



DEPARTMENT OF PUBLIC SAFETY

Division of Adult Correction and Juvenile Justice

**SUBSTANCE USE DISORDER TREATMENT
PROGRAMS ANNUAL REPORT
N.C.G.S. §143B-707**

March 1, 2017

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Governor**

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**North Carolina Department of Public Safety
Alcoholism and Chemical Dependency Programs Section
FY 2015-2016 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- (4), (5) Repealed by Session Laws 2007-323, s.17.3 (a), effective July 1, 2007.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 Department of Public Safety 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 and comprehensive services to eligible North Carolina Department of Public Safety (DPS) offenders who meet criteria for a substance use disorder and are appropriate for treatment. Contemporary research demonstrates a high correlation between therapeutic interventions of an offender's substance use and a significant reduction in recidivism or re-arrest and subsequent re-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-based and prison-based treatment environments.

The fiscal year (FY) 2015-2016 statistical analysis conducted by the Office of Rehabilitative Programs and Services demonstrates ACDP program success continues to rise, as described in the final section of this document. Most important is data demonstrating that the substance use continuum effectively impacts the rate of recidivism among those who completed the program and indicates constructive change in both addictive and criminal thinking patterns among participants.

As the field of substance use disorder 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.

ORGANIZATIONAL REALIGNMENT

In early 2016, ACDP was realigned within the Prisons organizational structure to reside within Behavioral Healthcare Services. This realignment was in keeping with the mission of ACDP and parallels other state and federal entities in the management of vital healthcare resources and the provision of services.

ACDP looks forward to continued collaboration with our Behavioral Health colleagues in the delivery of quality client services.

TREATMENT NEEDS

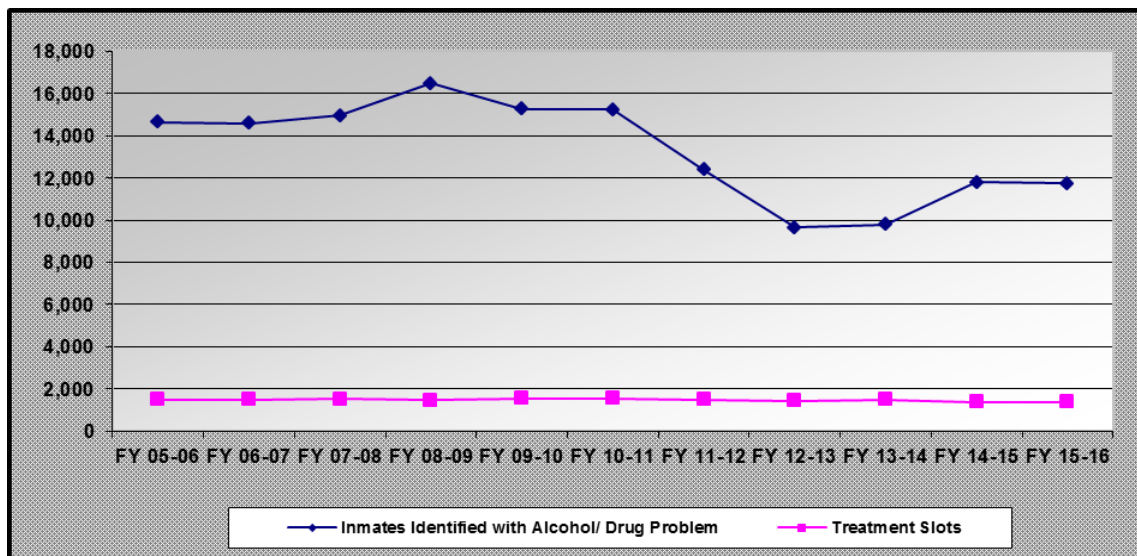
ACDP utilizes the Substance Abuse Subtle Screening Inventory (SASSI) to screen new prison admissions at the diagnostic centers to identify inmates with a substance use problem and the appropriate level of treatment needed. Below is a statistical snapshot of the FY 2015-2016 prison admissions SASSI testing results:

- Of the 16,722 inmates screened, 70% or 11,734 indicated a need for intermediate or long-term substance use disorder treatment, which is a 2% increase from FY 2014-2015.
- Of the 2,124 adult female inmates screened, 75% or 1,600 indicated a need for intermediate or long-term substance use disorder treatment.
- Of the 12,912 adult male inmates screened, 70% or 9,000 indicated a need for intermediate or long-term substance use disorder treatment.
- Of the 1,686 youthful male inmates (under age 22) screened, 67% or 1,134 indicated a need for intermediate or long-term substance use disorder treatment.

TREATMENT RESOURCES

During the FY 2015-2016, ACDP resources provided one in four inmates the opportunity for placement in a long-term program and one in two inmates the opportunity for placement in an intermediate program. An in-depth analysis on page 11 outlines specific differences in program placement opportunities between male and female populations. The graph below reflects the number of inmate admissions from FY 2005-2006 through FY 2015-2016 identified as having a substance use problem during the admission process and the total number of daily treatment slots available to that population.

FY 2015-2016
Inmate Admissions Identified with a Substance Use Problem
and
Number of Daily Treatment Slots Available



Without additional resources, the gap between the substance use disorder treated offender and the substance use disorder 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 use disorder services offered 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 2015-2016.

- The DART Cherry facility average cost per day per offender was \$64.51.
- The Black Mountain Substance Abuse Treatment Center for Women facility average cost per day per offender was \$137.30.
- The prison-based program average cost per day per inmate was \$72.35, this cost estimation was calculated using the program and custody costs. The ACDP prison-based program per day per inmate cost was \$18.21.

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 use disorder 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. However, competitive pressure remains between public and private providers for credentialed substance use disorder professionals, with the competition varying in different areas of the state. With this competitive pressure, it continues to be a 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 ACDP goal to provide effective treatment services to all offenders who show a demonstrated need.

The following page provides a summary of ACDP substance use disorder treatment programs by program type and length of treatment.

Table 1 – FY 2015-2016 ACDP Programs by Program Type, Target Population, and Program Length

Facility/Program		Treatment Slots	Length of Treatment
Community-Based Residential Treatment Programs			
Male	DART Cherry	300	90 Days
Female	Black Mountain Substance Abuse Treatment Center for Women	60	90 Days
Total		360	
Prison-Based Intermediate Intensive Outpatient Treatment Programs			
Adult Male	Alexander Correctional Center	80	90 Days
	Catawba Correctional Center	32	90 Days
	Craggy Correctional Center	68	90 Days
	Harnett Correctional Institution	33	90 Days
	Johnston Correctional Institution	68	90 Days
	Lumberton Correctional Institution	64	90 Days
	Pender Correctional Institution	106	90 Days
	Piedmont Correctional Institution (Medium)	64	90 Days
	Piedmont Correctional Institution (Minimum)	33	90 Days
Adult Female	Rutherford Correctional Center	34	90 Days
	NC Correctional Institution for Women (Intermediate)	68	90 Days
	Swannanoa Correctional Center for Women	60	90 Days
	Southern Correctional Institution	32	90-120 Days
Total		742	
Prison-Based Long-Term Intensive Outpatient Treatment Programs			
Adult Male	Dan River Prison Work Farm (RSAT)	68	180-365 Days
	Morrison Correctional Institution	88	180-365 Days
Adult Female	Eastern Correctional Institution	48	120-180 Days
	NC Correctional Institution for Women (Long-Term)	34	180-365 Days
Youthful Male	*Polk Correctional Institution	32	180-365 Days
Total		270	
Community-Based Residential Treatment Programs		360	
Prison-Based Intensive Outpatient Treatment Programs		1012	
Total Treatment Slots		1,372	

* Polk Correctional Institution program suspended operations in December 2015.

INTRODUCTION AND OVERVIEW

ACDP is a major component of the Division of Adult Correction and Juvenile Justice within the North Carolina Department of Public Safety. The mission of ACDP is to plan, administer, and coordinate substance use screening, assessment, and treatment services for offenders. Within ACDP, there are 225 positions including state-level administrative staff, community-based office and program staff, and prison-based office and program staff. ACDP provides regular training and clinical supervision for clinical staff, encourages staff input as to program development, and is committed to activities directed at leadership development for administration, community-based program, and prison-based program management teams.

BEST PRACTICE

ACDP implements programs that reflect “best practices” for treatment, as established by the National Institute on Drug Abuse (NIDA) and the national Substance Abuse and Mental Health Services Administration (SAMHSA). ACDP embraces programs based on cognitive-behavioral interventions, which challenge criminal thinking and confront the substance use identified by program participants and are proven to reduce recidivism. In addition, ACDP provides information and education on traditional recovery resources available to offenders while in prison and upon return to the community. The male programs utilize the evidence-based curriculum “A New Direction”, emphasizing identification of destructive thinking patterns and replacement with constructive recovery-driven thoughts and actions. The female programs utilize gender specific, cognitive behavioral evidence-based material developed by the Federal Bureau of Prisons, along with material from Stephanie Covington, a pioneer in work with female criminal justice populations.

PROGRAM STRUCTURE

ACDP programs encompass three major service levels for offenders. There are two community-based residential treatment programs for probationers and parolees; DART Cherry for males and Black Mountain Substance Abuse Treatment Center for Women for females. The final two categories established for male and female inmates consist of intermediate and long-term intensive outpatient treatment programs within multiple prison facilities.

Unique to some ACDP treatment environments is the concept of a Modified Therapeutic Community as a core component of the treatment design. The Modified Therapeutic Community model views addiction as a disorder of the whole person. Treatment activities promote an understanding of criminal thinking in relation to substance use behavior and engage the offender in activities that encourage experiential and social learning. The offender community is the change catalyst, as offenders who are further along in treatment help others initiate the process of change.

The ACDP prison-based programs were originally designed to work with inmates at the beginning of their prison sentence. However, dating back to a 2002 Substance Abuse Advisory Council recommendation, ACDP now encourages treatment assignment consideration near the end of the offender’s sentence, coinciding with other preparation for release and reintegration. Research-supported best practice findings suggest the release of offenders from treatment directly into the community is more beneficial to retaining treatment gains than to release offenders back into the general prison population.

SCREENING AND REFERRAL FOR PRISON-BASED PROGRAMS

Eligibility for prison-based treatment program placement is established during diagnostic processing. In 2003, ACDP implemented the Substance Abuse Subtle Screening Inventory (SASSI) as a severity indicator of a substance use disorder. The SASSI replaced earlier screening tools, the Chemical Dependency Screening Test (CDST) and the 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 administers the SASSI to inmates during the diagnostic process and enters the recommended level of treatment into OPUS. The SASSI identifies the probability that an inmate has a substance use problem. SASSI testing has allowed ACDP to identify those offenders who need treatment, using scoring categories normed for ACDP ranging from 1 (no problem) to 5 (very serious problem). The range of scores with the ideal treatment recommendations are as follows:

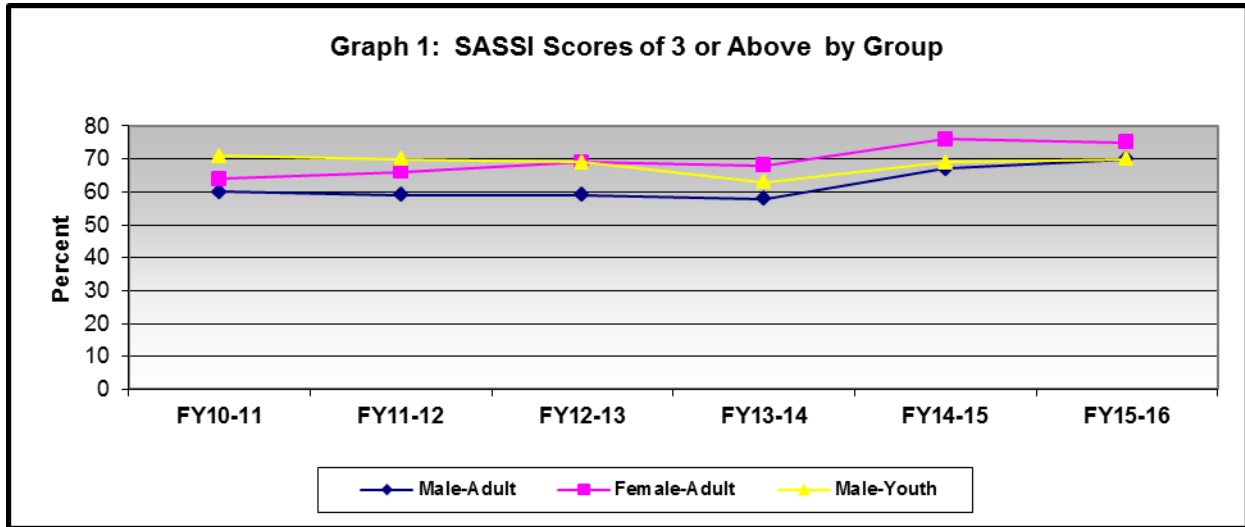
<u>SASSI Score</u>	<u>Recommendation</u>	<u>Program</u>
1	No treatment	None
2	Intervention	None
3	Intermediate treatment	90 days
4	Intermediate/long-term treatment	90 -180 days
5	Long-term treatment	120-365 days

During FY 2015-2016, 16,722 newly admitted inmates who had never been previously tested or scored below a 3 on previous tests completed the SASSI. The SASSI identified 70% of the inmates screened needed intermediate or long-term treatment services (scores 3, 4, or 5) and an additional 17% were in need of substance use intervention. The differences in SASSI scores among the three demographic groups are presented in Table 2 below.

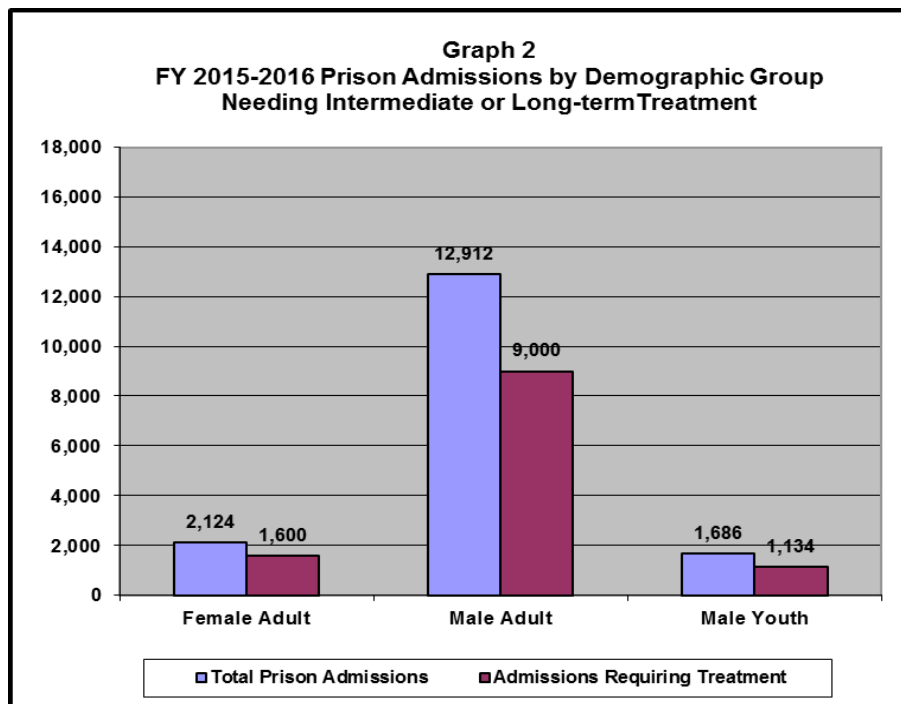
Table 2 – FY 2015-2016 Prison Entries and SASSI Scores

Inmate Group	SASSI Score				
	1	2	3	4	5
Adult Female	228 (11%)	296 (14%)	533 (25%)	611 (29%)	456 (21%)
Adult Male	1681 (13%)	2231 (17%)	5379 (42%)	2449 (19%)	1172 (9%)
Youthful Male	228 (14%)	324 (19%)	510 (30%)	315 (19%)	309 (18%)
Totals	2137 (13%)	2851 (17%)	6422 (38%)	3375 (20%)	1937 (12%)

Graph 1 reflects the percentage of SASSI scores of three or more by demographic group during the current and past five fiscal years indicating a need for intermediate or long-term treatment. The adult male and youthful male demographic groups demonstrated an increased need for treatment, whereas the adult female demographic groups showed had a small decreased need for treatment in FY 2015-2016. The need for intermediate and long-term treatment for all three groups ranges from 67% to 75%.

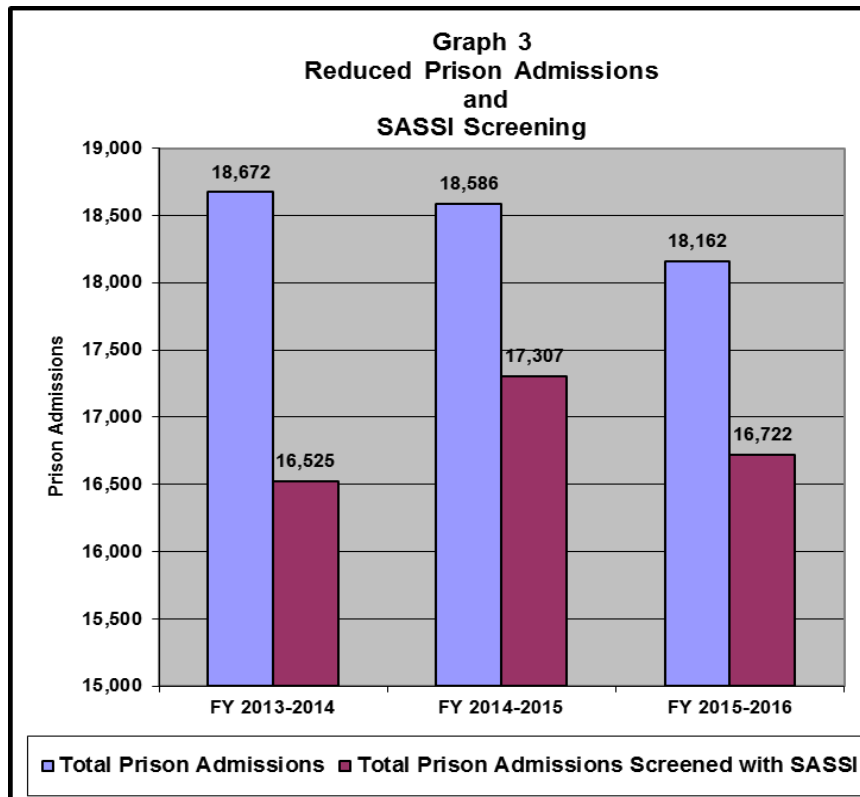


Graph 2 compares FY 2015-2016 prison admissions by demographic group and each group's SASSI score of three or more, indicating the need for intermediate or long-term substance use disorder treatment.



As reflected in Graph 2, the youthful male and adult female demographic groups have smaller admission numbers than the male population, however during FY 2015-2016 the female demographic group had a higher percentage of population in need of intermediate or long-term treatment services, 75% of adult female admissions. Although the percentage of adult male admissions needing treatment is smaller than the adult female demographic group, the actual number of adult males 9,000 is the largest overall pool of admissions in need of intermediate or long-term substance use disorder treatment services. As noted later in this report, only 20% of males in need of long-term treatment services have a chance of placement in a long-term treatment program.

Of all the prison admissions during FY 2015-2016, 92% completed the SASSI. As reflected in Graph 3, despite a slight decrease in prison admissions in FY 2015-2016, SASSI screenings decreased from 17,307 in FY 2014-2015 to 16,722 in FY 2015-2016. Approximately 8% of inmates were not screened due in part of a serious health condition or a score of 3 or higher on a previous SASSI.



Prison case analysts assigned to the diagnostic centers use the SASSI scores entered by ACDP staff to determine priority for substance use disorder programming. A referral may be generated in OPUS by the case analyst if the inmate has a SASSI score of three or above providing prisons with an identified pool of inmates eligible for substance use disorder 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 inmate assignment to an ACDP program.

Other inmates who have completed the diagnostic process and are eligible for substance use disorder programming are transferred to 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 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.

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 a substance use disorder. Professionals 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 the Parole Commission may order participation as a condition of parole. Eligible offenses include driving while impaired or other drug related charges/convictions.

QUALITY ASSURANCE

- **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 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.”

SAMHSA – Substance Abuse and Mental Health Services Administration

The Alcoholism and Chemical Dependency Programs Section recognizes Clinical Supervision as an essential component of good quality clinical service provision and expects all staff engaged in clinical interaction with offenders to 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).

- **Learning Labs**

All registrants and credentialed full or part-time counselors delivering substance use disorder services require Clinical Supervision. ACDP has approximately 125 employees who fall into this category. 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 expectation for clinical oversight of all providers of substance use disorder 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 is designed to provide three to four hours of Clinical Supervision monthly and may combine counselors from several programs affording them the opportunity to learn new methods of working effectively with various offenders. 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 handle certain situations. ACDP implemented the “Group Learning Labs” in September 2009.

- **File Reviews**

To ensure compliance with the standards established for case management, electronic data entry, offender record content, quality of services provided, and the appropriateness of services delivered; a formal treatment file review process is used. The review process provides management with two different review types and perspectives. ACDP, working in conjunction with the NCDPS MIS, implemented the Case File Review and the Peer Review processes. The data generated by these reviews enable ACDP to track the results of each established review element thereby assisting management in the identification of areas that need additional attention, program strengths, job performance, and training needs.

- **Program Evaluation Tools**

NOTE: A more in-depth discussion on program evaluation tools begins on page 30.

Brief Situational Confidence Questionnaire:

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

Criminal Thinking Scales:

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 FY 2007-2008. Intermediate programs and the DART Cherry program implemented the CTS in March 2010. Black Mountain Substance Abuse Treatment Center for Women implemented the CTS in November 2010.

▪ **Training**

Trainings during FY 2015-2016 focused on enhancing professional development by providing approved hours for counselor certification/recertification. The ACDP trainer facilitated approximately 264 hours of training. The following training modules were offered during FY 2015-2016:

- ◆ Addicted Gang Member
- ◆ Addiction 101 and DSM-5
- ◆ Wrong Shades of Grey: "Ethics, Boundaries, and Dual Relationships"
- ◆ Nicotine: "Smoke Shop/VAP Shop"
- ◆ Criminal Minds
- ◆ Cultural Competency/LGBT Populations
- ◆ Ethics/HIV
- ◆ Difficult Clients
- ◆ Documentation
- ◆ Anger Management
- ◆ Relapse Prevention

Multiple outside agency staff participates in ACDP trainings:

- ◆ Treatment Accountability for Safer Communities (TASC)
- ◆ Drug Treatment Court
- ◆ Federal Bureau of Prisons
- ◆ Western Piedmont Community College
- ◆ DPS Nursing Staff
- ◆ DPS Social Worker Staff
- ◆ Juvenile Justice Staff
- ◆ ACDP Student Interns

DETAILS OF NEW INITIATIVES, EXPANSIONS OR REDUCTION OF PROGRAMS

NEW INITIATIVE AND PROGRAM EXPANSIONS

Southern Correctional Institution: In October 2015, ACDP began transitioning the Southern Correctional Institution RSAT program to a fully state-funded intermediate program and thereby allowing those RSAT dollars to be used at the Dan River Prison Work Farm program. During this transition ACDP was able to retain all current staff.

Foothills Correctional Institution: ACDP was interested in finding a location for the suspended Polk Correctional Institution program beds. In collaboration with Prisons, the Foothills Correctional Institution was selected and the youthful male, 32 bed, 90 day intermediate program is projected to begin operations in October 2016.

PROGRAM REDUCTIONS

Polk Correctional Institution: In December 2015, the Polk Correctional Institution program was officially suspended. The program's suspension was due to the continued staffing challenges experienced as a result of the program's location and population. In collaboration with Prisons, ACDP selected the Foothills Correction Institution to house the program beds and offer similar services to the same population. Although the Polk Correctional Institution program suspended operations, ACDP was able to retain all current staff.

DETAILS OF 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); Justice System Innovations

The Alcoholism and Chemical Dependency Programs Section 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 Public Safety. 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 intensive outpatient program is evaluated every two years and each residential program is evaluated every year. The evaluation 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 on Accreditation of Rehabilitation Facilities (CARF) Behavioral Health Standards Manual. Feedback from DHHS is used to improve treatment services provided by the section.

North Carolina Department of Health and Human Services (NCDHHS); Division of Mental Health, Developmental Disabilities and Substance Abuse (DD, MH, 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. Professionals 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 professionals work closely with both community-based treatment facilities to determine if an offender is appropriate for residential treatment. TASC assessments include a summary of the offender's medical and psychiatric conditions and any current prescribed medications. Upon release from either residential facilities, the TASC professional is instrumental in ensuring offenders have outpatient treatment providers 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 Post-Release Supervision and the 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 indicates a substance use disorder. Professionals 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 and address individual needs in six major life areas: (1) alcohol and drug use, (2) medical and physical health, (3) education and vocational, (4) family/social, (5) legal status and (6) psychological and mental health diagnosis. Facility counselors are trained in substance use disorder recovery principles and 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 comprehensive 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.

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

DART CHERRY

DART Cherry is a 300 bed community-based residential facility located in Goldsboro, NC providing substance use disorder treatment services to male probationers and parolees. During FY 2015-2016, the facility had 1,354 admissions into the program as noted in Table 3. DART Cherry has enrollments and exits monthly.

The facility has three 90 day Modified Therapeutic Community programs in separate buildings, each with 100 treatment beds. The Modified Therapeutic Community model views addiction as a disorder of the whole person. Treatment activities promote an understanding of criminal thinking in relation to substance use behavior and engage the offender in activities that encourage experiential and social learning. The community of offenders is the main catalyst in bringing about change. The Modified Therapeutic Community programs admit three cohorts of offenders through the 90 day period. This entry style allows the more senior offenders to provide a positive and guiding influence on new offenders coming into the program.

DART Cherry also maintains five treatment slots that are designated as “priority” beds available for probationers or parolees who are experiencing problems related to severe substance use and are in need of immediate admission to the 90 day residential treatment program.

Table 3 – FY 2015-2016 DART Cherry Enrollments

Program Type and Type of Supervision	Offenders Enrolled	Percent of Annual Enrolled
90 day Parole	50	4%
90 day Probation	1,304	96%
Totals	1,354	100%

Table 4 below presents the exits from DART Cherry for FY 2015-2016. Completions, or the satisfactory participation in the program for the required number of treatment days, represented 72% of the exits. When compared to FY 2014-2015, completions experienced a decrease from 83%, absconded/withdrawal experienced an increase from 7%, removed/discipline experienced an increase from 7%, and inappropriate for treatment had a slight increase from 1%. All other exit types remained the same.

Table 4 – FY 2015-2016 DART Cherry Exits

Exit Reason	90 Day Program	
	Count	Percentage
Completed	793	72%
Absconded/Withdrawn	139	13%
Transferred/Released	7	1%
Removed/Discipline	128	11%
Inappropriate for Treatment	24	2%
Other	14	1%
Totals	1105	100%

Additional Programing

The following career and personal enrichment classes are provided to DART Cherry residents through partnership with Wayne Community College.

Basic Skills Class

The participants who successfully complete the Basic Skills Class are eligible to test for their GED or High School Equivalency Diploma (HSE). By completing the test, participants will earn their High School Diploma, which may lead to attending college, and/or obtaining a better job.

For FY 2015-2016, Wayne Community College conducted 36 Basic Skills Classes, with 528 participants enrolled. A Total of 78 participants graduated and obtained their High School Equivalency Diploma.

Human Resource Development (HRD)

All HRD classes are designed to provide employability skills training for unemployed and underemployed adults. The curriculum framework addresses each of the six core HRD components: 1) individual assessments, 2) initiatives for developing positive self-concept, 3) development of employability skills, 4) development of communication skills, 5) development of problem solving skills, and 6) awareness of the impact of information technology in multiple areas of employment.

Building Opportunities and Skills for Success (BOSS)

The BOSS class is an Entrepreneurship class that improves communication, listening, and peer relationship skills, enhances the capability for problem-solving and creative thinking, increases sense of self-worth, teaches respect of people and things, teaches responsibility to self and community, teaches the value of teamwork, and helps participants become more aware of new and learned skills.

For FY 2015-2016, Wayne Community College conducted 80 BOSS classes, with 969 participants successfully completing.

Employment Readiness Program (ERP)

The ERP class provides participants basic job readiness training with step-by-step instructions for conducting a job search, interviewing skills, and tips for making a good first impression. It also reviews how to complete an application, resume guidelines, preparing for the interview, and workplace basics. The ERP class covers interpersonal skills, teamwork, communication, integrity, professionalism, problem solving, decision making, dependability, information processing, adaptability, and an introduction to entrepreneurship. Upon completion participants may test for the National Career Readiness Certificate which assesses three areas: reading for information, locating information, and applied mathematics.

For the FY 2015-2016, Wayne Community College conducted 36 total classes, with 636 participants successfully completing the class. A Total of 128 were tested and 121 participants earned a National Career Readiness Certificate.

BLACK MOUNTAIN SUBSTANCE ABUSE TREATMENT CENTER FOR WOMEN

Black Mountain Substance Abuse Treatment Center for Women (Black Mountain) is a 60 bed community-based residential facility located in Black Mountain, NC providing substance use disorder treatment services to female probationers and parolees. During FY 2015-2016, the facility had 293 admissions into the program as noted in Table 5. Black Mountain has weekly enrollment and exits.

The facility’s treatment activities encourage healthy social living skills, integrate cognitive-behavior interventions using the core curriculum “Residential Drug Abuse Program”, provide motivational enhancement therapy, utilize selected material from Stephanie Covington’s work addressing women’s recovery/trauma, and introduce the program participants to a variety of self-help recovery groups.

Table 5 – FY 2015-2016 Black Mountain Enrollments

Program Type and Type of Supervision	Offenders Enrolled	Percent of Annual Enrolled
90 day Parole	7	2%
90 day Probation	286	98%
Totals	293	100%

Table 6 below presents the exits from Black Mountain for FY 2015-2016. Completions, or the satisfactory participation in the program for the required number of treatment days, represented 82% of the exits. When compared to FY 2014-2015, completions experienced an increase from 74%, removed/discipline experienced a decrease from 13%, and inappropriate for treatment experienced a decrease from 8%. All other exit types remained the same.

Table 6 – FY 2015-2016 Black Mountain Exits

Exit Reason	90 Day Program	
	Count	Percentage
Completed	193	82%
Absconded/Withdrawn	8	3%
Transferred/Released	1	1%
Removed/Discipline	16	7%
Inappropriate for Treatment	14	6%
Other	1	1%
Totals	233	100%

Program Expansion Initiatives at Black Mountain

Career and personal enrichment classes will be provided to Black Mountain residents through partnership with Asheville-Buncombe Technical Community College. The following classes are projected to start August 2016.

Hospitality (Certification Class)

The Hospitality class utilizes industry and local hospitality standards and practices to provide participants with the fundamental knowledge and practical skills necessary for successful employment in entry-level hospitality positions. Upon successful completion, the participants receive a nationally recognized certificate in the hospitality field. This certificate will assist with obtaining gainful employment.

ServSafe Food Handler (Certification Class)

The ServSafe program helps prepare participants for the ServSafe Food Protection Manager Certification exam. Training covers the importance of food safety, good personal hygiene, cleaning and sanitizing, food safety regulations, safe food preparation, cooking, time and temperature control, preventing cross-contamination, methods of thawing, cooling and reheating food, receiving and storing food, and more. Upon successful completion, the participants receive a certificate; this certificate will assist with obtaining gainful employment.

Money Smart

The Money Smart class focuses on practical matters, such as banking, saving, budgets, retirement funds, and investing. The class also covers the substance use problems surrounding money, such as delayed gratification, self-sabotage, and spending triggers.

Computer Basics

The Computer Basics class participants learn the parts of a computer and how they work together, basic keyboarding, using a mouse or touchpad, opening and closing applications, using common programs (Notepad and Microsoft Office), internet basics, internet safety, and email etiquette. By the end of the course, each participant composes and saves a resume to a flash drive. The flash drives are kept in the participant's transition folder for their transition back into the community.

Working Smart

The Working Smart class participants learn soft skills for workplace and life skills that enhance their productivity and increase their value to employers. The Working Smart class provides the tools to help participants keep a job, excel at their job, and be more productive.

**STATISTICAL INFORMATION ON EACH DIVISION OF ADULT CORRECTION PROGRAM:
 THE NUMBER OF CURRENT INMATES WITH A SUBSTANCE USE PROBLEM REQUIRING
 TREATMENT, NUMBER OF TREATMENT SLOTS, NUMBER OF INMATES WHO HAVE
 COMPLETED TREATMENT, AND A COMPARISON OF AVAILABLE TREATMENT SLOTS
 TO ACTUAL UTILIZATION RATES**

INTERMEDIATE TREATMENT PROGRAMS

In the beginning of FY 2015-2016, ACDP intermediate treatment programs were available in 12 prison facilities across the state with program lengths ranging from 90 to 120 days. However, the Southern Correctional Institution program transitioned to an intermediate treatment program; bringing the total available intermediate treatment programs to 13 prison facilities by the end of the fiscal year. Intermediate programs begin with a mandatory orientation period, where ACDP staff members 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 through the treatment process. Treatment involves lectures, group counseling, individual counseling, and is designed to break through denial about the substance use problems and introduce the inmate to recovery-based thinking and actions.

Table 7 below presents data on the enrollment into the ACDP intermediate programs. The majority of the programs are open-ended and the 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 ACDP intermediate programs increased from 4,111 in FY 2014-2015 to 4,269 in FY 2015-2016.

The overall capacity utilization rate for intermediate programs decreased from 89% in FY 2014-2015 to 85% in FY 2015-2016. Additional information on these programs is provided in Table 7 below.

Table 7 – FY 2015-2016 Enrollment in Intermediate Prison-Based Programs

Facility	Treatment Slots	Annual Enrollment	Average Daily Enrollment	Days with Inmates	Capacity Utilization Rate (%)
Alexander Correctional Center	80	546	69	366	86%
Catawba Correctional Center	32	195	28	366	88%
Craggy Correctional Center	68	398	64	366	94%
Harnett Correctional Institution	33	182	28	366	85%
Johnston Correctional Institution	68	417	61	366	90%
Lumberton Correctional Center	64	345	54	366	84%
NC Correctional Institution for Women	68	408	66	366	97%
Pender Correctional Institution	106	639	103	366	97%
Piedmont Correctional Institution (Med)	64	414	63	366	98%
Piedmont Correctional Institution (Min)	33	235	30	366	91%
Rutherford Correctional Center	34	216	30	366	88%
*Southern Corrections Institution	32	5	5	14	16%
Swannanoa Correctional Center for Women	60	269	57	366	95%
Totals	742	4269	658		85%

As noted earlier in this report, the overall capacity utilization rate may have been affected by the following program expansions/reductions/closures and available staffing:

Southern Correctional Institution: In October 2015, ACDP began transitioning the Southern Correctional Institution RSAT program to a fully state-funded intermediate program and thereby allowing those RSAT dollars to be used at the Dan River Prison Work Farm program. During this transition ACDP was able to retain all current staff.

Intermediate Treatment Need Compared to Treatment Availability

Since FY 2012-2013, an annual assessment of the supply and demand for intermediate substance use disorder treatment has been completed to compare the number of intermediate treatment slots available to the number of inmates in need of intermediate services. As shown in Table 8 below male inmates in need of intermediate treatment had a 63% chance of being assigned to an ACDP intermediate treatment program during FY 2015-2016,

Table 8 – FY 2015-2016 Yearly Need to Yearly Supply for Intermediate Substance Use Disorder Treatment Slots by Gender and Program Type

Gender	Program Type	Yearly Treatment Slots	Yearly Treatment Need	Chance of Program Placement
Females	Intermediate	518	488	106%
Males	Intermediate	3093	4900	63%
	Total	3611	5388	67%

The need for intermediate substance use disorder treatment services for males is significant within the prison population and presents a major challenge to ACDP. Female inmates in need of intermediate treatment have an excellent chance for placement.

Table 9 – FY 2015-2016 Exits from Intermediate ACDP Programs

Type of Exit	Number of Exits	Percent of all Exits
Completion	2157	68%
Inappropriate for Treatment	108	3%
Other	86	3%
Removed/Discipline	393	12%
Transferred/Released	82	3%
Withdrawal	365	11%
Total	3191	100%

Table 9 above presents the exits from the ACDP intermediate treatment programs. Of all exits from the programs, 68% were completions - the satisfactory participation in the program for the required number of treatment days. The completions increased from 67% in FY 2014-2015 to 68% in FY 2015-2016. All other exit types are defined below.

- The Inappropriate for Treatment exit type increased from 2% in FY 2014-2015 to 3% in FY 2015-2016: This exit type consists of inmates who did not meet the clinical criteria for treatment at the program as determined by the assessment process. When inmates are assigned to a treatment program, program staff conducts a thorough assessment of the inmate’s treatment needs.
- The Other exit type decreased from 4% in FY 2014-2015 to 3% in FY 2015-2016: 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.
- The Removed/Discipline exit type decreased from 14% in FY 2014-2015 to 12% in FY 2015-2016: 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.
- The Transferred/Released exit type remained the same at 3%: This exit type occurs when the inmate is moved to another prison facility (i.e., medical) or was released from prison due to coming to the end of their prison sentence.
- The Withdrawal exit type increased from 10% in FY 2014-2015 to 11% in FY 2015-2016: At the end of the orientation period, the inmates may elect to continue or withdraw from the program. This 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 are referred back to their Prison Case Manager for an alternative assignment.

LONG-TERM TREATMENT PROGRAMS

In the beginning of FY 2015-2016, ACDP long-term treatment programs were available in 6 prison facilities across the state with program lengths ranging from 120 to 365 days. However, the ACDP Polk Correctional Institution program suspension and the ACDP Southern Correctional Institution program transitioned to an intermediate treatment program; bringing the total available long-term treatment programs to 4 prison facilities by the end of the fiscal year. These programs are reserved for inmates who are in need of intensive treatment as indicated by a SASSI score of 4 or 5, with a substance use history that is lengthy, severe, and those with multiple treatment episodes. Long-term programs begin with a mandatory orientation period, where ACDP staff members conduct assessments to confirm the inmate's need for treatment. After 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 through the treatment process. Long-term treatment programs address substance use problems and criminal thinking issues throughout the treatment process and utilize a Modified Therapeutic Community model within the correctional environment. All long-term programs are back-end loaded, meaning, inmates leave prison immediately or as soon as possible after successful completion the program.

The overall capacity utilization rate for long-term programs increased from 73% in FY 2014-2015 to 80% in FY 2015-2016. Additional information on these programs is provided in Table 7 below. Annual enrollment figures for each long-term prison-based program are listed in Table 10 below.

Table 10 – FY 2015-2016 Enrollment in Long-Term Prison-Based Treatment Programs

Facility	Treatment Slots	Annual Enrollment	Average Daily Inmates	Days with Inmates	Capacity Utilization Rate (%)
NC Correctional Institution for Women	34	113	31	366	91%
Dan River Prison Work Farm	68	324	58	366	85%
Eastern Correctional Institution	64	179	41	366	64%
*Southern Correctional Institution	32	68	25	366	78%
Morrison Correctional Institution	88	281	82	366	93%
*Polk Correctional Institution	32	48	21	161	66%
Totals	318	1,013	258		80%

The overall capacity utilization rate for long-term programs increased from 76% in FY 2014-2015 to 80% in FY 2015-2016. The total annual enrollment for long-term programs decreased from 1,015 in FY 2014-2015 to 1,013 in FY 2015-2016. As noted earlier in this report, the overall capacity utilization rate may have been affected by the following program expansions/reductions/closures and available staffing:

Polk Correctional Institution: In December 2015, the Polk Correctional Institution program was officially suspended. The program suspension was a result of the continued staffing challenges due in part of the program's location and population. In collaboration with Prisons, ACDP selected the Foothills Correction Institution to house the program beds and offer similar services to the same population. Although the Polk Correctional Institution program suspended operation, ACDP was able to retain all current staff.

Southern Correctional Institution: In October 2015, ACDP began transitioning the Southern Correctional Institution RSAT program to a fully state-funded intermediate program and thereby allowing those RSAT dollars to be used at the Dan River Prison Work Farm program. During this transition ACDP was able to retain all current staff.

Table 11 – FY 2015-2016 Exits from Long-Term Treatment Programs

Type of Exit	Number of Exits	Percent of all Exits
Completion	283	41%
Inappropriate for Treatment	26	4%
Other	22	3%
Removed/Discipline	193	28%
Transferred/Released	18	2%
Withdrawal	151	22%
Totals	693	100%

Table 11 above presents the exits from the ACDP long-term treatment programs. Of all the exits from the programs, 41% were completions - the satisfactory participation in the program throughout the treatment process. The completions neither increased nor decreased as 41% of exits were completions in FY 2014-2015. All other exit types are defined below.

- The Inappropriate for Treatment exit type increased from 2% in FY 2014-2015 to 4% in FY 2015-2016: This exit type consists of inmates who did not meet the clinical criteria for treatment at the program as determined by the assessment process. When inmates are assigned to a treatment program, program staff conducts a thorough assessment of the inmate’s treatment needs.
- The Other exit type remained the same at 3%: 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.
- The Removed/Discipline exit type decreased from 32% in FY 2014-2015 to 28% in FY 2015-2016: 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.
- The Transferred/Released exit type decreased from 4% in FY 2014-2015 to 2% in FY 2015-2016: 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 prison sentence.
- The Withdrawal exit type increased from 18% in FY 2014-2015 to 22% in FY 2015-2016: At the end of the orientation period, the inmates may elect to continue or withdraw from the program. This 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.

The prison-based long-term treatment programs have the highest percentage of exits due to removals and withdrawals. During FY 2015-2016, NC Correctional Institution for Women, Dan River Prison Work Farm, and Polk Correctional Institution had the highest removal rates. NC Correctional Institution for Women, Dan River Prison Work Farm, and Eastern Correctional Institution had the highest withdrawal rate. By definition, these are the longest treatment programs with more opportunity for an inmate to be charged with a disciplinary infraction unrelated to the program. Additionally, the population served is a significant factor in that higher-risk inmates are assigned to these programs.

Within the long-term programs, there are occasions where inmates receive disciplinary infractions and are able to return to the program; however more serious or disruptive behaviors can result in a final exit due to disciplinary reasons.

Long-Term Treatment Need Compared to Treatment Availability

An initial assessment of supply and demand for long-term substance use disorder 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 use disorder treatment. ACDP continued this assessment in FY 2015-2016 for comparative purposes.

The need for long-term substance use disorder treatment services is significant within the prison population and presents a challenge to the ACDP Section. Long-term treatment need continues to exceed long-term treatment supply.

As shown in Table 12 below 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 2015-2016, male inmates had a 20% chance of being assigned to a long-term treatment program; this is an increase from the 19% in FY 2014-2015.

Table 12 – FY 2015-2016 Yearly Need to Yearly Supply for Long-Term Substance Use Disorder Treatment Slots by Gender and Program Type

Gender	Program Type	Yearly Treatment Slots	Yearly Treatment Need	Chance of Program Placement
Females	Long-term	357	535	67%
Males	Long-term	556	2842	20%
Totals		913	3377	27%

EVALUATION OF EACH SUBSTANCE USE DISORDER PROGRAM FUNDED BY THE DIVISION OF ADULT CORRECTION BASED ON: REDUCTION IN ALCOHOL AND CHEMICAL DEPENDENCY, IMPROVEMENTS IN DISCIPLINARY AND INFRACTION RATES, RECIDIVISM (DEFINED AS RETURN-TO-PRISON RATES), AND OTHER MEASURES

ALCOHOLISM AND CHEMICAL DEPENDENCY PROGRAMS EVALUATION MEASURES

PURPOSE AND EXECUTIVE SUMMARY

Annually, since the 2007 legislative session, the North Carolina General Assembly has required an evaluation of each substance use disorder treatment program funded by the Division of Adult Correction. The legislation specified that measures of reduction in alcohol and drug dependency, improvements in disciplinary and infraction rates, and recidivism (defined as return-to-prison rates) should be included in the annual report. This report presents statistics for each of the ACDP programs on the required measures for FY 2015-2016.

All ACDP programs were evaluated jointly by program type. The programs include DART Cherry and Black Mountain Substance Abuse Treatment Center for Women, both community-based residential facilities for probationers and parolees; prison-based Intermediate treatment programs, which varies in length from 90 to 120 days in order to accommodate inmates with substance use disorders; and prison-based long-term treatment programs, which varies in length from 120 to 365 days and serves inmates with severe substance use disorders in need of intensive treatment services.

REDUCTION IN ALCOHOL AND CHEMICAL 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 FY 2015-2016 universally improved their confidence to resist the urge to drink heavily or use drugs in a variety of situations. At the community-based programs, confidence scores moved from the high 50s into the high 70s confidence range. In the intermediate programs delivered in prison, confidence increases were more modest compared to the community-based residential programs, mostly due to the higher-levels of confidence reported at entry to the program by these participants. Inmates participating in the prison-based long-term treatment programs and with the most severe substance use issues had the most modest improvement, yet the increases in confidence for this population were statistically significant in all sampled circumstances. For participants in all programs, rated confidence at entry to the programs in the ability to resist urges to drink were rated lowest, but participant confidence increased significantly and substantially at program exit. For each situation in which the participant might be in a situation to use drugs or alcohol, rated confidence at program exit to resist use was statistically significantly higher compared to entry.

The BSCQ is a measure that is relevant to the treatment model and 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 a line, anchored by 0% ("not at all confident") to 100% ("totally confident") and participants are asked to place an "X" along the line, from 0% to 100%. Because the BSCQ is a state measure, which assesses self-efficacy at various points during treatment, it 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 improvements 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 long-term programs in FY 2015-2016 and remained in prison after exiting treatment, the number of infractions remains steady 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 program participation. Rather, infractions generally increased post-treatment over pre-treatment. However, inmates who successfully completed treatment reduced both the number of infractions and severity of those infractions when compared to inmates who dropped out of these programs.

These results are not surprising since infractions are a primary reason inmates are removed from programming. However, inmates who exit prison cannot be evaluated on this measure because they are no longer in prison. Furthermore, 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 use 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 within 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 2015-2016, ACDP evaluated each prison program by gender, including inmates who exited community-based residential programs (DART Cherry or Black Mountain) as a condition of their early release from prison. Return-to-prison rates were lower for most inmates who completed treatment compared to a matched comparison group; however these differences are not statistically significant. Inmates who began ACDP treatment but dropped out before completing the programs tended to return to prison at a higher rate than did their matched counterparts, who were never assigned to treatment. Inmates who participated in ACDP programs and completed, returned to prison less frequently than did those who began treatment and did not complete.

OTHER MEASURES OF PROGRAMS' 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 when anti-social attitudes and cognitions are addressed; risk of future offending can be reduced.

Results of testing show participating inmates lower their scores on virtually all the CTS subscales. In general, participating inmates significantly reduced their level of entitlement beliefs, justifications of criminal behavior, criminal rationalization, and personal irresponsibility. Scores on the cold heartedness and power orientation subscales were not statistically lower at the long-term treatment programs, mostly because females increased their scores on these scales. Male participants scored significantly lower on both scales. The results are consistent with those of several years' participants and we are uncertain why the scores increase for long-term female participants, though these results could indicate feelings of greater self-efficacy within this population.

FY 2015-2016 SUMMARY OF FINDINGS

- Offenders who exited ACDP programs in FY 2015-2016 universally improved their confidence to resist the urge to drink heavily or use drugs in a variety of situations. At the community-based programs, confidence scores moved from the high 50s into the high 70s confidence range. In the intermediate programs delivered in prison, confidence increases were more modest compared to the community-based residential programs, mostly due to the higher-levels of confidence reported at entry to the program by these participants. Inmates participating in the prison-based long-term treatment programs and with the most severe substance use issues had the most modest improvement, yet the increases in confidence for this population were statistically significant in all sampled circumstances.
- ACDP evaluated each program's impact on recidivism (defined as a return to prison within 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.
 - Return-to-prison rates were lower for most inmates who completed treatment compared to a matched comparison group; however these differences are not statistically significant.
 - Inmates who began ACDP treatment but dropped out before completing the programs tended to return to prison at a higher rate than did their matched counterparts, who were never assigned to treatment.
 - Inmates who participated in ACDP programs and completed returned to prison less frequently than did those who began treatment and did not complete.
- Overall, disciplinary and infraction rates are not good indicators of program impact.