many key clinical positions. In addition, several division administrative positions were lost, with the most significant being the elimination of the Assistant Secretary for the division.

As the field of addiction services evolves, DACDP 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.

### **Program Structure and Eligibility**

Major functional areas of DACDP include: two community-based residential facilities; intermediate and long-term intensive treatment programs currently within fifteen prison facilities; and long-term intensive treatment programs within two private contractual facilities.

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 Public Safety, the Substance Abuse Subtle Screening Inventory (SASSI), was administered to 24,719 inmates out of 27,915 who entered prison during FY 2010-2011. 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 24,719 offenders who were screened, 62% or 15,249 indicated a need for intermediate or long-term substance abuse treatment.
- Of the 15,249 identified offenders who were eligible, 10,880 or 71% were referred to intermediate or long-term substance abuse treatment programs.
- 64% or 2,006 of female offenders who were screened indicated a need for intermediate or long-term substance abuse treatment.
- 71% or 2,497 of youthful male offenders (under 22) who were screened indicated a need for intermediate or long-term substance abuse treatment.

In FY 2010-2011, the date this report covers, division resources were such that only one in four inmates in need of long-term programs actually made it into a treatment program.

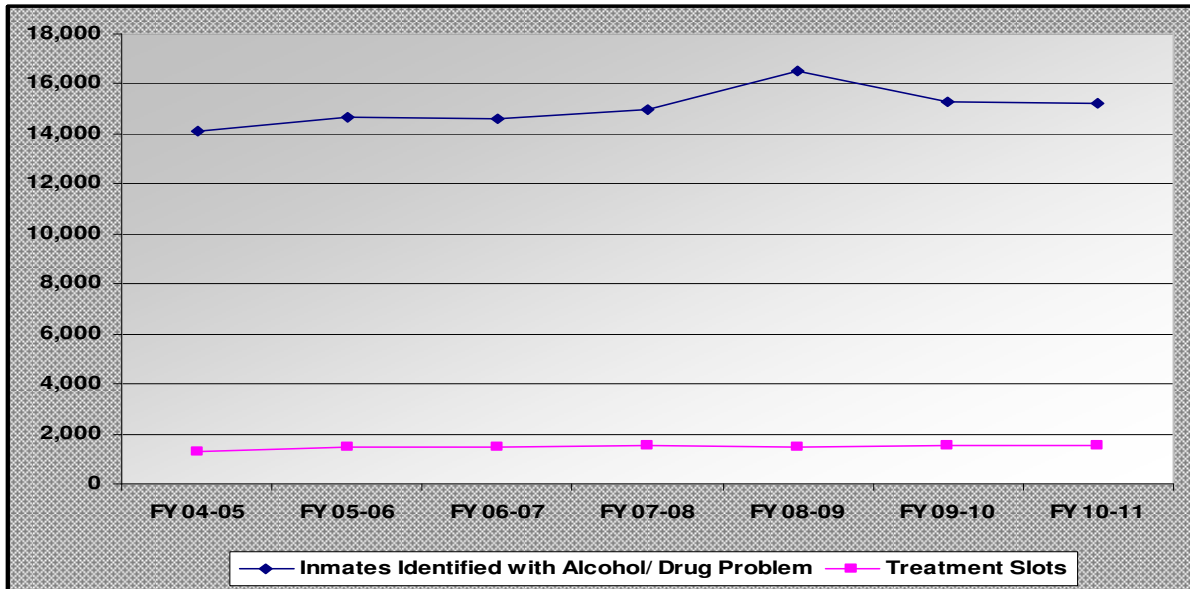
As the field of addiction services evolves, DACDP is committed to ongoing self-evaluation and professional development. These efforts ensure offenders receive the latest evidence-based best practices. Program improvement initiatives are critical to this process.

### **Inmate Admissions and Treatment Slots**

The graph on the following page reflects the number of inmate admissions during FY 2010 -2011 that were identified by the division's screening tool 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. The shortage of substance abuse treatment beds for the prison population in need of treatment in North Carolina is critical.

## FY 2010- 2011

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



Since 2001, the burgeoning prison population in North Carolina increased from 31,899 to 41,030, an increase of 9,131 inmates (22%). Concurrently, the number of substance abuse program treatment slots declined from 1,898 to 1,559, an overall decrease of 339 treatment slots (18%). 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 DACDP – to provide effective treatment services to all offenders who show a demonstrated need.

Without additional resources, the chasm between the chemically-dependent treated offender and the chemically-dependent untreated offender will grow ever wider--resulting in increasing numbers of offenders returning to our communities without treatment. 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 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 DACDP, there are 204 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 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, 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 three major service levels for offenders. There are two community-based residential treatment programs for probationers/parolees. The other two categories established for male and female inmates consist of intermediate treatment services within prison facilities and long-term treatment services within fifteen prison facilities and two private contractual facilities.

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 a treatment program, 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 DPS Controller’s Office computes agency and program costs annually. The figures below are for FY 2010-2011.

- The average cost per day per offender for the DART Cherry facility was \$50.16.
- The average cost per day per offender for the Black Mountain Substance Abuse Treatment Center for Women was \$158.32.
- The average cost per day per inmate for the prison-based DACDP programs was \$71.67. These cost estimations are calculated using the program and custody costs excluding the Division of Prisons’ overhead costs. DACDP program costs alone averaged \$17.10 per inmate.
- The private facility average cost per day per inmate for both facilities was \$80.63. For the Mary Frances Center, the cost was \$92.96. For Evergreen Rehabilitation Center, the cost was \$69.46. 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. The two private facilities were eliminated on 8/9/2011 due to budget cuts as noted later in this report.

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



**Table 1 – 2010- 2011 DACDP Programs by Type of Program,  
Target Population & Program Length**

Facility		Total Treatment Slots Available Daily	Length of Treatment
<b>Community Residential Treatment Program</b>			
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
<b>Total</b>		<b>350</b>	
<b>Intermediate Treatment Programs</b>			
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	58	90 Days
Youth male	Western Youth Institution	42	90 Days
Female	NC Correctional Institution for Women	64	90 Days
	Swannanoa Correctional Center for Women	30	90 Days
<b>Total</b>		<b>747</b>	
<b>Long-Term Residential Treatment</b>			
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
<b>Total</b>		<b>262</b>	
<b>Private Contractual Treatment Facilities</b>			
Adult Male	Evergreen Rehabilitation Center	100	180-365 Days
Adult Female	Mary Frances Center	100	180-365 Days
<b>Total</b>		<b>200</b>	
<b>Total Treatment Slots Available Daily</b>		<b>1,559</b>	

## EFFORTS TO PROVIDE EFFECTIVE TREATMENT TO OFFENDERS WITH SUBSTANCE ABUSE PROBLEMS

### 1. 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	None
3	Intermediate treatment	DACDP 35 and 90 (days)
4	Intermediate/long-term treatment	DACDP 90 -180 (days)
5	Long-term treatment	State and Private Facilities 120-365 (days)

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

**Table 2—2010-2011 Prison Entries and SASSI Scores**

<b>Inmate Group</b>	<b>SASSI Score</b>				
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Female	536 (17%)	619 (20%)	742 (23%)	701 (22%)	563 (18%)
Male – Youth	415 (12%)	591 (17%)	830 (23%)	730 (21%)	937 (27%)
Male – Adult	2,943 (16%)	4,366 (24%)	6,422 (36%)	3,033 (17%)	1,291 (7%)
<b>Total</b>	3,894 (16%)	5,576 (23%)	7,994 (32%)	4,464 (18%)	2,791 (11%)

During FY 2010-2011, 24,719 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 23% in need of substance abuse intervention. There are differences in the SASSI scores among the three demographic groups presented in Table 2. The SASSI scores of male youth inmates

(under 22) indicate that they are the group with the greatest need for treatment with 71% scoring 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 five fiscal years. The male youth demographic group continues to have the greater need for treatment. Although the adult male group has remained consistent in their need for treatment, the treatment need of the female inmate population has significantly decreased during this fiscal year.

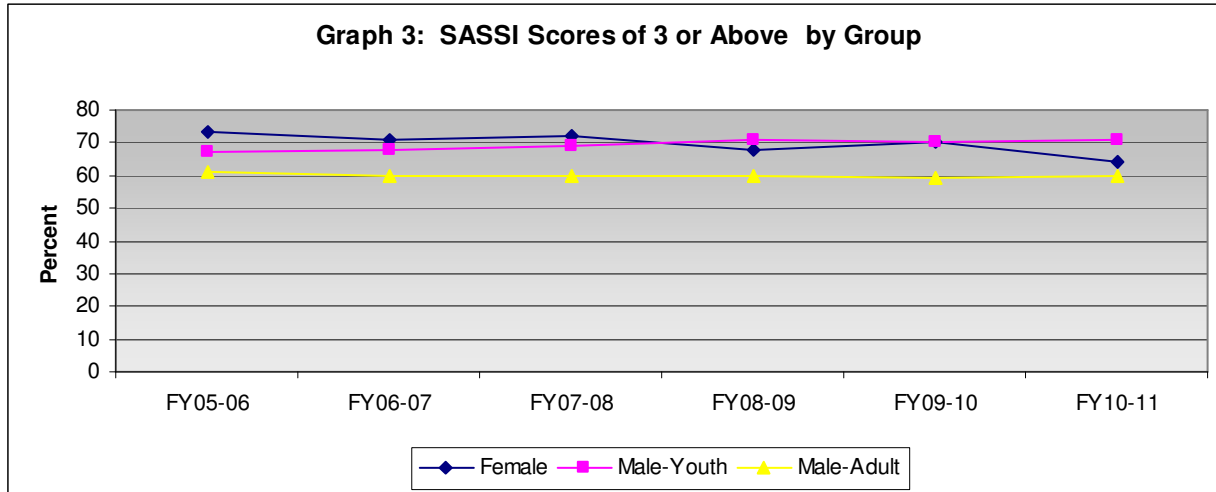


Table 3 presents additional information about the screening and referral process in the prison system. Of all entries to prison during FY 2010-2011, 89% completed the SASSI. The number of SASSI screenings increased from 24,384 in FY 2009-2010 to 24,719 in FY 2010-2011. Prison admissions increased during the same period from 27,076 in FY 2009-2010 to 27,915 in FY 2010-2011. Approximately 11 percent of inmates were not screened using SASSI due in part to serious health conditions and other issues.

Division of Prisons case analysts at the diagnostic center use SASSI scores to determine eligibility and priority for substance abuse programming. A referral is generated in OPUS by the case analyst if the inmate has a minimum SASSI Score of three or above providing DOP 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 DOP facility for DACDP program assignment. After arrival at the prison facility, the inmate is then assigned to the DACDP program on the *Inmate Activity Assignment* screen in OPUS. This is one of many opportunities for assignment to a DACDP 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 a DACDP 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

As stated previously, 62% of prison admissions during FY 2010-2011 were identified as needing treatment services and referred as part of diagnostic processing. Among the newly-admitted inmates in FY 2010-2011, there were 10,880 inmates who were identified as eligible for substance abuse programming and referred into the eligible pool by diagnostic staff.

**Table 3—2010-2011 Referrals to DACDP Programs by Prison Diagnostic Center**

<b>Diagnostic Center</b>	<b>2010-2011 Prison Admissions</b>	<b>Number Screened</b>	<b>Identified with Alcohol/Drug Problem</b>	<b>Referred to DACDP</b>
Central Prison	1,106	760	462	402
Craven Correctional Institution	6,004	5,594	3,305	2,242
Fountain Correctional Center for Women	1,368	1,337	778	353
NC Correctional Institution for Women	1,922	1,824	1,228	803
Neuse Correctional Institution	7,833	6,410	3,880	3,627
Piedmont Correctional Institution	5,527	4,967	2,888	1,766
Polk Youth Institution	2,649	2,379	1,620	1,137
Western Youth Institution	1,506	1,448	1,088	550
<b>Totals</b>	<b>27,915</b>	<b>24,719</b>	<b>15,249</b>	<b>10,880</b>

## **2. 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 2010-2011, DACDP Clinical Supervisors provided 2,556 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 117 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 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.

### **3. 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 35.

#### 4. 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, working in conjunction with the NCDOC MIS, has implemented the Case File Review and Peer Reviews. The data generated by these reviews enable the Division to track the results of each established review element thereby assisting management in the identification of program issues, job performance issues, and training needs. The division's clinical trainer is also a part of the quality assurance team and initiative.

- ♦ 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. Both electronic and paper files are reviewed during the process. Monthly case file reviews were implemented in July 2009 using a paper format to record the results of the review. The automated version of this process was put into production June 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.
- ♦ 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. The automated version of this process is in development.

- ♦ 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 2010-2011, the training program was presented with some major challenges in filling the two vacant trainer positions. The division filled one of the positions in July 2010 but eventually lost the second position due to budget cuts.

In FY 2010-2011, training focused on enhancing professional development by providing approved hours for counselor certification/recertification. The following training modules were offered during the 2010-2011 fiscal year:

- ♦ HIV/AIDS for Substance Abuse Counselors
- ♦ HIV/AIDS for the Substance Abuser
- ♦ Stress Management
- ♦ Ethical Decision Making in Substance Abuse Counseling
- ♦ Practical Applications of CBT in the Prevention of Relapse
- ♦ Group Therapy for the Beginning Counselor
- ♦ Conflict Management
- ♦ Co-Occurring Disorders
- ♦ Peer Review
- ♦ Case File Review
- ♦ SMART Treatment Planning
- ♦ Nicotine Dependence
- ♦ Practical Applications of CBT for the Substance Abuser
- ♦ Documentation training for 2 DACDP facilities

Individuals from the following outside agencies attended one or more DACDP trainings:

- ♦ Butner Federal Prison
- ♦ Western Piedmont Community College
- ♦ Division of Community Corrections
- ♦ North Carolina Correctional Institute for Women (NCCIW) Social Workers

## **5. 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 trainer, 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**

### **Position Eliminations**

The recent session of the General Assembly required significant reductions to the DACDP budget, resulting in the loss of many key clinical positions. In addition, several division administrative positions were lost, with the most significant being the elimination of the Assistant Secretary for the division.

### **Private Treatment Centers Eliminated**

On August 9, 2011, the Evergreen Rehabilitation Center in Saint Pauls, NC for 100 males and the Mary Frances Center in Tarboro, NC for 100 females closed due to mandated General Assembly budget cuts. These two programs provided contractual services to the Department of Correction (now known as the Division of Adult Correction in the Department of Public Safety as of January 1, 2012). These multiphase treatment programs targeted inmates who were entering the final six to twelve months of incarceration, who had multiple recovery issues, required long-term intensive treatment, and were low-risk inmates. These programs included educational and vocational services, family support, and work release opportunities.

### **DACDP Haywood Closed**

In October 2011, the DACDP 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 DACDP Haywood program consisted of 34 treatment beds and had the capacity to serve 375 inmates annually. The program was one of two short-term 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.

### **DACDP Duplin**

On August 10, 2010, DACDP Duplin's treatment beds increased from 44 to 58. DACDP Duplin is located within Duplin Correctional Center, a minimum custody facility in Kenansville, NC. The program provides a 90-day substance abuse treatment program to male inmates.

### **DACDP Swannanoa**

On August 31, 2010, DACDP Swannanoa treatment beds increased from 20 to 30 beds. On July 1, 2011, DACDP Swannanoa treatment beds increased from 30 to 60. It is anticipated that the treatment beds will be increased again in the near future. DACDP 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.

## **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 (now known as the Division of Adult Correction in the Department of Public Safety as of January 1, 2012). 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 Treatment Accountability for Safer Communities (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 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 community residential facility in Goldsboro that treats male probationers and parolees. There were 1,768 offenders enrolled in DART Cherry during FY 2010-2011. During the first half of this fiscal year, the facility offered two programs; a 28-day program and a 90-day program.

- ♦ The 28-day program which was a facilitated cognitive behavioral intervention, designed to impact criminal thinking in relation to substance abuse behavior in the community had 100 treatment slots. Parolees with a DWI conviction had admission preference over probationers in this program. The 28-day program was closed-ended, that is, offenders entered and moved through the program as a cohort with no replacement of those who withdraw. The closed-ended nature of the program ensured that the counselors could complete the necessary assessment and clinical documentation while providing adequate treatment.
- ♦ The 90-day program had 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.

As a result of the collaborative work of the Division of Prisons, Division of Community Corrections, and DACDP, the 100 treatment beds designated as 28-day beds at the DART Cherry facility transitioned to 90-day treatment beds on 1/01/11 resulting in all 300 beds at the DART Cherry facility being dedicated to a holistic approach addressing individual offender needs in six major life areas. The program now offers three 90-day Therapeutic Community (TC) programs.

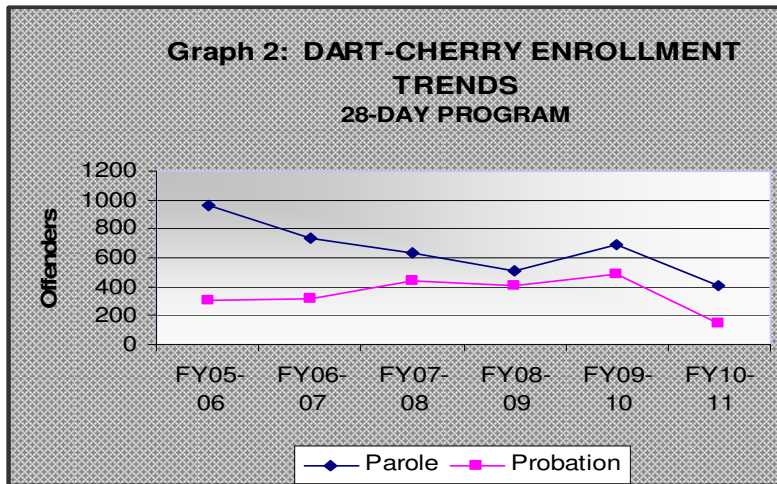
In response to an identified need, 10 treatment slots are designated “priority” beds that are available for probationers or parolees who are experiencing severe substance dependence related problems and are in need of immediate admission to the 90-day residential treatment program.

The overall enrollment in DART Cherry programs decreased from 2,241 to 1,768 in FY 2010-2011 due to the transition process to a 90-day treatment program facility. As indicated in Table 4, parolees made up the largest portion (74%) of the offenders assigned to the 28-day program in FY 2010-2011. This was an enrollment increase of 15% from FY 2009-2010.

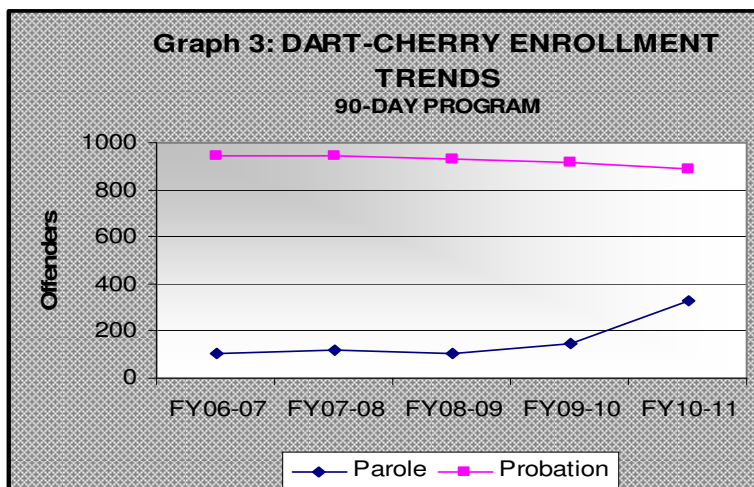
**Table 4 – 2010-2011 DART Cherry Enrollment**

<b>Program Type and Type of Supervision</b>	<b>Offenders Enrolled</b>	<b>Percent of Annual Enrolled</b>
28-day Parole	407	23%
28-day Probation	143	8%
90-day Parole	330	19%
90-day Probation	888	50%
<b>Total</b>	<b>1,768</b>	<b>100%</b>

The declining enrollment numbers in Graph 2 below reflect the closure of the 28-day program and the transition process of DART Cherry to a 90-day program.



As seen in Graph 3 below, parole enrollments jumped significantly thereby taking advantage of the increased 90-day treatment bed capacity.



The majority of participants at DART Cherry exit the program as successful completions, at a rate of 84% 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 70 (13%) 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. The “Other” category includes exits due to administrative reasons, detainers, and illness.

**Table 5 – 2010-2011 DART Cherry Exits**

<b>Exit Reason</b>	<b>28-Day Program</b>		<b>90-Day Program</b>	
Completed	465	84%	879	89%
Absconded/Withdrawn	1	0%	17	2%
Transferred/Released	70	13%	10	1%
Removed/Discipline	5	1%	63	7%
Inappropriate for Treatment	4	1%	12	1%
Other	5	1%	4	0%
<b>Total</b>	<b>550</b>	<b>100%</b>	<b>985</b>	<b>100%</b>

## **Black Mountain Substance Abuse Treatment Center for Women**

The Black Mountain Substance Abuse Treatment Center for Women is a 50-bed residential treatment facility that provides chemical dependency treatment services to probationers sent by the courts and to parolees released from the Division of Prisons and transitioning home to the community. The Center, funded through state legislation, was 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 opening of the center on 05/10/2010 established a prison alternative community sanction for substance abusing females. Such an alternative has existed for men at DART Cherry since 1988.

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;
- ♦ 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.

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.

The Black Mountain Substance Abuse Treatment Center for Women program embraces the fact that alcohol dependence and drug dependence are:

- ♦ Primary diseases that become progressively worse over time;
- ♦ Chronic;
- ♦ Incurable; and
- ♦ Ultimately fatal when left untreated.

It is the Center's core belief that through consistent clinical intervention and a personal commitment to abstinence, recovering individuals may live a normal, functional and happy life. The staff at the Black Mountain Substance Abuse Treatment Center for Women is skilled at creating a supportive atmosphere for the women to begin facing the challenges of recovery.



After opening in May 2010, Black Mountain continued to grow their daily enrollments from 30 to the maximum of 50 during FY 2010-2011.

**Table 6 – 2010-2011 Black Mountain Enrollment**

<b>Program Type and Type of Supervision</b>	<b>Offenders Enrolled</b>	<b>Percent of Annual Enrolled</b>
90-day Parole	35	17%
90-day Probation	176	83%
<b>Total</b>	<b>211</b>	<b>100%</b>

The majority of offenders at Black Mountain exited the program as successful completions, at a rate of 78% for offenders on probation and 93% for offenders paroled directly to Black Mountain. Female inmates identified by the Division of Prisons 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 2010-2011 resulted in more completions than the offenders assigned to the facility that were on probation.

**Table 7 – 2010-2011 Black Mountain Exits**

<b>Exit Reason</b>	<b>Probation</b>		<b>Parole</b>	
Completed	106	78%	25	93%
Absconded/Withdrawn	2	2%	0	0%
Transferred/Released	0	0%	1	3%
Removed/Discipline	15	11%	1	4%
Inappropriate for Treatment	11	8%	0	0%
Other	2	1%	0	0%
<b>Total</b>	<b>136</b>	<b>100%</b>	<b>27</b>	<b>100%</b>

**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.**

## **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.

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 remained stable during FY 2010-2011.

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 93% to 100%. This is due in part to the program completion schedule not coinciding exactly with Division of Prisons transfer schedules at the facilities.

**Table 8 – 2010-2011 Enrollment in Intermediate DACDP Programs**

<b>Facility</b>	<b>Treatment Slots</b>	<b>Annual Enrollment</b>	<b>Average Daily Enrollment</b>	<b>Capacity Utilization Rate (%)</b>
Craggy Correctional Center	62	411	59	95%
Duplin Correctional Center	58	324	54	93%
Haywood Correctional Center	34	362	32	94%
Lumberton Correctional Institution	58	310	54	93%
NC Correctional Institution for Women	64	447	63	98%
Pender Correctional Institution	98	548	95	97%
Piedmont Correctional Institution	88	567	87	99%
Rutherford Correctional Center	34	227	33	97%
Swannanoa Correctional Center for Women	30	150	28	93%
Tyrrell Prison Work Farm	54	708	51	94%
Wayne Correctional Center	125	769	124	99%
Western Youth Institution	42	268	41	98%
<b>Totals</b>	<b>747</b>	<b>5,091</b>	<b>721</b>	<b>97%</b>

Overall, the capacity utilization rate for intermediate programs remained the same during FY 2010-2011 when compared to FY 2009-2010.

**Table 9—2010-2011 Exits from Intermediate DACDP Programs**

<b>Type of Exit</b>	<b>Number of Exits</b>	<b>Percent of All Exits</b>
Completion	2,887	73%
Inappropriate for Treatment	108	3%
Other	76	2%
Removed/Discipline	371	9%
Transferred/Released	99	3%
Withdrawn	397	10%
<b>Total</b>	<b>3,938</b>	<b>100%</b>

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. Completions remained the same (73%) in both FY 2009—2010 and FY 2010-2011. The next most common reason for exiting the program was the removal (9%) of inmates from the program, a decrease of 1% over the previous fiscal year. 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 or later during the treatment period. Ten percent (10%) of the inmates withdrew from the treatment program against staff advice 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. Three percent of the inmates who exited from the Intermediate DACDP programs in FY 2010-2011 were considered inappropriate for treatment (82) or were deemed medically incapable (26) by program staff, an increase of 2% over FY 2009-2010.

## 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 – 2010-2011 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	340	83	94%
	Rowan/Piedmont Minimum Correctional Center	34	130	33	97%
Female	Fountain Correctional Center for Women	42	183	39	93%
	NC Correctional Institution for Women	34	99	32	94%
Male Youth	Polk Correctional Institution	32	118	31	97%
	Western Youth Institution	32	139	30	94%
	<b>Total</b>	262	1,009	248	95%

The overall capacity utilization rate increased from 92% in FY 2009-2010 to 95% in FY 2010-2011.

**Table 11 – 2010-2011 Exits from Long-Term Treatment Programs**

Type of Exit	Number of Exits	Percent of All Exits
Completion	340	55%
Inappropriate for Treatment	20	3%
Other	46	8%
Removed/Discipline	128	21%
Transferred/Released/Out to Court	24	4%
Withdrawal	56	9%
<b>Total</b>	614	100%

A total of 614 inmates exited the prison long-term substance abuse treatment programs during FY 2010-2011. Fifty-five percent successfully completed the program requirements. This was a 3% increase over FY2009-2010 and a 9% increase over FY2008-2009. Long-term programs have consistently improved over the past three fiscal years. Twenty-one percent exited for behavioral or clinical problems identified by program or custody staff, a 3% decrease from the previous fiscal year. At the end of the orientation period, an 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 or later during the treatment period. Nine percent (9%) of the inmates withdrew from the treatment program against staff advice and were referred back to their DOP Case Manager for an alternative assignment. With a long-term program, there are instances when inmates receive disciplinary infractions and are able to return to the program, but the more serious or disruptive circumstances can result in a final exit due to disciplinary reasons.

The prison long-term treatment programs have the highest proportion of exits due to removal by staff for a number of reasons. By definition, these are the longest treatment programs so there is more opportunity over time for a disciplinary infraction unrelated to the program. Additionally, the population served by these prison programs is also a significant factor in that higher-risk inmates are assigned to these programs while the lower-risk inmates are assigned to the private treatment facilities.

During FY 2010-2011, 3% 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 2010-2011, there were 735 inmates enrolled in these private treatment centers with an average daily enrollment of 185 inmates.

**Table 12 – 2010-2011 Enrollment in Private Treatment Facilities**

<b>Facility</b>	<b>Standard Capacity</b>	<b>Annual Enrollment</b>	<b>Average Daily Enrollment</b>	<b>Capacity Utilization Rate (%)</b>
Evergreen Rehabilitation Center	100	456	94	94%
Mary Frances Center	100	279	91	91%
Total	200	735	185	93%

**Table 13 – 2010-2011 Exits from Private Treatment**

<b>Exit Reason</b>	<b>Evergreen Rehabilitation Center</b>	<b>Mary Frances Center</b>
Completed	127(63%)	118(54%)
Inappropriate for Treatment	10	2
Removed/Discipline	30	40
Transferred	36	56
Withdrew	0	1
Totals	203	217

The majority of exits from the private treatment facilities were due to successful completion of the program requirements: 63% at Evergreen and 54% at Mary Frances. Removal of inmates by program staff for administrative or disciplinary reasons accounted for 15% of exits from Evergreen, an increase of 3% over FY2009-2010; and 18% of exits from Mary Frances, an increase of 2% over FY2009-2010. Twenty-six percent of inmates exited from Mary Frances and eighteen percent exited from Evergreen 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. As noted earlier in this report, the private programs were eliminated on 8/9/2011 due to budget cuts.

### **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 2010-2011 for comparative purposes.

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.

As shown in Table 14 on the following page, 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 2010-2011, males had an 18% chance of being assigned to a DACDP prison-based long-term treatment program and a 15% chance of being assigned to a private treatment program.



**Table 14 – 2010-2011 Yearly Need to Yearly Supply for Long-Term Residential Substance Abuse Treatment Slots by Gender and Program Type**

<b>Gender</b>	<b>Program Type</b>	<b>Yearly Treatment Slots</b>	<b>Yearly Treatment Need</b>	<b>Chance of Program Placement</b>
<b>Females</b>				
	State	203	284	72%
	Private	207	342	61%
<b>Subtotal</b>		<b>410</b>	<b>626</b>	<b>66%</b>
<b>Males</b>				
	State	498	2716	18%
	Private	194	1320	15%
<b>Subtotal</b>		<b>692</b>	<b>4036</b>	<b>17%</b>
<b>TOTAL</b>		<b>1102</b>	<b>4662</b>	<b>24%</b>

**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 required an evaluation of each substance abuse treatment program 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 jointly. 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. The long-term programs serve an outpatient population housed at multiple prison units across the state and a residential population housed at private treatment centers in the community under contract with the Division. These long-term programs were evaluated by 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 2010-2011, 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) to measure change in alcohol and drug dependency. The BSCQ is a state dependent measure that is relevant to the treatment model and that provides a consistent measure that can be used on all inmates assigned to programs, not only those who remain in the custody of the Department after exiting treatment. The BSCQ asks participants to imagine themselves as they are now in each of eight situations and indicating on a visual analog scale how confident they are that they can resist the urge to drink heavily or to use drugs in each of the eight situations. DACDP assesses situational confidence at entry to and exit from DACDP programs targeted to offenders with substance use issues likely to result in a diagnosis of dependency. Assessing confidence at various points during treatment allows for an evaluation of increases or decreases in confidence as a result of the treatment program.

Offenders who exited DACDP funded treatment programs in fiscal year 2010-2011 generally improved their confidence to resist the urge to drink heavily or use drugs in a variety of situations. Offenders assigned to the community residential intervention, intermediate treatment, and prison-based long-term treatment reported increased confidence to resist usage across all assessed situations. Inmates assigned to private long-term treatment reported improvement in all situations except when they might believe alcohol and drugs were no longer a problem for them. 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 is a comparison of disciplinary actions that were taken pre and post-intervention. For inmates who completed a prison-based long-term program in FY 2010-2011 and remained in prison after exiting treatment, 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 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 and long-term treatment at private facilities 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 mixed 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 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 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. The results of changes in criminal attitudes and thinking, 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**

A “base rate calculation” measures recidivism by simply observing exits from a program and calculating a rate of return-to-prison for that group. However, this calculation does not provide a complete picture of program effectiveness because it fails to consider differences among inmates that indicate who is more likely to return to prison. More specifically, base rate calculations cannot account for severity of substance abuse disorders, family and criminal history, and other interventions that the inmate may have completed while incarcerated.

For these reasons, DACDP evaluated each program’s impact on recidivism (defined as a return-to-prison rate) using statistical techniques that consider potential differences among inmates and create equivalent groups appropriate for comparison. This method not only shows when completion of a DACDP program impacts the likelihood of return-to-prison, but also allows for

comparison of program participants with inmates not assigned to a DACDP program. Because these techniques (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 2010-2011, DACDP 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 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 return-to-prison rates that were lower than 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 female inmates who were assigned to long-term treatment in prison compared to a matched sample of unassigned inmates.

### **Other Measures of Program Success**

Beginning in fiscal year 2009-2010 DACDP incorporated an additional measure of change in inmate behavior at the community residential, intermediate, and long-term 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, not only those who remain in the custody of the Department.

The criminal justice literature highlights criminal thinking as one of several key determinates of an individual's willingness to commit crime both before and after criminal justice sanctions have been applied. Research has shown that when anti-social attitudes and cognitions are addressed, an individual's risk of future offending can be reduced. Results of testing show that inmates, participating in DACDP programs, lower their scores on a number of the CTS subscales. In general, participating inmates reduced their level of entitlement beliefs, justifications of criminal behavior, criminal rationalization, and personal irresponsibility. There were differences in the types of attitudes that were changed, and the magnitude of changes at the various programs. Additional evaluation technical details are available upon request.

### **Summary of Findings:**

- DACDP community residential programs, intermediate programs, and prison-based long-term programs: the average difference in situational confidence after exiting these programs was statistically significant for each situation in FY 2010-2011 as measured by a nationally accepted indicator.
- Private long-term programs: the average difference in situational confidence after exiting these programs was statistically significant for all situations but one, testing control.

- DACDP community residential programs for males and DACDP intermediate programs overall showed statistically significant reductions on criminal thinking traits as measured by a nationally accepted indicator.
- DACDP community residential programs, intermediate programs, and prison-based long-term programs for **male** offenders reduced recidivism among program participants exiting in FY 2007-2008 at a rate that is statistically significant.
- DACDP intermediate and private long-term programs for **female** offenders reduced recidivism among program participants exiting in FY 2007-2008 at a rate that is statistically significant.
- Overall, disciplinary and infraction rates are not good indicators of program impact.