



North Carolina Department of Public Safety

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Pat McCrory, Governor

Frank L. Perry, Secretary

MEMORANDUM

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

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

RE: Substance Abuse Program Annual Report

DATE: March 1, 2014

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- (4), (5) Repealed by Session Laws 2007-323, s. 17.3(a), effective July 1, 2007.*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, 2014

**Pat McCrory
Governor**

**W. David Guice
Commissioner**

**Frank L. Perry
Secretary**

TABLE OF CONTENTS

<u>EXECUTIVE SUMMARY</u>	4
<u>INTRODUCTION AND OVERVIEW</u>	8
<u>DETAILS OF ANY NEW INITIATIVES AND EXPANSIONS OR REDUCTION OF PROGRAMS</u>	16
<u>DETAILS ON ANY TREATMENT EFFORTS CONDUCTED IN CONJUNCTION WITH OTHER DEPARTMENTS</u>	18
<u>UTILIZATION OF THE COMMUNITY-BASED PROGRAMS AT DART CHERRY AND BLACK MOUNTAIN SUBSTANCE ABUSE TREATMENT CENTER FOR WOMEN</u>	19
<u>STATISTICAL INFORMATION ON EACH DIVISION OF ADULT CORRECTION FUNDED PROGRAM:</u>	
♦ 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.....	22
<u>EVALUATION OF EACH SUBSTANCE ABUSE TREATMENT PROGRAM FUNDED BY THE DIVISION OF ADULT CORRECTION BASED ON:</u>	
♦ REDUCTION IN ALCOHOL AND DRUG DEPENDENCY,	
♦ IMPROVEMENTS IN DISCIPLINARY AND INFRACTION RATES,	
♦ RECIDIVISM (DEFINED AS RETURN-TO-PRISON RATES), AND	
♦ OTHER MEASURES.....	29

**North Carolina Department of Public Safety
Alcoholism and Chemical Dependency Programs Section (ACDP)
2012-2013 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.
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- (7) Evaluation of each substance abuse treatment program funded by the Division of Adult Correction of the Department of Public Safety. Evaluation measures shall include reduction in alcohol and drug dependency, improvements in disciplinary and infraction rates, recidivism (defined as return-to-prison rates), and other measures of the programs’ success.”

EXECUTIVE SUMMARY

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

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

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

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

TREATMENT NEED

ACDP staff, utilizing the Substance Abuse Subtle Screening Inventory (SASSI), screen most new prison admissions in the diagnostic centers within the first few weeks of their sentences to identify inmates with chemical dependence and the appropriate level of treatment needed. Below is a noteworthy statistical snapshot of the testing results for FY 2012-2013 prison admissions:

- Of the total number of 15,706 inmates who were screened, 61% or 9,645 indicated a need for intermediate or long-term substance abuse treatment.
- Of the 9,645 identified inmates who were eligible, 6,849 or 71% were referred to an identified pool of inmates eligible for assignment to an intermediate or long-term substance abuse treatment program depending on program space availability.
- 69% or 1,266 of female inmates who were screened indicated a need for intermediate or long-term substance abuse treatment.
- 69% or 1,391 of youthful male inmates (under 22) who were screened indicated a need for intermediate or long-term substance abuse treatment.

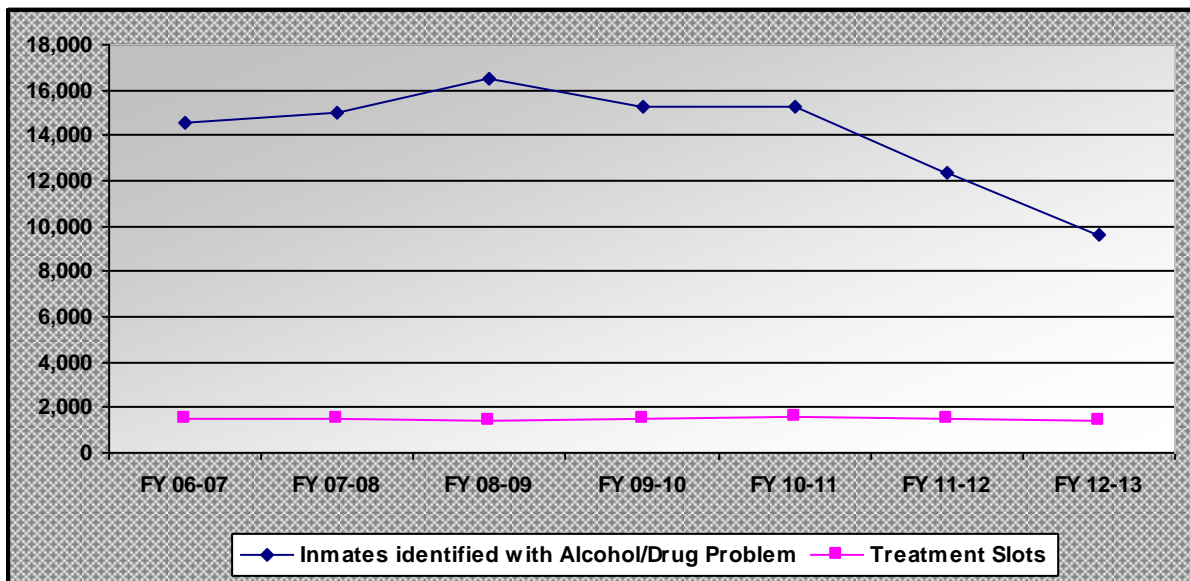
TREATMENT RESOURCES

During FY 2012-2013, the time period covered in this report, ACDP resources were such that only one in four inmates had the chance of placement in a long-term program; and one in two inmates had the chance of placement in an intermediate program. The graph below reflects the

number of inmate admissions from FY 2006 -2007 through FY 2012 -2013 that were identified as having a drug and/or alcohol problem during the prison admission process and the total number of treatment slots available daily to that population.

FY 2012- 2013

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



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

STAFF RECRUITMENT AND RETENTION

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

ACDP has effectively addressed the practice standards established in the legislation and is able to provide all clinical supervision and most training requirements for credentialing at no cost to the professional staff. However, competitive pressure remains between public and private providers for credentialed substance abuse professionals, with the competition varying between different areas of the state. It therefore continues to be a constant challenge for ACDP to remain an attractive employment option, as professionals consider work within the prison environment,

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

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

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

**Table 1 – FY 2012-2013 ACDP Programs by Type of Program,
 Target Population and Program Length**

Facility		Treatment Slots	Length of Treatment
Community Residential Treatment Program			
Male	DART Cherry	300	90 Days
Female	Black Mountain Substance Abuse Treatment Center for Women	60	90 Days
Total		360	
Intermediate Treatment Programs			
Adult Male	Catawba Correctional Center	30	90 Days
	Craggy Correctional Center	62	90 Days
	Duplin Correctional Center	58	90 Days
	Lumberton Correctional Institution	58	90 Days
	Pender Correctional Institution	98	90 Days
	Piedmont Correctional Institution	88	90 Days
	Rutherford Correctional Center	34	90 Days
	Wayne Correctional Center	125	90 Days
Youth male	Western Youth Institution	42	90 Days
Female	NC Correctional Institution for Women	64	90 Days
	Swannanoa Correctional Center for Women	90	90 Days
Total		749	
Long-Term Treatment Programs			
	Dan River PWF (RSAT)	66	180-365 Days
Adult Male	Morrison Correctional Institution	88	180-365 Days
	Piedmont Minimum Correctional Center	32	180-365 Days
Youth Male	Polk Correctional Institution (RSAT)	32	180-365 Days
Female	Fountain Correctional Center for Women	42	120-180 Days
	NC Correctional Institution for Women	34	180-365 Days
Total		294	
Total Treatment Slots		1,403	

INTRODUCTION AND OVERVIEW OF ACDP

The Alcoholism and Chemical Dependency Programs Section (ACDP) is a major component of the Division of Adult Correction within the Department of Public Safety (DPS). Its mission is to plan, administer and coordinate chemical dependency screening, assessment, and treatment services for offenders. Throughout ACDP, there are 230 positions including state-level administration, two district office teams, two community-based programs and prison-based program staff. ACDP provides regular training and clinical supervision for clinical staff, encourages input from all staff as to program development, and is committed to activities directed at leadership development for program and district management teams.

BEST PRACTICE

ACDP implements programs that reflect “best practices” for intervention and treatment, as established by the National Institute on Drug Abuse (NIDA) and the national Substance Abuse and Mental Health Services Administration (SAMSHA). It embraces programs that are based on cognitive-behavioral interventions, which challenge criminal thinking and confront the abuse and addiction processes as identified by program participants, and are proven to reduce recidivism. In addition, ACDP provides information and education on traditional recovery resources available to inmates both while in prison and upon return to the community. All male programs utilize “A New Direction” curriculum, which is an evidence-based program emphasizing identification of destructive thinking patterns and replacement with constructive recovery-driven thoughts and actions. 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/parolees; DART Cherry for male probationers/parolees and the Black Mountain Substance Abuse Treatment Center for Women for female probationers/parolees. The other two categories established for male and female inmates consist of intermediate and long-term treatment services within fifteen prison facilities.

Unique in some ACDP treatment environments is the concept of a “Therapeutic Community” (TC) as the core component of treatment design. The therapeutic community model views drug abuse as a disorder of the whole person. Treatment activities promote an understanding of criminal thinking in relation to substance abuse behavior and engage the offender in activities that encourage experiential and social learning. The community of inmates is the main driving force in bringing about change, as inmates who are further along in treatment are used to help others initiate the process of change.

While the original ACDP prison-based programs were designed to work with inmates at the beginning of their sentences, this mission has changed over time. As noted initially in the 2002 report, the Substance Abuse Advisory Council recommended that treatment programs for offenders reach completion near the end of their sentences rather than at the beginning. The research-supported best practice finding suggests that release of an offender from treatment

directly into the community is more beneficial to retaining treatment gains than to release that offender back into the general prison population.

SCREENING AND REFERRAL FOR PRISON – BASED PROGRAMS

Eligibility for prison-based treatment programs is established during diagnostic processing. In 2003, ACDP implemented the Substance Abuse Subtle Screening Inventory (SASSI) as a severity indicator of substance abuse problems. The SASSI replaced earlier screening tools, the Chemical Dependency Screening Test (CDST) and Short Michigan Alcoholism Screening Test (SMAST). ACDP selected the SASSI because it has a reputation as the “gold standard” of screening instruments. The SASSI was normed for the North Carolina prison population.

ACDP staff administers the SASSI to inmates during the diagnostic process and enters the recommended level of treatment into OPUS. SASSI testing has allowed ACDP to identify those offenders who need treatment. Using scoring categories ranging from 1 to 5 (no problem to very serious problem), the SASSI identifies the probability that an inmate has a substance abuse disorder. The range of scores with the ideal treatment recommendations are as follows:

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

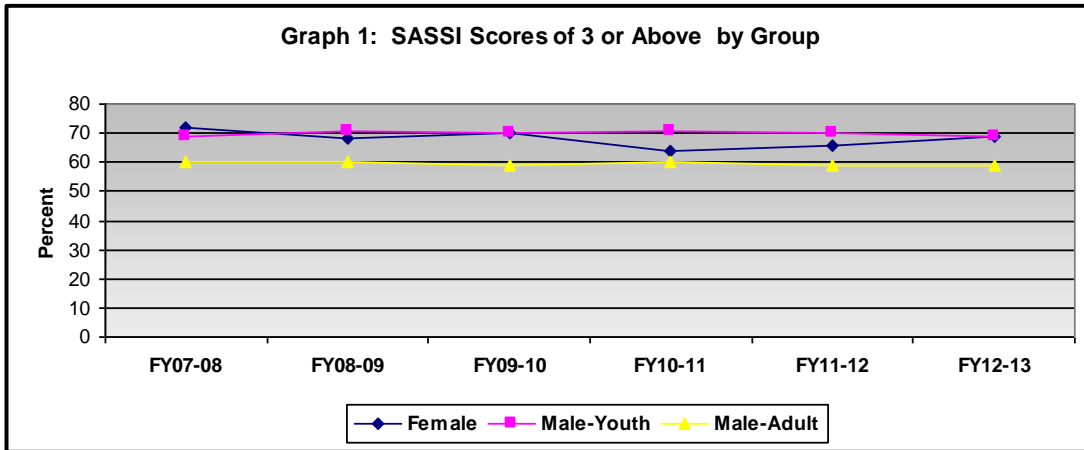
During FY 2012-2013, 15,706 newly admitted inmates completed the SASSI. The SASSI identified 61% of inmates in need of intermediate or long-term treatment services (these are scores 3, 4, and 5) and an additional 23% in need of substance abuse intervention. There are differences in the SASSI scores among the three demographic groups presented in Table 2.

Table 2—2012-2013 Prison Entries and SASSI Scores

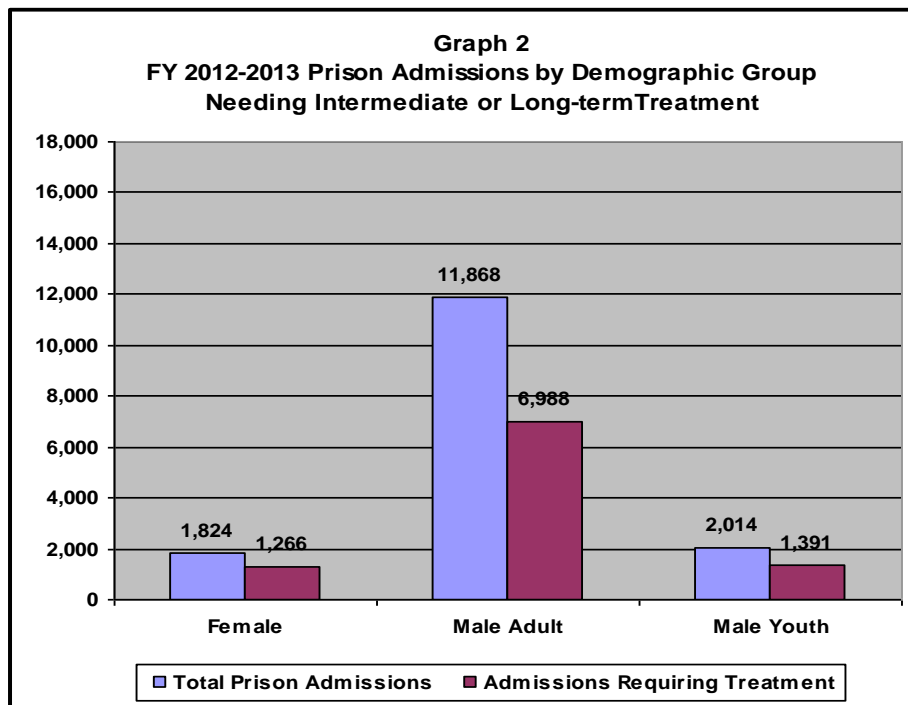
Inmate Group	SASSI Score				
	1	2	3	4	5
Female	261 (14%)	297 (16%)	443 (24%)	460 (25%)	363 (20%)
Male – Adult	1981 (17%)	2899 (24%)	4228 (36%)	1968 (17%)	792 (7%)
Male –Youth	271 (13%)	352 (18%)	478 (24%)	446 (22%)	467 (23%)
Total	2,513 (16%)	3548 (23%)	5149 (33%)	2874 (18%)	1,622 (10%)

Graph 1 on the following page reflects the percentage of SASSI scores of 3 or more by demographic group during the current fiscal year and the past five fiscal years indicating a need for intermediate or long-term treatment. The male youth and adult male demographic group’s need for treatment has remained steady. The female prison admission demographic group has

shown an increase in the need for treatment since FY 2010-2011. The need for intermediate and long-term treatment for all three groups, however, still ranges from 59-69%.



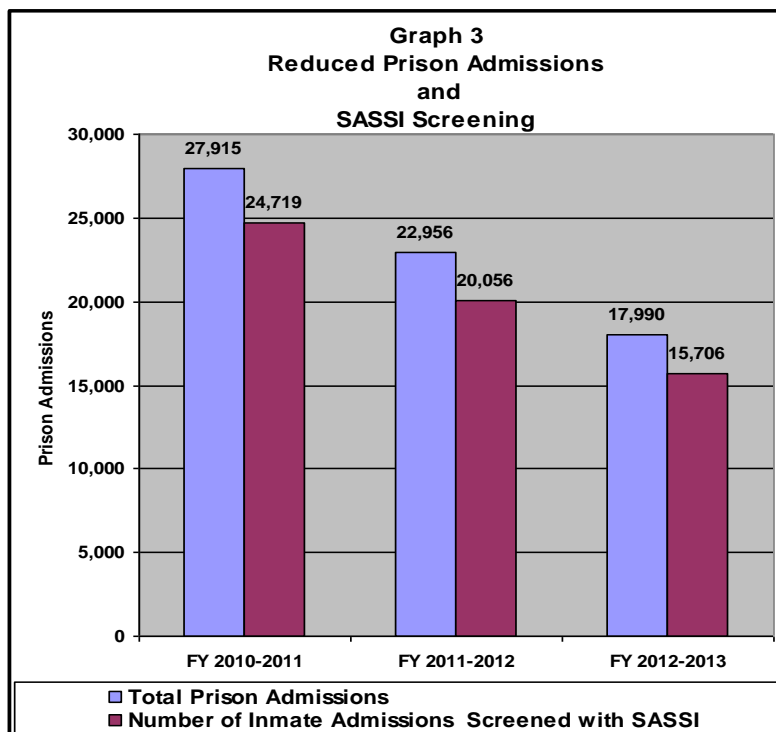
Graph 2 compares FY 2012-2013 prison admissions by demographic group and each demographic group's need for intermediate or long-term substance abuse treatment, those with a SASSI score of 3 or more.



As reflected in Graph 2, the male youth and female demographic groups have smaller admission numbers but have a higher percentage of that specific population in need of intermediate or long-term treatment services, 69% of male youth admissions and female

admissions. The adult male population is the largest population to serve in number. Although the ‘percentage’ of adult male admissions needing treatment is smaller than the male youth and female demographic group, the actual ‘number’ of adult males (6,988) 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 21% of males in need of long-term treatment have a chance of placement in a long-term treatment program.

Of all entries to prison during FY 2012-2013, 87% completed the SASSI. As reflected in Graph 3, the number of SASSI screenings decreased from 24,719 in FY 2010-2011 to 15,706 in FY 2012-2013. Prison admissions also decreased during the same period from 27,915 in FY 2010-2011 to 17,990 in FY 2012-2013. Approximately 13 percent of inmates were not screened due in part to serious health conditions and other issues.



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

Other inmates who have completed the diagnostic process and are eligible for substance abuse programming are transferred to other prisons and assigned to a prison unit case manager who may facilitate their transfer and assignment to an ACDP program at another time during their

incarceration. There are instances, however, where inmates are not referred due to the inmate's need for other programs, scheduling constraints, operational needs in prisons, or sentences which are shorter than available treatment.

As indicated in Table 3, there were 9,645 newly admitted inmates in FY 2012-2013 that were identified as needing substance abuse programming but only 6,849 of the 9,645 were referred into the eligible pool by diagnostic staff. This was a 22% decrease in referrals to the substance abuse programming eligible pool from FY 2011 – 2012. This was due in part to the large decrease in prison admissions.

Table 3—2012-2013 Referrals to ACDP Programs by Prison Diagnostic Center

Diagnostic Center	2012-2013 Prison Admissions	Number of SASSI Screenings	Identified with Alcohol/Drug Problem	Referred by Prisons to Treatment Eligible Pool
Central Prison	829	567	324	313
Craven Correctional Institution	4,449	4,116	2,359	1,759
NC Correctional Institution for Women	1,935	1,824	1,266	1,021
Neuse Correctional Institution	3,100	2,582	1,613	1,208
Piedmont Correctional Institution	4,648	3,992	2,296	1,304
Polk Youth Institution	2,439	2,049	1,365	920
Western Youth Institution	590	576	422	324
Totals	17,990	15,706	9,645	6,849

SCREENING AND REFERRAL FOR COMMUNITY – BASED PROGRAMS

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

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

CLINICAL SUPERVISION

- **Clinical supervision** is a formal process of professional support and learning which enables individual clinicians to develop knowledge and competence to meet ethical, professional and best-practice standards. Clinical supervision provides staff with the opportunity to develop and improve clinical skills, thus enhancing work satisfaction,

reducing work stress and giving program participants the best possible treatment. Clinical supervision promotes quality clinical practice in addition to ensuring the safety and welfare of program participants.

“Clinical supervision has become the cornerstone of quality improvement in the substance abuse treatment field. In addition to providing a bridge between the classroom and the clinic, clinical supervision improves client care, develops the professionalism of clinical personnel, and imparts to and maintains ethical standards in the field.” *SAMSHA – Substance Abuse and Mental Health Services Administration*

The Alcoholism and Chemical Dependency Programs Section (ACDP) recognizes Clinical Supervision as an essential component of good quality clinical service provision and expects that all staff engaged in clinical interaction with offenders receive regular clinical supervision by suitably qualified supervisors and/or clinical supervisors approved by the North Carolina Substance Abuse Professional Practice Board (NCSAPPB) and as required by North Carolina General Statute (G.S. §90-113.40).

■ Learning Labs

All registrants and certified counselors who work full or part-time delivering substance abuse services require clinical supervision. ACDP has approximately 118 employees who fall into this category. At present, all Substance Abuse Counselors, Substance Abuse Program Administrators and Substance Abuse Program Directors receive clinical supervision provided by either one of the ACDP Licensed Clinical Addiction Specialists (LCAS) or one of the Certified Clinical Supervisors (CCS). ACDP has developed the “Group Learning Lab” in an effort to provide another clinical supervision vehicle to meet the North Carolina Substance Abuse Professional Practice Board’s (NCSAPPB) expectation for clinical oversight of all providers of substance abuse services, as required by North Carolina General Statute (G.S. §90-113.40).

The primary goal of the “Group Learning Lab” is to improve counselor skills in a process group setting. The lab which is designed to provide three or four hours of clinical supervision for certified counselors each month combines counselors from several settings/locations affording them the opportunity to learn new methods of working effectively with various offenders within ACDP’s assortment of programs. The design permits time for exploration of skills; teaching by master clinicians (LCAS and CCS); counselor role-plays; and feedback. This group format provides an excellent forum for counselors to practice skill development in a safe and supportive environment, and to observe the modeling actions of how other counselors may handle certain situations. ACDP implemented the “Group Learning Labs” in September 2009.

QUALITY ASSURANCE

■ File Reviews

To ensure compliance with the standards established for case management, electronic data entry, offender record content, quality of service delivery, and the appropriateness of services delivered; a formal treatment file review process is used. The review process provides management with three different review types and perspectives. ACDP, working in conjunction with the NCDPS MIS, implemented the Case File Review and Peer Reviews.

The data generated by these reviews enable ACDP to track the results of each established review element thereby assisting management in the identification of program strengths, areas that need additional attention, job performance issues, and training needs.

▣ **Program Evaluations**

Brief Situational Confidence Questionnaire (BSCQ):

The Brief Situational Confidence Questionnaire (BSCQ) assesses an offender's self-confidence to resist the urge to drink heavily or use drugs in eight situations. The tool evaluates the increase or decrease in self-efficacy from two different times and provides program feedback.

"Individuals in recovery have very different levels of confidence regarding their ability (self-efficacy) to change and abstain from substances. Some are overly confident, while others feel hopeless about achieving sobriety or even reducing use. Self-efficacy, particularly with respect to capabilities for overcoming alcohol dependence or abuse, is an important predictor of treatment outcome. Self-efficacy questionnaires ask clients to rate how risky certain situations are and to estimate their confidence in how well they would do in avoiding the temptation to use substances in these situations. The numerical scores provide an objective measure of a client's self-efficacy for a specific behavior over a range of provocative situations." *Substance Abuse and Mental Health Services Administration (SAMHSA)*

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

Criminal Thinking Scales (CTS):

The Criminal Thinking Scale (CTS) was developed by the Institute of Behavioral Research at Texas Christian University in Dallas, Texas in an effort to provide criminal justice treatment providers with a brief and cost-effective tool for measuring the criminal thinking among offenders. Criminal justice literature highlights criminal thinking as one of several key determinates of an individual's willingness to commit crime both before and after criminal justice sanctions have been applied. The instrument uses six scales that represent distinct elements of anti-social cognitions and attitudes based on a national sample of male and female offenders. The results of the CTS survey provides treatment programs with a method to document the impact of program interventions and the change in offender thinking and attitudes that have been associated with drug use and criminal activity.

ACDP long-term programs implemented the CTS in fiscal year 2007-2008. Intermediate programs and DART Cherry program staff implemented the CTS on 03/01/10. Black Mountain Substance Abuse Treatment Center for Women implemented the CTS in November 2010. A more in-depth discussion on program evaluations begins on page 29.

▣ **Training**

Trainings during FY 2012-2013 focused on enhancing professional development by providing approved hours for counselor certification/recertification. The ACDP trainer facilitated 396 hours of training. The following training modules were offered during the 2012-2013 fiscal year:

- Treating Youthful Offenders
- Addiction 101: Pharmacology
- Nicotine Dependence
- Substance Disorders Among Veterans
- The Presence and Power of Spirituality
- Stress management
- Group Counseling
- Scratch-Off: Addressing Gambling Addictions
- Exam Boot Camp: 12 Core Functions/Global Criteria, etc.
- Cultural Competency
- Ethics and HIV -AIDS

Outside speakers presented at the HIV-AIDS and Addressing Gambling Addictions trainings. The following outside agencies sent staff to participate in ACDP trainings:

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

DETAILS OF ANY NEW INITIATIVES AND EXPANSIONS OR REDUCTION OF PROGRAMS

ACDP Duplin Closed: On 6/25/2013, the ACDP Duplin 90-day treatment program closed. The prison facility closed on 8/1/13 as part of the closing of five prisons as directed by the General Assembly in the 2013-14 state budget. The ACDP Duplin program consisted of 58 treatment beds and 6 Treatment Assistant beds and had the capacity to serve 259 inmates annually. The program stopped taking new admissions after 4/15/13 so that all current program participants could complete the program prior to the prison facility closing. Although the ACDP Duplin program closed, ACDP retained their staff and treatment beds for placement at another prison facility in the future. Staff positions were reassigned in the interim.

ACDP Western Youth Institution Program Closed: On 8/23/13, the ACDP Western Youth Institution's 90-day treatment program census dropped to zero and the treatment program officially closed. The Western YI prison facility officially closed on 1/1/14 as one of the five prison closings ordered by the General Assembly due to state budget cuts. The ACDP 90-day program consisted of 48 treatment beds and 4 Treatment Assistant beds and had the capacity to serve 230 inmates annually. Although the ACDP Western Youth program closed, ACDP retained their staff and treatment beds for placement at another prison facility in the future. Staff positions were reassigned in the interim.

ACDP Wayne Correctional Center Program Closed: In September 2013, the ACDP Wayne 90-day treatment program closed. Wayne Correctional Center closed on 10/1/13 as one of the five prison closings ordered by the General Assembly due to state budget cuts. The ACDP Wayne program consisted of 142 treatment beds and 14 Treatment Assistant beds and had the capacity to serve 631 inmates annually. The program began operating at a reduced capacity level due to staff shortages in May 2013. The program stopped taking new admissions in July 2013 so that all current program participants could complete the program prior to the prison facility closing. Program census dropped to zero on 9/11/13 and the program officially closed. Although the ACDP program closed at Wayne Correctional, ACDP retained their staff and treatment beds for placement at another facility in the future. Staff positions were reassigned in the interim.

PROGRAM ADDITIONS

Southern Correctional Institution: ACDP opened a new 32 bed pilot treatment program that serves females at this facility. The program addresses both Mental Illness and Substance Abuse in the same female treatment environment. This is a "first of its kind" collaborative effort between ACDP and Prison Mental Health program teams. A federal RSAT grant provides for 75% of the funding with a state match of 25%. The first admission to this long-term program arrived on 8/10/13.

Neuse Correctional Institution: ACDP opened a pilot program that serves 32 male inmates with DWI convictions. The program targets inmates with a short time remaining on their sentence (35 to 90 day program); and utilizes a curriculum, "Prime for Life", designed specifically for the DWI offender. This program was awarded a GCC grant that provides 75% of the funding for this program with a state match of 25%. The first admission to this program arrived on 9/30/13.

Harnett Correctional Institution: ACDP opened a pilot program to serve 33 male inmates that have identified substance abuse as well as an identified sexual offense. This a unique collaborative effort between the ACDP team and the SOAR (Sexual Offenders Accountability & Recovery) program at Harnett Correctional Institution. The first admission to the 90-day program arrived on 9/30/13.

Johnston Correctional Institution: ACDP worked in collaboration with Prisons to select a site to house Wayne Correctional Center's treatment beds due to the closure of that prison facility as noted above. The 90-day program at Johnston Correctional is projected to open in the spring of 2014 with 68 treatment beds. Some of the ACDP Wayne staff will be reassigned to Johnston CI to run the program. The remaining staff has been permanently assigned to other ACDP programs in an effort to improve the counselor/inmate ratio.

Alexander Correctional Institution: ACDP worked in collaboration with Prisons to select a site to house Western Youth Institution's treatment beds due to the closure of that prison facility. The 90-day program at Alexander Correctional is projected to open in the spring of 2014 with 41 treatment beds. In addition to the 41 full-time treatment beds, there will be an additional 41 part-time beds for a continuum of care component. Some of the ACDP Western Youth staff will be reassigned to Alexander CI. The remaining staff has been permanently assigned to other ACDP programs in an effort to improve the counselor/inmate ratio.

DETAILS ON ANY TREATMENT EFFORTS CONDUCTED IN CONJUNCTION WITH OTHER DEPARTMENTS

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

Alcoholism and Chemical Dependency Programs Section (ACDP) management continue to meet with DHHS as set forth in G.S. §148-19d and the Memorandum of Agreement between DHHS and the North Carolina Department of Correction (now known as the Division of Adult Correction in the Department of Public Safety as of January 1, 2012). ACDP meets with DHHS on the proposed monitoring schedule, the tool used by DHHS for the evaluation of ACDP programs, and to receive DHHS feedback. Each program is evaluated every two years and includes a review of records, observations, and interviews with staff. The DHHS monitoring tool utilized during program evaluations consists of selected standards from the national Commission of Accreditation of Rehabilitation Facilities (CARF) Behavioral Health Standards Manual. Feedback from DHHS is used to improve treatment services provided by the section.

NCDHHS, MH, DD, SAS Treatment Accountability for Safer Communities (TASC)

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

Multiple Agencies Participated in ACDP Trainings:

- Treatment Accountability for Safer Communities (TASC)
- Federal Bureau of Prisons
- DPS Nursing Staff
- DPS Social Workers
- Drug Treatment Court
- Department of Juvenile Justice
- Western Piedmont Community College

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

COMMUNITY-BASED RESIDENTIAL TREATMENT

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

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

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

Upon completion of a community-based residential treatment program, the offender's counselor develops a complete aftercare plan. The aftercare plan is included in the case file material which is returned to the offender's supervising probation/parole officer to ensure continued treatment follow-up in the community and the completion of the aftercare plan.

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

DART CHERRY

DART Cherry is a 300 bed community residential facility in Goldsboro that provides residential substance abuse treatment services to male probationers and parolees. During FY 2012-2013, the facility had 1,336 admissions to the program.

The 90-day program has three Therapeutic Community (TC) programs in separate buildings, each with 100 treatment slots. The therapeutic community model views drug abuse as a disorder of the whole person. Treatment activities promote an understanding of criminal thinking in relation to substance abuse behavior and engage the offender in activities that encourage experiential and social learning. The community of offenders is the main driving force in bringing about change. TC programs admit three cohorts of offenders through the 90-day period. This entry style allows the more senior offenders or “family members” to provide a positive and guiding influence on new offenders coming into the program.

DART Cherry also provides 5 treatment slots that are designated as “priority” beds that are available for probationers or parolees who are experiencing severe substance dependence related problems and are in need of immediate admission to the 90-day residential treatment program.

Table 4 – 2012-2013 DART Cherry Enrollments

Program Type and Type of Supervision	Offenders Enrolled	Percent of Annual Enrolled
90-day Parole	215	16%
90-day Probation	1,121	84%
Total	1,336	100%

Table 5 presents the exits from DART Cherry. Of all exits from the program, 83% were completions--the satisfactory participation in the program for the required number of treatment days. Completions decreased from 86% in FY 2011-2012 to 83% in FY 2012-2013. This decrease in completions was affected by a significant increase of offenders absconding from the program prior to completion. The number of absconders more than doubled from FY 2011-FY2012. All other exit types decreased or remained the same.

Table 5 – 2012-2013 DART Cherry Exits

Exit Reason	90-Day Program	
Completed	890	83%
Absconded/Withdrawn	86	8%
Transferred/Released	4	0%
Removed/Discipline	69	6%
Inappropriate for Treatment	12	1%
Other	18	2%
Total	1079	100%

BLACK MOUNTAIN SUBSTANCE ABUSE TREATMENT CENTER FOR WOMEN

The Black Mountain Substance Abuse Treatment Center for Women is a 60 bed residential treatment facility offering a 90-day program that provides chemical dependency treatment services to probationers sent by the courts and to parolees released from prison and transitioning home to the community. During FY 2012-2013, the facility had 305 admissions to the program. The Black Mountain program embraces evidence-based practice design and provides a multi-disciplinary approach, focusing on group and individual therapy in addition to substance abuse education. The Center offers a program that:

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

Table 6 – 2012-2013 Black Mountain Enrollments

Program Type and Type of Supervision	Offenders Enrolled	Percent of Annual Enrolled
90-day Parole	43	14%
90-day Probation	262	86%
Total	305	100%

As reflected in Table 7, the majority of offenders at Black Mountain exited the program as successful completions, 80% for offenders on probation and 90% for offenders paroled directly to the Black Mountain program. Completions for offenders on probation decreased from 85% in FY 2011-2012 to 80% in FY 2012-2013. This decrease in completions was affected by an increase of offenders who absconded and offenders who were determined to be inappropriate for treatment after arrival. Completions for offenders paroled to Black Mountain continue to increase from 87% in FY2011-2012 to 90% in FY 2012-2013

Table 7 – 2012-2013 Black Mountain Exits

Exit Reason	Probation		Parole	
	Count	Percent	Count	Percent
Completed	166	80%	37	90%
Absconded/Withdrawn	6	3%	0	0%
Transferred/Released	2	1%	0	0%
Removed/Discipline	17	8%	2	6%
Inappropriate for Treatment	14	7%	1	2%
Other	3	1%	1	2%
Total	208	100%	41	100%

STATISTICAL INFORMATION ON THE NUMBER OF CURRENT INMATES WITH SUBSTANCE ABUSE PROBLEMS THAT REQUIRE TREATMENT, THE NUMBER OF TREATMENT SLOTS, THE NUMBER WHO HAVE COMPLETED TREATMENT, AND A COMPARISON OF AVAILABLE TREATMENT SLOTS TO ACTUAL UTILIZATION RATES.

INTERMEDIATE PROGRAMS

Intermediate ACDP programs are available in 11 prison facilities across the state and have a program length of 90 days.

Programs begin with a mandatory 15-day orientation. During that time, ACDP staffers conduct assessments to confirm the inmate's need for treatment. After the orientation, and depending upon the results of the assessment and the inmate's level of motivation, the inmate may opt to leave the program. Otherwise, the inmate will continue to the treatment phase of the program. Treatment involves lectures and group counseling, and is designed to break through denial about the substance abuse problem and introduce the inmate to recovery-based thinking and action.

Table 8 presents data on the enrollment into the intermediate ACDP programs. The majority of the programs are open-ended such that weekly enrollments and exits are coordinated with prison transfer schedules. This coordination results in fluctuations in the number of inmates actually enrolled in the treatment program. The total annual enrollment for intermediate ACDP programs continued to decrease from 4,889 in FY 2011-2012 to 4,188 in FY 2012-2013 as did prison admissions.

There is some variation among the different facilities with utilization rates ranging from 52% to 97%. The overall capacity utilization rate for intermediate programs decreased from 93% in FY 2011-2012 to 87% in FY 2012-2013. The ACDP program capacity utilization rate for intermediate programs was affected during FY 2012-2013 by three prison closures and staffing. Additional information on these programs is provided in Table 8 on the following page.

Table 8 – 2012-2013 Enrollment in Intermediate ACDP Programs

Facility	Treatment Slots	Annual Enrollment	Average Daily Enrollment	Days with Inmates	Capacity Utilization Rate (%)
Catawba Correctional Center	30	215	29	366	97%
Craggy Correctional Center	62	401	59	366	95%
Duplin Correctional Center	58	279	50	366	86%
Lumberton Correctional Institution	58	333	55	366	95%
NC Correctional Institution for Women	64	422	62	366	97%
Pender Correctional Institution	98	606	94	366	96%
Piedmont Correctional Institution	88	539	86	366	98%
Rutherford Correctional Center	34	225	33	366	97%
Swannanoa Correctional Center for Women	90	288	56	366	62%
Wayne Correctional Center	142	678	120	366	85%
Western Youth Institution	48	202	25	366	52%
Totals	772	4,188	669	366	87%

As noted earlier in this report, the overall capacity utilization rate was affected by the following program closures and available staffing:

- ♦ **ACDP Duplin Closed:** On 6/25/2013, the ACDP Duplin 90-day treatment program closed. The prison facility closed on 8/1/13 as part of the closing of five prisons as directed by the General Assembly in the 2013-2014 state budget. The program stopped taking new admissions after 4/15/13 so that all current program participants could complete the program prior to the prison facility closing.
- ♦ **ACDP Wayne Correctional Center Program Closed:** In September 2013, the ACDP Wayne 90-day treatment program closed. Wayne Correctional Center closed on 10/1/13 as one of the five prison closings ordered by the General Assembly due to state budget cuts. The program began operating at a reduced capacity level due to staff shortages in May 2013. The program stopped taking new admissions in July 2013 so that all current program participants could complete the program prior to the prison facility closing. The program census dropped to zero on 9/11/13 and the program officially closed.

- ♦ **ACDP Western Youth Institution Program Closed:** On 8/23/13, the ACDP Western Youth Institution's 90-day treatment program closed. The Western YI prison facility officially closed on 1/1/14 as one of the five prison closings ordered by the General Assembly due to state budget cuts.
- ♦ **Swannanoa Correctional Center for Women (SCCW):** On 7/6/12, SCCW increased ACDP treatment beds from 60 to 90 beds. Due to staffing shortages within the prison facility, ACDP has been unable to utilize these additional beds. The additional unfilled beds have had an adverse impact on the ACDP Swannanoa program capacity utilization rate.

Intermediate Substance Abuse Treatment Need Compared to Treatment Availability

An initial assessment of supply and demand for intermediate substance abuse treatment was completed for FY 2011-2012 to compare the number of intermediate treatment slots available to the number of inmates within the prison population in need of substance abuse treatment. As shown in Table 9, male inmates in need of intermediate treatment had a 57% chance of being assigned to an ACDP intermediate treatment program during FY 2012-2013,

Table 9 – 2012-2013 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	703	471	149%
Males	Intermediate	2,984	5,204	57%
TOTAL		3,687	5,675	65%

The need for intermediate substance abuse treatment services for males is significant within the prison population and presents a major challenge to the Alcoholism and Chemical Dependency Programs Section. Female inmates in need of intermediate treatment have an excellent chance of placement.

Table 10—2012-2013 Exits from Intermediate ACDP Programs

Type of Exit	Number of Exits	Percent of All Exits
Completion	2,302	72%
Inappropriate for Treatment	49	2%
Other	90	3%
Removed/Discipline	349	11%
Transferred/Released	112	3%
Withdrawal	280	9%
Total	3,182	100%

Table 10 presents the exits from ACDP intermediate treatment programs. Of all exits from the program, 72% were completions--the satisfactory participation in the program for the required number of treatment days. Completions decreased from 80% in FY 2011-2012 to 72% in FY 2012-2013. This decrease in completions was affected by a significant increase (4%) in the Removed/Discipline exit type. All other exit types, as defined below, also increased.

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

LONG-TERM TREATMENT PROGRAMS

Long-term treatment programs within ACDP range from 120 to 365 days. These programs are reserved for inmates who are in need of intensive treatment as indicated by SASSI scores of 4 or 5, whose abuse history is both lengthy and severe, and those with multiple treatment episodes. Long-term treatment programs address substance abuse and criminal thinking issues throughout the treatment process. All long-term programs are back-end loaded, that is, inmates successfully complete the program and then leave prison immediately or soon thereafter.

Within prisons, programs utilize a modified Therapeutic Community (TC) model within the correctional environment. Annual enrollment figures for each long-term prison-based program are listed in Table 11.

Table 11 – 2012-2013 Enrollment in Long-Term Prison-Based Treatment Programs

	Facility	Treatment Slots	Annual Enrollment	Average Daily Enrollment	Days with Inmates	Capacity Utilization Rate (%)
Adult Male	Dan River	66	246	61	366	92%
	Morrison Correctional	88	323	84	366	95%
	Piedmont Minimum Correctional Center	32	135	31	366	97%
Female	Fountain Correctional Center for Women	42	153	38	366	90%
	NC Correctional Institution for Women	34	105	28	366	82%
Male Youth	Polk Correctional Institution	32	127	29	366	91%
	Total	294	1,089	273	366	93%

The overall capacity utilization rate for long-term programs increased from 84% in FY 2011-2012 to 93% in FY 2012-2013. Additional information is below.

- ♦ The program at Dan River Prison Work Farm is a new long-term (180-365 days) substance abuse treatment program that started on 4/11/12 with 5 inmates. Program enrollments gradually grew with the program operating at close to full capacity (92%) during FY2012-2013.
- ♦ The long-term program for female inmates at NCCIW struggled with their census during FY 2011-2012 and again in FY 2012-2013. The criteria for that program were modified in FY 2011-2012 in an effort to expand the eligibility pool for this target population, however, the capacity utilization rate continued to decrease another 3% during FY 2012-2013. As noted in Graphs 2 and 3 earlier in this report, prison admissions have decreased during the past three fiscal years. During this same period, female admissions that were identified as needing either intermediate or long-term treatment have decreased 37% with 2,006 female admissions identified as needing treatment in FY 2010-2011 and only 1,266 in FY 2012-2013. The ability to sustain a female long-term program has become an increasing challenge.

Table 12 – 2012-2013 Exits from Long-Term Treatment Programs

Type of Exit	Number of Exits	Percent of All Exits
Completion	288	41%
Inappropriate for Treatment	21	3%
Other	24	3%
Removed/Discipline	195	28%
Transferred/Released/Out to Court	26	4%
Withdrawal	150	21%
Total	699	100%

A total of 699 inmates exited the prison long-term substance abuse treatment programs during FY 2012-2013. Forty one percent successfully completed the program requirements. This was a 21% decrease over FY2011-2012. All other exit types with the exception of “Transferred”, as defined below, increased.

- ◆ Inappropriate for Treatment increased 2%: This exit type consists of inmates who did not meet the clinical criteria for treatment at that program as determined by their assessment. When inmates are assigned to a treatment program, program staff conducts a thorough assessment of the inmate’s treatment needs.
- ◆ Other 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 6%: 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 remained the same at 4%: 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.
- ◆ Withdrawals increased 14%: At the end of the orientation period, the inmate may elect to continue or withdraw from the program. The withdrawal exit type is made up of inmates who voluntarily withdrew from the treatment program against staff advice at the end of the orientation period or later during the treatment period. These inmates were referred back to their Prison Case Manager for an alternative assignment.

The prison long-term treatment programs have the highest proportion of exits due to removals and withdrawals. During FY 2012-2013, Polk YI, Piedmont Minimum Correctional, and Morrison Correctional had the highest removal rate. Dan River Prison Work Farm and Piedmont Minimum Correctional had the highest withdrawal rate. By definition, these are the longest treatment programs so there is more opportunity over time for a disciplinary infraction unrelated to the program. Additionally, the population served by these prison programs is also a significant factor in that higher-risk inmates are assigned to these programs.

With a long-term program, there are instances when inmates receive disciplinary infractions and are able to return to the program, but the more serious or disruptive circumstances can result in a final exit due to disciplinary reasons.

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 2012-2013 for comparative purposes.

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

As shown in Table 13, 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 2012-2013, males had a 21% chance of being assigned to an ACDP long-term treatment program.

Table 13– 2012-2013 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	203	385	53%
Males	Long-term	650	3070	21%
TOTAL		853	3,455	25%

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

ACDP EVALUATION MEASURES

PURPOSE AND EXECUTIVE SUMMARY

Annually, since the 2007 legislative session, the North Carolina General Assembly has required an evaluation of each substance abuse treatment program funded by the Department (ACDP). The legislation specified that the following measures should be included in the annual report:

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

All ACDP programs were evaluated jointly by program type. The programs include DART-Cherry and Black Mountain Substance Abuse Treatment Center for Women, both community residential facilities, for probationers and parolees; Intermediate treatment, which is for a 90-day period in order to accommodate more serious substance abuse issues; and Long-term treatment which serves inmates with a need for intensive substance abuse treatment services.

The following discussion summarizes the findings statistics for each of the ACDP programs on the required measures for fiscal year 2012-2013.

REDUCTION IN ALCOHOL AND DRUG DEPENDENCY

ACDP evaluated reduction in alcohol and drug dependency using a repeated measures design, which is a comparison of pre and post intervention testing results. ACDP uses the *Brief Situational Confidence Questionnaire* (BSCQ) to measure change in alcohol and drug dependency. Offenders who exited ACDP programs in fiscal year 2012-2013 almost universally improved their confidence to resist the urge to drink heavily or use drugs in a variety of situations. At community programs, confidence scores moved from the high 50s into the high 70s and 80s confidence range. In prison programs, the increases were more modest, moving from the low 60s into the low 70s confidence range. Inmates participating in long-term treatment 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. For participant in all programs, confidence in their ability to resist use in situations where they were testing their control over use of alcohol or drugs were typically less in magnitude; nonetheless, the confidence increases in this area were significant from entry to the program to exit at all programs except long-term.

The BSCQ is a measure that is relevant to the treatment model and that provides a consistent measure that can be used on all inmates assigned to programs. The BSCQ asks participants to

imagine themselves as they are now in each of eight situations. They are then asked to indicate on a scale how confident they are that they can resist the urge to drink heavily or to use drugs in each of the situations. Each of the 8 scale situations consists of a 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 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 2012-2013 and remained in prison after exiting treatment, the number of infractions decreased after treatment. Otherwise, neither the rate of infractions nor the severity of infractions committed by inmates who remained in prison after exiting the programs were significantly reduced by participation in these programs. Rather, infractions generally increased post-treatment over pre-treatment. However, inmates who successfully completed Intermediate treatment had a smaller increase in infractions and in the severity of those infractions when compared to inmates who dropped out of these programs.

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

RETURN-TO-PRISON RATES

A base rate calculation measures recidivism by simply observing exits from a program and calculating a rate of return-to prison for that group. However, this calculation does not provide a complete picture of program effectiveness because it fails to consider differences among inmates that indicate who is more likely to return to prison. More specifically, base rate calculations cannot account for severity of substance abuse disorders, family and criminal history, and other interventions that the inmate may have completed while incarcerated. For these reasons, ACDP evaluated each program's impact on recidivism (defined as a return to prison with 3 years) using statistical techniques that consider potential differences among inmates and create equivalent groups appropriate for comparison. This method not only shows when completion of a ACDP program impacts the likelihood of return-to-prison, but also allows for comparison of program participants with inmates not assigned to an ACDP program. Because these techniques (i.e., propensity score analysis) produce a matched subset of inmates, summary statistics using base rate calculations or alternate methodologies for determining return-to-prison rates may produce different figures.

For FY 2012-2013, ACDP evaluated each prison program by gender, including inmates who exited the male community residential program (DART-Cherry) as a condition of their early release from prison. Return-to-prison rates were lower for inmates who completed treatment in all programs compared to a matched comparison group. Male completers of intermediate and long-term programs returned at statistically significant lower rates than their matched

counterparts (11.5% and 15.5% lower, respectively). Similarly, female completers of intermediate and long-term programs also returned at statistically significant lower rates than their matched counterparts (39.8% and 45.5% lower, respectively).

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. However, these differences were not statistically significant.

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 that when anti-social attitudes and cognitions are addressed, risk of future offending can be reduced. Results of testing show that participating inmates lower their scores on virtually all the CTS subscales. In general, participating inmates significantly reduced their level of entitlement beliefs, justifications of criminal behavior, power orientation, criminal rationalization, and personal irresponsibility. Scores on the Cold Heartedness subscale were not statistically lower at either the female Community Residential program or Long Term treatment programs. Females enrolled in the Community Residential program reduced scores on entitlement, but the reduction was not statistically significant. The results on the cold heartedness subscale are consistent with those of last year's participants and we are uncertain why the scores for these populations do not change.

Summary of Findings:

- For participants in all programs (prison-based and community-based), the participant's increased confidence in their ability to resist the urge to drink or use drugs was significant from entry to the program to exit. Community-based residential programs and intermediate programs improved their confidence significantly by moving from the high 50s into the 70s and 80s confidence range,
- Return to prison rates were lower for inmates who completed treatment in all programs compared to a matched comparison group.
 - **Male** inmates who completed intermediate and long-term prison-based programs in FY 2009-2010 returned to prison at statistically significant lower rates than their counterparts.
 - **Female** inmates who completed intermediate and long-term prison-based programs in FY 2009-2010 returned to prison at statistically significant lower rates than their counterparts.
- Overall, disciplinary and infraction rates are not good indicators of program impact.