



North Carolina Department of Public Safety

Adult Correction and Juvenile Justice

Pat McCrory, Governor
Frank L. Perry, Secretary

W. David Guice, Commissioner

MEMORANDUM

TO: Chairs of the Senate Appropriations Committee
Chairs of the House Appropriations Committee
Chairs of House Appropriations Subcommittee on Justice and Public Safety
Chairs of Senate Appropriations Subcommittee on Justice and Public Safety

FROM: Frank L. Perry, Secretary
W. David Guice, Commissioner

RE: Substance Abuse Program Annual Report

DATE: March 1, 2016

Pursuant to G.S. 143B-707, *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- (4), (5) Repealed by Session Laws 2007-323, s. 17.3(a), effective July 1, 2007.*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 DOC 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. (1998-212, s. 17.12(d); 2003-284, s. 16.19; 2007-323, s. 17.3(a); 2011-145, s. 19.1(h), (s); 2012-83, s. 51.)*

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DEPARTMENT OF PUBLIC SAFETY
Division of Adult Correction and Juvenile Justice

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

March 1, 2016

Pat McCrory

W. David Guice

Frank L. Perry

Governor

Commissioner

Secretary

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**North Carolina Department of Public Safety
Alcoholism and Chemical Dependency Programs Section
FY 2014-2015 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:

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EXECUTIVE SUMMARY

The mission of the Alcoholism and Chemical Dependency Programs Section (ACDP) is to deliver effective and comprehensive substance abuse treatment services to eligible North Carolina Department of Public Safety (DPS) offenders deemed chemically dependent and appropriate. Contemporary research demonstrates a high correlation between therapeutic interventions in an offender's substance abuse problem 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 2014-2015 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 treatment continuum effectively impacts the rate of recidivism among those who complete the program and indicates constructive change in both addictive and criminal thinking patterns among participants.

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

TREATMENT NEEDS

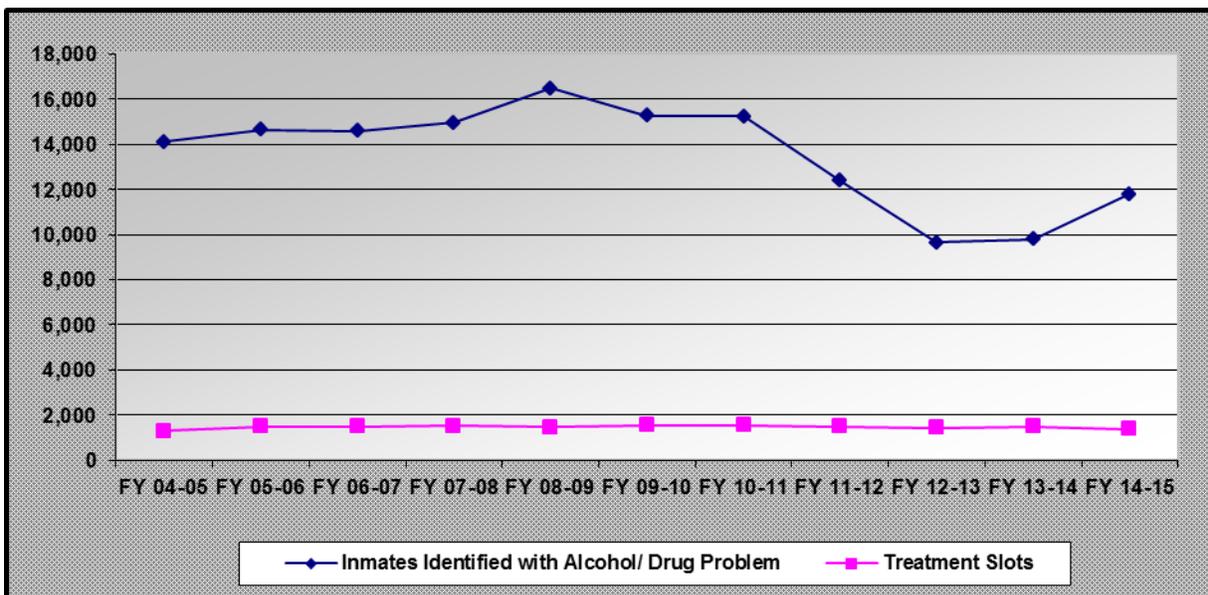
ACDP utilizes the Substance Abuse Subtle Screening Inventory (SASSI) to screen new prison admissions at the diagnostic centers to identify inmates with chemical dependence and the appropriate level of treatment needed. Below is a statistical snapshot of the fiscal year 2014-2015 prison admissions SASSI testing results:

- Of the 17,307 inmates screened, 68% or 11,807 indicated a need for intermediate or long-term substance abuse treatment, which is a 9% increase from FY 2013-2014.
- Of the 1,986 adult female inmates screened, 76% or 1,511 indicated a need for intermediate or long-term substance abuse treatment.
- Of the 13,364 adult male inmates screened, 67% or 8,938 indicated a need for intermediate or long-term substance abuse treatment.
- Of the 1,957 youthful male inmates (under age 22) screened, 69% or 1,358 indicated a need for intermediate or long-term substance abuse treatment.

TREATMENT RESOURCES

During the fiscal year 2014-2015, ACDP resources provided one in three 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 fiscal year 2004-2005 through fiscal year 2014-2015 identified as having a drug and/or alcohol problem during the admission process and the total number of daily treatment slots available to that population.

**FY 2014-2015
 Inmate Admissions Identified with Alcohol/Drug Problems
 and
 Number of Daily Treatment Slots Available**



Without additional resources, the gap between the chemically-dependent treated offender and the chemically-dependent untreated offender will continue resulting in offenders returning to our communities without treatment. In the interest of public health and safety, ACDP will continue to strengthen its substance abuse treatment services 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 2014-2015.

- The DART Cherry facility average cost per day per offender was \$60.16.
- The Black Mountain Substance Abuse Treatment Center for Women facility average cost per day per offender was \$130.71.
- The prison-based program average cost per day per inmate was \$69.34, this cost estimation was calculated using the program and custody costs. The ACDP prison-based program per day per inmate cost was \$16.98.

STAFF RECRUITMENT AND RETENTION

In September 2005, ACDP staff and operations were directly affected by changes to state law (G.S. § 90-113.40) regarding professional credentialing of clinical staff. The changes mandated certification/licensure for all substance abuse professionals, created a new credential the Certified Criminal Justice Addiction Professional (CCJP), and established new clinical supervision requirements for clinical practice.

ACDP has effectively addressed the practice standards established in the legislation and is able to provide all clinical supervision and most training requirements for credentialing at no cost to the professional. However, competitive pressure remains between public and private providers for credentialed substance abuse 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 abuse treatment programs by program type and length of treatment.

Table 1 – FY 2014-2015 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
	Rutherford Correctional Center	34	90 Days
Adult Female	NC Correctional Institution for Women (Intermediate)	68	90 Days
	Swannanoa Correctional Center for Women	60	90 Days
Total		710	
Prison-Based Long-Term Intensive Outpatient Treatment Programs			
Adult Male	Dan River PWF (RSAT)	68	180-365 Days
	Morrison Correctional Institution	88	180-365 Days
Youth Male	Polk Correctional Institution (RSAT)	32	180-365 Days
Adult Female	*Eastern Correctional Institution	48	120-180 Days
	NC Correctional Institution for Women (Long-Term)	34	180-365 Days
	Southern Correctional Institution (RSAT)	32	180-365 Days
Total		302	
Community-Based Residential Treatment Programs		360	
Prison-Based Intensive Outpatient Treatment Programs		1012	
Total Treatment Slots		1,372	

* Startup dates:

- ◆ Johnston Correctional Institution July 3, 2014.
- ◆ Eastern Correctional Institution February 25, 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 chemical dependency screening, assessment, and treatment services for offenders. Within ACDP, there are 225 positions including state-level administration staff, district office staff, community-based program staff, and prison-based 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 program and district 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 abuse and addiction processes as identified by program participants and are proven to reduce recidivism. In addition, ACDP provides information and education on traditional recovery resources available to offenders while in prison and upon return to the community. The male programs utilize “A New Direction” curriculum, an evidence-based program 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 male probationers and parolees and Black Mountain Substance Abuse Treatment Center for Women for female probationers and parolees. The final two categories established for male and female inmates consist of intermediate and long-term intensive outpatient treatment programs within eighteen (18) prison facilities.

Unique to some ACDP treatment environments is the concept of a “Therapeutic Community” (TC) as a core component of the treatment design. The therapeutic community model views addiction 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 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 substance abuse problems. The SASSI replaced earlier screening tools, the Chemical Dependency Screening Test (CDST) and Short Michigan Alcoholism Screening Test (SMAST). ACDP selected the SASSI because it has a reputation as the “gold standard” of screening instruments. The SASSI was normed for the North Carolina prison population.

ACDP 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 abuse disorder. 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:

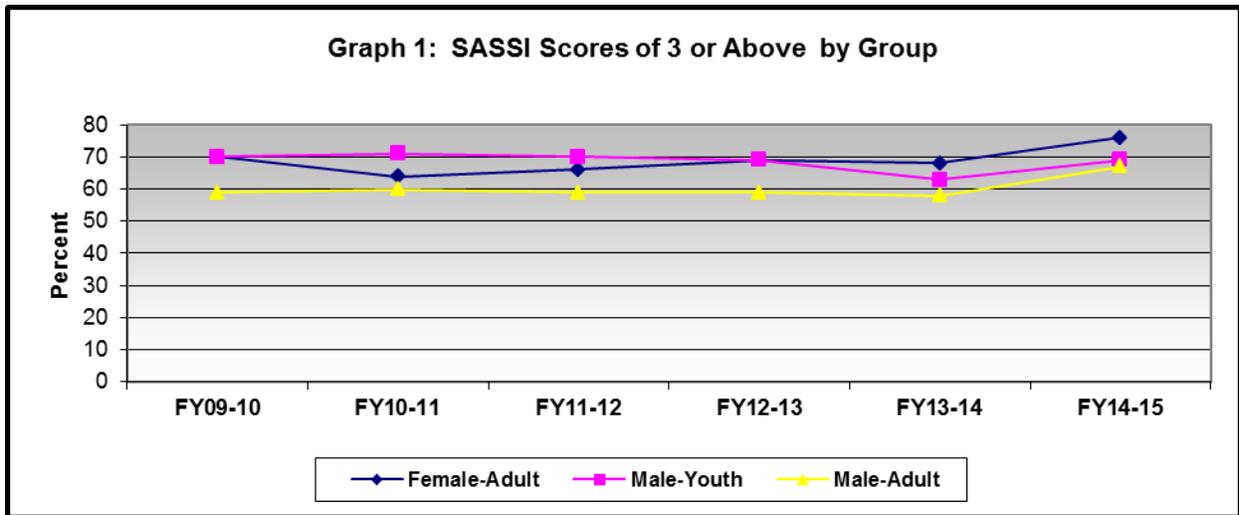
<u>SASSI Score</u>	<u>Recommendation</u>	<u>Program</u>
1	No treatment	None
2	Intervention	None
3	Intermediate treatment	90 days
4	Intermediate/long-term treatment	90 -180 days
5	Long-term treatment	120-365 days

During FY 2014-2015, 17,307 newly admitted inmates who had never been previously tested or scored below a 3 on previous tests completed the SASSI. The SASSI identified 68% of the inmates needed intermediate or long-term treatment services (scores 3, 4, and 5) and an additional 18% where in need of substance abuse intervention. The differences in SASSI scores among the three demographic groups are presented in Table 2 below.

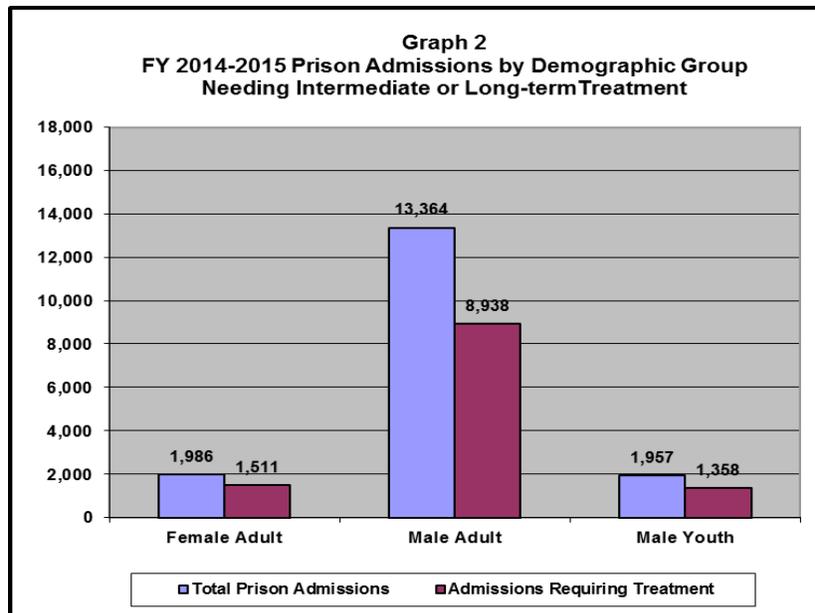
Table 2 – FY 2014-2015 Prison Entries and SASSI Scores

Inmate Group	SASSI Score				
	1	2	3	4	5
Adult Female	230 (12%)	245 (12%)	470 (24%)	616 (31%)	425 (21%)
Adult Male	1858 (14%)	2568 (19%)	5363 (40%)	2408 (18%)	1167 (9%)
Youthful Male	289 (15%)	310 (16%)	540 (27%)	405 (21%)	413 (21%)
Totals	2377 (14%)	3123 (18%)	6373 (37%)	3429 (20%)	2005 (11%)

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. All three demographic groups demonstrate an increased need for treatment in fiscal year 2014-2015. The need for intermediate and long-term treatment for all three groups ranges from 67% to 76%.

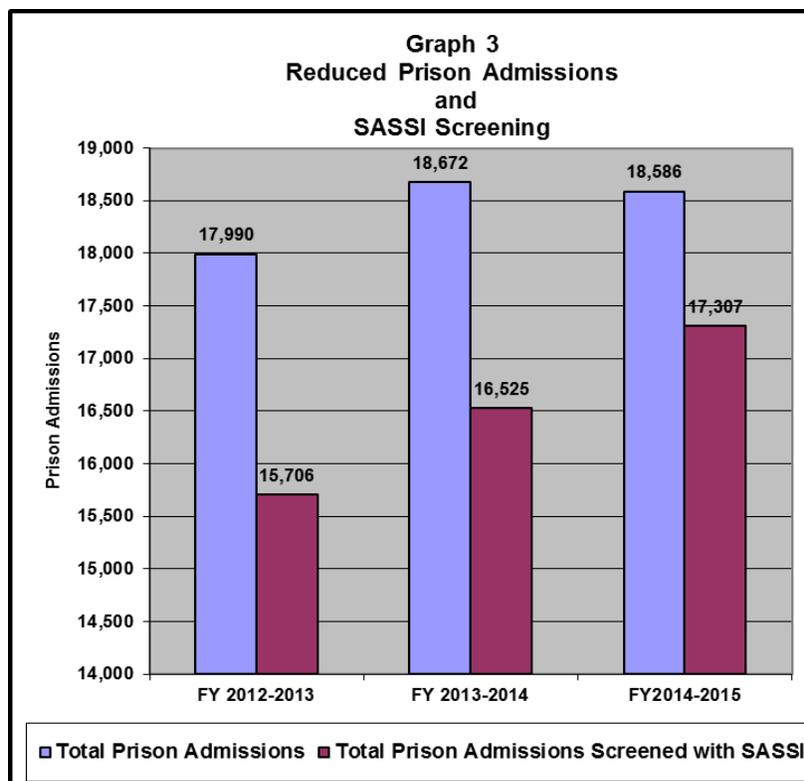


Graph 2 compares FY 2014-2015 prison admissions by demographic group and each group's SASSI score of three or more, indicating the need for intermediate or long-term substance abuse treatment.



As reflected in Graph 2, the youthful male and adult female demographic groups have smaller admission numbers but have a higher percentage of population in need of intermediate or long-term treatment services, 69% of youthful male admissions and 76% of adult female admissions. The adult male population is the largest population to serve in number. Although the percentage of adult male admissions needing treatment is smaller than the youthful male and adult female demographic group, the actual number of adult males 8,938 is the largest overall pool of admissions in need of intermediate and long-term substance abuse treatment services. As noted later in this report, only 19% 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 2014-2015, 93% completed the SASSI. As reflected in Graph 3, despite a slight decrease in prison admissions in FY 2014-2015, SASSI screenings increased from 16,525 in FY 2013-2014 to 17,307 in FY 2014-2015. Approximately 7% of inmates were not screened due in part to serious health conditions and other issues.



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

Other inmates who have completed the diagnostic process and are eligible for substance abuse 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 chemical dependency. Representatives from Treatment Accountability for Safer Communities (TASC) complete the assessment in the community to determine appropriateness of assignment to a community-based facility.

For probationers and parolees, Judges may order participation in a community-based residential treatment program as a condition of probation or the Post-Release Supervision and the Parole Commission may order participation as a condition of parole. Eligible offenses include driving while impaired or other drug related charges/convictions.

CLINICAL SUPERVISION

- **Clinical supervision** is a formal process of professional support and learning which enables individual clinicians to develop knowledge and competence to meet ethical, professional, and best-practice standards. Clinical supervision provides staff 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 abuse 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 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 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.

QUALITY ASSURANCE

- **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 fiscal year 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 2014-2015 focused on enhancing professional development by providing approved hours for counselor certification/recertification. The ACDP trainer facilitated approximately 285 hours of training. The following training modules were offered during the 2014-2015 fiscal year:

- ◆ Relapse Prevention: Preserving the Addiction Professional
- ◆ Treating Offenders with Personality and/or Co-Occurring Disorders
- ◆ Suicide/Dual Diagnosis
- ◆ Criminal Minds
- ◆ Staff and Offender Relationships – Maintaining Professional Boundaries
- ◆ Treating Addicted Veterans
- ◆ Addiction 101: Basic Neurobiology and Pharmacology
- ◆ Curriculum/Peer Review
- ◆ Youthful Offenders
- ◆ Stress Management/Team Building
- ◆ Anger Management/De-Escalation
- ◆ Secrets Keep You Sick: “Moving Beyond the Guilt and Shame”
- ◆ HIV and Aids

Multiple Outside Agency Staff Participate 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

Johnston Correctional Institution: ACDP, in collaboration with Prisons selected Johnston Correctional Institution to house the treatment slots formerly based at Wayne Correctional Center when this facility closed in September 2013. ACDP opened a 68 bed 90-day treatment program at Johnston Correctional in July 2014. Most of the ACDP Wayne Correctional Center program staff were reassigned to Johnston Correctional Institution to operate this program. Remaining staff were permanently reassigned to existing ACDP programs in an effort to improve counselor/inmate ratios.

Alexander Correctional Institution: ACDP opened a 41 bed 90-day treatment program at Alexander Correctional Institution in January 2014; initially the program included 41 part-time beds for a continuum of care component. Due to an identified need for more full-time male treatment beds in January 2015 the Alexander Correctional Institution 90-day treatment program increased total treatment beds from 41 to 80, eliminating the 41 beds identified for the continuum of care component.

Eastern Correctional Institution: ACDP, in collaboration with Prisons selected Eastern Correctional Institution to house the Fountain Correctional Center for Women's treatment beds lost when the prison facility closed in December 2014. ACDP opened the 48 bed 120-180 day female treatment program at Eastern Correctional Institution in February 2015. All ACDP Fountain Correctional Center for Women program staff were reassigned to Eastern Correctional Institution to operate this program.

Substance Abuse Subtle Screening Inventory (SASSI): In 2003, ACDP implemented the SASSI as a severity indicator of substance abuse problems. 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). During the diagnostic process, an ACDP staff member administers the SASSI to all newly incarcerated individuals to determine eligibility for program placement. In July 2014, ACDP established a more effective and efficient use of resources by having staff only administer the SASSI to inmates that have not previously tested at a three or above scoring category. Inmates who score three or higher on previous incarceration admission testing remain eligible for treatment services.

Substance Abuse Worker (SAW) Training: ACDP training focuses on enhancing professional development. The ACDP trainer facilitated approximately 285 hours of training during FY 2014-2015. In October 2014, ACDP implemented on-going training for the community-based facility SAW staff, this training focuses on operational safety and security in a therapeutic environment.

PROGRAM REDUCTIONS

Neuse Correctional Institution: In February 2015, the ACDP Neuse Correctional Institution 35-90 day intervention program census dropped to zero and the intervention program officially closed. This program closure was related to implementation of the Justice Reinvestment Act which directed DWI misdemeanor offenders with sentences of six months or less to serve their sentences in county jails. The 32 bed program targeted male inmates convicted of DWI with short sentences and utilized the “Prime for Life” curriculum, designed specifically for the DWI offender. This program was awarded a GCC grant that provided 75% of the funding with a state match of 25%. The program had the capacity to serve approximately 220 male inmates annually. Although the ACDP Neuse Correctional Institution intervention program closed, ACDP retained the two staff positions that were reassigned to other ACDP programs in an effort to improve counselor/inmate ratios.

ACDP Swannanoa Correctional Center for Women: Due to custody staffing shortages at the prison, noted in the FY 2012-2013 ACDP Annual Legislative Report, appropriate adjustments have been made to the Swannanoa Correctional Center for Women’s ACDP census.

ACDP Fountain Correctional Center for Women Program: In December 2014, the ACDP Fountain Correctional Center for Women 42 bed 120-180 day treatment program census dropped to zero and the treatment program officially closed. The Fountain Correctional Center for Women facility officially closed as one of the prison closings ordered by the General Assembly due to state budget cuts. The ACDP 120-180 day treatment program had the capacity to serve approximately 126 female inmates annually. ACDP in collaboration with Prisons selected Eastern Correctional Institution to house the Fountain Correctional Center for Women’s treatment beds lost when the prison facility closed. All ACDP Fountain Correctional Center for Women program staff were reassigned to Eastern Correctional Institution to operate the program.

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 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 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. 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 representatives 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 representative 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 the 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 indicate chemical dependency. Representatives from Treatment Accountability for Safer Communities (TASC) complete the assessment in the community to determine appropriateness.

Both programs are dedicated to a holistic treatment approach 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 abuse 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 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.

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 in Goldsboro, NC that provides residential substance abuse treatment services to male probationers and parolees. During FY 2014-2015, the facility had 1,319 admissions into the program as noted in Table 3. DART Cherry has monthly enrollments and exits.

The facility has three 90-day Modified Therapeutic Community (TC) programs in separate buildings, each with 100 treatment slots. The Modified TC model views addiction 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 catalyst in bringing about change. The Modified TC 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 provides five treatment slots that are designated as “priority” beds 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.

Table 3 – FY 2014-2015 DART Cherry Enrollments

Program Type and Type of Supervision	Offenders Enrolled	Percent of Annual Enrolled
90-day Parole	142	11%
90-day Probation	1,177	89%
Totals	1,319	100%

Table 4 below presents the exits from DART Cherry for FY 2014-2015. Completions, or the satisfactory participation in the program for the required number of treatment days, represented 83% of exits. When compared to FY 2013-2014, completions experienced a small increase from 82% and inappropriate for treatment a slight decrease from 2%. All other exit types remained the same.

Table 4 – FY 2014-2015 DART Cherry Exits

Exit Reason	90-Day Program	
Completed	893	83%
Absconded/Withdrawn	77	7%
Transferred/Released	6	1%
Removed/Discipline	78	7%
Inappropriate for Treatment	14	1%
Other	12	1%
Totals	1080	100%

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 in Black Mountain, NC that provides residential substance abuse treatment services to female probationers and parolees. During FY 2014-2015, the facility had 296 admissions into the program as noted in Table 5. Black Mountain has weekly enrollment and exits.

- ◆ 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 participants to a variety of self-help recovery groups.

Table 5 – FY 2014-2015 Black Mountain Enrollments

Program Type and Type of Supervision	Offenders Enrolled	Percent of Annual Enrolled
90-day Parole	9	3 %
90-day Probation	287	97%
Totals	296	100%

As reflected in Table 6 below the majority of offenders at Black Mountain exited the program as successful completions. Because of an increase of offenders who left the program due to being transferred, released, or removed from the program due to disciplinary issues, completions decreased from 79% in FY 2013-2014 to 74% in FY 2014-2015. All other exit types decreased or remained the same.

Table 6 – FY 2014-2015 Black Mountain Exits

Exit Reason	90-Day Program	
Completed	186	74%
Absconded/Withdrawn	8	3%
Transferred/Released	2	1%
Removed/Discipline	33	13%
Inappropriate for Treatment	20	8%
Other	3	1%
Totals	252	100%

STATISTICAL INFORMATION ON THE NUMBER OF CURRENT INMATES WITH SUBSTANCE ABUSE PROBLEMS 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 PROGRAMS

ACDP intermediate treatment programs are available in 12 prison facilities across the state and have a program length of 90 days. 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 of the program. 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 3,431 in FY 2013-2014 to 4,111 in FY 2014-2015.

There are some variations among the different facilities with utilization rates ranging from 49% to 109%. The overall capacity utilization rate for intermediate programs increased from 82% in FY 2013-2014 to 89% in FY 2014-2015. Additional information on these programs is provided in Table 7 below.

Table 7 – FY 2014-2015 Enrollment in Intermediate Prison-Based Programs

Facility	Treatment Slots	Annual Enrollment	Average Daily Enrollment	Days with Inmates	Capacity Utilization Rate (%)
Alexander Correctional Center	80	295	39	365	49%
Catawba Correctional Center	32	213	30	365	94%
Craggy Correctional Center	68	409	64	365	94%
Harnett Correctional Institution	33	166	28	365	85%
Johnston Correctional Institution	68	336	56	363	82%
Lumberton Correctional Center	64	390	60	365	94%
NC Correctional Institution for Women	68	431	65	365	96%
Pender Correctional Institution	106	686	100	365	94%
Piedmont Correctional Institution (Med)	64	525	70	365	109%
Piedmont Correctional Institution (Min)	33	222	30	365	91%
Rutherford Correctional Center	34	209	32	365	94%
Swannanoa Correctional Center for Women	60	229	55	365	92%
Totals	710	4,111	629		89%

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:

Johnston Correctional Institution: ACDP, in collaboration with Prisons selected Johnston Correctional Institution to house the Wayne Correctional Center's male treatment beds lost when the prison facility closed. ACDP opened a 68 bed 90-day treatment program at Johnston Correctional in July 2014. Most of the ACDP Wayne Correctional Center program staff were reassigned to Johnston Correctional Institution to operate this program. Remaining staff were permanently reassigned to existing ACDP programs in an effort to improve counselor/inmate ratios.

Alexander Correctional Institution: ACDP opened a 41 bed 90-day treatment program at Alexander Correctional Institution in January 2014; initially the program included 41 part-time beds for a continuum of care component. Due to an identified need for more full-time male treatment beds in January 2015 the Alexander Correctional Institution 90-day treatment program increased total treatment beds from 41 to 80, eliminating the 41 beds identified for the continuum of care component.

ACDP Swannanoa Correctional Center for Women: Due to custody staffing shortages at the prison, noted in the FY 2012-2013 ACDP Annual Legislative Report, appropriate adjustments have been made to the Swannanoa Correctional Center for Women's ACDP census.

Intermediate Substance Abuse Treatment Need Compared to Treatment Availability

An initial assessment of supply and demand for intermediate substance abuse treatment was completed for FY 2012-2013 to compare the number of intermediate treatment slots available to the number of inmates within the prison population in need of substance abuse treatment. As shown in Table 8 below male inmates in need of intermediate treatment had a 63% chance of being assigned to an ACDP intermediate treatment program during FY 2014-2015,

Table 8 – FY 2014-2015 Yearly Need to Yearly Supply for Intermediate Substance Abuse Treatment Slots by Gender and Program Type

Gender	Program Type	Yearly Treatment Slots	Yearly Treatment Need	Chance of Program Placement
Females	Intermediate	527	438	120%
Males	Intermediate	3088	4887	63%
	Total	3615	5325	68%

The need for intermediate substance abuse 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 of placement.

Table 9 – FY 2014-2015 Exits from Intermediate ACDP Programs

Type of Exit	Number of Exits	Percent of all Exits
Completion	2054	67%
Inappropriate for Treatment	69	2%
Other	131	4%
Removed/Discipline	425	14%
Transferred/Released	72	3%
Withdrawal	300	10%
Total	3051	100%

Table 9 above presents the exits from the ACDP intermediate treatment programs. Of all exits from the programs, 67% were completions - the satisfactory participation in the program for the required number of treatment days. The completions decreased from 72% in FY 2013-2014 to 67% in FY 2014-2015.

- Inappropriate for Treatment remained the same at 2%: 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.
- Other decreased 1%: This exit type consists of inmates who were demoted or promoted to another custody level requiring the inmate’s reassignment to another prison facility, inmates who died, or inmates who were assigned to the program in error.
- Removed/Discipline increased 2%: This exit type consists of inmates who were removed from the treatment program by staff for administrative reasons or due to the inmate’s behavior.
- Transferred/Released increased 1%: 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.
- Withdrawal decreased 2%: 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

ACDP Long-term treatment programs are available in 7 prison facilities across the state and program length ranges from 120 to 365 days. These programs are reserved for inmates who are in need of intensive treatment as indicated by SASSI scores of 4 or 5, with an abuse 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 of the program. Long-term treatment programs address substance abuse and criminal thinking issues throughout the treatment process. All long-term programs are back-end loaded, that is, inmates leave prison immediately or as soon as possible after successful completion the program.

ACDP Long-term prison-based programs utilize a modified Therapeutic Community (TC) model within the correctional environment. Annual enrollment figures for each long-term prison-based program are listed in Table 10 below.

Table 10 – FY 2014-2015 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	97	32	365	94%
Fountain Correctional Center for Women	42	49	24	176	57%
Dan River PWF	68	284	61	365	90%
Eastern Correctional Institution	64	69	34	127	53%
Southern Correctional Institution	32	87	20	365	63%
Morrison Correctional Institution	88	273	76	365	86%
Polk Correctional Institution	32	156	26	365	81%
Totals	360	1,015	272		76%

The overall capacity utilization rate for long-term programs decreased from 89% in FY 2013-2014 to 76% in FY 2014-2015. The total annual enrollment for long-term programs decreased from 1,079 in FY 2013-2014 to 1,015 in FY 2014-2015. 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:

ACDP Fountain Correctional Center for Women Program: In December 2014, the ACDP Fountain Correctional Center for Women 42 bed 120-180 day treatment program census dropped to zero and the treatment program officially closed. The Fountain Correctional Center for Women facility officially closed as one of the prison closings ordered by the General Assembly due to state budget cuts. The ACDP 120-180 day treatment program had the capacity to serve approximately 126 female inmates annually. ACDP, in collaboration with Prisons selected Eastern Correctional Institution to house the Fountain Correctional Center for Women’s treatment beds lost when the prison facility closed. All ACDP Fountain Correctional Center for Women program staff were reassigned to Eastern Correctional Institution to operate the program.

Eastern Correctional Institution: ACDP, in collaboration with Prisons selected Eastern Correctional Institution to house the Fountain Correctional Center for Women’s treatment beds lost when the prison facility closed. ACDP opened the 48 bed 120-180 day female treatment program at Eastern Correctional Institution on February 2015. All ACDP Fountain Correctional Center for Women program staff were reassigned to Eastern Correctional Institution to operate the program.

Table 11 – FY 2014-2015 Exits from Long-Term Treatment Programs

Type of Exit	Number of Exits	Percent of all Exits
Completion	264	41%
Inappropriate for Treatment	10	2%
Other	20	3%
Removed/Discipline	206	32%
Transferred/Released	28	4%
Withdrawal	119	18%
Totals	647	100%

Table 11 above presents the exits from the ACDP Long-term treatment Programs. Completions, the satisfactory participation in the program throughout the treatment process, accounted for the majority of exits at 41%. This is a decrease from 46% completions in FY 2013-2014. All other exit types are defined below.

- Inappropriate for Treatment decreased 1%: 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.
- Other decreased 1%: This exit type consists of inmates who were demoted or promoted to another custody level requiring the inmate’s reassignment to another prison facility, inmates who died, or inmates who were assigned to the program in error.
- Removed/Discipline increased 8%: This exit type consists of inmates who were removed from the treatment program by staff for administrative reasons or due to the inmate’s behavior.
- Transferred/Released decreased 1%: 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.
- Withdrawals stayed the same at 18%: 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 2014-2015, Dan River Prison Work Farm, Eastern Correction Institution, Southern Correctional Institution, and Polk Youth Correctional Institution had the highest removal rate. Dan River Prison Work Farm, Eastern Correctional Institution, and Polk Youth 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 Substance Abuse Treatment Need Compared to Treatment Availability

An initial assessment of supply and demand for long-term substance abuse treatment was completed for FY 2006-2007 to compare the number of long-term treatment slots available to the number of inmates within the prison population in need of long-term substance abuse treatment. ACDP continued this assessment for FY 2014-2015 for comparative purposes.

The need for long-term substance abuse treatment services is significant within the prison population and presents a challenge to the ACDP Section. Long-term treatment program 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 2014-2015, male inmates had a 19% chance of being assigned to a long-term treatment program; decreasing from 24% in FY 2013-2014.

Table 12 – FY 2014-2015 Yearly Need to Yearly Supply for Long-Term Residential Substance Abuse Treatment Slots by Gender and Program Type

Gender	Program Type	Yearly Treatment Slots	Yearly Treatment Need	Chance of Program Placement
Females	Long-term	626	395	158%
Males	Long-term	544	2827	19%
Totals		1,170	3,222	36%

INTERVENTION PROGRAM

In February 2015, the male ACDP Neuse Correctional Institution 35-90 day intervention program census dropped to zero and the intervention program officially closed. This program closure was related to implementation of the Justice Reinvestment Act which directed DWI misdemeanor offenders with sentences of six months or less to serve their sentences in county jails. The 32 bed program targeted male inmates convicted of DWI with short sentences and utilized the “Prime for Life” curriculum, designed specifically for the DWI offender. This program was awarded a GCC grant that provided 75% of the funding with a state match of 25%. The program had the capacity to serve approximately 220 male inmates annually.

Table 13 – FY 2014-2015 Enrollment in the Intervention Program

Facility	Treatment Slots	Annual Enrollment	Average Daily Inmates	Days with Inmates	Capacity Utilization Rate (%)
Neuse Correctional Institution	32	168	26	227	81%
Totals	32	168	26		81%

The overall capacity utilization rate for intervention program was 94% in FY 2014-2015

Table 14 – FY 2014-2015 Exits from the Intervention Program

Type of Exit	Number of Exits	Percent of all Exits
Completion	133	81%
Inappropriate for Treatment	0	0%
Other	1	1%
Removed/Discipline	6	4%
Transferred/Released	24	14%
Withdrawal	0	0%
Totals	164	100%

A total of 164 inmates exited the intervention program during FY 2014-2015, 81% percent successfully completed the program requirements. All other exit types are defined below.

- Other decreased 1%: This exit type consists of inmates who were demoted or promoted to another custody level requiring the inmate’s reassignment to another prison facility, inmates who died, or inmates who were assigned to the program in error.
- Removed/Discipline increased 3%: This exit type consists of inmates who were removed from the treatment program by staff for administrative reasons or due to the inmate’s behavior.
- Transferred/Released increased 8%: This exit type occurs when the inmate is moved to another prison facility or was released from prison due to coming to the end of their sentence.

EVALUATION OF EACH SUBSTANCE ABUSE 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 abuse treatment program funded by the Division of Adult Correction and Juvenile Justice of the North Carolina Department of Public Safety. 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 memo presents statistics for each of the ACDP programs on the required measures for fiscal year 2014-2015.

All ACDP programs were evaluated jointly by program type. The programs include DART-Cherry and Black Mountain Substance Abuse Treatment Center for Women, both the community-based residential facilities for probationers and parolees; the intermediate treatment program with a program length of 90 days to accommodate inmates with substance abuse issues; and the long-term treatment program with lengths ranging from 120 to 365 days to serve inmates with a need for intensive substance abuse 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 fiscal year 2014-2015 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 prison-based programs, confidence increases were more modest compared to community-based residential programs, mostly due to the higher levels of confidence reported at entry into the program by the participants. Inmates participating in the long-term prison-based programs and with the most severe substance abuse issues had the most modest improvement, yet the increases in confidence for this population were statistically significant in all sampled circumstances. Participants in all programs, rated confidence at entry to the programs in the ability to resist urges to drink lowest, but participant confidence increased significantly and substantially at program exit. For each scenario 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 program entry.

The BSCQ is a measure relevant to the treatment model and provides a consistent measure that can be used on all inmates assigned to ACDP programs. The BSCQ asks participants to imagine themselves as they are now in each of eight situations. They are then asked to indicate on a scale how confident they are that they can resist the urge to drink heavily or to use drugs in each of the situations. Each of the 8 scale situations consists of line, anchored by 0% ("not at all confident") and 100% ("totally confident") and participants are asked to place an "X" along the line, from 0% to 100%. Because the BSCQ is a state measure, assessing self-efficacy at various points during treatment allows for an evaluation of increases or decreases in self-efficacy as a function of the intervention. ACDP assessed situational confidence at program entry and exit.

IMPROVEMENTS IN DISCIPLINARY AND INFRACTION RATES

ACDP evaluated improvement in disciplinary and infraction rates with a repeated measures design, which is a comparison of disciplinary actions that were taken pre and post intervention. For inmates who completed long-term programs in FY 2014-2015 and remained in prison after exiting treatment, the number of infractions was steady after treatment. Otherwise, neither the rate of infractions nor the severity of infractions committed by inmates who remained in prison after exiting the programs were significantly reduced by participation in these programs. Rather, infractions generally increased post-treatment over pre-treatment. However, inmates who successfully completed 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 ACDP programs. Furthermore, inmates who exit prison cannot be evaluated on this measure because they are no longer in prison. As such, ACDP incorporates an additional measure of change in inmate behavior that can be used on all inmates assigned to ACDP 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 an ACDP 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 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 a 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 2014-2015, ACDP evaluated each prison program by gender, including inmates who exited the community-based residential programs (DART-Cherry and 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 rates were dissimilar to previous years, in that they did not meet the research threshold for statistical significance. Inmates who began ACDP treatment but dropped out before completing the programs tended to return to prison at a higher rate than 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 treatment 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 ACDP 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 lowered 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 2014-2015 SUMMARY OF FINDINGS

- Offenders who exited ACDP community-based and prison-based programs in fiscal year 2014-2015 universally improved their confidence to resist the urge to drink heavily or use drugs in a variety of situations from program entry to program exit. At the community-based programs, confidence scores moved from the high 50s into the high 70s confidence range. Prison-based intermediate and long-term program improvements were more modest compared to the community-based programs, yet the increases in confidence for these populations 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.
 - ♦ Return-to-prison rates were lower for most inmates who completed treatment compared to a matched comparison group; however these rates were dissimilar to previous years, in that they did not meet the research threshold for statistical significance.
 - ♦ Inmates who began ACDP treatment but dropped out before completing the programs tended to return to prison at a higher rate than 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.