

**1998**

**JOINT  
APPROPRIATIONS -  
JUSTICE & PUBLIC  
SAFETY  
COMMITTEE**

**MINUTES**

JOINT MEETINGS OF THE HOUSE AND SENATE  
APPROPRIATIONS SUBCOMMITTEE ON  
JUSTICE AND PUBLIC SAFETY  
1998 Short Session

May 12, 1998

May 13, 1998

May 19, 1998

May 20, 1998

May 21, 1998

SENATE APPROPRIATIONS SUBCOMMITTEE  
ON JUSTICE AND PUBLIC SAFETY  
MEMBERSHIP

Sen. Wib Gulley, Chair  
Room 418  
715-3036

Sen. Frank Ballance  
Vice-Chair  
Room 523  
715-3032

Sen. Don East  
Ranking Minority  
Room 521  
733-5655

Sen. John Blust  
Room 1117  
733-7850

Sen. Tony Rand  
Room 300-C  
733-9892

Sen. Allen Wellons  
Room 1026  
733-5850

Sen. Fountain Odom  
Room 300-B  
733-5707

Carol Resar, Clerk 715-3036

Jim Mills, Fiscal Research 733-4910  
Charles Perusse, Fiscal Research 733-4910  
Elisa Wolper, Fiscal Research 733-4910  
Andy Willis, Fiscal Research 733-4910

Beth Barnes, Bill Drafting 733-6660  
Sean Dail, Bill Drafting 733-6660

HOUSE APPROPRIATIONS SUBCOMMITTEE  
ON JUSTICE AND PUBLIC SAFETY  
MEMBERSHIP

Rep. Larry Justus, Chair  
Room 2204  
733-5956

Rep. Ted Kinney  
Room 527A  
733-5867

Rep. Gregory Thompson, Chair  
Room 1002  
733-5828

Rep. David Redwine  
Room 1204  
733-4948\

Rep. Joe Kiser, Chair  
Room 1313  
733-5803

Rep. Wayne Sexton  
Room 506  
733-5974

Rep. Paul McCrary  
Ranking Minority  
Room 610  
733-5780

Rep. Ronald Smith  
Room 1221  
733-5827

Rep. Edwin Hardy  
Room 417A  
715-3019

Rep. Chuck Neely  
Room 420  
715-3001

Rep. Ruth Easterling  
Room 606  
733-5786

Carolyn Justus, Clerk 733-5956  
Edna Sykes, Clerk 733-5828  
Marilyn Holder, Clerk 733-5803

Jim Mills, Fiscal Research 733-4910  
Charles Perusse, Fiscal Research 733-4910  
Elisa Wolper, Fiscal Research 733-4910  
Andy Willis, Fiscal Research 733-4910

Beth Barnes, Bill Drafting 733-6660  
Sean Dail, Bill Drafting 733-6660

# ATTENDANCE

COMMITTEE: Appropriations Subcommittee on Justice and Public Safety - Short Session 1998

DATES

AMES

Am Am Am Am Pm Am Am Am 6/ 6/  
 5/ 5/ 5/ 5/ 5/ 5/ 5/ 6/ 6/  
 13/ 19/ 21/ 26/ 26/ 27/ 28/ 9/ 10/ 13/  
 98 98 98 98 98 98 98 98 98 98

Rep. Larry Justus, Chair

Rep. Gregory Thompson, Chair

Rep. Joe Kiser, Chair

Rep. Paul McCrary

Rep. Edwin Hardy

Rep. Ted Kinney

Rep. David Redwine

Rep. Wayne Sexton

Rep. Ronald Smith

Rep. Jim Crawford

**APPROPRIATIONS SUBCOMMITTEE  
ON  
JUSTICE & PUBLIC SAFETY**

May 12, 1998  
Room 612

**HOUSE MEMBERS PRESENT: [7]** Representatives Justus, Thompson, Kiser, McCrary, Sexton, Smith, Easterling

**Senate Members Present: [5]**

The joint Appropriations Subcommittee on Justice and Public Safety met on Tuesday, May 12, 1998 in Room 612 of the Legislative Office Building. Representative Thompson presided. Representative Justus called the meeting to order at 9:05 AM and introduced the pages: Laura Tanzini, Raleigh, Sen. Carrington: Bethany Hinson, Greensboro, Sen. John Blust: Michael Long, Caswell County, Rep. Nelson Cole: Paul Curry, Harnett County, Speaker Brubaker.

Senator introduced two interns working with him: Patrick Hannah and Kenneth Snow both are 2<sup>nd</sup> year law students from NC Central University.

Representative Justus introduced Jane Gray from the Department of Justice to report on the Expansion Budget Report.

Jane spoke briefly on the two items of the Governor's Budget appearing under the Department of Justice Budget.

1. Money for the Criminal Justice Network a 21/2 Million dollar item.
2. State Match for federal funds for Medicaid Fraud Unit in the Criminal Division. This was the # 2 priority and match less than \$100,000.

Jane introduced Mr. William Farrell, Senior Deputy of Criminal Division to present the Court of Appeals Cases (Attachment A). Death Cases Entering Post Conviction (Attachment B).

Mr. Farrell reported on the number of cases being handled out of the Attorney General's Office(Attachment A).

Representative Kiser asked for the number since 1992.

Mr. Farrell reported there were 405 filings in 1992 and based on this number they expected there would be 700 in 1998. In 1997 there were 617 cases.

Discussion followed.

Mr. Farrell explained the number of clients being handled by the attorneys and how heavy the caseload was.

Rep. Kiser asked if he was asking for more attorneys in the Criminal Division or in other Divisions?

Mr. Farrell explained the most cost effective way would be to add attorneys into the Appellate Section.

The second matter was the Death Row Population Entering Post Conviction, (Attachment B), and Death Cases Affirmed (Attachment C), Death Row Population (Attachment D). Presented by: William Hart.

Discussion followed.

Rep. Justus asked what % of the cases are created by the Death Resource Center?

Mr. Hart - 95% of these represent some death row inmates.

Rep. Justus asked that Mr. Hart furnish the committee with the number of cases that some attorney from the center for death litigation is involved in and how many cases are initiated by the inmates.

Rep. Kiser asked for the average length of time on death row. Also felt that with the recent legislation the process had been speeded up.

Mr. Hart said it had not been speeded up.

Rep. Thompson recalled that two years ago a law was passed to limit it to 6 years 4 months or something like that and this would be ample time.

Senator Gully stated it would take 6, 8 or 10 years to see any change in the process. He also asked what specifically they were asking for.

Mr. Hart asking for 5 positions for the Capital Litigation Section and 6 positions for the Appellate Section.

Senator Gully asked that a detail request be furnished to the Committee.

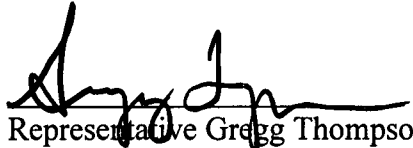
Discussion followed.

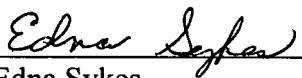
Rep. Justus stated he keeps hearing the crime rate going down and he and Rep. Thompson have taken a beating by a couple of press people in the State, mainly Charlotte Observer, Raleigh N&O. It seems you can prove anything with percentages but they had at least one admission the total crimes are up and if total crimes are up it really doesn't

matter about a percentage rate because if total crimes are up you are still going to need more prisons, more attorneys and have more cases. Getting a little tired of pointing that out or making a statement on it and have someone report you don't know what you are talking about because the percentage is down. I do not think the total % is down because it depends on how many people are caught - all those uncaught people are out there.

Rep. Thompson requested of Janet to give the Committee the number of death row inmates and their length of time on death row all 181 of them - for each individual - average and each individual for the 181 how long on death row.

The Committee adjourned at 10:00 AM until Wednesday morning at 8:30 AM.

  
Representative Gregg Thompson  
Chairman

  
Edna Sykes  
Committee Clerk



**SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEE**

**ON**

**JUSTICE AND PUBLIC SAFETY**

Tuesday May 12, 1998 – 9:00a.m.

Room 612, Legislative Office Building

***AGENDA***

**I. CALL TO ORDER**

Co-Chairmen: Senator Wib Gulley

Representative Larry Justus

Representative Gregg Thompson, Presiding

Representative Joe Kiser

**II. PRESENTATIONS**

- Department of Justice Expansion Budget Request

Jane Gray, Deputy Attorney General

Department of Justice Staff

- Report on Study of Criminal Record Check Fees (SB 352)

Anne Bander

Office of State Budget and Management

**III. COMMITTEE DISCUSSION/OTHER BUSINESS**

**IV. ADJOURNMENT**

## VISITOR REGISTRATION SHEET

Appropriations Subcommittee Justice &amp; Public

May 12, 1998

of Committee

Safety

Date

VISITORS: Please sign below and return to Committee Clerk.

NAME

FIRM OR STATE AGENCY AND ADDRESS

Kenneth Snow (Intern)

San Ballance Office

Patrick Hannall (Intern)

" " "

Tom Newsome

OSBM

Anne Bander

OSBM

Kevin Howell

NCBA

David Ferrell

Hafen, McNamara, Caldwell et al

Lisa Withledge

NC DHHS

Reg Doran

Conference of NAs

Jane P. Gray

DOJ

Lao Russell

Cyr

William Farnell

DOJ

Darryl McNeill

Dept. of Justice

William P. Hart

NC DOJ

by Farmer

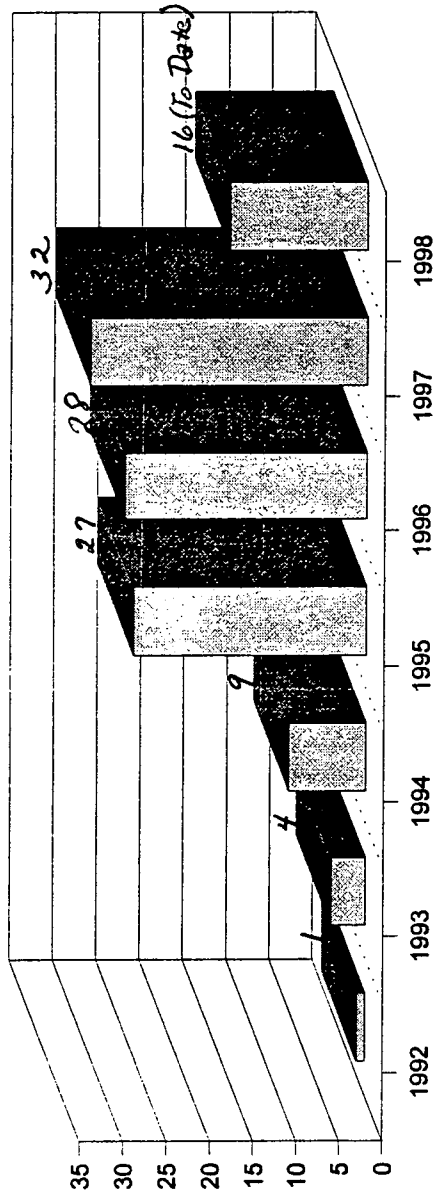
NC DCD

Patrice Renner

NCACC

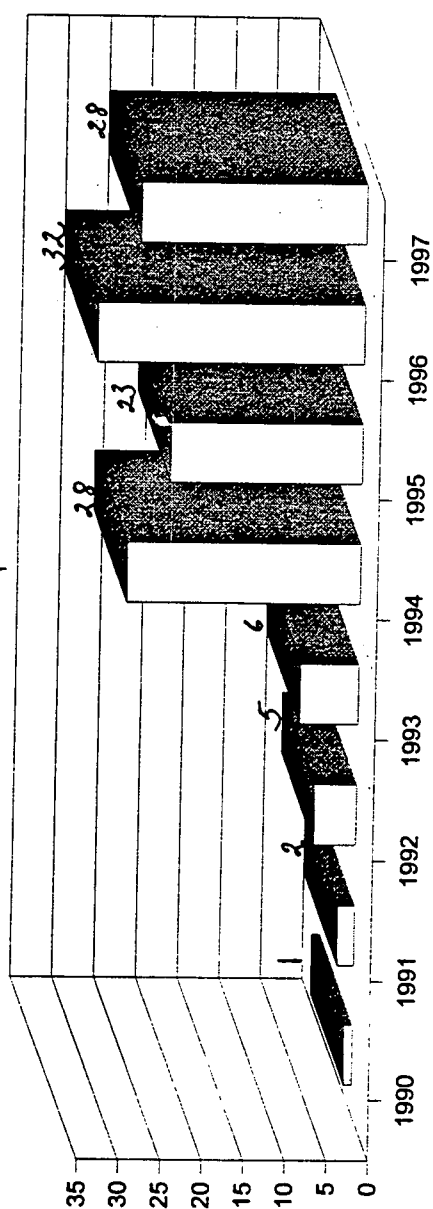
# DEATH CASES

ENTERING POST-CONVICTION

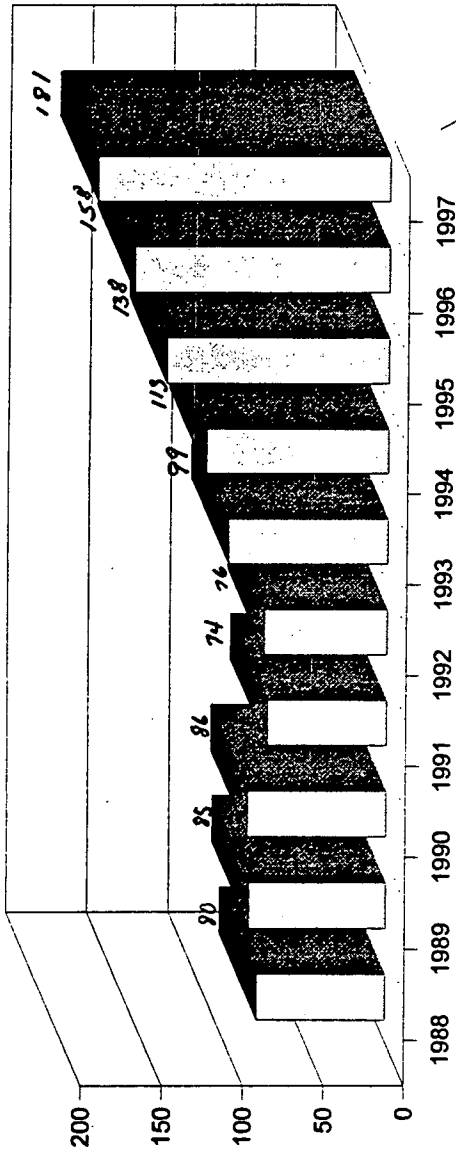


# DEATH CASES

AFFIRMED BY N.C. SUPREME COURT

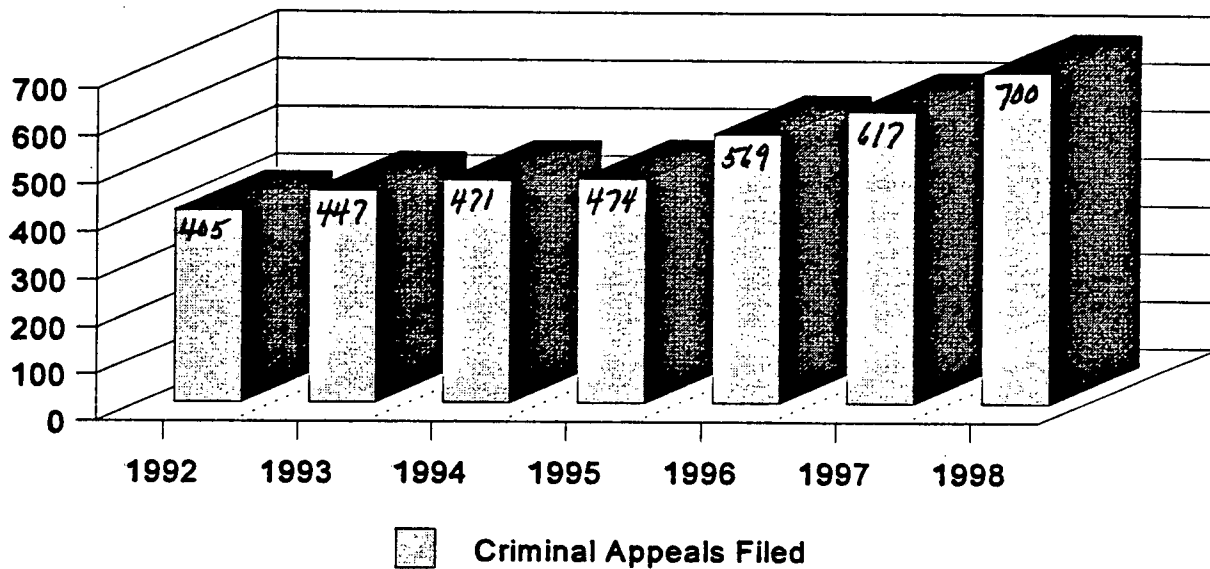


# DEATH ROW POPULATION



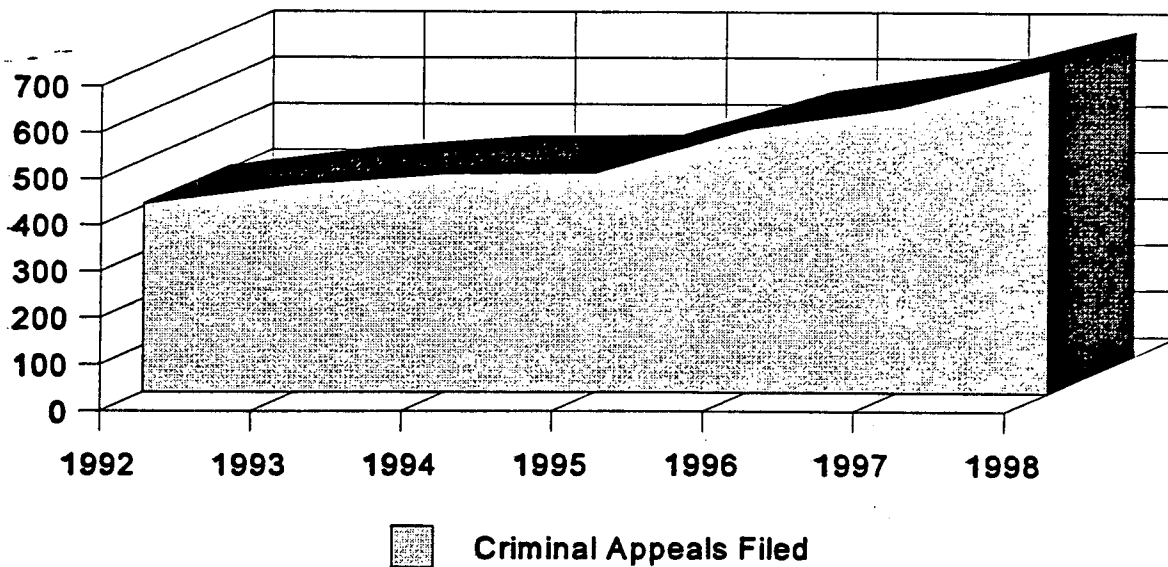
# Court of Appeals Cases

Increase in Filings of Criminal Appeals



# Court of Appeals Cases

Increase in Filings of Criminal Appeals



**SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEE  
ON**

**JUSTICE AND PUBLIC SAFETY**

Wednesday May 13, 1998 – 8:30 a.m.  
Room 612, Legislative Office Building

***AGENDA***

**I. CALL TO ORDER**

Co-Chairmen: Senator Wib Gulley, Presiding

Representative Larry Justus  
Representative Gregg Thompson  
Representative Joe Kiser

**II. PRESENTATIONS**

- Discussion of Highway Patrol's Expansion Budget Requests

Joe Stewart, Legislative Liaison  
Major George Ake, State Highway Patrol

- Report on Study of Criminal Record Check Fees (SB 352)

Anne Bander  
Office of State Budget and Management  
Department of Justice Staff

**III. COMMITTEE DISCUSSION/OTHER BUSINESS**

**IV. ADJOURNMENT**

MINUTES  
SENATE AND HOUSE JOINT APPROPRIATIONS  
SUBCOMMITTEE ON JUSTICE AND PUBLIC SAFETY  
MAY 13, 1998

The Senate and House Joint Appropriations Subcommittee on Justice and Public Safety met at 8:30 am on Wednesday, May 13, 1998 in Room 612 of the Legislative Office Building. Four Senators and Representatives Justus, Thompson, Kiser, McCrary, Hardy, Redwine, Sexton and Smith were present. Senator Wib Gulley, Chairman, presided.

First, Senator Gulley recognized Joe Stewart with the Department of Crime Control and Public Safety (CCPP) to give a report to the Subcommittee on the Highway Fund Supplemental Expansion Budget requests (see Handout #1). Representative Kiser asked what "support costs" were. Joe replied that they included a patrol car, a uniform, a weapon, and training for the officer. Representative Thompson asked if the 5% "performance pay" was truly performance pay or an automatic raise. Mr. Stewart responded that it was by statute an automatic raise given to the Highway Patrol officers. Representative Redwine asked how the location of the new officers was determined. Mr. Stewart responded that there was a formula used by the Highway Patrol to determine the need for additional officers.

Representative Kiser asked how the pending retirement bill would effect the Highway Patrol. Col. Horton responded that 200 officers could retirement immediately under the proposed bill and that would not be good for the Highway Patrol. Only about 100 new officers could be trained in a year.

Senator Ballance asked how the Highway Patrol could have given the 5% salary increases if it had been left out of the budget and not authorized by the Appropriations Subcommittee. Mr. Mills, Fiscal Analyst, responded that the Department of Crime Control and Public Safety is not suppose to spend money that has not been authorized, but since by statute the raises are automatic, it could spend the money without authorization. Representative Thompson asked if any positions were unfunded to get the money for the 5% performance pay increases. Mr. Mike Barham with CCPP responded no.

Next, Major George Ake with the Highway Patrol presented the Criminal Justice Information Network (CJIN) report (see Handout #4). **Representative Hardy questioned the cost of the laser printers which is \$2,050 each and asked that this item be flagged and that the staff report back to the Subcommittee about the contract for these printers.**

Next, Senator Gulley asked Anne Bander from the Office of State Budget and Management (OSBM) to report on the Criminal Record Check Fees study (see Handout #5). Representative Kiser asked why the Division of Criminal Information (DCI) had to do the name checks instead of local law enforcement agencies. Ms. Jane Gray with the



Justice Department said she would check with Mr. Hawley and the Local Law Enforcement Association to see if they would be willing to do the name checks for the \$10.00 fee instead of DCI. Ms. Bander pointed out that OSBM recommended on page seven of the Handout that the fees charged for criminal records checks not be adjusted at this time and the three reasons for that recommendation.

Senator Ballance asked what percent of the people checked had a criminal record and not hired. Ms. Gray said approximately 2-3%, but not all offenses are disqualifying for the job, so that percent could be as low as 1%. **Representative Redwine suggested that perhaps there should be floating fees so the actual costs for the records checks could be reflected, and he asked that this item be flagged.**

There being no further business, the meeting was adjourned at 10:00 am.

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Senator Wib Gulley, Co-Chair

  
Carol Resar, Committee Clerk

**North Carolina Department of Crime Control and Public Safety**  
**Highway Fund**  
**Supplemental Expansion Budget Request**  
**Fiscal Year 1998 – 1999**

<b>Priority Order</b>	<b>Title of Request</b>	<b>Requested 1998 - 1999</b>
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**Recurring Requests**

- |           |   |                  |
|-----------|---|------------------|
| <b>1.</b> | <b><i>Performance Pay for State Highway Patrol –</i></b><br>Not included in Continuation Budget Request   | <b>2,787,596</b> |
| <b>2.</b> | <b><i>40 New Troopers for the State Highway Patrol –</i></b><br>Total cost for 40 new troopers would be<br>\$3,494,320. Department can identify funds<br>internally to support salary cost of 20 troopers<br>and support cost of 5 troopers for a total cost of<br>\$943,325. | <b>2,551,595</b> |

<b>Total Recurring Requests</b>	<b>\$5,339,191</b>
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**Non-Recurring Requests**

- |            |  |                  |
|------------|--|------------------|
| <b>1.</b>  | <b><i>Criminal Justice Information – Phase III - State</i></b><br>Highway Patrol.                  | <b>2,406,611</b> |
| <b>1A.</b> | <b><i>Mobile Data computers –</i></b> For installation in<br>patrol cars for State Highway Patrol. | <b>2,250,000</b> |

<b>Total Non-Recurring Requests</b>	<b>\$4,656,611</b>
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<b>Total General Fund Supplemental Requests</b>	<b>\$9,995,802</b>
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# SUPPLEMENTAL EXPANSION BUDGET WORKSHEET

BUDGET CODE: 24960 DEPARTMENT: 2610 FUND TITLE: Crime Control and Public Safety DIVISION/ INSTITUTION: State Highway Patrol

PROGRAM NUMBER: 1900 PROGRAM TITLE: State Highway Patrol Safe Transportation

PRIORITY No. 1 of 1A

TITLE OF REQUEST:	Criminal Justice Information Network (CJIN) - Mobile Data Network - Phase III	1998-99
STATUTORY CHANGES/SPECIAL PROVISIONS REQUIRED TO IMPLEMENT?		
YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
TOTAL REQUIREMENTS		2,406,611
TOTAL RECEIPTS		2,406,611
APPROPRIATION		0
TOTAL POSITIONS		0.00

IF YES, ATTACH A COPY OF THE DRAFT.

## NARRATIVE:

### I. PURPOSE STATEMENT

To expand the statewide, shared, public safety mobile data network consistent with recommendations and objectives of the North Carolina Criminal Justice Information Network. In partnership with local agencies across North Carolina, the State Highway Patrol shares resources such as engineering support, currently licensed 800 MHz frequencies (spectrum), a premier microwave system, and network administrative responsibilities with local government agencies in return for their sharing of resources such as tower sites, base station controllers, leased telecommunications lines and digital sending units (DSU), and current operational 800 MHz RF infrastructures.

### II. JUSTIFICATION FOR FUNDING

The objectives of the North Carolina Criminal Justice Information Network Study seeks, "To develop a statewide criminal justice information network that will enable a properly authorized user to readily access and effectively use information regardless of its location in national, state, or local databases". This project provides connectivity and a data communications interface between federal, state, and local public safety agencies operating on a shared mobile data radio (RF) network. Criminal Justice Information Network-Mobile Data Network (CJIN-MDN) provides gateway functions for statewide mobile access to criminal justice databases at the NC Division of Criminal Information (DCI), the Administrative Office of the Courts (AOC),

the Division of Motor Vehicles (DMV), the Department of Corrections (DOC), the National Crime Information Center (NCIC), and individual computer assisted dispatch systems (CAD). The North Carolina State Highway Patrol acts as the strategic facilitator for CJIN-MDN and manages the network.

Public safety agencies across North Carolina depend on their communication systems as a "life line" for support and individual officer safety. Incompatible radio and data communications equipment inhibits interagency communications in routine and emergency situations. A lack of statewide guidance and standards in public safety data communications technology fosters discordance and escalates the cost of providing law enforcement services statewide. The dis-organization of judicial districts and law enforcement jurisdictions causes fragmentation and possible duplication of efforts, as well as under-utilization of existing resources. Centralized databases on the state level need to be flexible enough to accommodate the different needs of communities and local criminal justice providers across the state. The lack of an integrated criminal justice information network provided in a mobile environment hampers local and state law enforcement communications and criminal suspect identification processes now and increasingly for the future.

Critical needs for information among law enforcement agencies in a mobile data environment are focused around Vehicle Registration Checks, Stolen Vehicle Checks, Wanted Persons Checks, Driver Information Checks, Stolen Article Checks, Stolen Weapons Checks, and Criminal Case Histories. Future mobile data initiatives include suspect identification through remote fingerprint processing and digital photographs. This type of information must be readily accessible through a mobile data computer in any law enforcement vehicle that interfaces with a state managed network. The integrated mobile data network - CJIN-MDN - provides services to criminal justice agencies, regardless of size. It allows them to begin networking and communicating with other law enforcement agencies utilizing advanced technology, while sharing basic resources.

<u>Account Number</u>	<u>Item Description</u>	<u>Unit Price</u>	<u>Quantity</u>	<u>Total Cost</u>
532513	Lease & Rental: (Recurring Costs) Equipment space at tower sites	\$1,158 per year	38	\$44,004
532812	T1 Telephone line @ SHP/IMU	\$12,600 per year	1	<u>\$12,600</u>
Sub-Total Recurring:				\$56,604
534528	Data Ready Base Station: Base Station Configuration for Data Transmitter/Receiver RDLAP Protocol Base Station Cabinet	\$31,000	38	\$1,178,000
	Base Station Antenna: 10dBd Gain Omni Antenna Mount Hardware Installation	\$9,000	38	\$342,000
	RF Transmission Facility: Duplexes Triple Circulator Peripheral Tray LDF Line Hanger Kit Round Member Adapter Kit Hoisting Grip Weatherproofing Kit N Jack Connector Coax Protector	\$10,000	38	\$380,000
	DSUs:			
	Codex 3500 Mini Nest w/PS	\$501	5	\$2,505
	Codex 3512 Mini Card	\$741	40	\$29,640
	Codex 3512 S/A w/PS	\$773	40	\$30,920
	Analog Modems: UDS V.3229	\$1,760	15	\$26,400
	Installation of sites:	\$22,237	38	\$845,006
	D4 Channel Bank: T-1 (24 DSO Channels)	\$7,768	2	<u>\$15,536</u>
Sub-Total:				\$2,850,007
Total Project Costs: \$2,906,611				



SUPPLEMENTAL EXPANSION BUDGET WORKSHEET

Priority No. 1A of 1A  
DIVISION/ INSTITUTION: State Highway Patrol

BUDGET CODE: 24960 DEPARTMENT: Crime Control and Public Safety  
FUND NUMBER: 2610 FUND TITLE: State Highway Patrol  
PROGRAM NUMBER: 1900 PROGRAM TITLE: Safe Transportation

TITLE OF REQUEST: Mobile Data Computers  
STATUTORY CHANGES/SPECIAL PROVISIONS REQUIRED TO IMPLEMENT?

YES ☐ NO ☒

IF YES, ATTACH A COPY OF THE DRAFT.

TOTAL REQUIREMENTS	1998-99
TOTAL RECEIPTS	2,250,000
APPROPRIATION	2,250,000
TOTAL POSITIONS	0
	0.00

NARRATIVE:

I. PURPOSE STATEMENT

To provide needed and technological equipment in order to enhance the Highway Patrol in fulfilling its' responsibilities.

II. DESCRIPTION

Having current information at the right time can often mean the difference between life and death for a law enforcement officer. There has never been a time, for the officer working the street, when critical information is as important as it is in today's society. Technological advances in the field of digital communication have the capability of making an officer more efficient and providing a safer working environment.

Mobile Data Computers (MDCs) can be used to access local, state, and national databases, and receive responses in seconds. The dispatcher is not disturbed while the officer, using MDCs, performs license plate checks, driver's license and vehicle registration information checks from their vehicles. This is completed by digital communication using 800 Megahertz (MHZ) radio systems. Digital communication is not detectable by radio scanners like voice communication. The use of MDCs can make law enforcement officers more efficient and effective as well as help protect the officer's safety.

The costs of these units is approximately \$9,092 each which includes tax. The Patrol would like to start with these units near the larger cites and expand as funds become available.

### III. JUSTIFICATION

The State Highway Patrol, like many other law enforcement agencies, has seen an increased demand for traffic services. Increases in registered vehicles, licensed drivers and miles driven by the citizens of North Carolina continues to place more demands on the Patrol's limited resources.

To aid the road Trooper, and to alleviate some of the enormous work load experienced by our telecommunications, the State Highway Patrol proposes to purchase Mobile Data Computers (intelligent work station) for installation in Highway Patrol Vehicles. This system will allow Troopers to transmit and receive vital information such as driver's license status, in-state and out-of-state vehicle registration and ownership information, vehicle theft information, and wanted criminal bulletins originating on local, state, and national levels. The MDCs will save time during a traffic stop and will provide a critical margin of safety for the Troopers.

This system will allow the Trooper to create his own reports while on the road, via the MDC, thus saving time required to write them out by hand and eliminating the duplication of entering the reports into a computer by someone else. This will also increase the Trooper's on the road patrol time. The MDCs will allow information to be more up-to-date and accurate.

Having current and precise information is very important in the field of collision investigation. The Federal Highway Administration (FHA) and the North Carolina Department of Transportation (DOT) are concerned with the quality of collision data. Accuracy in reporting all the facts is very important to the various groups concerned and affected by traffic safety.

There are several advantages provided by mobile data computers that would fulfill the needs of the Patrol:

1. Mobile data computers provide capabilities to access Department of Motor Vehicle and National Crime Information Center files to retrieve information without audio (voice) communications.



2. Sensitive information can be transmitted and received digitally; therefore, bypassing the general public and criminals who own and monitor police scanners.
3. While ensuring privacy and security, mobile data computers free up a tremendous amount of air time over conventional radio frequencies.
4. Mobile data computers allow for data to be logged and saved through our Computer Assisted Dispatch System (CAD), resulting in both an effective investigative and management tool while increasing the efficiency of the Trooper.
5. In the field of collision investigation the mobile data computers will:
  - \* Improve the timeliness of collision data.
  - \* Reduce data input errors and omissions.
  - \* Reduce the central agency's costs for coding and keypunching.
  - \* Improve the overall quality of all data elements.
  - \* Reduce demands on report processing personnel at central agency.
  - \* Improve information management and accessibility of collision data.
  - \* Requires duplexing Laser Printer at each Highway Patrol installation to produce the DMV-349, Collision Report.



# ITEMIZED LIST

Account Number		Account Title	Request				
			1998-99	1999-00	2000-01	2001-02	2002-03
534XXX		<b>Property, Plant &amp; Equipment</b>					
	534522	234 Mobile Data Computers	2,127,550	0	0	0	0
		(8,587 each + 6% tax = 9,092)					
	534522	50 External Diskette Drives	13,800	0	0	0	0
		(260 each + 6% tax = 276)					
		(Downloading data at District Offices)					
534522		50 Laser Printers	108,650	0	0	0	0
		(2,050 each + 6% tax = 2,173)					
		(Printing data and DMV-349, Collision					
		Reports at District Offices)					
<b>Total</b>			2,250,000				



Handout # 3

ITEMIZED LIST

Account Number	Account Title	Trooper Costs		1998-99	1999-00	2000-01	2001-02	2002-03
532XXX	Purchased Services	First Year	Second Year					
532132	Medical Services	290	24	11,600	960	960	960	960
532182	Laundry Services	129	129	5,160	5,160	5,160	5,160	5,160
532199	Misc. Contractual Services (Moving, DP, Misc.)	114	220	4,560	8,800	8,800	8,800	8,800
532390	Repairs and Maintenance	78	78	3,120	3,120	3,120	3,120	3,120
532700	Travel	360	360	14,400	14,400	14,400	14,400	14,400
532811	Telephone	380	380	15,200	15,200	15,200	15,200	15,200
532840	Postage	78	78	3,120	3,120	3,120	3,120	3,120
532850	Printing, Binding, Duplicating	93	93	3,720	3,720	3,720	3,720	3,720
532919	Insurance and Bonding	432	432	17,280	17,280	17,280	17,280	17,280
Category Totals		1,954	1,794	78,160	71,760	71,760	71,760	71,760

533XXX	Supplies	1998-99	1999-00	2000-01	2001-02	2002-03
533110	General Office Supplies	124	248	4,960	9,920	9,920
533220	Bedding and Textile Products	88	45	3,520	1,800	1,800
533290	Other Supplies-Facility and Hardware	78	154	3,120	6,160	6,160
533310	Fuels and Lubricants	1,286	2,572	51,440	102,880	102,880
533340	Tires	134	269	5,360	10,760	10,760
533350	Motor Vehicle Replacement Parts	422	845	16,880	33,800	33,800
533410	Food Products and Services	1,305	140	52,200	5,600	5,600
533510	Clothing and Uniforms	2,150	750	86,000	30,000	30,000
533720	Educational Supplies	135	47	5,400	1,880	1,880
533900	Other Materials and Supplies	373	248	14,920	9,920	9,920
Category Totals		6,095	5,318	243,800	212,720	212,720

534XXX	Property, Plant & Equipment	1998-99	1999-00	2000-01	2001-02	2002-03
534511	Office Furniture and Equipment	1,133	0	45,320	0	0
	Desk	520				
	Secretarial	340				
	Filing Cabinets	273				
534528	Communication Equipment	18,893	0	755,720	0	0
	Mobile Radio, Antennas	1,956				
	Vehicular Repeater Radio	3,437				
	CJIN Equipment	10,000				
	Incar Video System	3,500				
534529	Equipment-Custody and Security	25,211	0	1,008,440	0	0
	Blue Light, Siren and Speakers	790				
	Alco-Sensor	425				
	Radar	1,000				
534529001	Weapons	733				
534539	Other Equipment	108				
534541	Automobiles and Trucks	22,000				
534630	Books	155				
Category Totals		45,237	0	1,809,480	0	0

535XXX	Other Expenses and Adjustments	1998-99	1999-00	2000-01	2001-02	2002-03
535890	Other Administrative Expenses	223	223	8,920	8,920	8,920

Detail of the positions included in this expansion request.

CLASSIFICATION/EFFECTIVE DATE

1998-99	Annual	Budgeted
<u>F.T.E</u>	<u>Salary**</u>	<u>Salary</u>

[illegible]

TOTAL

20.000	\$25.335	\$506.700	
20.000			

**\*\* Minimum level salary for the classification requested unless supporting OSP documentation attached.**

YES		NO	X
-----	--	----	---

ITEM NUMBER:	PROJECTED COMPLETION DATE:

YES

NO	X	IF YES, COMPLETE THE FOLLOWING:
----	---	---------------------------------

	Office	Storage	Other

Additional Square Footage Required  
Estimated Cost of Space Requirements


**MOTOR POOL REQUIREMENTS:**

DOES THIS REQUEST REQUIRE ADDITIONAL VEHICLES FROM THE STATE MOTOR POOL?  
IF YES, HOW MANY?

YES		NO	X
-----	--	----	---

Priority No.	2	of	2
--------------	---	----	---

Priority No.	2	of	2
Projected			

[illegible]

Performance Efficiency	Number of <b>Additional Troopers</b> Needed
90 percent	495
85 percent	289
80 percent	131

Note: Additional Troopers only - Supervisors are not included.

The Patrol is asking for additional Trooper positions to provide an acceptable level of traffic law enforcement services to the citizens of North Carolina. During the period of 1993 through 1995 the Legislature increased the State Highway Patrol by 120 positions. The Patrol is very thankful for this increase but the additional need is still there.

### III. EFFORTS STATEMENT

The Patrol's basic objectives are:

- (1) to provide for the safe and expeditious movement of vehicular and pedestrian traffic on 77,758 miles of highways;
- (2) to maintain operational readiness to respond to natural and man made disasters; and
- (3) to provide courtesy services to highway users.

### IV. STATISTICAL MEASUREMENTS See Attached



homicides, are increasing at alarming rates. The Patrol must meet this threat if society is to be protected. Meeting these responsibilities has created even more drain on existing manpower, again reducing available time to spend on preventative patrol.

In the past, the Patrol has relied upon significant increasing trends in general factors such as population, registered vehicles, licensed drivers and highway mileage to support requests for increases in manpower. The Patrol has, for a number of years, remained without an objective measuring tool upon which to justify requests for additional manpower.

The State Highway Patrol has implemented a new manpower allocation formula based upon a nationally accepted and recognized model developed for allocating personnel for statewide police agencies. The PATROL AUTOMATED MANPOWER ALLOCATION (PAMA) formula provides a method of allocating manpower by determining the number of required staff based on an analysis of Trooper Workload in terms of the amount of time required to complete various tasks. The PAMA formula divides all Trooper activities into four time components:

1. Reactive Time
2. Proactive Time (Self-initiated activities)
3. Proactive Time (Patrol)
4. Administrative Time

The PAMA formula also allows the agency to set performance objectives in selected criteria, thereby establishing a standard which can be measured.

Although there are many factors integrated into the PAMA formula, Calls-for-Service (CFS) are the primary measures of workload in each county. Calls-for-Service are categorized into (1) traffic accidents, and (2) all other traffic law enforcement services provided by the State Highway Patrol. The average service time for each CFS is a key factor in determining the average number of Troopers per day that are required to manage the workload.

The PAMA formula allows an agency to set the standard of service it wants to deliver to its citizens. Performance efficiency is the percentage of time a Trooper would be available to respond to a call. The following table indicates the number of personnel needed based on an analysis of State Highway Patrol activities from 1 January 1997 through 31 December 1997:

## MOTOR VEHICLE TRAVEL STATISTICS

Year	Road Mileage	% Change	Registered Vehicles	% Change	Licensed Drivers	% Change	Miles Driven (in Billions)	% Change	Rural Reportable Accidents	% Change	Authorized SHP Complement	% Change
1974	74,914		4,145,821		3,161,146		36.01		65,851		1,164	
1984	76,453	2.05%	5,397,870	30.20%	4,490,269	42.05%	48.05	33.44%	63,515	-3.55%	1,137	-2.32%
1992	77,258	1.05%	5,800,608	7.46%	4,684,874	4.33%	66.79	39.00%	82,769	30.31%	1,260	10.82%
1994	77,540	0.37%	6,175,964	6.47%	5,099,809	8.86%	71.90	7.65%	92,629	11.91%	1,355	7.54%
1995	77,699	0.21%	6,314,599	2.24%	5,138,594	0.76%	74.44	3.53%	96,916	4.63%	1,360	1.85%
1996	77,758	0.08%	6,420,033	1.67%	5,173,891	0.69%	78.61	5.60%	99,158	2.31%	1,360	0.00%
22-year Trend 1974-1996		3.80%		54.86%		63.67%		118.30%		50.58%		18.56%

Revised 10-13-97

Our present resources allow us only to react to crisis rather than implement preventative measures, such as providing adequate high visibility patrols and traffic safety education. The increases in (1) court time, (2) hours spent in the office completing necessary reports and records, (3) investigating an increased number of accidents, (4) required in-service training, as well as the loss of thousands of hours of voluntary overtime by troopers due to the Fair Labor Standards Act, have all reduced our ability to achieve the objectives of the Highway Patrol.

Another problem relative to the safety of North Carolinians is the drug and violent crime problem. Use, sale, and transportation of illegal drugs has increased substantially in recent years. Drug related deaths, both accidental and

## II. JUSTIFICATION FOR FUNDING

The unprecedented growth in population, vehicle registration and licensed drivers in North Carolina has far exceeded the ability of the Patrol to respond quickly to traffic accidents, motorist and pedestrian requests for assistance, or, most importantly, to provide adequate preventative highway patrols, which is a proven method of motivating voluntary compliance with the motor vehicle laws, which, consequently, prevents traffic accidents, deaths and injuries. Providing an adequate number of troopers to perform preventative patrols and police traffic

supervision is the quickest and most economical means of reducing traffic accidents and their resulting deaths, crippling injuries and the subsequent loss to the State's economy. Highway Patrol productivity levels have peaked but demands for service continue to increase. Even with the recent increases in manpower in the last ten years the Patrol is still behind as growth has been rapid for North Carolina. The table is an indicator of growth:

### North Carolina Population

Year	Population	Rate of Increase (from 1974)	Rate of Increase (from 1994)
1974	5,375,495		
1994	7,064,470	31.42%	
1996	7,323,085	36.23%	3.66%

SUPPLEMENTAL EXPANSION BUDGET WORKSHEET

BUDGET CODE: 24960 DEPARTMENT: Crime Control and Public Safety PRIORITY No. 1 of 2

FUND NUMBER: 2610 FUND TITLE: State Highway Patrol DIVISION/INSTITUTION: State Highway Patrol

PROGRAM NUMBER: 1900 PROGRAM TITLE: Safe Transportation

TITLE OF REQUEST: 20 Additional Troopers

STATUTORY CHANGES/SPECIAL PROVISIONS REQUIRED TO IMPLEMENT?

YES ☐ NO ☐ No

TOTAL REQUIREMENTS	1998-99
TOTAL RECEIPTS	2,551,595
APPROPRIATION	2,551,595
TOTAL POSITIONS	0
	20.00

NARRATIVE:

I. PURPOSE STATEMENT

The department is requesting 40 additional trooper positions to enable the Highway Patrol to fulfill its responsibilities and work toward its basic objectives. The first year annual cost of a new trooper is \$87,373. This equates to a cost of \$3,494,920 for 40 new troopers ( $\$87,373 \times 40 = \$3,494,920$ ) for fiscal year 1998-99. This includes salary related items and support cost. The support cost includes a fully equipped cruiser. The department can identify funds internally that are sufficient to support the salary cost of 20 troopers and the support cost of 5 troopers. The department has identified these funds from reallocating five management positions (\$436,865) and the use of salary reserves (\$506,406). In summary the department is requesting full funding for 20 troopers and support cost for 15 additional troopers. The schedule below outlines the net transfer of appropriations needed by the department from the highway Fund to support the 40 positions:

Total Cost for 40 New Troopers	\$3,494,920
Less:	
Funds From Reallocating Five Positions	( 436,865)
Funds Identified From Salary Reserves	( 506,460)
Net Request From Highway Fund	\$2,551,595

**Detail of the positions included in this expansion request.**

1998-99	♦ Annual	1998-99
<u>F.T.E</u>	<u>Salary*</u>	<u>Budgeted</u>
		<u>Salary</u>

[illegible]

	0.000	\$0	\$0
TOTAL	0.000		\$0

TOTAL

YES	
-----	--

X	NO
---	----

C.I. BUDGET CODE:

ITEM NUMBER:

**PROJECTED COMPLETION DATE:**

---

DOES THIS REQUEST REQUIRE ADDITIONAL SPACE?

YES	
-----	--

NO

**X**

1000

IF YES, COMP

ES, COMP

THE FOL

ING:

Office	Storage	Other
--------	---------	-------


**DOES THIS REQUEST REQUIRE ADDITIONAL VEHICLES FROM THE STATE MOTOR POOL?**

YES

Y	ON
---	----

**DEPARTMENT OF CRIME CONTROL AND PUBLIC SAFETY  
ANALYSIS OF HIGHWAY PATROL PERFORMANCE PAY  
BUDGET CODE 24960**

**FISCAL YEAR 1997-98 AND 1998-99**

<b>FY 1997-98</b>					
<u>Awarded in FY97</u>	<b>SALARIES</b>	<b>SOCIAL SECURITY</b>	<b>LEO RETIREMENT</b>	<b>TOTAL</b>	
	1,087,124	83,165	172,092	1,342,381	
Awarded in FY98	1,170,405	89,534	185,276	1,445,215	
<b>TOTAL</b>	2,257,529	172,699	357,368	2,787,596	
Requested in Continuation Budget	1,170,405	89,534	185,276	1,445,215	
<b>SHORTAGE</b>	<u>1,087,124</u>	<u>83,165</u>	<u>172,092</u>	<u>1,342,381</u>	
<b>FY 1998-99</b>					
<u>Awarded in FY97</u>	<b>SALARIES</b>	<b>SOCIAL SECURITY</b>	<b>LEO RETIREMENT</b>	<b>TOTAL</b>	
	1,087,124	83,165	172,092	1,342,381	
Awarded in FY98	1,170,405	89,534	185,276	1,445,215	
Awarded in FY99	1,290,625	98,733	204,306	1,593,664	
<b>TOTAL</b>	3,548,154	271,432	561,674	4,381,260	
Requested in Continuation Budget	1,290,625	98,733	204,306	1,593,664	
<b>SHORTAGE</b>	<u>2,257,529</u>	<u>172,699</u>	<u>357,368</u>	<u>2,787,596</u>	
<b>TOTAL SHORTAGE BY FISCAL YEAR</b>					
<b>FY98</b>	1,342,381				
<b>FY99</b>	2,787,596				

Detail of budget is to be provided at the NCAS Agency Management Report detail level.

BUDGET: G.S. 143-3.5

REQUIREMENTS:

ACCOUNT NO. ACCOUNT TITLE

531211 Salaries and Wages

531511 Social Security Contributions

531531 LEO Retirement Contribution

Authorized  
1997-98Authorized  
1998-99Request  
1998-99

1999-00

Projected  
2000-01

2001-02

2002-03

2,257,529

2,257,529

2,257,529

2,257,529

2,257,529

172,699

172,699

172,699

172,699

172,699

357,368

357,368

357,368

357,368

357,368

Requirements  
No. of Positions (F.T.E)

120,902,289

117,812,766

2,787,596

2,787,596

2,787,596

2,787,596

2,787,596

1785.00

1785.00

0.00

0.00

0.00

0.00

0.00

RECEIPTS:

438104 Transfer from DOT

2,787,596

Receipts

120,902,289

117,812,766

2,787,596

2,787,596

2,787,596

2,787,596

2,787,596

APPROPRIATION

0

0

0

0

0

0

0

CHANGE IN CASH BALANCE

\* Complete Detail Information for total positions requested on the following page.

# SUPPLEMENTAL EXPANSION BUDGET WORKSHEET

BUDGET CODE: 24960 DEPARTMENT: Crime Control & Public Safety PRIORITY No. 1 of 2

FUND NUMBER: 2610 FUND TITLE: State Highway Patrol DIVISION/ INSTITUTION: State Highway Patrol

PROGRAM NUMBER: 1900 PROGRAM TITLE: Safe Transportation

TITLE OF REQUEST: State Highway Patrol Performance Pay

STATUTORY CHANGES/SPECIAL PROVISIONS REQUIRED TO IMPLEMENT? YES ☐ NO ☒ X

IF YES, ATTACH A COPY OF THE DRAFT.

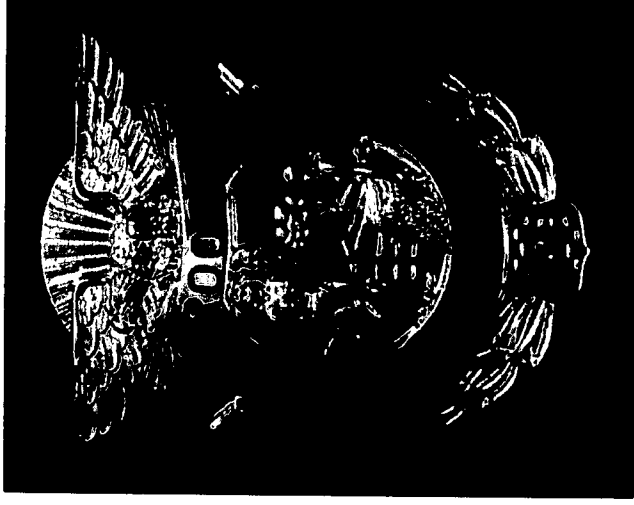
TOTAL REQUIREMENTS	1998-99
TOTAL RECEIPTS	2,787,596
APPROPRIATION	2,787,596
TOTAL POSITIONS	0
	0.00

## NARRATIVE:

When the continuation budget for fiscal year 1997-98 and fiscal year 1998-99 was prepared, an error was made in the computation of the performance pay for the Highway Patrol. The performance pay amount for the new biennium was computed and added into the budget for each year of the biennium. However, the error was caused since the performance pay that was awarded in fiscal year 1996-97 was not included in the budget amount for 1998-99 and the performance pay that was awarded in fiscal year 1997-98 was not included in the budget amount for 1998-99. A worksheet/schedule is attached.



# **Report to the Justice and Public Safety Subcommittee 13 May 1998**



Handout #4

# STATE HIGHWAY PATROL

## MOTOR VEHICLE TRAVEL STATISTICS

Year	Road Mileage	% Change	Registered Vehicles	% Change	Licensed Drivers	% Change	Miles Driven (IN BILLIONS)	% Change	Rural Reportable Accidents	% Change	Authorized SHP Complement	% Change
1974	74,914		4,145,821		3,161,146		36.01		65,851		1,164	
1984	76,453	2.05%	5,397,870	30.20%	4,490,269	42.05%	48.05	33.44%	63,515	-3.55%	1,137	-2.32%
1992	77,258	1.05%	5,800,608	7.46%	4,684,874	4.33%	66.79	39.00%	82,769	30.31%	1,260	10.82%
1994	77,540	0.37%	6,175,964	6.47%	5,099,809	8.86%	71.90	7.65%	92,629	11.91%	1,355	7.54%
1995	77,699	0.21%	6,314,599	2.24%	5,138,594	0.76%	74.44	3.53%	96,916	4.63%	1,380	1.85%
1996	77,758	0.08%	6,420,033	1.67%	5,173,891	0.69%	78.61	5.60%	99,158	2.31%	1,380	0.00%
22-year Trend												
1974-1994		3.80%		54.86%		63.67%		118.30%		50.58%		18.56%

Revised 10-13-97

### Designated County Population

County	Population 1974	Population 1994	Rate of Increase
Brunswick	32,227	58,518	81.6%
Currituck	9,629	15,402	60.0%
Dare	8,814	24,804	181.4%
Durham	139,636	191,148	36.9%
Johnston	64,070	91,552	42.9%
Wake	258,326	496,578	92.2%
Guilford	297,626	365,572	22.8%
Mecklenburg	373,497	561,223	50.3%
Buncombe	150,203	185,810	23.7%
Henderson	46,985	75,096	59.8%

### North Carolina Population

Year	Population	Rate of Increase (from 1974)	Rate of Increase (from 1994)
1974	5,375,495		
1994	7,064,470	31.42%	
1995	7,165,298	33.30%	1.43%

**1998-1999**



### Proposed Phase Three for '98-'99

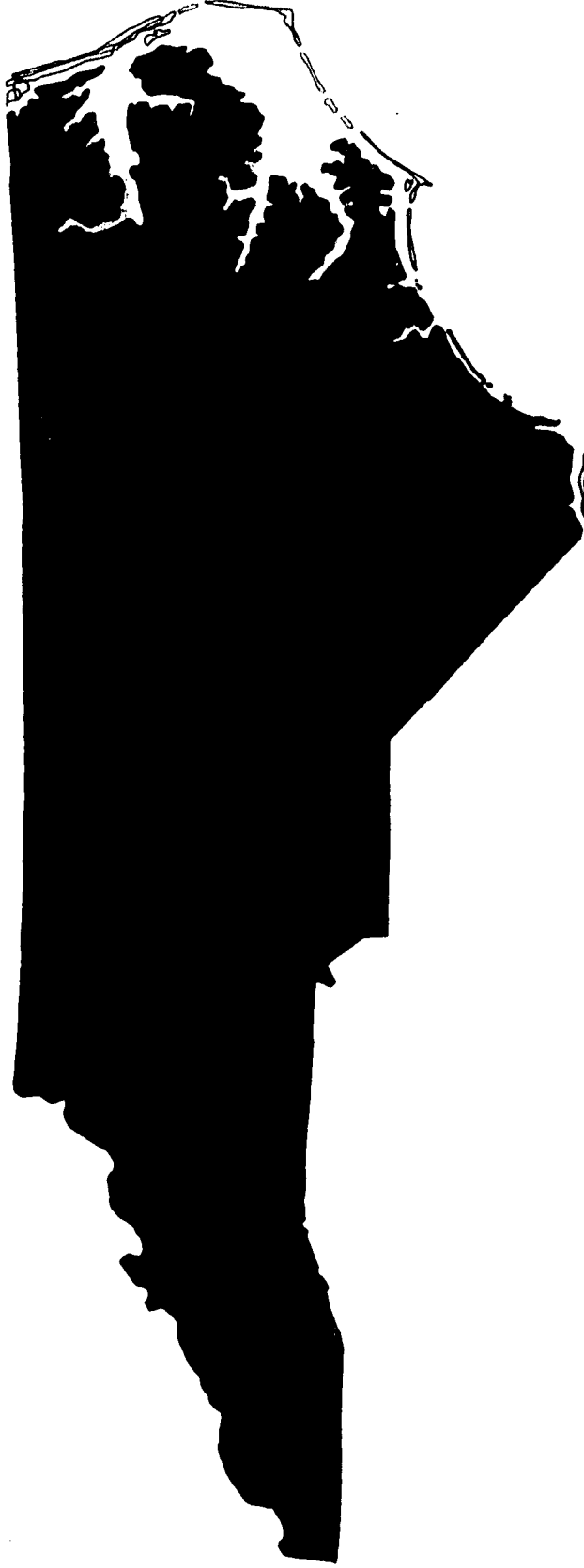
**Covered in previous Phase**

**CSJIN**

# **Mobile Data Network**

**Proposed Phase Four**

**1999-2000**



**Phase Four Proposed for 1999-2000**

**Covered in previous Phase**



# Criminal Justice Information Network

## Mobile Data Network Transmitter Sites

### Installation Phases

Installation Phase	Number of Counties	County	Proposed Transmitters	Population	Square Miles	Number of Criminal Justice Agencies	Projected Cost
1	1	Alamance	1	115,567	433.14	8	Local Gov.
1	2	Buncombe	1	190,987	659.33	15	75,000
1	3	Cabarrus	1	111,313	364.08	6	75,000
1	4	Cumberland	1	300,893	657.26	10	75,000
1	5	Davidson	1	138,700	548.28	6	75,000
1	6	Durham	2	196,709	297.74	8	Local Gov.
1	7	Forsyth	1	280,951	412.48	10	75,000
1	8	Gaston	1	179,945	357.29	15	75,000
1	9	Granville	1	41,530	533.50	8	75,000
1	10	Guilford	1	373,561	650.77	12	75,000
1	11	Halifax	1	57,902	723.69	10	75,000
1	12	Harnett	0	77,759	601.11	9	Overlap
1	13	Mecklenburg	2	584,856	527.77	15	150,000
1	14	Nash	1	84,986	539.60	11	75,000
1	15	New Hanover	1	140,785	184.54	10	75,000
1	16	Orange	1	108,386	400.27	8	75,000
1	17	Robeson	1	112,238	949.19	13	75,000
1	18	Rowan	1	119,108	519.02	11	75,000
1	19	Vance	1	40,277	248.79	5	75,000
1	20	Wake	1	528,405	854.36	27	75,000
Sub-total			21	3,784,858	10,462	217	1,350,000
				52.14%	21.42%		
Phase							
2	1	Brunswick	1	61,836	860.49	16	75,000
2	2	Burke	1	81,694	504.45	10	75,000
2	3	Carteret	1	58,799	525.57	15	75,000
2	4	Catawba	2	126,653	395.66	12	150,000
2	5	Cleveland	1	88,939	468.19	13	75,000
2	6	Craven	1	86,053	701.47	8	75,000
2	7	Dare	1	26,061	390.79	10	75,000
2	8	Davie	1	30,000	266.59	5	75,000
2	9	Duplin	1	42,490	819.22	11	75,000
2	10	Haywood	3	49,296	554.85	7	225,000
2	11	Henderson	3	77,990	374.39	5	Special Grant
2	12	Iredell	1	104,104	574.12	8	75,000
2	13	Johnston	1	95,571	795.41	13	75,000
2	14	Lee	1	46,150	259.28	6	75,000
2	15	Lenior	1	59,068	402.32	7	75,000
2	16	Macon	3	26,424	516.58	5	225,000
2	17	McDowell	1	37,082	437.39	6	75,000
2	18	Moore	1	67,293	701.25	15	75,000
2	19	Onslow	1	149,569	762.61	10	75,000
2	20	Pasquotank	1	34,158	228.00	5	75,000
2	21	Pender	1	35,476	874.82	7	75,000
2	22	Pitt	1	119,661	656.52	11	75,000

# Criminal Justice Information Network

## Mobile Data Network Transmitter Sites

### Installation Phases

Installation Phase	Number of Counties	County	Proposed Transmitters	Population	Square Miles	Number of Criminal Justice Agencies	Projected Cost
2	23	Polk	1	15,824	238.30	6	75,000
2	24	Randolph	1	115,913	788.83	9	75,000
2	25	Rockingham	2	88,379	568.64	8	150,000
2	26	Sampson	1	50,525	946.85	9	75,000
2	27	Surry	2	65,178	539.34	7	150,000
2	28	Union	1	98,575	639.28	7	75,000
2	29	Warren	1	18,115	427.10	5	75,000
2	30	Wayne	1	110,889	553.70	11	75,000
2	31	Wilson	1	67,907	374.27	10	75,000
2	32	Yadkin	1	33,409	335.74	8	75,000
		Sub-total	41	2,169,081	17,482	285	2,850,000
				29.88%	35.79%		
Phase							
3	1	Ashe	3	23,109	426.16	6	225,000
3	2	Beaufort	1	44,044	826.10	10	75,000
3	3	Bertie	1	20,622	700.93	7	75,000
3	4	Caldwell	2	73,934	471.17	7	150,000
3	5	Caswell	1	21,502	427.51	4	75,000
3	6	Chatham	1	43,267	707.91	5	75,000
3	7	Columbus	1	51,336	938.44	9	75,000
3	8	Edgecombe	1	56,651	505.69	6	75,000
3	9	Franklin	1	42,036	494.38	7	75,000
3	10	Hertford	1	22,454	356.09	7	75,000
3	11	Jackson	3	28,890	490.52	5	225,000
3	12	Lincoln	1	56,415	298.26	4	75,000
3	13	Martin	1	27,059	460.76	6	75,000
3	14	Mitchell	2	14,518	222.00	5	150,000
3	15	Richmond	1	45,044	477.19	6	75,000
3	16	Rutherford	2	59,139	567.62	8	150,000
3	17	Stanly	1	54,553	395.78	10	75,000
3	18	Swain	3	11,575	525.98	5	225,000
3	19	Transylvania	3	27,489	378.28	4	225,000
3	20	Washington	1	13,863	331.63	5	75,000
3	21	Watauga	2	40,366	314.05	7	150,000
3	22	Wilkes	3	61,790	752.21	6	225,000
3	23	Yancey	2	16,231	313.60	5	150,000
		Sub-total	38	855,887	11,382	144	2,850,000
				11.79%	23.30%		
Phase							
4	1	Alexander	2	30,494	258.64	4	150,000
4	2	Alleghany	2	9,564	234.52	5	150,000
4	3	Anson	1	24,236	533.14	7	75,000
4	4	Avery	2	15,269	247.07	8	150,000
4	5	Bladen	1	29,686	878.92	8	75,000
4	6	Camden	1	6,273	240.49	3	75,000

# Criminal Justice Information Network

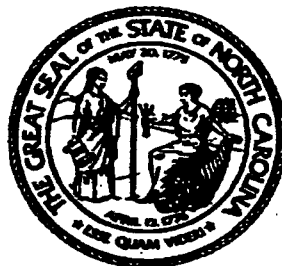
## Mobile Data Network Transmitter Sites

### Installation Phases

Installation Phase	Number of Counties	County	Proposed Transmitters	Population	Square Miles	Number of Criminal Justice Agencies	Projected Cost
4	7	Cherokee	3	22,787	451.83	5	225,000
4	8	Chowan	1	14,068	181.55	4	75,000
4	9	Clay	2	7,727	213.91	3	150,000
4	10	Currituck	1	16,012	255.59	3	75,000
4	11	Gates	1	9,856	338.25	4	75,000
4	12	Graham	2	7,469	288.69	3	150,000
4	13	Greene	1	16,725	266.37	3	75,000
4	14	Hoke	1	27,890	391.16	4	75,000
4	15	Hyde	1	5,288	624.22	3	75,000
4	16	Jones	1	9,595	470.01	5	75,000
4	17	Madison	3	17,699	451.31	7	225,000
4	18	Montgomery	2	23,582	489.55	8	150,000
4	19	Northampton	1	20,453	538.32	12	75,000
4	20	Pamlico	1	11,896	340.73	4	75,000
4	21	Perquimans	1	10,736	246.40	5	75,000
4	22	Person	1	32,020	398.02	4	75,000
4	23	Scotland	1	35,013	319.33	6	75,000
4	24	Stokes	2	41,162	452.04	7	150,000
4	25	Tyrrell	1	3,917	406.82	3	75,000
		Sub-total	36	449,417	9,517	128	\$2,700,000
				6.19%	19.48%		
Phase							
5		As needed	15				1,125,000
Grand Total	100		151	7,259,243	48,843	774	\$10,875,000

**NORTH CAROLINA  
DEPARTMENT OF JUSTICE  
STATE BUREAU OF INVESTIGATION  
DIVISION OF CRIMINAL INFORMATION**

**REPORT ON  
STUDY OF CRIMINAL RECORD CHECK FEES  
AS DIRECTED BY 1997 SESSION LAWS**



**STATE OF NORTH CAROLINA  
Office of State Budget and Management  
Management and Productivity Section  
Raleigh, North Carolina 27603-8005**

**May 1998**



## Background

Senate Bill 352 of the 1997 Session of the North Carolina General Assembly directed the Office of State Budget and Management (OSBM) to ". . . study the feasibility of adjusting the fees charged for criminal records checks conducted by the Division of Criminal Information of the Department of Justice as a result of the increase in receipts from criminal records checks during the 1996-97 fiscal year. The study shall include an assessment of the Division's operational, personnel, and overhead costs related to providing criminal records checks." (Appendix A contains the full text of the legislation.)

## Methodologies

In order to identify all costs associated with providing criminal record checks, OSBM analysts obtained a listing of all Division of Criminal Information (DCI) staff, their organizational unit, and their budgeted salaries and benefits as of April 1998. DCI's section chiefs provided estimates of every staff person's work time commitment to the ten main areas of DCI's responsibility. The activities were divided into fee-related and non fee-related activities. Actual non-personnel expenditure data was obtained from DCI's budget reports for FY97-98 through February 1998 and annualized. To account for capital equipment, which is a major item in DCI's budget, a depreciation value was used rather than the actual expenditure; the value was based on fixed assets of approximately \$16 million on a five-year depreciation schedule. Volume and backlog data were gathered on criminal history record checks for both law enforcement and non-criminal justice agencies. Interviews with all section chiefs were conducted to determine what automation initiatives had been implemented since the prior study, as well as future automation plans, especially those with a bearing on staffing levels. Processing time data from a DCI study was used to determine staffing requirements for several aspects of work. Data is being analyzed on all terminals, networks, and computer operation structures in order to understand changes in the structure of the network.

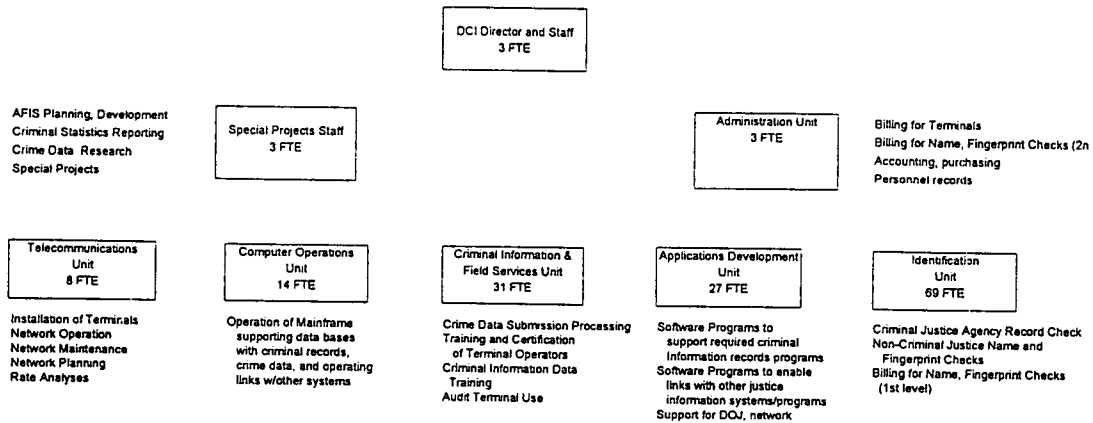
## Organizational Structure, Staffing and Primary Functions

The Division of Criminal Information of the State Bureau of Investigation (SBI) is a complex organization. Its computers house the criminal history record based on positive identification of fingerprint information for North Carolina, and it is linked to similar state, national and international data bases in support of law enforcement everywhere. DCI staff work with local law enforcement to train them in the preparation of criminal history information to ensure that the information will be useful to the end users. They conduct research on the crime data they receive from criminal justice agencies. DCI also provides computers and training in their use to law enforcement. DCI audits agencies' use of the DCI terminals, as well as the agency-owned equipment, to ensure that only properly authorized users have access to the information. They maintain the computers and network related to criminal information as well as serve as liaison with other entities that provide telecommunication lines and other linkages. In addition, they provide services to the SBI's Field Offices, the SBI Laboratory, the NC Justice Department, and its divisions. And

finally, they provide preventive services through the criminal history and fingerprint checks conducted for employers in the fields of law enforcement, schools, hospitals, and day care centers, among others.

DCI's work units are closely interrelated. The following organization chart contains a brief listing of the key functions and the full time equivalent (FTE) staff assigned to the units within DCI.

#### DCI STRUCTURE, STAFFING & KEY FUNCTIONS



To see the degree to which the functions of DCI's units are interrelated, the chart below lists the ten key functions of DCI across the top, and the units are on the left axis along with the FTE contribution each unit makes to those functions, as reported by the units' managers.

#### FUNCTIONS AND ALLOCATED STAFFING OF EACH UNIT TO THOSE FUNCTIONS

UNITS	Fee Activity - Allocation					Non-Fee Activity Allocation					Total FTE
	UCR Reports	Special Computer Run	Terminal Rental	Criminal History	AFIS Terminal	SBI	Justice	Criminal Reporting	Criminal History	Other	
Director & Special Proj.	0.15	0.05	0.90	0.35	0.40	1.25	0.30	1.00	0.75	0.85	6.0
Administration Unit			0.95	1.05		1.00					3.0
Telecommunications Unit	0.05	0.05	0.50		0.70	4.00	1.25	0.35	0.05	1.05	8.0
Computer Operations			10.20			3.80					14.0
Criminal Inform. & Field			18.15	0.95		0.40		10.70	0.10	0.70	31.0
Applications Development	0.10	0.15	4.15	1.15		14.45	1.30	1.10	1.90	2.70	27.0
Identification Unit				18.58					50.42		69.0
	0.30	0.25	34.85	22.08	1.10	24.90	2.85	13.15	53.22	5.30	158.0
	0.19%	0.16%	22.06%	13.97%	0.70%	15.76%	1.80%	8.32%	33.68%	3.35%	100.0%

#### Costs of Services

As noted earlier, cost estimates for all DCI services were developed, using annualized figures from actual expenditures for all non-personnel line items except for capital equipment. Budgeted personnel costs were used to capture personnel costs of DCI services. A depreciation value was used for the capital

expenditures. The indirect cost rate was applied to all costs except for the depreciated capital. Unless certain expenditures were unique to a unit, the percentage estimates of staff allocation indicated for the ten key functions (see chart above) were applied to the total cost to develop an estimated cost of service for each of the ten functions, as shown below:

***FEE SERVICE COST ALLOCATIONS***

UCR Reports	Special Computer Runs	Terminal Rental	Criminal History	AFIS Terminal	Total & Percentage
\$51,030	\$27,912	\$3,085,738	\$1,808,293	\$113,961	\$5,086,934 38%

***NON-FEE COST ALLOCATIONS***

SBI Support	Justice Support	Criminal Reporting	Criminal History	Other	Total & Percentage
\$2,405,055	\$295,737	\$1,065,399	\$4,062,727	\$532,379	\$8,361,297 62%

***Criminal Record Checks Costs and Volumes***

The General Assembly specifically directed OSBM to study the costs of records checks. DCI currently conducts the following kinds of records checks:

Type of Record Check	Source of Request	Fee Charged to Agency	Amount Retained by DCI	Amount Forwarded
Name Check Only	Non-Criminal Justice Agencies	\$10.00	\$10.00	-\$0-
Fingerprint Check NC data only	Non-Criminal Justice Agencies	\$14.00	\$14.00	-\$0-
Fingerprint Check NC and FBI data	Non-Criminal Justice Agencies	\$38.00	\$14.00 for NC data \$ 2.00 for processing costs associated with forwarding request to and from FBI \$16.00 – Total DCI receipts	\$22.00 to FBI
Concealed Handgun NC data, FBI data	Applicants for permits	\$45.00	\$14.00 for NC data \$ 2.00 for processing costs associated with forwarding request to and from FBI \$7.00 for support positions \$23.00 – Total DCI receipts	\$22.00 to FBI
Criminal Record Checks – Name, Fingerprint (NC and FBI data)	Law Enforcement Agencies (incl. Courts, correctional facilities, police and sheriffs, etc.)	No Charge	No Charge	No Charge

Each non-criminal justice agency has its own established fees. Each also has its own associated processing costs based on what is required in terms of paperwork, staffing levels to do the work, and training. When OSBM first worked with DCI in 1995, DCI had developed processing times for their record check functions. They have subsequently revised those processing times based on changes in processing requirements.

The following displays the results of the internal time studies conducted by the Identification Section, which shows average processing times by type of check:

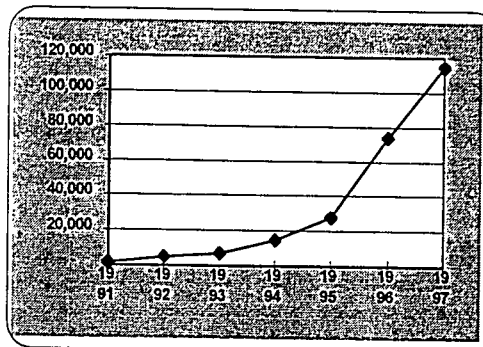
<i>Type of Record Check</i>	<i>Time Estimate to Process If Person Has No Prior Record</i>	<i>% Estimated Frequency</i>	<i>Time Estimate to Process If Person Is Found to Have a Prior Record</i>	<i>% Estimated Frequency</i>
1998 - Name Checks Only	9.20 minutes	97%	22.41 minutes	3%
1995 - Name Checks Only	10.00 minutes	98%	21.17 minutes	2%
CHANGE	.80 mins./record decrease		1.24 mins./record increase	
1998 - Name & /Fingerprint	23.05 minutes	97%	25.10 minutes	3%
1995 - Name & /Fingerprint	14.07 minutes	98%	25.37 minutes	2%
CHANGE	8.98 mins./record increase		.27 mins./record decrease	

There has been one major change in processing time between 1994 and 1997 that has resulted in a loss in processing efficiency. It is in the Applicant Fingerprint Records Processing, which now takes nearly 9 minutes longer than it did three years ago. This was explained by staff as being due in large part to the addition of 132,000 records for the DCI data base from Mecklenberg County; their fingerprint cards were loaded to the system but all histories have had to be manually loaded. Because many of these records must now be consolidated with those currently on the system or prints coming into the system, there are additional processing steps that have significantly increased the processing time. This will continue until all records are consolidated. Staff anticipate that all histories will be loaded and consolidation completed within a year or so. Other processing changes include increased edit checks for whether requestors were authorized and had forms correctly completed. They also now add cover letters to completed requests. All have contributed to the changed processing time.

Also affecting the Identification Section's workload has been the dramatic growth in the volume of both name and fingerprint record checks since the early 1990's. This growth is due to the addition by the General Assembly of a number of programs to ensure that people working in areas such as schools, child care, health and home care, and other service areas do not have criminal records. As a consequence, the Identification Section has a significant backlog of applicant requests, and a turnaround time that has gone from days to months, according to staff. They have added processors and fingerprint identification technicians, reallocated staff from other areas, and begun working overtime, as well as continuing to expand the role of automation to reduce the backlog and ensure it does not recur once they are able to clear it out. According to the staff who manage the Identification Section, the training time for a fingerprint technician to become fully proficient is nearly two years, and more advanced automation is still not deployed in the field to any large extent, so the Identification Unit faces a continuing task for the next two years of eliminating their backlog and keeping up with incoming work before they will see processing time reductions.

The chart below shows the growth in the Non-Criminal Justice record check areas. A full listing of the types of agencies included, as well as their application request history since 1991 is attached as

*Seven-Year Trend  
Non-Criminal Justice Agency Requests*



Appendix B to this report..

Once the number of non-criminal justice agencies requesting these records checks stabilize in number, DCI will be in a better position to provide faster turnaround because they will have their core staff fully trained and able to meet their workload levels, and the people whose records are to be checked will be only new hires to replace people leaving, rather than having to do checks on both new and existing employees of an organization, which happens when a new agency begins the process.

Also on the positive side, DCI is exploring several automation initiatives, including the possibility of fingerprint scanning technologies throughout the state, bar coding of criminal history data, and inquiries via Internet that should be operational by late 1999 or early 2000, at which time the processing times should be reduced. The processing times derived by the Identification Section will definitely need to be restudied at that time.

#### Unit Costs of Record Checks

In order to determine the cost of record checks, the time data for each of the major record check types was reviewed. It showed that for the vast majority (an estimated 97%) of name checks, the individual being checked did not have a prior record. Those only required 9 minutes total, based on DCI's time processing data. On the other hand, for the 3% who did have a prior record, the whole process took 22.4 minutes. With fingerprint checks, it required 25.10 minutes if a person had a prior record, and 23.05 minutes on average if a person had no prior record found. This is the processing time in which the significant increase has occurred, due to the careful crosschecking with the 132,000 new records.

These time estimates, as a percentage of the total, were applied to the projected workload for calendar year 1998 to determine staffing levels and to estimate costs associated with processing requirements. Based on this method, the costs to process the various record checks, on average, would be

\$8.53 for name checks and \$22.24 for fingerprint checks. This is assuming that the projections continue through the year at the daily incoming rate reported as of February 1998. The basis for this is shown in the following chart, and compares it to prior years. Of note in looking at this method of determining the cost per record is that the percentage used against the cost figure is not the percentage of the total records, but rather the percentage of total time each type of record requires. As can be seen in the 1995 figures, the number of Name Check Only records was quite low, as was the percentage of those with a prior criminal record (which doubles the processing time). By 1996, and continuing to the present, the number of Name Check Only records has soared, but have a relatively low processing time as a percentage of the total time, and the Fingerprint Record Checks have remained consistently high but their processing time has increased by almost 9 minutes during this time period.

Cost of Service Calculation	Criminal History Expenses - Fee Only	Percent of Time Required To Process	# Applications
1995			
Applicant Processing - Name Check	\$ 1,023,420	5.0%	5,964
Applicant Processing - w/Fingerprint	\$ 1,023,420	95.0%	73,546
1996			
Applicant Processing - Name Check	\$ 1,068,071	14.3%	35,162
Applicant Processing - w/Fingerprint	\$ 1,068,071	85.7%	74,497
1997			
Applicant Processing - Name Check	\$ 1,440,393	15.6%	38,906
Applicant Processing - w/Fingerprint	\$ 1,440,393	84.4%	79,162
1998			
Applicant Processing - Name Check	\$ 1,852,213	16.3%	38,160
Applicant Processing - w/Fingerprint	\$ 1,852,213	83.7%	68,640

The Identification Unit is endeavoring to reduce backlogs and improve turnaround time through the use of overtime and temporary staff. This backlog which is not included in the number of applications listed above, created by the combination of the volume and process time increases, will take approximately 4.5 FTE to eliminate by the end of the year, even with the addition of the new staff that DCI was granted. An increase in receipts to be used for overtime pay was authorized in March to enable the division to do this (and the average cost of 4 FTE's is included in the cost figure above).

#### Operational Improvements Anticipated

From an automation standpoint, the Identification Unit, as well as DCI as a whole, is in the midst of major transitions in types of equipment, telecommunications, and software that will be used both within DCI and by its client agencies. This transitional phase will continue into the foreseeable future, and could have a significant effect on the Identification Unit. Areas where change is likely to happen soon can include Internet requests for name checks, eliminating all paper requests and possibly allowing electronic billing to accompany the response; more local law enforcement capacity to do some of the fingerprint intake processing through live scan and flat bed scanning equipment, eliminating much paperwork processing and matching, as well as improving the quality of the impression; bar coding to eliminate much data entry related to the records being checked; and automated billing in other areas of DCI's work. Some of these

related to the records being checked; and automated billing in other areas of DCI's work. Some of these applications are being tested now, and some may be deployed soon. These automation improvements will come at a significant investment cost, possibly, since the scanning equipment can be costly. Moreover, the network must have the appropriate capacity to handle the data that would be transmitted, and in some areas served by DCI, this technology is not yet available and would have to be installed, again at a higher cost than traditional lines. OSBM is currently doing an analysis of the entire system of DCI's network to see what the cost implications will be and how these can affect both internal processing times, fee structures, and costs of service.

#### Recommendations Regarding Adjusting Fees for Record Checks

The legislation specifically directs OSBM, to "study the feasibility of adjusting fees charged for criminal records checks...as a result of the increase in receipts from these checks during the 1996-97 fiscal year." Based on our review of the operating costs specifically associated with processing these records checks, it would be our recommendation to not adjust the fees at this time. The reasons for this are three-fold:

- The enormous growth in requests for record checks which resulted in the backlog that now exists would almost certainly increase processing times beyond those that DCI has reported when they last established times. Backlogs inevitably increase processing time because additional times are spent searching for work that has not been processed, in making adjustments and corrections to bills that have been issued for work, the results of which an agency may have not yet received, and for talking with agencies to explain the circumstances. Individually, these may not seem like a great deal, but with a backlog at the end of February of over 115,000, the number of inquiries and adjustments can be extraordinary. The processing times developed by DCI were based on a straight line of work flowing through the system, not stopping at points, having to be retrieved and researched to answer customer inquiries, etc.
- The transition to automation which has caused a significant increase in processing time for fingerprint cards should be complete by late 1999 or early 2000, at which time new processing times will need to be derived and a new rate analysis conducted based on the mix of workloads at that time.
- The operating costs are not fully reflective of what may be entailed during the coming year to continue regular processing and backlog elimination. DCI may have to reallocate more staff internally to meet the needs of the Section, which will result in a higher actual operating cost.

OSBM further recommends that this review of costs be continued for two more years, on an annual basis, to determine when adjustments should be made to the rates and to monitor progress towards eliminating the backlog and the deployment of automation improvements to contain records processing costs.

OSBM is currently working with DCI, at their request on an additional review of the network structure to determine the most cost-effective approach to provide the necessary telecommunications support that also enables local law enforcement and other criminal justice agencies to improve the capacity of their criminal justice automation, at a lower unit cost.

SUMMARY

OSBM analysts would like to express their appreciation for the assistance provided by DCI staff with data, and explanations of the various processes and systems. Their interest in making process improvements and in working with us to identify such areas is most welcome.



**APPENDIX A**

**Senate Bill 352**

**STUDY FEE ADJUSTMENT FOR CRIMINAL RECORDS CHECKS**

## **APPENDIX A**

### **Senate Bill 352**

#### **STUDY FEE ADJUSTMENT FOR CRIMINAL RECORDS CHECKS**

Section 20.15. The Office of State Budget and Management, in consultation with the Department of Justice, shall study the feasibility of adjusting the fees charged for criminal records checks conducted by the Division of Criminal Information of the Department of Justice as a result of the increase in receipts from criminal records checks during the 1996-97 fiscal year. The study shall include an assessment of the Division's operational, personnel, and overhead costs related to providing criminal records checks. The Office of State Budget and Management shall report its findings and recommendations to the Chairs of the Senate and House Appropriations Committees, the Chairs of the Senate and House Appropriations Subcommittees on Justice and Public Safety, and the Fiscal Research Division of the General Assembly on or before May 1, 1998.

APPENDIX B

1991-1997

NON-CRIMINAL JUSTICE AGENCY REQUESTS FOR RECORD CHECKS

# Criminal History Checks

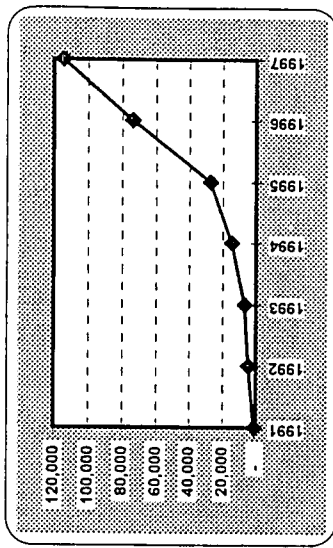
## Non-Criminal Justice Agency Requests

Agency Making Request	1991	1992	1993	1994	1995	1996	1997	Totals 7 Years
Division of Child Development	-	-	-	-	-	11,852	28,022	39,874
Furlough Homes	-	-	-	-	1,303	2,130	26,043	29,476
School	18	2,856	4,158	9,082	13,189	19,005	19,841	68,149
Concealed Handgun Permits	-	-	-	-	2,248	21,335	8,620	32,203
Hospital	-	-	-	1,086	3,764	4,581	7,387	16,818
Home Care	-	-	-	-	12	1,152	6,856	8,020
Foster Parent	-	-	-	-	-	4,477	6,397	10,874
Mental Health Contract	-	-	-	212	1,150	1,827	2,667	5,856
Mental Health	-	-	48	1,273	2,028	2,282	2,026	7,657
Health Care Corporation	-	-	-	-	-	-	1,630	1,630
Other Health Care Providers	-	-	-	-	75	1,434	1,609	3,118
Board of Law Examiners	553	699	844	1,019	1,124	1,157	1,119	6,515
Local Ordinance	24	494	714	758	879	810	680	4,359
Federal Day Care	-	-	497	506	1,113	1,078	531	3,725
Bail Bondsman	-	-	-	-	-	-	379	379
Military Recruiters	-	-	-	-	-	-	290	600
Board of Mortuary Science	142	134	165	143	137	155	172	1,048
Private Protection Services	331	188	479	543	332	242	169	2,284
Office of Personnel Management	-	-	-	-	-	81	108	189
Department of Social Services	-	-	-	-	3	5	48	56
Licensed Day Care	-	-	-	-	-	60	47	107
Department of Labor	30	21	10	17	23	12	11	124
Slate Bar	-	-	5	6	7	7	6	31
Right to Review	17	20	15	9	3	1	5	70
Postal Service	-	-	-	-	2	3	-	5
Direct Patient Care	-	-	-	-	-	-	-	-
Board of Medical Examiners	-	-	-	-	-	-	-	-
Board of Pharmacy	-	-	-	-	-	-	-	-
Banking Commission	-	-	-	-	-	-	-	-
Defense Investigative Services	-	-	-	-	-	-	-	-
Department of Facility Services	6	8	4	8	24	17	-	67
Department of Defense	-	3	1	1	-	-	-	5
Department of Agriculture	-	-	-	-	1	-	-	1

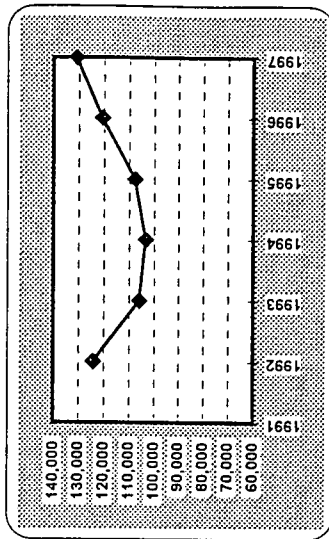
Annual Totals	1,121	4,423	6,940	14,663	27,534	73,896	114,663	243,240
Annual % Increase		295%	57%	111%	88%	168%	55%	
Cumulative Increase Factor		3.95	6.19	13.08	24.56	65.92	102.29	

Name Checks	7,732	13,064	29,303	35,162
Percent	52.7%	47.4%	39.7%	30.7%
W/Fingerprint	6,931	56,830	66,251	79,497
Percent	47.3%	206.4%	89.7%	69.3%
Criminal Fingerprint Checks	124,225	106,000	107,528	131,000
Total Checks Requests	128,648	112,840	118,173	135,062
			194,509	245,663

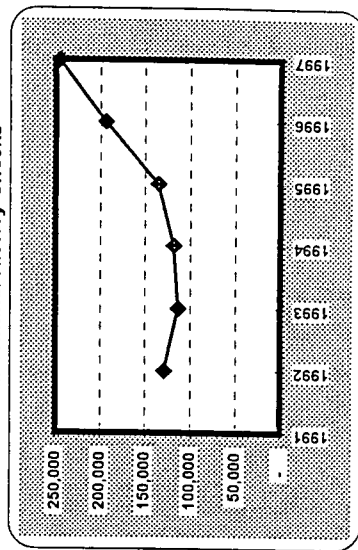
Seven-Year Trend  
Non-Criminal Justice Agency Requests



Six-Year Trend  
Criminal Fingerprint Checks



Six-Year Trend  
Total Criminal History Checks



## VISITOR REGISTRATION SHEET

Appropriations Subcommittee on Justice & Public Safety 5/13/98 AM

Name of Committee

Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME

FIRM OR AGENCY AND ADDRESS

Tom Newsome	State Budget
ANNE BANDER	STATE BUDGET
John Kennedy	Chief of Superior Court
Peg Dorer	Conference of D.A.s
Denise A. Sessome	DOJ
Anne Winer	ADCR
Jim Stewart	CCPS
Mike Barlan	CCPS
Col. Elu Horton	SHP
Maj. Go Ake	SHP
Kelly Go Tingle	Intern, Rep. Crawford

## VISITOR REGISTRATION SHEET

Appropriations Subcommittee on Justice &amp; Public Safety 5/13/98 AM

Name of Committee

**Date**

**VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK**

NAME \_\_\_\_\_

**FIRM OR AGENCY AND ADDRESS**

Kevin Howell

NCBA

Bill Swobbin

MBB

by Farmer

NC Div Child Dev, <sup>DH 175</sup>

**SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEE  
ON**

**JUSTICE AND PUBLIC SAFETY**

Tuesday May 19, 1998 – 8:30 a.m.  
Room 612, Legislative Office Building

***AGENDA***

**I. CALL TO ORDER**

Co-Chairmen: Senator Wib Gulley, Presiding

Representative Larry Justus  
Representative Gregg Thompson  
Representative Joe Kiser

**II. PRESENTATIONS**

Department of Correction Medical Issues

- Overview of DOC Organization and Staffing Changes and Governors  
Proposed Expansion Budget – Central Prison and NCCIW

Dan Stieneke, Director, Division of Prisons

Dr. Barbara Pohlman, Physician Director, DOC

- Response to NIC Audit of Central Prison

Dan Stieneke, Director, Division of Prisons

Other Governor's Expansion and Reduction Items for DOC

Joe Hamilton, Deputy Director, DOC

Gregg Stahl, Assistant Director, DOC

Department of Crime Control and Public Safety – Governor's Expansion  
Budget Request (General Fund)

Joe Stewart, Legislative Liaison, CCPS

MINUTES  
SENATE AND HOUSE JOINT APPROPRIATIONS  
SUBCOMMITTEE ON JUSTICE AND PUBLIC SAFETY  
MAY 19, 1998

The Senate and House Joint Appropriations Subcommittee on Justice and Public Safety met at 8:30 am on Tuesday, May 19, 1998 in Room 612 of the Legislative Office Building. Four Senators and Representatives Justus, Thompson, Kiser, McCrary, Kinney, Redwine, Sexton and Smith were present. Senator Wib Gulley, Chairman, presided.

Senator Gulley opened the meeting by asking Jim Mills, Fiscal Analyst, to review for the Subcommittee Governor Hunt's proposed changes to the General Budget for the Department of Corrections, the Department of Crime Control and Public Safety, the Department of Justice and the capital budget item for the Department of Corrections. (see Handout #1).

Next, Mr. Dan Stieneke, Director of the Division of Prisons, gave an overview of the Department of Corrections (DOC) organizational and staffing changes (see Handout #2). He also reviewed the positions that were being requested in the Short Session (see Handout #3). With regard to the mental health staffing which showed no new positions needed, Representative Kiser asked if the reclassification of positions cost more than new positions. Mr. Stieneke replied that they did, but the Division was still working on the figure. Mr. Joe Hamilton of DOC said that with Funds Available and Reserve Funds that there was money to cover the additional costs and they would know for sure in the next couple of days.

Mr. Stieneke told the Subcommittee that the most significant expansion budget request was the additional medical staff at Women's Prison (NCCIW). Representative Kiser asked about the money DOC received from counties to safe keep their prisoners. Mr. Buddy Humphrey with the Office of Budget and Management responded that the money from the counties goes into DOC's regular budget. This money reduced the general budget when it is over-realized. Senator Wellons asked what DOC did when the counties did not make payment for keeping these prisoners. Mr. Gregg Stahl with DOC said they usually can get it from county taxes. Senator Rand asked why the county payment for safe keeping mentally ill prisoners could not be offset by the money DOC paid the counties for holding state inmates. Mr. Stahl will check into this possibility.

**Representative Thompson then asked for a list of which counties owed money to the state.**

Next, Dr. Barbara Pohlman, Physician Director with DOC, reported to the Subcommittee on how DOC was doing on the recruitment of doctors and other hospital staff. Dr. Pohlman stated that several excellent doctors have been hired and a new organizational structure has been put into place at the medical facility and the mental health facility at Central Prison.

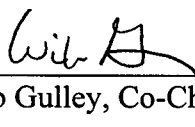


Next, Mr. Stieneke gave the Subcommittee the DOC's responses the National Institute of Corrections audit of Central Prison (see Handout #4 for the audit and Handout #5 for DOC responses). Senator Ballance asked how many people in the psychiatric unit could not function on the street when their release date came up. Mr. Stieneke responded that DOC worked with Dorothea Dix Hospital with that problem. Mr. Stahl also stated that for pretrial inmates with mental health problems, they go to Central if they are in the eastern part of the state and to Broughton if they are in the western part of the state.

Senator Gulley asked if a target date for the items to be done could be given to the Subcommittee. Mr. Stieneke stated that they could provide that. Representative Sexton also asked for the job descriptions for the Medical and Nursing Directors.

Before adjourning the meeting, Senator Gulley gave the members an article on the national and regional decline in the crime rate (see Handout #6).

The meeting was adjourned at 10:00 am.

  
\_\_\_\_\_  
Senator Wib Gulley, Co-Chair

  
\_\_\_\_\_  
Carol Resar, Committee Clerk

1998-99 Recommended Changes  
General Fund - Continued

JPS

Handout #1  
1

Department of Correction

1998-99

1. **Upgrade Health Services**  
It is recommended that additional funds be appropriated to support 51 medical related positions to be established at Central Prison and the North Carolina Correctional Institute for Women. These positions are necessary in order to continue to provide a level of service consistent with prevailing standards in the medical community. Both institutions have under gone an extensive and independent review.  
Number of Positions  
\$ 1,740,563  
51.0
  2. **Criminal Justice Partnership Act**  
When the continuation budget for 1998-99 was prepared, a one time reduction in appropriation for the Criminal Justice Partnership Act made for 1997-98 was inadvertently continued into the second year of the biennium. The amount originally reduced was \$5,000,000, but the department believes that it can operate in 1998-99 with only \$2,000,000 restored.  
2,000,000
  3. **Post Boot Camp Aftercare Program**  
It is recommended that funds be appropriated to continue post boot camp aftercare programs for those youths that complete the department's boot camp. Most states reporting success with the boot camp program have the aftercare component. This program follows up with the youths that are most often released into the same environment that may have caused their encounter with the legal system in the first place.  
515,782
  4. **One Time Appropriation Reduction From Construction Delay**  
It is recommended that a one time reduction be made to operating reserves in the department's budget due to delays in new facilities coming online.  
(11,131,014) NR
- Total Recommended Changes for Department of Correction  
Number of Positions  
\$ (6,874,669)  
51.0

NR - Nonrecurring

1998-99 Recommended Changes  
General Fund - Continued

JPS

1

Department of Correction

1998-99

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Total Recommended Changes for Department of Correction  
Number of Positions

\$ (6,874,669)  
51.0

NR - Nonrecurring

Department of Crime Control and Public Safety  
General Fund

1998-99

1. **Replace Federal Funds for Positions in Emergency Management**

It is recommended that funding be appropriated to continue three and a half positions in Emergency Management that are currently funded with federal funds. It is anticipated that the federal funding for these positions will end on June 30, 1998. These positions work in the area of preparedness, training and exercises, emergency management assistance, hazardous materials, and disaster preparedness improvement grants. Two and a half of the positions are emergency management planners and one position is a facility survey engineer.

\$ 202,717

2. **National Guard Challenge Program**

Challenge is a program currently supported by federal funds that operates at a school owned by Sampson county. Beginning July 1, 1998, the federal funds will be reduced to 75% of the operating budget. It is recommended that an appropriation be made to replace those lost federal funds. The program is designed for young males and females that have dropped out or been expelled from school. The program is a highly structured and disciplined approach focused toward changing behavior and attitude.

542,000 NR

3. **Positions for Air National Guard**

An appropriation is recommended to match federal funds to add four maintenance/housekeeping positions at expanded Air National Guard facilities. These positions would be located at Charlotte (1) and Stanly county (3).

Requirements

\$ 120,591

Receipts

90,443

Appropriation

\$ 30,148

Number of Positions

4.0

NR - Nonrecurring

~~10~~

1998-99 Recommended Changes

General Fund - Crime Control and Public Safety - General Fund - Continued

3  
1998-99

4. **Airborne and Special Operations Museum**

An appropriation is recommended to supplement funds received and/or committed to the Airborne and Special Operations Museum in Fayetteville. This museum will be dedicated to the men and women that have made sacrifices serving our country in Airborne and Special Operations units.

\$ 2,000,000 NR

**Total Recommended Changes for Department of Crime Control and Public Safety - General Fund**

Requirements

\$ 2,865,308

Receipts

90,443

Appropriation

\$ 232,865

2,542,000 NR

Number of Positions

4.0

**Department of Crime Control and Public Safety  
Highway Fund**

1. **Highway Patrol Automatic Salary Increase**

When the continuation budget for 1998-99 was prepared the automatic annual salary increase for eligible officers of the State Highway Patrol was inadvertently omitted. It is recommended that the amount necessary to fund this increase be appropriated from the Highway Fund.

\$ 2,787,596

2. **Criminal Justice Information Network (CJIN)**

It is recommended that funds be appropriated to the Department of Crime Control and Public Safety from the Highway Fund to allow the Highway Patrol to implement phase III of its Mobile Data Network. The purpose of CJIN is to develop a statewide network that will enable an authorized user to readily access and effectively use criminal information regardless of its location in national, state, or local databases.

2,406,611 NR

NR - Nonrecurring

1998-99 Recommended Changes

General Fund - Crime Control and Public Safety - Highway Fund - Continued

4  
1998-99

3. **Mobile Data Computers**

It is recommended that funds be appropriated to the Highway Patrol to continue purchasing mobile data computers for Highway Patrol cruisers. These computers provide immediate response to inquiries without utilization of voice transmission. This quick response enhances the safety of the officer in the field as well as reduces time required for information checks. This appropriation will provide for 247 additional computers and bring the total number of computers in cruisers up to 616.

\$ 2,249,812 NR

4. **Forty Additional Highway Patrol Troopers**

The department is requesting 35 additional trooper positions for the Highway Patrol and the reallocation of five existing Highway Patrol management positions to troopers. The first year annual cost of a new trooper is \$87,373. This includes salary related items and support cost. The support cost includes a fully equipped cruiser. The department can identify funds internally that are sufficient to support the salary cost of 20 troopers and the support cost of 5 troopers. The department has identified these funds from reallocating five management positions (\$436,865) and the use of salary reserves (\$506,460). In summary, the department is requesting full funding for 20 troopers and support cost for 15 additional troopers. The schedule below outlines the net transfer of appropriations needed by the department from the Highway Fund to support the 40 trooper positions:

Total Cost for 40 New Troopers	\$3,494,920		
Less:			
Funds From Reallocating Five Positions	(436,865)		
Funds Identified From Salary Reserves	(506,460)		
Net Request From Highway Fund	\$2,551,595	968,300	
		1,583,295	NR
Number of Positions		35.0	

Total Recommended Changes for Department of Crime Control and Public Safety - Highway Fund

\$ 3,755,896  
6,239,718 NR  
35.0

Number of Positions

NR - Nonrecurring

5

Department of Justice

1998-99

1. **Criminal Justice Information Network (CJIN)**

An appropriation is recommended to continue the development and implementation of CJIN. CJIN is a statewide program that is being developed to uniformly collect criminal justice information data and provide this information to authorized users. The recurring appropriation is to continue to pay the expenses of the CJIN governing board and one position. This position will direct and coordinate the CJIN administrative activities. The nonrecurring appropriation will provide mostly computer hardware to begin implementation of live scans of fingerprints throughout the state.

\$ 100,000  
2,500,000 NR  
1.0

Number of Positions

2. **Positions for Medicaid Fraud Unit**

The medicaid program has continued to grow rapidly in North Carolina and approaches payments to over 40,000 service providers of \$4.1 billion a year. It is recommended that an appropriation be made to match federal funds available on a 75% federal and 25% state participation basis to provide additional staff to identify, investigate and prosecute medicaid fraud and patient abuse.

Requirements

\$ 337,005

Receipts

252,754

Appropriation

\$ 70,929

13,322 NR

Number of Positions

6.0

**Total Recommended Changes for Department of Justice**

Requirements

\$ 2,937,005

Receipts

252,754

Appropriation

\$ 170,929

2,513,322 NR

Number of Positions

7.0

NR - Nonrecurring

1998-99 Recommended Changes

Capital Improvements - Agriculture and Consumer Services - Continued

1998-99

5. Center for Environmental Farming - Planning and Development

Located at Cherry Farm near Goldsboro, the Center is dedicated to the development of farming systems that are environmentally, economically, and socially sustainable. The recommended appropriation will be used to design the facility and begin construction. The cost of the facility is estimated to be an additional \$2.6 million, plus the cost of an irrigation system.

\$ 600,000

Total for Department of Agriculture and Consumer Services

\$ 25,407,700

Department of Correction

1. Central Prison - Acute Care Hospital - 90 Beds - Design

Planning funds are recommended to design a 90 Bed Regional Medical Center at Central Prison. Infrastructure modifications, including expansion of the food preparation and dining facilities and infrastructure, are included in the project. The estimated total cost for this project, including food and dining facilities and utility improvements, is \$41.3 million.

\$ 2,500,000

Total for Department of Correction

\$ 2,500,000

Department of Cultural Resources

1. Museum of Art - Expansion and Renovation - Design

Funds are recommended to plan for the construction of approximately 120,000 square feet of additional space and renovation of the existing space, which totals 175,000 square feet. Adequate space is needed for exhibition of the state's art collections, for education, and for other public programs. The museum has over 250,000 visitors a year, it is often crowded and cannot accept a greater number of visitors. The 1995 General Assembly appropriated \$250,000 for 1996-97 for preliminary design of the building addition. The total cost of the addition and renovation is estimated to be \$40 million.

\$ 2,000,000

2. Museum of the Albemarle - New Building

Construction funding is recommended for a new 50,000 square foot building for the branch of the State Museum of History located in Elizabeth City. Land was purchased in 1994 and planning money was made available by the 1997 General Assembly. The museum is currently housed in an old 10,000 square foot State Highway Patrol station. Previous sessions of the General Assembly have appropriated a total of \$2,150,000 for this project.

11,100,000

Total for Department of Cultural Resources

\$ 13,100,000



NCMDNEW.WK4

06-May-98

DIVISION OF PRISONS

STAFFING WORKSHEET

NC CORRECTIONAL INSTITUTION FOR WOMEN MEDICAL STAFFING

A	B	C	D	E	F	G
LINE NUMBER	POSITIONS BY SECTION	TOTAL POSITIONS REQUIRED	LESS CURRENT POSITIONS	LESS RECLASS POSITIONS	LESS KEEP OR NEW CONTRACTS	EQUALS NEEDED POSITIONS
1	HOSPITAL INPATIENT	26.50	20	0	0.50	6.00
2	OUTPATIENT	20	6	0	0	14.00
3	SICK CALL/MED ADMINISTRATION	11	9	0	0	2.00
4	PHYSICIAN CLINIC SUPPORT	5	2	0	0	3.00
5	ANCILLARY & SUPPORT SERVICES	32.25	24.00	4.00	3.25	1.00
6	SUBTOTAL MEDICAL POSITIONS	94.75	61.00	4.00	3.75	26.00
7	CUSTODY AND SECURITY					0.00
8	HOSPITAL BUILDING	74.00	56.00	18.00		0.00
9	TOTALS	168.75	117.00	22.00	3.75	26.00

Handout #2

NCMHNEW.WK4

06-May-98

DIVISION OF PRISONS  
STAFFING WORKSHEET

NC CORRECTIONAL INSTITUTION FOR WOMEN MENTAL HEALTH STAFFING

A	B	C	D	E	F	G
LINE NUMBER	POSITIONS BY SECTION	TOTAL POSITIONS REQUIRED	LESS CURRENT POSITIONS	LESS RECLASS POSITIONS	LESS KEEP OR NEW CONTRACTS	EQUALS NEEDED POSITIONS
1	HOSPITAL INPATIENT	43.45	36.00	2	1.45	4.00
2	OUTPATIENT	11	11	0	0	0.00
3	RESIDENTIAL UNIT STAFF	12	0	3	0	9.00
4	TOTAL MENTAL HEALTH POSITION	66.45	47.00	5.00	1.45	13.00

05/06/98

CPMDNEW.WK3  
DIVISION OF PRISONS  
STAFFING WORKSHEET

# CENTRAL PRISON MEDICAL STAFFING

A	B	C	D	E	F
LINE NUMBER	POSITIONS BY SECTIONS	TOTAL POSITIONS REQUIRED	LESS CURRENT POSITIONS	LESS KEEP OR NEW CONTRACTS	EQUALS NEEDED POSITIONS
1	HOSPITAL	97	41	56	0
2	OPERATING ROOM	8	4	4	0
3	HOSPITAL SUPPORT	17	14	3	0
4	EMERGENCY ROOM	12	6	4	2
5	SUBTOTAL HOSPITAL	134	65	67	2
6	CLINICS	10	6	4	0
7	HIV COUNSELING	1	1		0
8	INSERVICE EDU. & INFECT. CONTROL	5	2	3	0
9	OUTSIDE ROUNDS (the prison)	27	12	6	9
10	SUBTOTAL NON-HOSPITAL	43	21	13	9
11	TOTAL MEDICAL POSITIONS	177	86	80	11

05/06/98

CPMHNEW.WK4  
DIVISION OF PRISONS  
STAFFING WORKSHEET  
CENTRAL PRISON MENTAL HEALTH STAFFING

A	B	C	D	E	F	G
LINE NUMBER	POSITIONS BY SECTION	TOTAL POSITIONS REQUIRED	LESS CURRENT POSITIONS	LESS RECLASS POSITIONS	LESS KEEP OR NEW CONTRACT	EQUALS NEEDED POSITIONS
1	HOSPITAL INPATIENT	128.30	79.75	39.50	9.05	0.00
2	OUTPATIENT	8.50	6.60	1.50	0.40	0.00
3	SUBTOTAL MENTAL HEALTH POSITIONS	136.80	86.35	41.00	9.45	0.00
4	CUSTODY AND SECURITY					
5	MENTAL HEALTH BUILDINGS	48.00	16.00	32.00		0.00
6	TOTAL C P MENTAL HEALTH	184.80	102.35	73.00	9.45	0.00

# DIVISION OF PRISONS

SUMMARY OF POSITIONS FOR CENTRAL PRISON AND NCCIW  
MEDICAL AND MENTAL HEALTH RECLASSIFIED FROM OTHER FACILITIES  
AND REQUESTED IN THE EXPANSION BUDGET

POSITIONS RECLASSIFIED FROM	TOTAL POSITIONS RECLASSIFIED
Correctional Program Assistants from recalculating the 1:50 program staff to inmate ratio at all facilities	29.00
Correctional Officers from recalculating day shift relief factor from 1.76 to 1.50.	50.00
Correctional Officers from EIS staffing one less on 3rd shift and recreation officers at South Piedmont facilities	17.00
Positions in Area Offices which are closing.	4.00
TOTALS	100.00

# DIVISION OF PRISONS

## SUMMARY OF POSITIONS FOR CENTRAL PRISON AND NCCIW MEDICAL AND MENTAL HEALTH RECLASSIFIED FROM OTHER FACILITIES AND REQUESTED IN THE EXPANSION BUDGET

	DOP HEALTH SERVICES SECTION	CENTRAL PRISON MENTAL HEALTH	CENTRAL PRISON MEDICAL	NCCIW MENTAL HEALTH	NCCIW MEDICAL	NCCIW MEDICAL AND MENTAL HEALTH	TOTAL POSITIONS RECLASSIFIED
POSITIONS RECLASSIFIED TO: Medical Classifications Correctional Sergeant Correctional Officer		41.00 32.00		5.00	4.00	5.00 13.00	50.00 5.00 45.00
SUBTOTAL RECLASSIFICATIONS		73.00		5.00	4.00	18.00	100.00
POSITIONS REQUESTED IN EXPANSION BUDGET Medical Classifications	1.00		11.00	13.00	26.00		51.00
SUBTOTAL EXPANSION BUDGET	1.00		11.00	13.00	26.00		51.00
TOTALS	1.00	73.00	11.00	18.00	<del>30.00</del> <del>4.00</del>	18.00	151.00

DIVISION OF PRISONS

POSITIONS REQUESTED IN THE 1998 SHORT SESSION

FACILITY	NUMBER OF POSITIONS	POSITION DESCRIPTION	PAY GRADE	ANNUAL SALARY W/BENEFITS	TOTAL SALARY
NCCIW-Medical Section	1	Director of Nursing Services II	77	58,838	58,838
	1	Lead Nurse	69	45,158	45,158
	12	Staff Nurse	68	43,185	518,220
	1	Medical Records Mgr. II	68	35,921	35,921
	6	Nurse Clinician	72	51,367	308,202
	3	Corr Health Asst I	59	27,288	81,864
	2	Practical Nurse II	62	31,018	62,036
NCCIW-Mental Health Section	1	Medical Records Mgr I	66	33,164	33,164
	2	Nurse Supervisor I	70	47,108	94,216
	4	Lead Nurse	69	45,158	180,632
	6	Staff Nurse	68	43,354	260,124
DOP Management	1	Physician III	90	109,322	109,322
Central Prison-Medical Section	1	Practical Nurse II	62	31,018	31,018
	2	Staff Nurse	68	43,354	86,708
	2	Nurse Clinician	72	51,367	102,734
	3	Lead Nurse	69	45,158	135,474
	3	Medical Record Asst. (III)	57	22,738	68,214
<b>TOTAL:</b>	51			<b>TOTAL:</b>	2,211,845

SSRE1998.WK4

05/18/98

Handout # 3

**NATIONAL INSTITUTE OF CORRECTIONS**

**TECHNICAL ASSISTANCE REPORT**

**for the**

**NORTH CAROLINA DEPARTMENT OF CORRECTION  
DIVISION OF PRISONS**

**(NIC Technical Assistance No. 98P1025)**

**1.0 Introduction**

In early November 1997, Mr. Keith Nelson of the National Institute of Corrections (NIC) selected a team of three consultants to provide technical assistance to the North Carolina Department of Correction, Division of Prisons. The Department of Correction (DOC) had requested a review and evaluation of health care delivery services in its Central Prison and McCain Correctional Hospital. The team traveled to Raleigh on November 18th and carried out its work over the next four days. This report summarizes the consultants' activities, findings, and recommendations.

**2.0 Scope of Work**

The consultants were asked:

- to review the health care delivery system, organization, reporting relationships, staffing patterns, assigned tasks and responsibilities within the Central Prison and the McCain Correctional Hospital;
- to review the reporting relationships between the facilities and the Health Care Central Office;
- to review reporting relationships within the facilities, and between the facilities and the specific clinical areas represented in the Divisional Office;
- to provide an evaluation of the overall quality of care provided at both medical and mental health inpatient facilities, including a general assessment of treatment provided, use of documentation, and follow-up;
- to conduct tours of the facilities and interviews of staff and inmates as needed;
- to identify and make recommendations on measures that may be considered in improving the health care system clinically or administratively;
- to make recommendations regarding the possibilities of privatization and changes in reporting relationships or organizational structure; and
- to conduct an exit conference with Department and Division officials.



### **3.0 The Team Members**

#### **3.1 Donna Drew, R.N.**

Ms Donna Drew has been a Health Care Unit Administrator with the Illinois Department of Corrections for twelve years, currently at the Dixon Correctional Center. A member of the nursing profession for 38 years, her experience has also included management responsibilities at an acute care facility for intensive care and coronary care units, surgery and recovery rooms, and emergency room. She was instrumental in the development of community paramedic services. She has special expertise in the development of quality assurance programs. She is certified in Quality Improvement in Correctional Health Care by the NIC, and has participated in the presentation of quality improvement programs in several states. As an institutional auditor, she has conducted several court-ordered correctional health care audits. She is also a Multicultural Instructor.

#### **3.2 Cassandra F. Newkirk, M.D.**

Dr. Cassandra Newkirk received her undergraduate degree from Duke University and her medical doctor degree from the University of North Carolina. She was Chief Resident in Psychiatry at Emory University Hospital, where she completed her residency program. She has had a private practice as well as having had extensive experience working in correctional settings, including working directly with male, female, and juvenile offenders in jail and prison settings. She was the Director of Psychiatric Services and Deputy Commissioner for Offender Services for the Georgia Department of Corrections from 1993 until 1995. In this position she was responsible for the design and implementation of all treatment and rehabilitative programs except Health Services. She is a Past President of the American Correctional Health Services Association. For the last nine years she has served as a mental health expert to several correctional system litigations. She has served as chair of the American Psychiatric Association's Committee on Jails and Prisons and has a special interest in the mental health needs of incarcerated women. Currently she has a full-time practice in correctional and forensic psychiatry.

#### **3.3 Steven S. Spencer, M.D., F.A.C.P., C.C.H.P.**

Dr. Spencer is an internist and a Fellow of the American College of Physicians. His education and training was at Swarthmore College, the University of Pennsylvania, the University of Michigan, and the Mayo Clinic. His experience includes private practice, nine years on medical school faculties, and six years as Medical Director of the Navajo Nation Health Foundation. He served for six years on the Arizona Board of Medical Examiners. From 1985 to 1993 he was the Medical Director of the New Mexico Corrections Department. He is currently an independent consultant in correctional health care, evaluating programs in prisons and jails for various local and state jurisdictions, for the United States Justice Department, for the National Commission on Correctional Health Care, and for federal court special masters. He has been a member of the Board of Trustees of the Certified Correctional Health Professionals (CCHP), and a member of the Board of Directors of the American Correctional Health Services Association. He has also served as an expert witness in litigation cases.

#### **4.0 Preparation**

In preparation for the site visit, the team members reviewed the following materials sent to us by the North Carolina Division of Prisons (DOP):

- 1994 State Auditor's Report
- 1997 Follow-up Response to State Auditor's Report
- Recommended Nursing Changes in the Delivery of Health Care at Central Prison
- Health Care Plan completed by CGA Consulting Services, Inc.

#### **5.0 On-site Activities**

5.1 On the morning of November 19 we met with Dan Stieneke, Director of the DOP, and Lavee Hamer, Legal Advisor to the Secretary of the Department of Correction. Director Stieneke expressed his concerns about the health care delivery systems at Central Prison and McCain Hospital, and his desire for us to look at the systems and at the organizational structure and relationships, including the relationship between inpatient medical and mental health care. He stressed that all of his staff were expecting our visit and were prepared to spend time talking with us if requested, and would provide us with any documents or records we wanted to review. We did indeed find the staff to be very helpful and cooperative, and prepared for our visit.

5.2 On November 19, 20, and 21 we spent time in the two facilities and in the central office, interviewing staff, being taken on inspection tours, and reviewing documents. On November 20 Dr. Newkirk spent additional time in the mental health unit at Central Prison, while Dr. Spencer and Ms. Drew visited McCain Hospital. On the afternoon of November 21 the team met privately and discussed our findings and recommendations, arriving at consensus. The following morning we conducted an exit conference for the Director and fifteen of the DOP and DOC leadership staff.

5.3 The following people were interviewed by one or more of us, almost all of them individually in private:

James French, Warden, Central Prison  
Bobby L. Reardon, Health Service Administrator, Central Prison  
Nancy Galyan, RN, Director of Nursing (Medical), Central Prison  
James Smith, MD, Chief Psychiatrist at Central Prison  
David Hubbard, Superintendent, McCain Correctional Hospital  
Susan Eason, Health Treatment Administrator, McCain Correctional Hospital  
Sherwood Lee, RN, Director of Nursing, McCain Correctional Hospital  
Kyu Lee, MD, Medical Director, McCain Correctional Hospital  
Iqbal M. Khan, MD, physician, McCain Hospital, temporarily at Central Prison  
Jennie Lancaster, Command Manager, Division of Prisons  
Herbert A. Rosefield, PhD, Assistant Director for Health Services, DOP  
Linda Young, Director of Managed Care, Division of Prisons  
R. Alan Harrop, PhD, Director of Mental Health, DOP

Barbara Pohlman, MD, Medical Director, Division of Prisons  
John R. Brown, RN, Director of Nursing, Division of Prisons  
Stephen Berry, Mental Health Administrator, Central Prison  
Robert James, Psychological Program Manager, Central Prison  
Jimmy McLamb, RN, Assistant Director of Mental Health Nursing, Central Prison  
William J. Rowell, RN, Director of Mental Health Nursing, Central Prison

5.4 The team also reviewed a great number of documents, including reports, minutes, job descriptions, organizational charts, policies and procedures, memoranda, quality assurance materials, and clinical guidelines.

## 6.0 Findings

Our most significant findings were as follows, not listed in order of priority:

6.1 There has been considerable staff turnover and persistent vacancies, at McCain Hospital and, on the medical side, at Central Prison. In nursing, authorized positions have been insufficient, and are supplemented by contract and agency personnel. Physician staff is currently at a critical level.

6.2 At Central Prison there is a sharp division between medical and mental health care, working to the detriment of patient care.

6.3 Dual supervision (clinical and administrative) is not uniformly successful, and is not working to everyone's satisfaction.

6.4 Job descriptions are generic and overly wordy, often lacking specificity for the designated responsibility and authority.

6.5 Relationships between the facilities and the central office are not always satisfactory.

6.6 In medical care at Central Prison, there is a need for clinical leadership.

6.7 In nursing care at Central Prison, there is a lack of a cooperative working relationship between medical and mental health staff.

6.8 In mental health care at Central Prison, there is a lack of treatment other than medication.

6.9 The physical plant at Central Prison is not conducive to successful recruitment and retention of staff.

6.10 There is not enough mental health nursing staff at Central Prison to carry out required duties. With more nursing staff, more time could be spent with patients, especially helping to "talk down" some of those who become agitated and thus possibly reducing the number of hours of therapeutic seclusion and restraint.

6.11 There are few mental health nursing protocols.

6.12 Nursing staff documentation in the mental health record is inadequate.

6.13 There are not enough psychological staff to carry out required duties. Little individual counseling or group therapy is taking place. With more psychological staff, more group and individual therapy could be done, hopefully reducing some of the need for therapeutic seclusion. (Group therapy is the preferred therapeutic modality for those inmates who remain on the unit for long periods of time and for those who are behavioral management problems.)

6.14 A large number of patients are put in therapeutic restraints.

6.15 There is a high use of therapeutic seclusion.

6.16 There is no formal psychiatric oversight or supervision at the Central Office level.

6.17 The quality assurance procedures in place do not address the quality of mental health services at Central Prison, nor ways of improving them. The issue of the usage of therapeutic seclusion and restraints and how to reduce these numbers, is not addressed.

6.18 There is no overall Quality Assurance / Quality Improvement Plan, and the current QA/QI activities are in the embryonic stage. All of the findings listed above have a significant impact on the quality of care. An adequate comprehensive QI Plan would identify more specifically the quality of care issues and methods to bring about an improvement.

## **7.0 General Principles**

We have based our recommendations on the following general principles, which we believe to be applicable to this situation:

7.1 The Warden or Superintendent has the final authority on all matters pertaining to security in his facility. He also needs to be informed as to what is going on in the health care area, and to feel confident that health services are being run competently and smoothly.

7.2 Medical autonomy is an important principle, and a requirement of American Correctional Association and National Commission on Correctional Health Care standards. It means that health care decisions are made solely by health care personnel.

7.3 Clinical staff should report to and be supervised by clinical supervisors as far up the line as possible, until an essential administrative level is reached.

7.4 Dual supervision and dual reporting should be avoided, to the greatest extent possible.

7.5 Responsibility should carry concomitant authority and accountability. Dual supervision erodes and undermines this principle.

7.6 Responsible supervision includes appropriate delegation of administrative tasks, and the requesting of input from other staff in carrying out performance evaluations. This is not the same as dual supervision.

7.7 It is essential that people working in the same facility and in the same health care operation, be in good communication and work cooperatively. This is a matter of communication, consultation, and liaison, not a matter requiring line authority. The higher you go in an organizational hierarchy, the more important these informal, liaison relationships are.

7.8 A psychiatric hospital, or inpatient unit, should operate on a medical model.

### **8.0 Recommendations on Organizational Structure and Reporting Relationships**

8.1 We believe the recent consolidation of physician staff, with unified supervision by the Division Medical Director, to be a step in the right direction.

\* 8.2 We recommend that there be a Division Chief Psychiatrist position created in the Central Office, reporting to the Division Medical Director, and with a strong liaison relationship to the Division Mental Health Director. This psychiatrist would be responsible for all psychiatric issues except those at Central Prison Hospital. (See 8.6)

8.3 All physicians then, whether medical or psychiatric, would ultimately be accountable to the Division Medical Director, who in turn is accountable to the Assistant Director for Health Services.

\* 8.4 At Central Prison we recommend a Medical Director overseeing all clinical activity and provider staff. Assisting this Central Prison Medical Director would be an Assistant Medical Director for Medical Care (medical-surgical) and an Assistant Medical Director for Psychiatric Care. The latter should supervise all of the hospital mental health treatment staff. The former should supervise all of the medical-surgical provider staff, i.e. physicians, physician assistants, and nurse practitioners. The Central Prison Medical Director should report directly to the Division Medical Director, but have a strong liaison working relationship with the Hospital Services Administrator. The Assistant Medical Directors should have a strong liaison relationship with their respective Assistant Administrators. (See below)

\* 8.5 The Chief Psychologist position at the Central Prison should be a PhD level position.

\* 8.6 At Central Prison we recommend a Hospital Services Administrator (HSA) overseeing the administration of the entire hospital, with an Assistant Administrator for Medical Care and an Assistant Administrator for Psychiatric Care. The Central Prison HSA should report directly to the Division Assistant Director for Health Services, and have a strong liaison relationship to the Warden. All ancillary and support services should report to the appropriate Assistant Administrator. The Director of Nursing should report directly to the HSA.

\* 8.7 At Central Prison we recommend a single unified nursing staff, with one Director Of Nursing for the entire hospital, reporting to the Hospital Services Administrator. There should be an Assistant Director of Nursing for Medical Care (medical-surgical) and an Assistant Director of Nursing for Psychiatric Care.

8.8 At McCain Correctional Hospital we recommend that the Health Treatment Administrator report directly to the Division Assistant Director for Health Services, with a liaison relationship to the Superintendent.

\* 8.9 At the Central Office, we recommend an Administrative Assistant for the Assistant Director for Health Services

## 9.0 Additional Recommendations

9.1 Timely and goal-oriented treatment plans should be developed on all patients in the Central Prison mental health unit.

9.2 Adequate numbers of all categories of staff should be hired at the Central Prison mental health unit and at the medical units at both Central Prison and McCain Hospital. This should include a minimum of one full time psychologist for each housing unit of the Central Prison mental health facility.

9.3 Intake physical examinations at the Central Prison mental health unit should be done by Central Prison medical staff, rather than the present contract arrangement with an outside physician assistant, and those patients should be followed medically by the medical staff.

9.4 Central Prison's mental health staff should develop policies and procedures specific to their needs, based on the Mental Health Commission's standards which are the minimum standard. It should be noted that minimal community standards do not always constitute minimal standards necessary for the provision of mental health services to incarcerated persons.

9.5 A major staff recruitment and retention effort is necessary, for nursing and physician categories. Suggested avenues of exploration and incentives for nurses include a review of state pay scale with attention to adjustment for long term nurses, tuition reimbursement, choice of shift length (8 or 12 hours), establishing a nursing internship with schools in the area, and establishing a rotation of schedules with nursing programs in the area.

9.6 Inservice education and training should be provided appropriate to administrative duties.

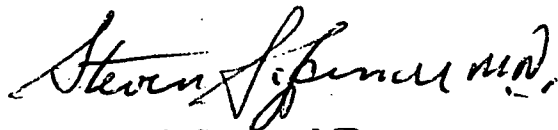
9.7 In response to one of the Division's queries, we found no particular indication for privatization of health services.

9.8 Finally, and a strong consensus recommendation of the consultant team, the Division should adopt a comprehensive Health Services Quality Improvement Plan, with designated authority; participation of administration including the Central Prison Warden and the McCain Hospital Superintendent; participation of all clinical disciplines, medical and mental health; review, monitoring, and other meaningful activities; and scheduled meetings and reports.

## 10.0 Conclusion

This report has summarized the activities, findings, and recommendations of the three member consultant team appointed by the National Institute of Corrections to provide technical assistance to the North Carolina Department of Correction, Division of Prisons. Our recommendations would lead to realistic conditions that would meet the future needs of the Division and resolve present problems. We describe a destination, but do not undertake to plot the pathway to that destination. We wish to thank Director Stieneke and his staff for their outstanding courtesy, cooperation, and hospitality. We hope that we have been of service, and we wish them success in their continuing efforts to provide quality health care services to their inmate patients.

For the Consultant Team,

A handwritten signature in black ink, reading "Steven S. Spencer, MD". The signature is written in a cursive, flowing style.

Steven S. Spencer, MD

## NIC REPORT RESPONSES

### 6.1 Re: Nursing Staffing

Vacancies remain a problem even with extensive recruitment efforts. The following efforts are being made to alleviate this problem at Central Prison:

- Advertisements are run regularly in local newspapers and professional journals.
- DOC Personnel has approved special entry rate salaries and site differentials for LPN's.
- Contact has been initiated with UNC School of Nursing and other area nursing schools to help recruit nurses just entering the profession.
- DOC Personnel is conducting a study of recruitment and retention issues at Central Prison. Information gathered will be used to help the Division attract and retain nursing positions.

### Re: Physician Staffing

Since the review performed in November 1997, two full-time physicians and one full-time physician extender have started work at Central Prison Medical Hospital. These providers have greatly stabilized the medical staff and have provided excellent clinical leadership at that facility.

- 6.2 Organizationally, a single Medical Director position has been established over both the medical and mental health facilities. The Chief Psychiatrist and Chief Medical Officer both will report to this Medical Director. The same has been done for nursing, where an Assistant Director of Nursing-Medical and an Assistant Director of



Nursing-Mental Health will report to one Director of Nursing.

- 6.3 Dual supervision has been completely eliminated for physicians and physician extenders at all three inpatient medical facilities.
- 6.4 The new Health Services Administrator at CP will work on improving job descriptions.
- 6.5 All physicians report directly to Dr. Pohlman in the Central Office. This is anticipated to improve facility-central office relationships.
- 6.6 Dr. Olushola Metiko has recently joined the Physician's Staff at CP and clearly established himself as the clinical leader in the medical hospital.
- 6.7 Nursing for both facilities at CP has been reorganized under one Director of Nursing and an Assistant Director of Nursing for Medical and Mental Health.
- 6.8 The Division has recently hired (start May 11) a Chief Psychiatrist, board-certified in both general psychiatry and forensic psychiatry. In addition, this individual has had seven (7) years experience with Dr. Sally Johnson at the Federal Prison in Butner. His principle responsibilities will include the appropriate use of psychiatric medications and other mental health treatment modalities.
- 6.9 A capital improvement request has been initiated for replacement of both the medical and mental health hospitals at Central Prison. These requests are the Division's top priorities.
- 6.10 Several additional nursing staff have been added in the past sixty (60) days by using local temporary services and contracts. Intensive recruitment efforts are underway to fill existing vacancies. A request for six (6) temporary clerical positions has been submitted that would allow existing nurses to spend more time in clinical duties. A significant number of new nursing positions have been requested.

The Mental Health Nursing Administration has recently changed.

Efforts are underway to recruit adequate numbers of contractual nursing, fill existing vacancies, and establish an adequate number of full time positions to provide health care consistent with community standards.

Mental Health RN staffing is being supplemented through contracts. Permanent staff is being requested through the Legislature.

- 6.11 Central Prison Mental Health has recently began using the Nursing Protocols and Dental Protocols developed by the Medical Director, Dental Director and nursing service. The intent of the protocols is to provide consistent guidelines for managing sick call in each facility. Mental Health Nursing at Central Prison is developing specific procedures for managing mental health issues.
- 6.12 Standards for documentation have been reviewed and revised. Staff have been informed of expectations regarding documentation. This is an on-going process, with many improvements being made. As documentation needs change, policies regarding documentation will change to reflect those needs.
- 6.13 Due to the anticipated closing of the Central Area Office in July 1998, a doctoral level psychologist position will be reallocated and transferred to Central Prison inpatient unit. This will provide additional resources to expand therapeutic activities for patients capable of benefiting from same.
- 6.14 A computer based data system is being implemented through the Central Mental Health Tracking System that will allow monitoring of all seclusion/restraint cases to include: reason for placement, duration, authorizing staff, mandatory services, etc.
- 6.15 See response to 6.14
- 6.16 See response to 6.8

- 6.17 A thorough review of all cases of therapeutic seclusion have been conducted on two occasions since the NIC Report was conducted. All cases were properly assigned and required documentation and reviews completed. The format for authorizing seclusion (DC-422S: Report of Seclusion) has been amended and implemented. Procedures have been improved to enhance patient monitoring through: (a) implementing standard nursing note, (b) training nursing staff, (c) assignment of case managers, (d) revising nursing observation/check sheet, (e) ensuring that only clinical staff can authorize turning off water to cells, (f) implemented use of drinking pitchers with ice.
- 6.18 The QA process will be improved. A new position is to be added to DOP Central Office to oversee and evaluate.

### **PRINCIPLES**

7.1 - 7.8 Agree

### **RECOMMENDATIONS**

- 8.1 All physicians now report to the Director of Health Services.
- 8.2 A Divisional Chief Psychiatrist position has been established and filled by a qualified psychiatrist as of May 11, 1998.
- 8.3 Done
- 8.4 Medical Director position overseeing all clinical activity and provider staff has been created and filled. Chief Psychiatrist for Mental Health (equivalent to Assistant Medical Director for Psychiatric Care) already exists. Chief Medical Officer (equivalent to Assistant Medical Director for Medical Care) position is being created. At present, Dr. Metiko already functions as Chief Medical Officer.
- 8.5 See response to 6.13

- 8.6 A new HSA has been hired for CP. The assistant for medical care has not been addressed. The Health Services Administrator continues to report to the warden.
- 8.7 Done
- 8.8 Reporting lines have not been changed. The HSA continues to report to the Superintendent.
- 8.9 This description is in place.
- 9.1 This is being done and will continue to be the subject of regular quarterly assurance audits.
- 9.2 Position requests sufficient to meet this recommendation have been submitted.
- 9.3 A full-time position for a physician extender has been established for Central Prison. The primary responsibility/function of this position will be intake physical examinations and sick call at Central Prison Mental Health. This physician extender will be supervised by the medical physician staff in the medical hospital.
- 9.4 Policies and procedures exist at the Division level consistent with required state statute (see Section 400 Health Care Procedures Manual). Policies specific to Central Prison are being developed.
- 9.5 The new HSA and DON at CP will have this responsibility with assistance from central office.
- 9.6 Nursing Supervisors do receive the DOP course "Interactive Management." Other courses through OSDT also are available. Efforts for the development of additional nursing curriculum continue.
- 9.8 Same as 6.17 and 6.18.

# Crime declines for 6th consecutive year

**A cumulative 4 percent decrease in seven major crimes is reported by police agencies across the country.**

By MICHAEL J. SNIFFEN  
THE ASSOCIATED PRESS

WASHINGTON — Serious crime reported to the police in 1997 declined for a sixth consecutive year, with reductions in every region led by a plunge of more than 10 percent in murder in larger cities and suburban counties, the FBI said.

Attorney General Janet Reno welcomed the statistics but warned against overconfidence. New problems always are possible, she said.

Preliminary figures released Sunday reflected a cumulative 4 percent decrease in seven major crimes recorded by 9,582 police agencies across the nation.

The violent crimes of murder, rape, robbery and aggravated assault dropped 5 percent nationally. Far more numerous property crimes of burglary, auto theft and larceny-theft dipped 4 percent.

The most dramatic declines were

in murder, for which statistics are the most reliable and uniform. Homicide was down 9 percent nationwide but 14 percent in cities of 250,000 to 500,000; 11 percent in cities over 1 million and in suburban counties; and 10 percent in cities of 500,000 to 1 million people.

"Everyone working together has made a difference, but you can't say, 'OK, now let's move on to something else,'" Reno said. "We can never relax our vigilance about crime, about enforcement, about prevention," she said, because "there's going to be a new problem down the road."

An early 1980s decline in crime was reversed by the arrival of crack cocaine, Reno said. With crack came gangs that recruited teenagers and armed them with guns, prompting other kids to arm themselves in defense or emulation.

The good news on crime appeared to reach even farther into every sector and region than before.

While in 1996, the South experienced a 1.1 percent rise in the total of the seven crimes, this time each region saw an overall decline. The Northeast, where crime soared the

most in the late 1980s, saw the biggest drop, 6 percent. The South was down 4 percent, and the Midwest and West dropped 3 percent each.

Cities of all sizes, suburbs and rural areas reported overall drops. Cities of 250,000 to 1 million people reported a 5 percent drop. Suburban counties were down 3 percent, rural counties 1 percent. The smallest urban drop was 2 percent in smaller towns, under 10,000 population. In Durham, N.C., 16,838 crimes were reported to the FBI in 1996. In 1997, that number was 17,834. In Raleigh, 17,080 crimes were reported in 1996 and 19,259 in 1997. In the Charlotte-Mecklenburg area, the numbers were 53,518 and 52,874, respectively.

Aside from a few spots where often-erratic rape figures rose, the only noticeable increases were a 1 percent increase in violent crime in rural areas, led by a 6 percent increase in robbery. There also was a 4 percent surge in auto theft in rural areas.

"Rural areas are lagging because they are the last front in the 1980s crime wave that started with crack in the big cities and put guns in the

hands of kids in gangs and outside gangs," said professor Alfred Blumstein of Carnegie-Mellon University in Pittsburgh.

"Many small towns, especially in the Southern areas, are playing catch-up with the big cities," said professor Jack Levin, director of the Program for the Study of Violence at Northeastern University in Boston. "These small towns thought they were immune from teenage violence and didn't prepare for the onslaught."

A major factor in the larger big city decline in murder was aggressive police action to take guns away from kids and off the streets, Blumstein said. He cited stop-and-frisk programs in New York City, gun-surender bounties in Charleston, S.C., and "various coordinated efforts by law enforcement and social service agencies to let gangs know violence won't be tolerated, as in Boston and other cities."

Levin added that "in the past five years, inner-city neighborhoods have made a concerted, successful effort to address crime, particularly juvenile crime, through community policing, ... community centers."

Handout #6

## VISITOR REGISTRATION SHEET

Appropriations Subcommittee on Justice & Public Safety 5/19/98 AM

Name of Committee

Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME

FIRM OR AGENCY AND ADDRESS

Mary Cariglia	Mecklenburg County
<del>Greg Stoll</del>	<del>NDE</del>
Buddy Humphrey	OSBM
T. R. Owens	DOP
R. Stulman	DOP
Don Steneke	DOP
Joe Hamilton	DOC
Peg Dore	Conference of D.A.s
Howard Lange	N.C. State
H Webb	N C LEAF

**APPROPRIATIONS SUBCOMMITTEE  
ON  
JUSTICE & PUBLIC SAFETY**

May 20, 1998  
Room 415

HOUSE MEMBERS PRESENT: [8] Representatives Thompson, Justus, Kiser, McCrary, Hardy, Kinney, Redwine, Sexton

Senate Members Present: [4]

The joint Appropriations Subcommittee on Justice and Public Safety met on Wednesday, May 20, 1998 in Room 412 of the Legislative Office Building. Representative Thompson presided and called the meeting to order at 8:45 AM and introduced the pages: Shannon Fagon, Hickory, Sponsor - Rep. Berry; Jamie Wilson, Mitchell County, Sponsor - Rep. Gregg Thompson; Paul Curry, Angier, Sponsor - Sen. Don Page.

Representative Thompson introduced Dr. Fulton T. Crews, PhD, Consultant and Director of UNC Bowles Center for Alcohol Studies to give the presentation. Dr. Crews gave a slide presentation: **Review of Drug/Alcohol Recovery Treatment (DART) Programs. (ATTACHMENT A).**

Dr. Crews pointed out the people who helped do this study were listed on page 41 of the report.

Dr. Crews reported that the purpose of the DART Program is to reduce chemical Dependency among defenders and it is documented across the nation in both federal and North Carolina prisons that approximately 40 to 60% of inmates are there due to criminality associated with their addiction.

Dr. Crews presented a slide presentation. The objective of the report was to review the DART program, the 15 residential treatment sites, visit the programs, to evaluate treatment effectiveness and treatment methodology and try and recommend performance measures to evaluate cost effectiveness, staffing cost and review the recommendations made by the previous report done in 1996 by Dr. Amy Craddock.

Discussion followed:

Dr. Crews also discussed the cost of various aspects of the program. **Page 29** of the report. Also the graft on **Page 31**.

Discussion followed.

Senator Gulley passed out a document (**ATTACHMENT B**) and asked the Committee to turn to the bottom of **Page 9: Missed Opportunity: Reducing Crime and Costs to Taxpayers.**

Discussion followed.

Representative Kiser expressed concern that the graft was not a true example of the annual cost per drug addict.

The committee questioned how was the best way to get the data they were asking for.

Patricia Eure Hussey, stated to gather the information takes a lot of resources and a lot of things need to be in place before starting the project. She feels the committee is asking for information without having considered what needs to be in place to get it done.

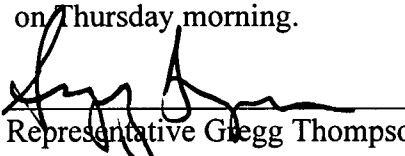
Representative Hardy asked research to find out how many of the people are completing the program. If on work release or parole without completing what the Judge ordered.


Discussion followed on how to get the information needed.

Greg Stahl stated they do not have inmates nor do inmates stay longer because they are in the DART Program. There are means the inmates can earn time off.

Representative Thompson thanked Dr. Crews for the time and information furnished to the Committee.

Meeting adjourned at 10:00 AM until 8:30 AM  
on Thursday morning.

  
Representative Gregg Thompson  
Chairman

  
Edna Sykes  
Committee Clerk



**SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEE  
ON**

**JUSTICE AND PUBLIC SAFETY**

Wednesday May 20, 1998 – 8:30 a.m.  
Room 415, Legislative Office Building

***AGENDA***

**I. CALL TO ORDER**

Co-Chairmen: Senator Wib Gulley

Representative Larry Justus, Presiding  
Representative Gregg Thompson  
Representative Joe Kiser

**II. PRESENTATIONS**

- Report on Study of Department of Correction Substance Abuse Program

Dr. Fulton T. Crews, PhD,  
Consultant and Director of UNC-Bowles Center for  
Alcohol Studies

- Report on Dart/DWI Program at Cherry Hospital

Lattie Baker, Jr., Assistant Secretary  
Division of Alcohol and Chemical Dependency

**III. COMMITTEE DISCUSSION/OTHER BUSINESS**

**IV. ADJOURNMENT**

## VISITOR REGISTRATION SHEET

APP. SUB. JUSTICE & PUBLIC SAFETY

May 20, 1998

Name of Committee

Date \_\_\_\_\_

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK

[illegible]

Review of  
Drug/Alcohol Recovery Treatment  
(DART) Programs

North Carolina Department of Correction

May 1998

Fulton T. Crews, PhD  
Principal Investigator

UNC-Bowles Center for Alcohol Studies  
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University of North Carolina at Chapel Hill  
Chapel Hill, NC 27599-7178  
[www.med.unc.edu/alcohol/](http://www.med.unc.edu/alcohol/)

# **Review of Drug/Alcohol Recovery Treatment (DART) Programs**

**North Carolina Department of Correction**

**May 1998**

**Fulton T. Crews, PhD  
Principal Investigator**

**L. Worth Bolton, MSW**

**Patricia Eure Hussey, MA**

**J.C. Garbutt, MD**

**Gilles Desjardins, ICADC/CSAC**

**Timothy S. Carey, MD**

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## **Executive Summary**

This review covers the recently expanded DART programs within the Department of Corrections. Included are site visit reports and reviews of the three major elements of DART: the DART-IRT 35-day intensive residential treatment programs and aftercare (985 beds); DART Private Prison treatment (350 beds) and DART community aftercare treatment (300 clients). Treatment programming, cost effectiveness and responses to recommendations made in an earlier review are covered within this report. Recommendations are made for improvement of each of the sections evaluated.

A general consensus of studies indicates that substance abuse treatment within the prison system benefits both the individual and society. Alcoholism and drug addiction promote continued criminal behavior. The cost of incarceration is many times greater than the cost of treatment without accounting for the contributions of converting an addicted criminal to a contributing citizen. North Carolina had the wisdom to initiate DART programs in 1987 and to further expand them from three to fifteen residential treatment sites in the last few years. Residential treatment of recently interned addicted criminals improves intervention and recovery. The goal to provide a continuum of care is well supported by numerous studies indicating that successful recovery improves with time in treatment. Current residential programs use a Minnesota Model, which is based on the 12 steps of Alcohol Anonymous. This is an effective, low cost treatment. Recommendations include additional screening, improvement in programming, particularly motivational elements, as well as methods to sustain the continuum of treatment through better interaction between DART, other Divisions of the Department of Corrections, and other State agencies. In general recommendations of the 1996 review have been implemented. At that time it was noted that DART was not ready to evaluate. This report recommends planning and implementation of data collection and analysis procedures that will allow comparisons and effectiveness measures of the recently expanded DART programs. The DART Cherry programs include a Therapeutic Community treatment model that is being implemented across the country as the best corrections treatment approach that includes important elements for transitioning criminals back to the community. This includes an extensive aftercare effort to maintain the continuum of treatment. These programs are among the most modern advanced treatment strategies.

The Private treatment programs treat inmates just before parole. They provide good therapeutic/programming components and skills transitioning individuals to the community. These programs are in their infancy, but are likely to increasingly show their value at reducing relapse and recidivism.

In general, substance abuse treatment within the DOC has significant value that can be enhanced by small changes in treatment and administrative structure.

## I. INTRODUCTION

In 1987 the N.C. General Assembly established the Department of Correction Substance Abuse Program known as the Drug/Alcohol Recovery Treatment (DART) under General Statute 143B-262 and 143B-264. Expansion of these services to include contracts with private providers occurred in funding provided as part of the Governor's Session on Crime in 1994, and the Division of Alcoholism and Chemical Dependency Programs was established in 1995 under G.S. 143B-262.1a (replacing G.S. 143B-252.1). The primary objectives for Substance Abuse Services in the Department of Correction have been articulated as:

- 1) Reduction of chemical *dependency* among offenders.
- 2) Reduce likelihood of *recurring* criminal activity and recidivism.

These objectives are encompassed in a program design that advocates a continuum of care providing treatment services through three major components:

~~**DART In-Prison Beds**~~—35-day intensive residential treatment program with an eight- to twelve-week structured aftercare component. Services are provided by DOC Substance Abuse Counselors, DOC contracted Counselors, and Peer (Inmate) Counselors. (985 Beds)

**DART Private Prison Treatment Beds** – Intensive treatment services provided by contract with vendors in secure settings. Long term (6-12 month) residential *settings* with focus on recovery skills and transitional planning for return to the community. (350 Beds)

**DART Community Beds** – Community-based model with primary unit in Goldsboro that interfaces with Division of Adult Probation/Parole in DOC for chronic DWI Offenders and *others* designated by DAPP as needing structured residential treatment services. Provides traditional 28-day DART model and a pilot 90-day Therapeutic Community model that includes outpatient aftercare services provided through a network of contracted private providers for transition back into the offender's community when residential treatment is completed. (300 Beds)

In the 1997 session of the General Assembly, funding for 150 beds that had not been established was eliminated, with the balance of funds designated to authorize an evaluation of the DOC Substance Abuse Program and the DART Community Beds (commonly known as DART/DWI and/or DART/Cherry).

Objectives for this report are as follows:

1. Review Drug/Alcohol Recovery Treatment (DART) Programs, including the 15 Residential Treatment sites, DART Cherry and the Private Treatment Bed programs.
2. Review and site visit DART programs.
3. Evaluate the treatment effectiveness of substance abuse programs in reducing recidivism and recommend performance measures.
4. Evaluate the cost-effectiveness of the programs, including staffing and treatment costs.
5. Review the 1996 final report Evaluation of DART and Private Treatment Programs prepared by Amy Craddock, Ph.D., prepared for the North Carolina Department of Correction, Office of Research and Planning.

## Methodology

This evaluation began in late January 1998 and needed to be completed in April 1998 to accommodate the Legislative calendar.

**Review of the Literature.** The incidence of alcohol/drug-related crime and criminal behavior in the past two decades has created a crucial need for effective approaches and programs to address this significant social problem. Any evaluation of DOC programs will benefit from an updated review of the scientific literature that highlights methods that have shown promise in reducing social costs of substance abuse and crime to the community and the individual. Research staff focused on those studies that target substance abuse and criminal behaviors in institutional and community-based settings (see Section II of this report for additional information).

**Site Visits/Observational Data.** Actual on-site visits to observe activities, interview staff, review clinical case records and program structures provided valuable insights into how the services are actually provided versus how they are described in the written descriptions. Observation and interviews based on criteria established in the scientific literature and measured against the DOC/DART primary program objectives gave indications for change and identified viable aspects of current operations.

**Review of DOC Budgets, Human Resources, and Administrative Systems.** Interviews with senior management staff and DOC officials were bolstered by access to budget data and human resource plans. (Analysis of cost factors as compared to other similarly operated programs is difficult to obtain given the dearth of socioeconomic research focused specifically on the correctional population.) Research staff



focused on studies and cost comparison data for programs providing similar services in residential and outpatient settings.

## II. SUBSTANCE ABUSE TREATMENT AND RECIDIVISM

Considerable evidence exists to link substance abuse, criminal behavior, and incarceration in our society (Mays et al., 1991) in addition to studies that identify mental illness, dysfunctional families, and poor educational/vocational goal attainment (Lipton et al., 1992).

Maintenance of a lifestyle that includes drugs promotes continued criminal behaviors for offenders who are released from confinement. Releasing drug-using offenders without supervision and behavioral change strategies is not in the best interest of society or the individual (Chaiken, 1989). While public and scientific opinion has moved away from the pessimism of the '70s that suggested "nothing works", there is now more hope that treatment can produce a positive impact on drug use and criminal behaviors (Falco, 1992).

The existing literature can be grouped into three categories: (a) ~~commentaries by experienced practitioners regarding elements of~~ "model" or strong programs; (b) empirical studies of the outcomes ~~achieved by particular programs;~~ and (c) process evaluations of particular or specific programs. The National Task Force on Correctional Substance Abuse Strategies (1991) noted that effective strategies have several common characteristics:

1. Clearly defined missions and goals, admission criteria that target appropriate participants, and an assessment strategy for those seeking treatment.
2. Visible support and understanding of key administrators within the agency, as well as those line staff with whom the program must interact.
3. Consistency in intervention strategies facilitated through formal and informal links with other agencies as an offender moves through the system.
4. Staff who are well trained and who have an opportunity for ongoing professional education.
5. Continuous evaluation and development on the basis of both outcome studies and process data.

With regard to specific treatment elements, the National Task Force on Correctional Substance Abuse Strategies (1991) recommended:

1. Individualized multidisciplinary treatment plans.

2. Matching of offenders with supervision, control, and treatment programs appropriate to their assessed needs.
3. A full range of services, from drug education to intensive residential treatment.
4. Drug education for all offenders.
5. Prerelease treatment programming.
6. Integrated treatment/custody staffing.
7. Use of incentives and sanctions to increase prisoners' motivation for treatment.
8. Self-help groups as an adjunct to treatment and for aftercare.
9. Targeted programs for special-needs populations.
10. Education and treatment for relapse prevention.

Similar lists drawn from experiences with prison-based programs discuss effective programs as being intensive and multifaceted to address the multiple problem of offenders (Secrest and Josi, 1992; Chaiken, 1989; Lipton et al., 1990; Field, 1989). Day-to-day life skills with practical approaches are emphasized in several studies with a focus on clinical services (Chaiken, 1989; Wexler et al., 1990), and programs should have a strong screening and referral capability (Peters, 1992) with classification procedures linking offenders to treatment best suited to their particular substance abuse problems, i.e., use, abuse, or dependency (Hepburn, 1994). Model or demonstration projects that are effective include comprehensive assessments, drug education sessions, a mix of group including structured planning of a follow-up treatment plan, and linkages with courts and community drug treatment programs. A major aspect of the demonstration projects was to provide a graduated reentry to the community, with the goal of assisting the offender to remain abstinent from drugs during the first several months following release from incarceration (Peters and May, 1992).

Recognizing the multiple problems of substance-abusing offenders and the extensive list of essential elements for effective programs that should be regarded as a precondition for successful intervention into the drug/crime connection, empirical evaluation of such programs can be inherently difficult. In spite of these difficulties, there is a growing body of evidence that such programs can definitely affect recidivism rates. The Treatment Outcome Perspective Study (Hubbard et al., 1989) and the Drug Abuse Reporting Program (Simpson et al., 1982) showed significant reduction in arrest rates for offenders involved in treatment programs. The authors concluded that "behavioral improvements over time were strongly associated with active participation in drug abuse treatment."

Recommendations for the NC DART Program are included in this report and reflect the observed experiences gained since 1987 when the DART Program was established. Comparisons are made to several national

"models" discussed in the literature. Funding restrictions and administrative directives may make implementation of some recommendations at this time difficult. However, several recommendations require administrative changes only and not additional resources. The changes made in the DART program from its inception and the designation of a division within the DOC to address the substance abuse issue have already improved the original DART design but continued evaluation and development based on outcome studies and process data is clearly indicated.

### III. CRADDOCK REPORT REVIEW

#### *Status of Recommendations in the Craddock Report*

In the final report entitled "Evaluation of DART and Private Treatment Programs" (Craddock, 1996) recommendations were made to the N.C. Department of Correction as part of this study requested by the General Assembly. The stated objectives of this study were:

1. Evaluate the appropriateness of the substance abuse treatment methodology used in the DOC.
2. Evaluate the cost-effectiveness of the programs, with emphasis on number and type of staff.
3. Evaluate the effectiveness of the treatment programs in reducing recidivism if such data are available, or if not, to develop standards and processes for conducting an evaluation and reporting the results.

In Section 3 of the report, Dr. Craddock made the following points on the DART Intensive Residential Treatment:

*"From an evaluation standpoint, it is important that treatment be standard across sites. Clearly, the basic elements are standard across sites. It may be problematic to achieve full standardization if some treatment directors resist for sound clinical reasons ... treatment should be tailored to some special populations (e.g., women, youth), and this is an important reason that their outcomes should be analyzed separately in an evaluation. This issue should be carefully examined prior to an evaluation (Craddock, 1996)."*

This current study, through site visits and interviews, examined the DART-IRT and its relevant aftercare services, two of the private contract therapeutic communities, the Western Correctional Center for Youth, and the DWI Cherry residential treatment facility. The balance of this

section of the current study will address specific recommendations from the Craddock report.

## **WESTERN CORRECTIONAL CENTER FOR YOUTHFUL OFFENDERS** (see also additional information in Site Review Section IV of this report)

Recommendations are emphasized in italics and assessment of current status follows.

- 1) *"The DOC would have to set aside a separate dormitory area as a DART residence (Craddock, 1996)."*

DART Staff have been successful in having the majority of participants moved to one floor of the facility but custody status will require some participants to stay in the adjacent minimum security unit. The physical layout of this site does not lend itself to a segregated living area for all DART participants but staff are working to make reasonable accommodations in this matter.

- 2) *"DART appears to be used primarily as a population management tool at Western. I question whether these policies corrupt the purpose of DART to such a degree that the program should not be evaluated as a chemical dependency program (Craddock, 1996)."*

Review of clinical programs indicate that Western has developed and implemented a daily schedule of therapeutic and educational groups with work details not being assigned to program participants. Changes in daily schedules and program services reflect efforts to create effective clinical services for the youthful offender population.

- 3) *"It appears that, unlike in other institutions, DART staff members at Western do not have the option of dismissing someone from the program because he was inappropriately referred; they must accept everyone. DART currently has a 3-month waiting list. DART should be reserved for those who are dependent (Craddock, 1996)."*

The Diagnostic and Reception Center (D&C) at WCC allows staff to conduct better screening and assessment activities to identify offenders needing DART-IRT as they enter the facility. (Concerns about standardized screening and assessment instruments are discussed in other sections of this report.) A one-week Orientation Group allows staff to identify offenders needing IRT and assess motivation for the program. The DART legislation established a hierarchy for admission into the program that gives preference to court referrals followed by D&C evaluation referrals, then staff and self referrals. The net effect of this process can be admissions of offenders with "substance use" or "substance abuse" diagnoses into a program that was designed to treat "substance dependency." In addition to taking a treatment bed

inappropriately, the participant can detract from a treatment milieu that requires strong identification with the Minnesota Model which is based on the 12 steps of Alcoholics Anonymous, a design to treat alcohol dependency, not use or abuse issues.

## GENERAL RECOMMENDATIONS FROM THE REPORT

- 1) *"Even though the SMAST and CDST are not designed to fully assess an individual's substance abuse problems and treatment, the DOC should continue to work on validation of these instruments. Alternatively, the Division should implement the use of other instruments if these are found to have low validity (Craddock, 1996)."*

Further study of screening instruments and processes to insure that the right offender is matched to the right treatment model is needed. The time-limited nature of the current study did not allow effective analysis in this area but increased evidence in the scientific literature suggests that the SMAST may not be appropriate for women and youthful offenders. Correct assessment and placement is critical to measurement of effective outcomes and to insure that treatment beds are properly deployed.

These assessment tools are reviewed in more detail later in this report (see page 26). In brief, it is important to note that the current SMAST and CDST are tools that have value and require a minimum of staff time. The staff that administers the SMAST and CDST should be given standardized training to assure consistent assessment. This is essential for later outcome studies. Also, all inmates, regardless of referral, are assessed by a professional DART counselor, without a systematic screening. It is recommended that additional assessment and screening measures be added to provide a better data assessment for future outcome measures. Professionals should be able to consistently administer the Addictive Severity Index to better assess the addiction severity and substance abuse problems of the inmates receiving DART treatment.

- 2) *"The general conclusion of my study is that DART is not yet ready to be evaluated...it does not make sense to embark on such a study until the full continuum of programming is fully operational and stable. I recommend positioning an evaluator, experienced in implementation and process evaluation, to facilitate and assess the implementation of the continuum of care so that an outcome evaluation can be assured that is studying a well-defined and stable program (Craddock, 1996)."*

There is not currently a staff position dedicated to evaluation of the DART Continuum of Care. Several additions and modifications over the original program in 1987 would have impacted any data taken for outcome evaluation (should data be available), making comprehensive studies unfeasible to this point in DART's development. DOC Research

and Planning staff have conducted studies on overall recidivism. However, the report did not assign responsibility for an internal evaluator. No evaluator has been assigned. It is clear that the Department of Correction with its many Divisions and sections is a large bureaucracy that will find it difficult to organize and maintain an effective internal evaluator. It is recommended that an outside contractor over an extended period be appointed to organize and implement data collection and collect outcome data. For example, typical outcome experiments last 5 years with year 1 involving organization of data collection procedure and standardization of assessment, years 2-4 data collection and year 5 effective analysis and reporting of data. This structure allows for appropriate collection procedures in advance of analysis and thereby assures reliable data. The current OPUS database was not designed to provide DART outcome data and does not contain appropriate data for that type of analysis. This report will propose a comprehensive approach to implementation of studies that address essential questions concerning cost-effectiveness, impact on recidivism, and overall effect on the prison population at its conclusion.

- 3) *"... the evaluation will be greatly facilitated by a well-designed computerized management information system (MIS). The DOC is working on incorporating DART participation information into OPUS to fulfill this need; this work is in a pilot phase at this time. It is targeted to be completed by the end of CY 1996. Without an MIS, extensive and expensive record-based data collection will be required for a comprehensive evaluation. More important, a good MIS can assist DART staff, especially those providing continuum of care services. I strongly recommend that this essential tool be implemented as extensively as possible (Craddock, 1996)."*

Staff interviews indicate that the OPUS MIS system is in development but not functional enough at this time to provide necessary data on DART participants for formal outcome studies. Data on proper assessment and placement, intensity of services provided, completion of aftercare, release to transitional community-based treatment, and tracking of post-release substance abuse and/or criminal behavior must be obtainable for control and experimental groups to make definitive statements concerning DART program effectiveness. Inclusion of data on contracted private services in a standardized data base is also not available at this time but would measure cost-effectiveness and impact of contracted outside services.

DART has recently expanded to a 15 site program and is well positioned to begin a full evaluation of the effectiveness of the programs in reducing addiction and criminal behavior. This is an excellent opportunity to begin to specifically design measures for this type of evaluation. The large bureaucracy and multiple missions within the Division may make this process difficult. An outside agency may be best able to achieve the

results, however, this can only be achieved with complete cooperation from the Division.

- 4) *"In addition to continued work on validation of the screening instruments, I recommend that DART institute use of a formal and thorough assessment instrument. Once implemented, this information should be included in the OPUS-based MIS discussed above (Craddock, 1996)."*

Screening and assessment issues impact selection of those offenders who can best benefit from substance abuse services. Correct matching to insure that treatment groups are composed of addicted individuals can insure that those with the most need are treated in a full continuum of care and then tracked into aftercare upon release to the community to determine the true impact of services on substance abuse and criminal behaviors.

#### **PRIVATE PROGRAMS (Recommendations from the Craddock Report)**

- 1) *"The Division has hired external evaluators to address operational and clinical issues. Their reports should be much more informative than what I am able to provide here (Craddock, 1996)."*

No reports were made available during this study. Staff spent one day at Mary Frances Center/Tarboro and one day at Right Turn/Charlotte to look specifically at issues raised in the Craddock report. (A survey tool was developed to insure conformity of items to be assessed at each site and is attached to this report.) Similarities and differences in each treatment program design were observed to evaluate the feasibility of outcome studies that focuses specifically on the therapeutic community model existing at each site.

- 2) *"When fully implemented, I believe North Carolina will have long-term residential treatment for offenders that is comparable to the leading programs in the country. Once fully implemented, they should be part of any study funded to evaluate substance abuse treatment within the DOC. I recommend that several requirements be met and some problems resolved, before evaluation is considered (Craddock, 1996)."*

The primary *"requirements and problems"* would be the differences in the two program structures that were visited. Each program uses a somewhat different progression through phases of treatment. (See Site Review, Section IV of this current report.) The primary concern, from an evaluation perspective, is that if the treatments are different then the outcomes from private contract services could vary based on the type of residential treatments received. What is similar about the two programs visited is:

(a) The lack of an OPUS-based MIS system that links data from DOC to the private contract services and allows consistent data collection, systematic tracking on release back into the community, and ready access to DOC data for program participants referred into private facilities.

(b) The Parole Commission had agreed that offenders would be referred into the private programs when they had 90 days left to serve on their sentence. This is not an acceptable arrangement from the standpoint of program integrity given that the program model is designed for a 6-12 month stay for maximum therapeutic effectiveness. (This specific concern will diminish with the impact of Structured Sentencing but will continue while current eligible offenders are still under the traditional sentencing structures.)

- 3) *"A second problematic area regarding referrals is health grade. The private programs accept only inmates in health grade 1 (or A)...It becomes a program issue if program capacity cannot be maintained (and the sample size cannot be achieved in a reasonable time), or if individuals are referred to the private programs who may be inappropriate (but healthy), or if the inability to resolve this issue results in systematic exclusion of individuals based on specific health conditions (Craddock, 1996)."*

This area of concern is related to selection of program participants who meet eligibility criteria but may be excluded from this treatment approach. Therapeutic communities are most appropriate for individuals with protracted substance abuse issues and the resultant criminal behaviors associated with addicted lifestyles. Placement of participants who do not need this level of care is an unwise use of resources. Custody issues can be addressed by treating such individuals in the in-prison therapeutic communities but overall evaluation and comparison for research purposes would need to be considered as a subset of a larger "impact on recidivism" study. As aptly stated in the Craddock report, "The evaluation implications are that inappropriately referred individuals tend to have less success in programs. Their retention rates can be lower, and their outcomes may be poorer."

It may be that few inappropriate referrals occur, but the point is that this is difficult to determine in the absence of criteria or sufficient information on those considered for referral. Comparison of in-prison programs to community-based services is troublesome at best and requires clear criteria, uniform application of criteria, and similarity of treatments received to best assess impact on critical outcome variables. Included in this area of concern is the aforementioned screening and assessment process that drives the "loading" or participant selection process.



The sections of the Craddock Report that address "Program Staffing and Cost-Effectiveness of Treatment" and "Effectiveness of Treatment" are elsewhere in this report and are not included in this section.

#### **IV. SITE VISITS AND REVIEWS—OVERVIEW OF PROGRAM COMPONENTS**

##### **DART IRT PROGRAMS**

*DART Intensive Residential Treatment In-Prison beds provide 28-35 day intensive treatment programs and 8 to 12 week structured aftercare. DART staffing is a combination of permanent DOC substance abuse counselors, DOC contract counselors, and peer (inmate) counselors.*

##### **WESTERN CORRECTIONAL INSTITUTE**

Date of Review : April 7/8, 1998

Reviewers: Worth Bolton and Trish Hussey

DOC Staff: Myrtle Lavoie, Ron Hogsed, David Joslyn

##### ***Objectives of Review***

This visit consisted of two (2) primary objectives:

- 1) To review the program in terms of changes made that were consistent with recommendations in the report completed in 1996 by Amy Craddock, Ph.D. entitled "**Evaluation of DART and Private Treatment Programs.**"
- 2) Become better acquainted with the use of the DART Model with the young adult male population typically housed at WCC.

##### ***Program Description***

The DART Program in the Western Correctional Institute in Morganton is based on the Minnesota Model (28 day) of chemical dependency treatment. The program is a five week term of intensive treatment for alcohol and drug addiction in residential facilities for 32 youthful offenders. Participants average 32-35 days in the DART-IRT program with a weeklong "Pre-treatment Orientation" Phase, followed by a four week Intensive Treatment Phase. Two Aftercare Groups meet weekly in the main building, and one Aftercare Group meets weekly at the minimum custody building on the WCC grounds. DART completers attend the Aftercare Groups for 8 weeks upon completion of IRT. 12-step groups meet weekly on the units around the Western Region and IRT completers are expected to attend these meetings upon completion of the 8 week structured Aftercare Group.

WCC has a Diagnostic and Reception (D&R) Unit at this site rather than at another location which is often the case at other DART sites. This gives staff better interaction with the inmate from the beginning of their incarceration and prevents the long delay in entry that occurs with inmates coming from other D&R sites.

In the Craddock Report, treatment in this facility was classified as outpatient treatment in 1996 because DART clients were housed with the general population, both in the main building and the adjacent minimum custody unit. DART staff reported that they have been successful in getting the majority of IRT participants moved to one specific floor of the main building. While not ideal, it is a considerable improvement over having participants scattered throughout the institution.

As Director of the DART Youth Programs/West, Myrtle LaVoie has implemented a much expanded program for this unit, merging a strong 12-step recovery education model with solid therapeutic and behavioral treatment components. The program includes group and individual counseling services, chemical dependency educational services, social skills training, relapse prevention programming, family program services, transitional/continuing care services. There were concerns in the Craddock Report that DART materials and focus were primarily designed for adults, while the population at WCC is primarily youth. The adaptation and addition of materials specific to young adults and youth have been included in the IRT as part of the overall changes made by Ms. LaVoie and Mr. Hogsed.

A random review of client charts found them to be thorough and complete, reflecting comprehensive record formatting. Charts indicated clear and concise program expectations, clearly stated client responsibilities, and thoughtful treatment planning based on individual needs. This treatment program appears to provide extensive oversight of inmates during their 5 weeks of treatment.

In reviewing the 1996 Evaluation by Ms. Craddock, she indicated in her text that the WCC DART-IRT program "appeared to be used primarily as a population management tool at Western." Considering the changes in the program during the past two years, it now appears to provide a much higher quality of treatment. Ms. Craddock also stated that "DART produces inmates that are better behaved and better workers." This program continues to produce better behaved inmates and continues to improve its therapeutic and behavioral treatment components.

## **DART-CRAGGY**

Date of Review: March 30, 1998

Reviewers: Fulton T. Crews, Ph.D. and Gilles Desjardins, CSA

DOC Staff: Brock Jeffries, Program Manager, Ron Hogsed, DART Western Regional Supervisor

### ***Objectives of Review***

This visit consisted of two (2) primary objectives:

- 1) To review the program in terms of changes made that were consistent with recommendations made in the report completed in 1996 by Amy Craddock, Ph.D. entitled "Evaluation of DART and Private Treatment Programs."
- 2) Become better acquainted with the use of the DART-IRT Model currently in the system.

### ***Program Description***

DART-Craggy is a 68 bed facility within a 408 bed medium custody correction facility, which ascribes to the goals and philosophies of the DART-IRT Programs system-wide. This program adheres to the 12-Step philosophy behind the Minnesota Model with adjustments necessitated by the correctional setting. Staff includes a supervisor, one orientation and two primary counselor clinicians, four peer counselors, and secretarial support.

Legislation established the following hierarchy for referrals to DART, including: 1) court ordered referrals, 2) Reception and Diagnostic Center evaluations, using CDST and SMAST diagnostic tools, 3) general staff referral based on case history review showing drug dependence, and 4) self-referral of inmates.

As the DART-IRT in the Western Region programs has been well standardized, DART-Craggy follows the same five week program format as seen at WCC DART, including orientation, treatment, and aftercare. Following this aftercare program, inmates remain in the general prison population throughout their stay. Aftercare following the eight week counselor-supervised meetings consists of NA/AA meetings within the general prison population. The premise that treatment is not an end in itself, but a period of initial learning of the discipline of recovery, adds validity to efforts to develop a strong aftercare program, including developing ties for transitioning clients back into their community after release. The Program Development Evaluation (PDE) was noted by Mr. Hogsed as providing the overall structure to DART-IRT therapeutic dynamics and approaches.

DART Program staff are charged with "gate to gate" treatment of inmates, from reception and diagnostic processes through the eight-

week aftercare that is designed to help in the transition from treatment to self-actualized recovery. *Counselors at Craggy reported that they do not see a case history or psychological profile of inmates, nor do they have access to medical records of the clients.* Other DART IRT program staff reported use of OPUS as a tool in accessing these records.

Standardization throughout the system is important for appropriate assessment and aftercare design, given the fact that alcoholism/addiction is a bio-psycho-social disease. This could and does often create an impediment to strong assessment of clients entering the DART programs. ***This is another example of the separation among the various Divisions of the Department of Correction around issues of treatment in the prisons.***

Aftercare is also provided ***prior to release*** from the prison program. This program includes a 90- to 180-day prerelease continuum of care for individuals. "Bridging the Gap" would allow an inmate who has successfully participated in IRT, Aftercare Group, and regularly attended 12-step meetings, to begin involvement with a Community Sponsor on a Minimum Custody site six months prior to release from incarceration. This Sponsor would begin the process of reintegration of the inmate into 12-step meetings in the inmate's home community and help in the transitional planning needed to return to the community.

Another program referred to as "The Winner's Circle" has a similar approach to recognize DART Completers that have maintained the goals established in treatment. Both programs are being established to increase the focus and planning for discharge from the system for DART Program completers needing to begin the transitional phase from incarceration to community.

There are currently three weekly AA and/or NA meetings in the general prison population, all of which are conducted by outside volunteer members of AA and/or NA. Inmate-only AA and/or NA meetings are not allowed in most units, and require the oversight of outside volunteer 12-step participants. Space within the prison unit can often be a limiting factor in the number of participants to these meetings, as well as involvement and oversight of prison guards in some units.

***Counselors reported that they did not know how many of the inmates in their programs were on medications. It was noted that medical records are kept confidential, such that treatment counselors did not know the medical history of individuals—whether there is any psychopathology in addition to addiction and whether the individual might be taking psychotropic medications.*** Again, this reflects a lack of collaboration among the various divisions within DOC. We would strongly recommend increased efforts to bridge this gap.

Reviewers met with a Peer Counselor in this program, an individual serving a 50-year prison term for a third drug dealing offense. Through DART, he was introduced to 12-Step treatment, and has been a Peer

Counselor for several years. He expressed concern that, while he was able to maintain contact with individuals he bonded with in DART who are now out of prison, he is not allowed to communicate with individuals still inside prison. The inability to communicate with other individuals in recovery is perceived as problematic for a 12-Step program based on fellowship and sponsorship, in essence, community. Sponsors/peer counselors within the general prison population may be randomly moved away from individuals with whom they are involved in therapy.

## **CATAWBA CORRECTIONAL INSTITUTION**

Date of Visit: April 8, 1998

Reviewers: Worth Bolton, MSW and Trish Hussey

DOC Staff: David Joslyn, Regional Supervisor, South Piedmont Region

### ***Objective of Visit***

This visit was conducted for primary discussion of Aftercare services for DART completers who transfer to another site such as CCI.

### ***Description of Program***

Attendance at Aftercare Sessions has ranged from 4-6 inmates up to 8-10 inmates in the past year. Staffing is provided through a SACI DOC employee who requires inmates to sign in at each session so that completion of Aftercare is documented. There are AA or NA meetings on four separate nights of the week in addition to the structured Aftercare group weekly. Meetings are held in a separate facility on the Unit which provides privacy with lack of distractions.

There are Work & Study Release Programs on this Unit in addition to Road Squads and Community Service Crews, which provide many daytime activities for those motivated to work. ABE & GED Programs are limited at this site.

There were several primary concerns expressed by DOC staff at this site:

- 1) An identified need to get DART participants to meetings out in the community as they begin the transitional phase prior to release. This is due, in part, to the lack of community volunteers and also due to the fact that many of the inmates on this unit will not be released into this community but rather to other areas in the region; and
- 2) Transportation to get participants to meetings in the community was cited as an issue somewhat related to #1 above but staffing and DOC standard operating procedures make this a difficult process.

## **Summary**

- 1) DART Staff and DOC Staff appear to have close working relationship at this site and DOC was verbally supportive of DART programming. Positive working relationships were observed during this discussion.
- 2) Limited sponsorship, transportation issues, and inmates being released to other geographical areas seriously hamper best efforts at prerelease planning to self-help and/or community treatment programs.

## **DART COMMUNITY BEDS**

*Provides community based programs for parolees and probationers.*

*DWI/Substance Abuse unit in Goldsboro uses 28 day DART model and 90 day model, and DART/DWI aftercare pilots.*

## **DART CHERRY PROGRAM**

Date of Review: March 18, 1998

Reviewers: Fulton Crews, PhD, Worth Bolton, and Trish Hussey

DOC Staff: Michael Rothwell, Facility Manager, and Jerry Penuel,  
Program Director

### ***Stated Program Goals/Missions/Purposes***

The philosophy of the DART/Cherry Program "recognizes the disease model of addiction and stresses the mental, physical, emotional and spiritual recovery of each individual." The purpose of this program is to afford an opportunity for offenders to assess the negative impact their alcohol/drug use has had on their lives, and to provide quality treatment services to these individuals.

### ***Program Descriptions***

DART/Cherry Program is comprised of two parallel programs: 1) a 100 bed, 90 Day Therapeutic Community Program, and 2) a 200 bed, 28 Day DART Program. The 90 day program is appropriate for offenders with more significant substance abuse issues.

The **Dart Cherry Program/Parole and Probation Residential Program** (28 days) in Goldsboro was implemented in July of 1989 as a treatment option for multiple DWI offenders who met the criteria for parole. In November

of 1994, a pilot program was established to admit probationers to the program. The Parole and Post-Release Supervision Commission may require an offender to receive treatment at the facility as a condition of parole or the courts may require treatment there as a condition of probation. The facility provides a 28 day chemical dependency treatment program. Upon completion of treatment, offenders return to local communities with a highly structured community aftercare program. Offenders are supervised by the facility's probation and parole officers and treatment staff. As a condition of their probation or parole, they are required to successfully complete the treatment program. The facility has 300 residential treatment beds, and has the lowest return to prison rate of all DART programs.

Referrals and admissions into the 28 day and 90 day programs are primarily determined by Assessments performed by Probation Officers, and by the Court's determination of referral for each client. Diagnostic center referrals based on standardized testing, referrals from DOC staff, and self-referrals are also considered. It seems clear that all residents are offenders. There are clearly established admissions criteria, yet the referral system for the diverse programs is consistently determined by external conditions: court referrals, probation officers, and varied legal issues. *Continued efforts to clarify and target referrals to match clients to the best treatment programs within the system are important.* This will no doubt entail continued education of the entire court, probation and parole, and legal system.

Each program is staffed by a multi-disciplinary team of specially-trained parole/probation officers, physicians, nurses and counselors.

The **DART Cherry 90 Day Therapeutic Community** is a three (3) month intensive, residential treatment program which was developed in response to current research-based knowledge which concludes that the length of time in treatment is the strongest predictor of positive post-treatment outcomes. The four-phase treatment program includes Phase I Orientation; Phase II Main Treatment; Phase III Re-Entry; and Phase IV Community Care. The program supports the recovery principles derived from the 12 step program of recovery, coupled with a strong therapeutic and behavioral treatment model. In the main treatment phase, residents focus on the process of addiction and recovery, and also begin to identify the deficiencies in life skills which have made it difficult for them to deal with stress producing situations. The goal of this treatment modality is to imbue the resident with skills to maintain sobriety, as well as to enable him to learn to accept responsibility for his own behavior and begin to develop new and positive attitudes and values. Both short- and long-term goals are formulated from this process.

This program is multi-faceted, including not only therapeutic treatment models, but also: 1) educational programs (GED/classroom), 2) vocational

programs, 3) community service, 4) family programming, 5) Project Reintegration, 6) relapse prevention programming, and 7) Aftercare.

The ReEntry Phase, or Phase III, provides a period of integration of treatment. In preparation for discharge, focus is placed on the development of comprehensive relapse prevention and aftercare planning that includes outpatient treatment, vocational support, housing, AA and/or NA sponsors, and linkage with other appropriate community resources.

The therapeutic community is designed to provide a highly structured living environment which replicates society at large. It is important that the integrity of this "community" be sanctioned by the system in order to achieve its purpose and goals in recovery and treatment, of reordering/restructuring the resident's lifestyle.

***A Continuing Care Pilot Program*** is now in effect, with contracts for referral care throughout the state. As residents move from the treatment program back into their communities, they are assigned to specific continuing care providers. This treatment component provides a positive intervention in the community reintegration process, supporting clients in obtaining employment, supporting their families and re-establishing community ties, as well as providing ongoing treatment.

Census Report figures for the programs provided by the staff reflect high utilization rates (96% plus) for these beds, as well as a high rate of completion for the program. Projected 1997/98 costs per bed day for offenders in this program averaged \$32 per day.

## **DART/WAYNE PROGRAM**

Date of review: March 18, 1998

Reviewer: Fulton T. Crews, Ph.D.

DOC Staff: Lester Hennessee, Programs Supervisor, Frank Marczyk, Treatment Director, Steven D. Mitchel, Program Director II, Michael T.W. Bell, Superintendent III

### ***Program Description***

DART/Wayne is an intensive 35-day residential treatment program and the site for training Peer Counselors. DART-Wayne has 128 beds, which include 108 beds of individuals undergoing addiction treatment and 20 training beds that are used to train peer counselors. DART emphasizes a continuum of treatment. They like to catch addicted individuals when the problems caused by addiction are still fresh in their minds, i.e., when they are still cut and bleeding from addiction. This enhances the



effectiveness of the addiction treatment. The 35-day treatment schedule addresses needs involving an introduction to the illness of alcoholism, an engagement into the treatment process, breaking through denial, development of a recovery and aftercare plan, and transition from treatment to aftercare and recovery. Individuals following the 35-day DART treatment are moved to the permanent population where AA and/or NA meetings are available. In addition, there's an aftercare treatment of eight weeks, which involves Monday evenings meeting with an aftercare counselor who deals with life in recovery. This involves a professional counselor who comes to the prison to hold these aftercare meetings in addition to ongoing AA and/or NA meetings in the permanent inmate population. This component of DART/Wayne is representative of the 15 DART-IRT medium security prison sites.

### ***Examples of successes:***

Mr. Robert Webster is a 41-year-old ex-Marine who had an extensive history of drug abuse both in and out of the military. He entered the recovery program and aftercare program soon after being imprisoned in 1989. In 1994 he became a peer counselor, and helped develop a number of programs. He continues to be a peer counselor in the DART programs emphasizing the aftercare program and continuum of care. He has learned skills at training for recovery, relapse, and how to deal with individual issues of employment and coping skills.

Mike Daniels, peer counselor, was 22 years old when he entered prison in 1988 for alcohol and drug problems that led to an armed robbery. Initially he received no treatment, but then did get into treatment in prison. The initial 48 days of treatment opened doors for him that helped him form AA sessions in the regular prison population. He also got outside sponsors, and eventually, in prison, completed his GED. He specifically mentioned that the initial 28 days of treatment really helped him open doors and also helped him when he returned to the permanent population. As an inmate in the regular population, he used the skills he had learned during the DART treatment to avoid returning to addiction. He suggested this was a test of his skills in a still restricted environment compared to the outside world. Thus, he felt that the initial several weeks of treatment were very beneficial in preparing him for the global community where he was able to sustain his recovery.

After a period of time, Mr. Daniels became a peer counselor, and was a peer counselor for one and a half years at Wayne. In 1992, he got out of prison and entered work-release, and spent three years at Oxford House in Raleigh, where he held a variety of jobs of increasing responsibility and pay. He currently is an employee of the Department of Correction as a substance abuse counselor in their DART-Wayne program, and is attending NC State University in an effort to further his education. Thus, clearly, the DART program has helped this individual progress

from an addicted criminal to an employed citizen of the State of North Carolina.

***Interview with Lester Hennessee, Program Supervisor, DART-Wayne***

Lester indicated that the peer counselor slots are significant contributors to the treatment program. After an individual has been through their 28-35-day program, they return to the regular population for at least six months. After this time, they are able to apply for the peer counselor training program. The peer counselor program is for ten weeks. All of the DOC peer counselors are trained at DART-Wayne. Following the ten week training program, they return to their various DART treatment facilities around the state.

***Summary:***

DART/Wayne represents an excellent resource for the Department of Corrections. In addition to being a 35-day DART-IRT treatment site, it administers Peer Counselor Training. The Peer Counselor program is full of success stories as noted above. The Peer Counselor program should be nurtured and expanded.

**PRIVATE PROGRAMS**

*Prison Treatment programs run on contract by private vendors as a long-term (6 to 12 month) residential treatment program. Inmates are provided treatment and skills for transition to community.*

**RIGHT TURN PROGRAM**

Date of visit: March 10, 1998

Reviewers: Fulton T. Crews, PhD and Gilles Desjardins, CSAC

DOC Staff: Oscar Lewis, Executive Director, Mike Pillsbury, Head of Security, Margaret Dunn, Clinical Director, Dennis Dawson, DACD

Right Turn has contracted with the Department of Correction since 1995 to provide a 100 bed, private men's substance abuse treatment facility in Charlotte. Right Turn operates as a minimum custody facility with an average stay of 6 to 20 months, where individuals enter only when they have six to twelve months remaining on their prison term. SMAST and CDST are administered in the referral process.

Treatment involves multiple phases, where Phase I includes the first 30 days of treatment. It involves intensive lectures and task groups, and focuses on the first three steps of the 12-step AA program. There are

community meetings three times each week, treatment plans/homework, and individual contracts. There are AA and/or NA meetings every night, including community volunteer involvement. With support from the local community college, Central Piedmont CC, clients are encouraged to work toward their GED while at Right Turn. Clients have no privileges and no visitors during this time. Pre-tests and Post-tests are administered in this phase. The local community is very supportive of all aspects of this program.

Components of the 60-day Phase II, include pre-employment training, relapse prevention education, rational therapy (i.e. anger management), business and writing skills, job management, vocational education, and GED programs. Individuals earn privileges, such as wearing civilian clothes, attending outside AA and/or NA meetings with sponsors, obtaining six-hour passes to leave facility with sponsor, small group interaction to budget and shop for food, and cook in the community kitchen. There are approximately 44 sponsors for the 100 clients, a fairly high percentage.

After completion of Phase I and II, clients may petition for work/release status. Job performance is monitored by the security staff of the facility, and similar to other DOC work/release programs, paychecks are forwarded to Raleigh, for processing of salary.

There's no contracted aftercare program for Right Turn, however, staff provides a written aftercare plan for the inmate to implement upon release. It is important to study what happens when inmates leave the facility. More structured integration with community services would provide critical continuum of care for clients and successful reintegration into the community. Corrections treatment should be linked with the mental health area programs and other contract providers within the state. There is currently no follow-up on the continuing care plan or the individual treatment plan prepared before leaving.

It was noted in interview that the program needed access to OPUS, the state database; and more time before they are fully evaluated. This is a very new program and the contract should be extended to allow for a complete evaluation.

Dennis Dawson noted that all planned private beds have not been implemented because, 1) it is difficult finding communities that will accept these treatment facilities, 2) initially inmates were not particularly interested, and 3) the money was cut for additional beds. Currently, the program is funded at \$55/day per inmate, although individuals on work/release offset much of this cost through their salaries.

In summary, Right Turn includes a number of important therapeutic/programming components, including group and individual counseling, chemical dependency education services, social skills and employment training services, relapse prevention, Think Smart (a public speaking program in schools), and limited family programming on a voluntary basis. Community based life skills training services and work/release programs are used as transitional services. There are no continuing care services, although an aftercare plan is written when individuals are released.

## **MARY FRANCES CENTER PROGRAM**

Date of visit: March 5, 1998

Reviewers: Fulton T. Crews, PhD and Trish Hussey

Program Staff: Pat Snyder and Jim Willis

### ***Program Goals and Mission***

The Mary Frances Center is committed to providing a visionary approach to the national problem of addiction and crime. The Center provides specialized treatment to a unique population of female offenders referred by the Department of Correction, who are at high risk to pass their addiction to the next generation. MFC's goal is to make a positive impact on these women and their children, reducing relapse, lowering recidivism, and providing prevention. MFC is committed to the belief that alcoholism and drug addiction is a progressive chronic illness that requires treatment.

### ***Program Description***

Mary Frances Center provides 100 private treatment beds for women, under contract with the Department of Correction since March of 1995.

The program is an integrated model incorporating addiction, education and treatment, with specialized components devoted to enhancing growth through work and study programs. The 365 day program provides individualized levels of care for each patient that is flexible in its continuum of care, "with the focus on the whole person."

In keeping with other therapeutic community treatment models, MFC includes a well-rounded array of program components, including chemical dependency education services, social skills, relapse prevention program services, family program services, as well as some community-based services. The program is called **SAFE (Substance Abuse Freedom Experience)**, and is designed to offer several levels of treatment, the first level being the most structured, involving Assessment and Evaluation. Level I involves individual counseling one time per week, continuing care groups three times per week, AA and/or NA meetings nightly,

vocational rehab assessments and placement, 12-step study groups weekly, and family education visits semi-monthly.

Level II programming involves similar activities with the addition of weekly specialized focus groups, weekly aftercare groups, and family visits four times monthly.

Level III includes all of the previous groups as well as additional off-site activities, discharge planning, and preparation of their own recovery plan before release. Continuing care services are maintained through alumni reunion. Women have the opportunity to interact with their community through various programs at MFC, including a middle school outreach program, providing clients the opportunity to offer meaningful and constructive interaction with their community.

The ***Family and Significant Other Program*** is a dual track component within the MFC's SAFE program. This 28 day program is designed to increase participant's understanding of the impact of having lived in a dysfunctional family where addiction plays a prevalent role, and foster family based strengths.

The average length of stay at Mary Frances is 132 days. During this time, there are changes in privileges that allow individuals to earn rewards. This has been shown to be a successful approach to addiction treatment. Women must be serving the last year of their prison term to enter Mary Frances. After one year, it is hoped that they will move to a halfway house, or other appropriate structured living situation. There is a special focus on work which supports women in transition to learn to care and interact with their children and become whole citizens within the community.

Suggested recommendations from staff included various salient points.

- 1) There is a plan to interface with the OPUS system, however this has yet to be implemented.
- 2) There is a critical need for increased aftercare services, with more structured living beds (halfway house facilities) provided in communities.
- 3) There is a need to develop stronger connections to the statewide system of mental health services to allow for a continuum of aftercare for individuals upon release.
- 4) Improved integration of the various Divisions of the Department of Correction who have oversight over referrals to treatment and movement/assignment of inmates throughout the system. Issues of concern involve disciplinary actions which become enabling of continued addictive behavior. If DOC does not follow-up and support the rigid discipline initiated at the Mary Frances Treatment Center this creates problems in recovery.

- 5) As many as 15% of the individuals appear to be on psychotropic medications, such as Haldol, Paxil, and Zoloft, and this appears to be increasing. There is concern that certain diagnoses (i.e. schizophrenia and affective disorders), may not be appropriate referrals to the program. DOC as the referring agent, should have better linkage with their health services to provide for more appropriate referral information.

Mary Frances has implemented a strong Total Quality Management (TQM) philosophy which enhances services and teamwork at the Center. We would like to commend Mary Frances Center for their commitment to quarterly Stakeholder meetings which provide a forum to discuss short and long range goals with representatives from the Department of Correction, Division of Prisons, Parole Commission, DART and Key Staff from the Fountain Correctional Center for Women. This team approach can serve to improve much needed communication among the key stakeholders as the DART program continues to expand.

Mary Frances Center is currently undergoing CARF certification, and has recently undergone various evaluations by the Marx survey, Dr. Marty Sellers, and Dr. Amy Craddock. Since it began operation in 1995, Mary Frances Center has developed outcome measures that appear to show a low rate of recidivism. In fact, MFC was able to provide an array of meaningful data to reviewers.

## **REVIEW OF DIVISION OF PRISONS HEALTH SERVICES**

Date of Review: April 7, 1998

Reviewer: Dr. Tim Carey

Reviewee: Dr. Barbara Pohlman, Director of Health Services, DOP

Dr. Carey met with Dr. Barbara Pohlman, Director of Health Services in the Division of Prisons on April 7, 1998. Dr. Pohlman is an MD/MPH and has served in this position for 18 months. She has extensive work with occupational medicine and managed care issues, as well as clinical expertise. As an occupational medicine physician, she obviously has acquaintance with substance abuse issues although this has not in the past been a focus of expertise for her.

The Health Services Group at the Division of Prisons has very little linkage with the DART Program. Indeed, the DART Program is in a completely separate division from the Division of Prisons. The Division of Prisons and the DART Program report to the Secretary's Office, but one does not report to the other. Even formal liaison is lacking. Currently, there is essentially no linkage between Health Services and the Division of Alcohol/Substance Abuse Services.

Inmates get to the DART Program by one of several routes. Treatment may be recommended by a judge at the time of sentencing. They may be

identified as having a substance abuse problem at time of intake. Intake at the time of incarceration involved a medical evaluation and a mental health screen. Individuals may also be identified by medical personnel during incarceration and may be referred to the DART Program at any time. The Health Services branch of the Division of Prisons have a substantial mental health infrastructure. They manage several hundred mental health inpatient beds, as well as substantial amounts of day treatment. None of these patients have a primary problem of substance abuse, but Dr. Pohlman acknowledged that many of these individuals might have dual diagnosis. Indeed, the issue of how patients with dual diagnosis (depression or bipolar disorder, plus alcohol or substance abuse) is managed was very unclear. Patients were rarely, if ever, referred back from the DART Program to Health Services.

Mental health services at the Division of Prisons are currently being reorganized. Their organization is an interesting model and appears to be moving toward a significantly more "medical" model than a previous psychologist-counseling model. This apparently will especially be true for the inpatient beds at Central Prison and a few other facilities. They do anticipate using significant amounts of counseling services throughout the large program.

It is notable that 50% of women inmates in the North Carolina Prison System are convicted of alcohol or substance abuse offenses.

Overall, the separation of substance abuse services from other health services seems artificial, inefficient, and prevents medical expertise from being adequately utilized by the substance abuse therapists and vice-versa.

**Recommendation:** It is essential that Health Services and Substance Abuse Services interact. All counselors need to know the medications of inmates undergoing substance abuse treatment and dual diagnosis needs to be treated. Further, medical approaches to alcoholism are being used across the United States and Europe. The Division of Prisons will need to link these two Divisions to benefit from new therapies that include medications. Integration of these two divisions will improve treatment.

## **REVIEW OF ASSESSMENT TOOLS (SMASST AND CDST) IN DART**

Date of Review: April 8, 1998

Reviewer: Dr. J.C. Garbutt

### ***Current Procedures***

Assessment of substance use disorders within the Department of Correction (DOC) systematically occurs at two stages.

The first stage is a screening that all inmates go through when they report to the prison system to begin their sentence. This process occurs at one of the Diagnostic and Reception Programs located at one of three sites within the State. Inmates are screened in the Diagnostic and Reception programs for about two weeks. Included in the screening process is an evaluation of physical and mental health and, as part of the latter, two scales to assess substance use problems are administered by prison personnel. These scales are the short Michigan Alcoholism Screening Test (SMAST) and the Chemical Dependency Screening Test (CDST). Both of these instruments are made up of 14 yes/no questions that prisoners answer. A score of 3 or more on either the SMAST or the CDST is considered evidence of a significant alcohol or drug problem, respectively. Prisoners with scores of 3 or more are referred to the Drug Alcohol Recovery Treatment (DART) programs within the prison system. According to DOC personnel 55-60% of prisoners are found to meet criteria for alcohol and/or drug problems based on the SMAST/CDST. Personnel within the Diagnostic and Reception Programs can also refer a prisoner to the DART program based on criteria other than the SMAST/CDST, such as alcohol/drug history and the relationship of criminal activity to alcohol/drug use.

***Advantages of the SMAST and CDST*** are that they are simple screening instruments that require a minimum of staff time or training. The SMAST is an established and widely used instrument that has been shown to have reasonable validity and reliability (Simpson et al., 1975). The CDST has not been similarly studied. ***Disadvantages to these scales*** are that they do not provide a comprehensive assessment of substance use disorders and do not address issues of comorbidity of mental disorders, social stability or readiness for change, factors that are known to strongly influence prognosis and treatment response.

Inmates can also be referred to the DART program directly by a judge based on the judge's assessment that a substance use disorder is present. This assessment is not systematic but may have judicial value by allowing judges to address what may be a serious component--substance abuse--that contributes to criminal action.

Once inmates are referred to the DART program, regardless of referral method, they enter the second assessment process. This process is completed by DART personnel and consists of a clinical interview. No systematic interview methods are administered at this time. A strength of this process is that the staff are experienced substance abuse counselors, many of whom either have a Certified Substance Abuse Counselor license and/or a master's degree in a related field. Obvious weaknesses include the lack of systematic methods across sites and interviewers so that comparing the nature of the population for either descriptive or treatment planning purposes is not possible.



It was stated that individuals with "significant" psychiatric problems are not referred to the DART program but the definition of "significant" and the method of assessing psychiatric diagnoses are not clear.

### ***Issues to Consider***

Issues to consider in the design of assessment methods within the DOC include the rationale for obtaining the assessments and the stated goals of what to do with the results of assessments.

The present system is based on minimal systematic assessment that is subject to the problems of false positives and false negative findings including those produced by the phenomenon of denial common to substance use disorders. The present assessment methods also do not apparently systematically address such issues as: 1) psychiatric comorbidity, 2) severity of substance use disorder, 3) social stability, and 4) state of readiness for change. These factors are known to have value in planning substance abuse treatment programs and in helping to determine where to place resources.

### ***Recommendations***

Methods to enhance systematic assessment of substance use disorders and related issues are important for the DOC to establish treatment groups that are not tainted with individuals who do not need and are not appropriate for substance abuse treatment. The current methods using the SMAST and CDST are economical and effective if administered appropriately. Since profession counselor interviews are used, additional screening tests could be added to this process. These assessments, as well as treatment outcomes, are needed to assess the effectiveness of treatment programs. Consistent assessment methods require trained personnel.

It is therefore recommended that:

- 1) assessment be standardized.
- 2) that the professional counselor interviews include additional assessments, and,
- 3) that these assessments be recorded in OPUS or another appropriate database.
- 4) Assessment procedures need to be considered within the framework of overall treatment objectives, goals and resources.

## V. COST EVALUATIONS

### *Budget and Staffing*

The Department of Correction's budget includes \$19,930,035 in General Funds to support residential treatment in prisons. The program strives to provide a continuum of care which is structured to sustain recovery from addiction. DART (Drug/Alcohol Recovery Treatment) is composed of three major components: 1) DART In-Prison treatment that includes 35-day intensive treatment programs and an 8- to 12-week structured aftercare treatment program, 2) DART private prison treatment programs run on contract for long-term 6- to 12-month residential treatment for transition to community, and 3) DART community based treatment beds and aftercare for parolees and probationers (DWI/substance abuse unit in Goldsboro, 35-day DART model and 90-day TC model).

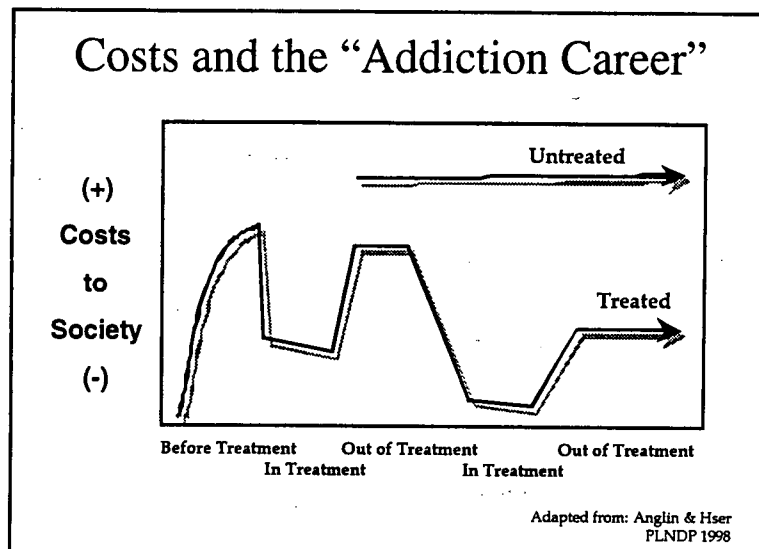


Figure 1. **Costs to Society of Addiction.** Untreated addicted individuals represent a considerable cost to society through incarceration related to addiction induced criminality, health costs, lost earning, family disruption and violence. Treatment reduces these costs. A continuum of care increases the duration in treatment and decreases relapse and recidivism. Often individuals cycle in and out of addiction, this is represented by the in and out of treatment cycle. With each relapse the severity and costs to society are reduced and the probability of sustained recovery increases. Recommendations on improvements in maintaining the continuum of recovery are made at the end of this report.

The Division of Alcoholism and Chemical Dependency administers the DART program in 15 prisons across North Carolina. Administrative costs represent approximately 10% of the total costs, e.g., \$1,772,222 of a total of \$16,605,253 Division budget. The Administrative Division oversees and evaluates programming at all DART sites. DART in-prison treatment programs represent an additional 22% of the Divisions budget. DART in-prison treatment provided for 10,275 offenders in 1996-97 at an average cost of \$361 per inmate. This total cost includes treatment costs

only, not security costs. These are extremely low treatment costs, yet DART staff/client ratios are typical of many treatment programs.

**NC DEPARTMENT OF CORRECTION  
DIVISION OF ALCOHOLISM & CHEMICAL DEPENDENCY  
SUBSTANCE ABUSE TREATMENT PROGRAMS**

PROGRAM	FOCUS	LINKS WITH OTHER PROGRAMS	BEDS/ANNUAL CAPACITY	1996-97 BUDGET	COST/ INMATE
DART Administration	Oversees program in 15 prisons			\$1,772,222	
DART In-Prison Treatment	35-day intensive treatment program; aftercare in prison		985 beds 10,275 annual cap.	\$3,708,280	\$361
Private Treatment Beds	6- to 12-month program run by 4 private vendors. Minimum security facilities.	Offenders may have also completed In-prison DART	350 beds 554 annual cap.	\$7,596,716	\$13,712
DART/Cherry	Probationers and parolees with DWI or drug offenses	Probation parole officers, TASC, Community Penalties, CJPP programs all refer	28-Day: 200 beds 2,607 annual cap.  90-day: 100 beds 406 annual cap.	\$3,060,229	\$5,049
DART/Cherry Aftercare	90-day outpatient treatment for offenders completing DART/Cherry	Utilize TASC and CJPP programs where possible	At least 400 offenders/year, about 100 at any time	\$467,806	\$1,170
SUBTOTAL			1,635 beds + aftercare 13,842 annual cap. + aftercare	\$16,605,253	

DART private program costs include security costs as well as extended 6-12 month treatment programs costing \$13,712 per treated inmate. Private treatment costs at different sites range from \$46 to \$72 per day. This is significantly less than outside private treatment programs of much shorter duration, and does not take into account support from individuals on work release. At Right Turn in Charlotte, approximately 50% of the inmates are on work release and therefore return \$12.50 per day or \$62.50 per week to the state.

DART-Cherry treatment of probationers and parolees with DWI or drug offenses cost \$5,049 per inmate treated. These programs are specifically developed for this inmate population. These costs are significantly less

than national residential average treatment costs of \$13,676 (SAMSHA, 1993). The DART-Cherry program includes a therapeutic community program that is among the state of the art programs for modern addiction treatment. Similar prison based therapeutic community treatment in New York (Wexler et al., 1990) and Texas (Eisenberg and Fabelo, 1996) have been shown to dramatically and significantly reduce recidivism rates among both males and females. The DART Cherry 90-Day Therapeutic Community costs for 1997-98 are projected to average \$32/day. The ability to deliver state-of-the-art treatment at significantly less than national average costs is impressive.

The DOC average costs to house a minimum security inmate for fiscal year 96-97 is \$53.63, essentially within the range of the costs of the private treatment programs. The private treatment programs provide security, housing, typical minimum security custody programming including work release and community visits, as well as substance abuse treatment (Craddock, 1996). Thus, the costs of treatment are minimal compared to the overall costs of incarceration.

An additional \$467,806 is spent on aftercare for approximately 400 offenders completing residential treatment at DART-Cherry. Community treatment has been shown to reduce re-arrest rates for inmates (Swartz et al., 1996). Studies of a multi-stage therapeutic community in the Delaware correction system have indicated that combinations of in-prison and work release therapeutic community treatment essentially doubles the percentage of drug free individuals at 18 months after release, e.g., from 35% to 72%, and triples the percentage remaining arrest-free at 18 months, e.g., from 16% to 47% (Inciardi et al., 1997).

### ***Cost Analysis—Treatment Pays Off***

The cost of substance abuse treatment in the North Carolina Department of Corrections ranges from \$2,575.30 per inmate for DART-IRT (\$63.27/day custody x \$10.31/day treatment for 35 days) to approximately \$13,712 for 6-12 months of treatment in the private programs. For each inmate who successfully completes the treatment program and returns to the community as a sober parolee with a job, significant economic benefits accrue in the first year after release. Califano (1998) calculates the following cost savings. Reduced crime conservatively assuming that drug-using ex-inmates would have committed 100 crimes per year with \$50 in property and victimization costs per crime would save \$5,000. Other savings include reduced arrests and prosecution costs, saving \$7,300, reduced incarceration costs of \$19,600 (assuming one rearrest results in a one year prison term), savings of \$4,800 in health care and treatment costs (the difference between annual costs of substance users and non-users) and \$32,100 economic benefits (\$21,400 average income of an employed high school graduate multiplied by 1.5, the multiplier for estimating the local economic effects of wage). With these conservative

estimates the total benefits that would accrue during the first year after release would be **\$68,800** for each successfully treated inmate. The estimated benefits do not include reductions in welfare, other state or federal entitlement costs or foster care and benefits from decreased violence and increased community harmony. Given the cost estimates of the economic benefits, the success rate needed to break even on DART-IRT treatment is modest. At a cost of only \$361 per inmate, custody is required with or without treatment, even a 5% success rate would generate more than a ten fold cost savings relative to the cost of treatment. In the private programs, that are more likely to have a high success rate due to the longer treatment duration, a slightly greater success rate is required to break even. At an average cost of \$13,712 per inmate, minus the average cost of custody at a non-treatment minimum security facility (\$53.63/day at 180 days = \$9,653), gives a treatment cost of \$4,095. A 6% effective rate is required to break even on estimated benefits. These effective rates are very modest and likely well below the actual rates.

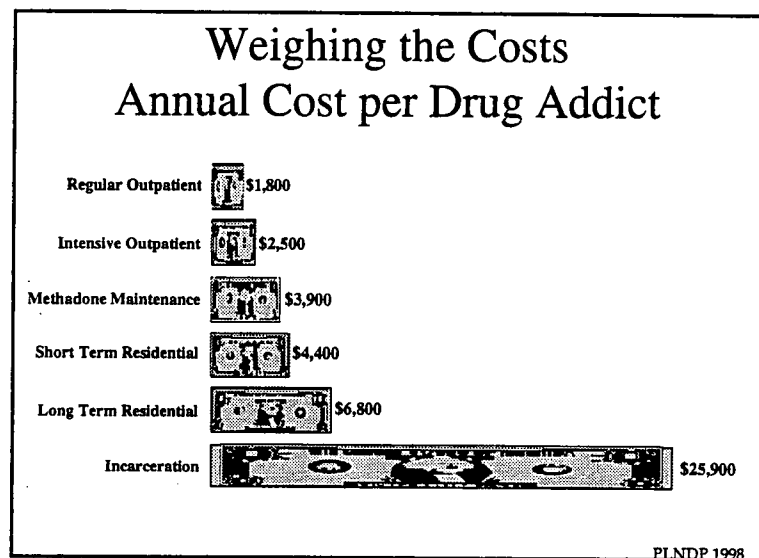


Figure 1. Annual U.S. Costs per Drug Addict of Treatment vs. Incarceration. Shown are national values as provided by the Physicians Leadership on National Drug Policy. Note that incarceration is significantly more expensive than treatment. Within North Carolina the annual cost of incarceration is \$23,094 per inmate.

Community based non-hospital private and public residential programs cost approximately \$3,000 to \$8,000 per individual including therapeutic and administrative costs (SAMSHA, 1993). This represents about \$140 to \$300 per day for standard residential treatment programs. DART In-prison treatment programs of 35 days translate to costs of \$10.31 per day respectively. This does not include the custody cost of \$63.27 per day. The total is significantly less than a private facility, e.g., \$73.58 per day for DART-IRT versus \$140 to \$300 per day for private residential treatment.

DART private programs are also reasonably cost efficient compared to private community treatment. Depending on the duration of treatment private programs cost between \$4,000 to almost \$20,000. Few of these last more than a month.

### ***DART Staffing***

DART carries a 1:10 staff/client ratio when fully staffed, compared to 1:12 for programs operated by state/local government programs (SAMHSA, 1993). The DART ratio of 1:10 includes 75 peer counselors supporting the strength and value of the peer counselor program. The DART staff reflects the recovering community, being composed of approximately 80% recovering individuals consistent with the legislature's directive to give preference to recovering individuals. Approximately one quarter of the DART counselors are certified with an additional 50% working towards certification. Approximately one half of the counselors have at least an Associates degree, credentials comparable to national averages (SAMSHA, 1993). Racial/ethnic minorities represent about one third of the counselors which is significantly less than the prison population. Several DART counselors are ex-inmates in recovery who can share experiences with inmates and provide role models. Staffing is judged to be adequate and likely to improve given the recent expansion of the program and the good management procedures implemented throughout the Division.

The ***Peer Counselor Program*** is an excellent example of enhanced treatment with minimal costs. Peer Counselor training at DART-Wayne trains selected inmates to be counselors at minimal state costs, enhancing treatment activity and building citizenship within the inmate community. These individuals, at \$1/day, provide significant support for the treatment structure. This program represents a means of increasing the strength of the recovery community within the inmate population, and should be nurtured and expanded to include additional inmates. It is recommended that peer counselors be encouraged to sponsor and maintain active AA and/or NA meetings within the inmate population. This group could bridge the gap in the continuum of treatment from the initial DART-IRT 35-day treatment program into the general population. As mentioned above, moving inmates to different prison locations soon after completing the DART-IRT 35-day treatment disrupts the continuum of treatment. With little or no additional costs these individuals could sustain AA and/or NA activities. Federal Bureau of Prison studies have found that participants in residential drug abuse treatment programs who remain actively together in treatment, focusing on individual responsibility and changing future behavior, were 73% less likely to be re-arrested in the 6 months after release from prison than inmates who do not participate in treatment (3% vs. 12%-Fed. Bureau of Prisons 1998). Further, those who completed treatment were also 44% less likely to have evidence of post-release alcohol and drug use 6 months after release than inmates who did not receive treatment, e.g.,

21% vs. 37% respectively. Thus, it is recommended that the Secretary organize a Division of Prisons—Division of Alcoholism Chemical Dependency collaboration to establish means to increase organized AA and/or NA meetings within the general population through peer counselor sponsorship or other means.

## **VI. SUMMARY AND RECOMMENDATIONS**

The State of North Carolina has made a significant step in implementing the DART programs within 15 State Prisons. Although this is a fraction of the total 88 prison units in the North Carolina system, a significant consensus of studies indicate that substance abuse treatment programs within the prison system benefit the state and individual through cost effectiveness and citizenship building. Studies have shown that the time in which drug using offenders are in custody presents a unique opportunity to provide them with treatment (National Inst. Justice 95 Pub.157642). The strength of the DART programs is the clearly stated goal of maintaining a continuum of treatment that maintains recovery from addiction. The rapid recent expansion has greatly increased the size and scope of DART programs. Rapid expansion of substance abuse treatment programs within prisons is known to result in problems associated with inmate selection, program consistency and retention in treatment (Eisenberg and Fabelo, 1996). DART administration is working to improve exactly these concerns.

- DART-IRT uses the Minnesota Model which is based on the 12 steps of Alcohol Anonymous. This is a classic program that is among the most cost-effective. Treatment programming using this model does not include major motivational elements for recovery. This model is classic, but does not include many elements implemented in Corrections treatment in other states. It is recommended that additional elements be included in DART-IRT that are currently used in therapeutic community programs such as elements of motivation, goal orientation, relapse prevention, life skills and aftercare planning. Aftercare planning should include the time in the general prison population as well as following release from prison.
- Better integration of the various components of the Department of Correction would greatly enhance the effectiveness of the DART programs. Currently inmates treated by DART residential programs are returned to the general prison population and dispersed to the 88 prisons in North Carolina. Studies have shown that the longer individuals stay in treatment the more likely they are to remain in recovery. The prison system provides an excellent opportunity to create an extended continuum of treatment. This is a stated goal of the DART programs. The AA and/or NA 12 step programming model is strongly based on spirituality, fellowship and sponsorship. The process of

moving inmates that have completed DART treatment to separate facilities disrupts the fellowship, bonding and sponsorship relationships developed during the treatment. Inmates are not allowed to communicate with other inmates in other N.C. prison sites, further disrupting these therapeutic relationships. It is recommended that DART completers be grouped with Peer Counselors as sponsors in efforts to expand the AA and/or NA meetings in the general prison population. Currently there are 126 AA prison groups with a weekly attendance of 3,300 and 80 NA groups with a weekly attendance of 1,700. There were 31,881 inmates on 12/31/97. Thus, approximately 16% of inmates attend meetings. Since 40-60% of inmates need treatment for addiction, it should be a goal of the Division of Alcoholism and Chemical Dependency Programs to involve 40-60% of the general prison community in voluntary AA and/or NA meetings. This recommendation would expand the continuum of care and not require additional resources.

- Improved interaction of the Division of Adult Probation and Parole (DAPP) and the Division of Prisons (DOP) with the Division of Alcohol and Chemical Dependency (DACD) is essential. Research indicates that a full continuum of care that is coordinated and seamless provides better outcomes than systems that are fragmented. Progression of inmates through the existing continuum of care currently involves DART (DART-IRT and private programs) and DAPP (DART Cherry). Increased collaboration and cooperation between DOP, DAPP and DACD will result in a better quality of treatment and positively impact cost effectiveness.
- The Peer Counselor Program represents an outstanding service. It is very cost effective, produces model inmates and provides additional trained staff, some of whom become professional substance abuse counselors once they are released from prison. It is recommended that this program be expanded and that the training include more motivational and therapeutic community elements.
- The Health Services group within the Department of Correction has limited linkage to the DART programs (See Section IV). Significant portions of addicted individuals have dual diagnosis, e.g. depression or bipolar disorder, plus alcohol or substance abuse. Inmates are rarely referred between Health Services and DART. All counselors need to know medical status and relevant medications of inmates undergoing substance abuse treatment. Inmates with dual diagnosis need to be treated. Treatment of addiction with medications is being used increasingly in community and institutional treatment centers in the U.S. and Europe. The Department of Correction will need to strengthen links between Health Services and the Division of Alcohol and Chemical Dependency to implement any medical treatments. Thus, it is recommended that the Secretary make appropriate administrative changes to link these two Divisions.



- The Department of Corrections should expand aftercare services for inmates transitioning back into the community by creating strong partnerships with community services, e.g., mental health, vocational rehabilitation, family service agencies, public health, etc. Area Mental Health Centers provide an excellent resource to help maintain the continuum of treatment and recovery. The Area Mental Health Centers are funded in part through Federal Block Grants. California uses 2-3% of their block grants funds to actually support drug treatment in prisons (GAO/HRD-91-128). Inmates returning to the community should be made a priority for these treatment centers. Clearly they are one of the most important groups to treat and the block grants include these individuals within the groups covered by block grants.
- The screening procedures to determine which inmates are appropriate for substance abuse treatment include the SMAST and CDST. The SMAST is an established and widely used instrument. However, these instruments do not provide a comprehensive assessment of substance use disorders and do not address issues of comorbidity of mental disorders, social stability, or readiness for change, factors known to strongly influence prognosis and treatment response. A second assessment regardless of the referral method, e.g. SMAST-CDST score, judge referral or history, is made on all referred inmates by DART personnel. Although these are clinically trained individuals no quantitative documented assessments are made. This represents an excellent opportunity for trained individuals to collect additional comprehensive assessments that would be useful in improving appropriate treatment group composition as well as providing additional data on the status of inmates undergoing DART treatment. It is therefore recommended that 1) assessment be standardized, 2) that professional counselor interviews include additional assessments, such as the Addiction Severity Index (ASI), 3) that these assessments be recorded in OPUS and 4) that assessment be used within the framework of overall treatment objectives and goals.
- The recent expansion of the Division of Alcohol and Chemical Dependency positions the State with the opportunity to evaluate the effectiveness of a full continuum of care over the next several years. It is recommended that procedures be implemented through careful study designed to give reliable data on effectiveness in reducing relapse, drop out and recidivism. Recovered individuals will maintain income and become productive citizens. Procedures throughout the state computer base should be designed to evaluate the different programs, e.g., DART-IRT 35-Day, DART Therapeutic Community with aftercare for DWI and the Private programs. Each of these is targeted to specific and sometimes overlapping individual needs. To determine the contributions of each of these and to provide some levels of evaluation it is essential that key elements of data be included in the state databases. All DART programs should have access to OPUS, the Corrections

database. It is essential that diagnostic test administration be consistent. Data on DART dropouts needs to be compiled. Previous studies have shown that offenders who do not complete programs had recidivism rates comparable to those who did not participate in treatment, whereas, those completing treatment have significantly reduced recidivism (Eisenberg and Fabelo, 1996). DART dropouts might do worse than those that complete the program. OPUS was not designed to provide substance abuse outcome data. Thus, elements need to be structured in data collection to allow accurate evaluation. It is recommended that an outside agency be contracted over an extended period to establish a standardized data collection structure that will allow repeated evaluation of the various programs. (See Section IV).

- One of the goals of this review was to provide performance measures. Considerable study was done to assess what performance measures might be most appropriate. Substance abuse treatment is most often evaluated on ability to maintain abstinence. This can be followed through urine tests for cocaine, heroin, amphetamines and many other drugs, but not for alcohol. Abstinence is much more easily maintained in prison than in the community. Based on the evidence that many of the inmates committed crimes due to addiction, it follows that treated individuals who maintained abstinence would avoid re-arrest. Stevens Clarke, Ph.D., Professor at the Institute of Government at the University of North Carolina, argues that recidivism defined by re-arrest represents the only clearly obtainable data to follow the effect of substance abuse treatment. This is an extension of the goal of substance abuse treatment, particularly the Minnesota Model, which directly addresses alcohol and drug dependence, not criminal activity. Although citizenship building is often an additional outcome of the Minnesota Model, life skills which should reduce criminal activity are more clearly defined in the therapeutic community programs. Some measures of DART program treatment effectiveness that might be considered within the Department of Corrections include the incidence of behavioral problems and/or positive urine tests while in prison and attendance at AA and/or NA meetings in the general prison population. However, with 88 prisons with different environments, levels of security, and social characteristics, there are many variables. DART is only available at a subset of prisons and many completers move to distant sites creating difficulty in obtaining appropriate comparison groups. The most important aspect of any experimental study is a design that assures correct information. Aspects of the multifaceted nature of government institutions create barriers that prevent rigorous experimental design and execution. It is important to note that regardless of the performance measures chosen, it is essential that there be a control group that is identical to the experimental group. This is difficult to achieve when almost all addicted individuals are entering treatment. It is not appropriate to compare those convicted of DUI crimes and treated for addiction while confined in Goldsboro, with those convicted of larceny, not entering DART treatment and confined at a

different state prison. The no-treatment group likely represents non-addicted individuals with different factors underlying their criminality. The different criminality factors will impact the outcomes. Comparisons of these groups is bad science which can give bad answers resulting in misguided program development.

In comparisons of treated and non-treated populations, completion of treatment needs to be documented. This creates three groups, e.g., completing treatment, not completing, and no treatment. Studies within the Texas Correction programs have shown these groups differ in recidivism, with completion of treatment being an important factor for reducing recidivism (Eisenberg and Fabelo, 1996). Most states, in contrast to North Carolina, have only a few large prisons creating a more easily studied inmate population.

A long-term performance study could provide significant measures of outcome if designed and implemented by experienced investigators. However, this needs to be done in a well-prepared and constructed manner to avoid obtaining false information. Individuals who volunteer for studies agree to terms that allow assessment at levels that could not otherwise be done. For example, an outcome measure that would show clear evidence of individuals becoming contributing citizens is taxes. Individuals who are working and paying taxes are less likely to be addicted, less likely to be involved in criminal activity, and more likely to be constructive citizens. Taxes are private and thus these could be followed only within the structure of a designed experiment of volunteers. Inmates could be given incentives to volunteer for a variety of non-invasive measures that simply reflect data already collected on all citizens, but not generally public information. Scientific studies have means of maintaining confidentiality once the issue of breach of privacy is resolved. For instance, individuals on methadone maintenance are required to take daily urine tests. The numerous opportunities that could establish outcome data in the community in a structured and well-designed experiment are beyond the scope of this evaluation.

### ***Summary***

In summary, the Division of Alcohol and Chemical Dependency provides a useful and cost effective service. Integration with other state agencies and other Divisions of the Department of Correction will improve the quality of treatment. Substance Abuse programs are currently developed sufficiently to allow effective long-term data collection.

## Bibliography

- Califano, JA. (1998) *Behind Bars: Substance Abuse and America's Prison Population*. National Center on Addiction and Substance Abuse at Columbia University, New York, NY.
- Chaiken MR. (1989). *In-Prison Programs for Drug-Involved Offenders*. Washington, D.C.: National Institute of Justice.
- Craddock A. (1996). Evaluation of DART and Private Treatment Programs. Final Report prepared for North Carolina Department of Correction, Office of Research and Planning.
- Eisenberg M and Fabelo T. (1996). Evaluation of the Texas correctional substance abuse treatment initiative: The impact of policy research. *Crime & Delinquency* 42(2)296-308.
- Falco M. (1992). *The Making of a Drug Free America: Programs That Work*. New York, NY: Random House.
- Federal Bureau of Prisons, US Department of Justice. (1998). Triad Drug Treatment Evaluation Six-Month Report Executive Summary.
- Field G. (1989). "The Effects of Intensive Supervision on Reducing the Criminal Recidivism of Addicted Offenders." *Federal Probation*. December 1989, pp. 51-56.
- Hepburn J. (1994). "Classifying Drug Offenders for Treatment." In D. MacKenzie and C. Uchida (eds.), *Drugs and Crime: Evaluating Public Policy Initiatives*. Thousand Oaks, CA: Sage Publications, Inc.
- Hooper RM. (1997). Attacking prison-based substance abuse: A private/public collaboration reduces recidivism and improves community safety. *Behavioral Health Management* November/December pp 28-29.
- Hubbard R, Marsden M, Rachal J, Harwood H, Cavaugh E and Ginsberg H. (1989). *Drug Abuse Treatment: A National Study of Effectiveness*. Chapel Hill, NC: University of North Carolina Press.
- Inciardi JA, Martin SS, Butzin CA, Hooper RM and Harrison LD. (1997). An effective model of prison-based treatment for drug-involved offenders. *Journal of Drug Issues*, Inc. 2(2)261-278.
- Lipton DS. (1995). Effectiveness of Treatment for Drug Abusers Under Criminal Justice Supervision. National Institute of Justice/NCJRS:CJ Document No:157642.

- Lipton D, Falkin G and Wexler H. (1992). "Correctional Drug Abuse Treatment in the United States: An Overview." In C. Leukfeld and F. Tims (eds), *Drug Abuse Treatment in Prisons and Jails*. National Institute on Drug Abuse, Research Monograph No. 118. Rockville, MD: U.S. Dept of Health and Human Services, National Institute on Drug Abuse.
- Mays G, Fields C and Thompson J. (1991). "Pre-incarceration Patterns of Drug and Alcohol Use by Jail Inmates." *Criminal Justice Policy Review* 5(1): 30-52.
- National Task Force on Correctional Substance Abuse Strategies. (1991). *Intervening With Substance-Abusing Offenders: A Framework for Action*. Washington, D.C.: U.W. Department of Justice, National Institute of Corrections.
- Peters R. (1992). Referral and screening for substance abuse treatment in jails. *Journal of Mental Health Administration* 19(1):53-75.
- Peters R and May R. (1992). "Drug Treatment Services in Jails." In C. Leukfeld and F. Tims (eds), *Drug Abuse Treatment in Prisons and Jails*. National Institute on Drug Abuse, Research Monograph No. 118. Rockville, MD: U.S. Department of Health and Human Services, National Institute on Drug Abuse.
- Physician Leadership on National Drug Policy (1998). *Weighing the costs: Annual cost per drug addict*. PLNDP National Project Office, Brown University Center for Alcohol and Addiction Studies, Providence, RI.
- Sechrest D and Josi D. (1992). *Substance Abuse Programs for Incarcerated Offenders in Four Settings*. The Robert Presley Institute of Corrections Research and Training.
- Selzer ML, Vinokur A and van Rooijen L. (1975). A self-administered short Michigan alcoholism screening test (SMAST). *Journal of Studies on Alcohol* 36(1):117-126.
- Shikles JL, Martinez RM, Donovan NJ, Carter-Woodbridge WJ, Levy RLR, Hogan PJ, Bakal W, Donoghue JF. (1991) Drug treatment: State prisons face challenges in providing services. United States General Accounting Office, Washington, DC. GAO/HRD-91-128.
- Simpson D, Joe G and Brody S. (1982). "Six-year Follow-up of Opioid Addicts after Admission to Treatment." *Archives of General Psychiatry* 39:1318-1323.
- Substance Abuse and Mental Health Services Administration. (1993). *National Drug and Alcoholism Treatment Unit Survey (NDATUS), 1991:*

**Main Findings Report. Rockville, Department of Health and Human Services.**

**Swartz JA, Lurigio AJ and Slomka SA. (1996). The impact of IMPACT: An assessment of the effectiveness of a jail-based treatment program. *Crime & Delinquency* 42(4):553-573.**

**Wexler H, Falkin G and Lipton D. (1990). "Outcome Evaluation of a Prison Therapeutic Community for Substance Abuse Treatment." *Criminal Justice and Behavior* 17(1):71-92.**

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# Private Program Evaluation Instrument

## COVER PAGE

### REVIEW OF PRIVATE SUBSTANCE ABUSE PROGRAMS CONTRACTED TO DOC

**SITE VISITED:** \_\_\_\_\_

**STAFF INTERVIEWED:** \_\_\_\_\_

Name	Title
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_____	_____
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_____	_____
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**a. Facility Capacity:** \_\_\_\_\_ **Beds**    **b. Avg. Daily Census past 12 months:** \_\_\_\_\_

**c. Length of Time under DOC Contract:** \_\_\_\_\_

**Date of Site Visit:** \_\_\_\_\_

**Site Review Team Members:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## SURVEY INSTRUMENT FOR PRIVATE PROGRAMS

DOC PROCESS EVALUATION OF CRADDOCK REPORT  
LEGISLATION ESTABLISHES THAT PRIVATE PROGRAMS CONTRACTED TO DOC FOR SUBSTANCE ABUSE SERVICES WILL HAVE CLEAR EVIDENCE OF THE FOLLOWING:

COMPONENT	EVIDENCE	RATING	COMMENTS	INTLS
Group and Individual Counseling Services				
Chemical Dependency Educational Services				
Social Skills Training Services				
Relapse Prevention Programming/Services				
Family Program Services				
Community-Based Life Skills Trng/Services				
Transitional Services Component				
Continuing Care Services				

**QUESTIONS REGARDING EVALUATION SPECIFIC TO SECTION 4,  
"PRIVATE PROGRAMS" IN THE CRADDOCK REPORT**

(The following comments are taken from the Craddock Report concerning private programs. They should be used to guide discussion with staff at the sites to be visited with appropriate comments/status noted in the space provided below each comment. Some may be more appropriately directed to Division staff, see \*.)

\*1. Contracting problems have delayed the completion of establishment of the full 500 bed requirement. Who are the program(s) that will contain the remainder of the beds? This report indicates that this is to be funded by July 1, 1996. (Pg. 17) What is the current status of implementation of the 225 beds?

2. Under Section 4, Private Programs, part 4.2 "Program Integrity" page 17, there is discussion that "the Division has hired external evaluators to address operational and clinical issues.....their reports should be much more informative than what I am able to provide here." Has this site been evaluated? Is it JCAHO or CARF Accredited? Are these reports available? Who are the "evaluators" referenced in the Craddock Report?

3. Page 18, paragraph 1, "Each program appears to have a somewhat different progression through phases". What are the phases and why is there variation if programming is to be the same across sites? These differences will negatively affect attempts to monitor outcomes in a more comprehensive longitudinal study. Ask the staff at this site to describe the "phases" and length of time an offender stays in each phase.

\*4. Page 18, paragraph 4, "My basic recommendation regarding program integrity is to continue to observe the private programs and assess their adherence to the original program design and how they address any changes that are made". How much variation actually occurs across private sites? Is it significant enough to create statistically different outcomes of offenders completing treatment at these sites?

**Private Program Review**  
**page 3**

5. Section 4.3 paragraph 1, "I recommend that several requirements be met and *some problems* be resolved, before evaluation is considered." This comment is in regards to the feasibility of doing research on outcomes for DOC that includes the private programs contracted to DART. The following issues all come under the discussion of problems to be resolved. (Check Yes/No as it applies to the site you are reviewing.)

- |  |     |    |
|--|-----|----|
| 1) Insure that the OPUS-based MIS is operational at all private sites. | YES | NO |
| 2) Referrals to programs have 9-12 months remaining on their sentence. | YES | NO |
| 3) Offenders promoted to Minimum Custody in a timely manner.           | YES | NO |
| 4) Health Grades other than "A" are accepted into private program.     | YES | NO |

COMMENTS: (Use this space to explain items 1-4 that need clarification)

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6. Page 20, paragraph 2 states that, "A final issue concerns the process by which it is determined that an eligible inmate is appropriate for the private programs. I understand that the reports being prepared for the Division will address this area". The report was written in 1996, are copies of "the reports being prepared for the Division" available for us to review? Engage staff at this site on the issue of referrals and how they think this is working out.

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7. Page 20, last sentence, "To be sure, treatment matching is not a well-developed technique, but some general understandings exist about who is appropriate for long-term treatment. It may be that few inappropriate referrals occur, but the point is that this is difficult to determine in the absence of criteria or sufficient information on those considered for referral". What are the formal assessment criteria used to determine who will be referred to long-term treatment at a private program? How often does this private program have to refuse an admission as inappropriate? (List formal criteria below)

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## Introduction and Executive Summary

Substance abuse and addiction have fundamentally changed the nature of America's prison population. As America approaches the 21<sup>st</sup> century, state and federal prisons and local jails are bursting at the bars with alcohol and drug abusers and addicts and those who sell illegal drugs. In America, crime and alcohol and drug abuse are joined at the hip.

At the end of 1996, more than 1.7 million American adults were behind bars: 1,076,625 in state prisons, 105,544 in federal prisons and 518,492 in local jails--more than three times the number incarcerated just 15 years earlier.\* Of the 1.7 million inmates, only 130,430 or 7.7 percent are women, but the female prison population is growing at a faster rate than the male population. The surge in the number of Americans behind bars--now a population the size of Houston, Texas, the nation's fourth largest city--and the rapidly escalating costs of building and maintaining prisons are unprecedented. More and more Americans are becoming aware of this situation. What few understand is why.

For three years, The National Center on Addiction and Substance Abuse at Columbia University (CASA) has been examining and probing all available data on the people in prison, surveying and interviewing state and federal corrections officials, prosecutors and law enforcement officers, testing programs for substance-abusing offenders and reviewing relevant studies and literature in the most penetrating analysis ever attempted of the relationship of alcohol and drug abuse and addiction to the character and size of America's prison population.\*\*

The stunning finding of this analysis is that 80 percent of the men and women behind bars--some 1.4 million individuals--are seriously involved with drug and alcohol abuse and the crimes it spawns. These inmates number more than the individual populations of 12 of the 50 United States.<sup>1</sup> Among these 1.4 million inmates are the parents of 2.4 million children, many of them minors.<sup>2</sup>

### Most Inmates are Seriously Involved with Drugs and Alcohol

CASA's analysis reveals that at least 81 percent of state inmates, 80 percent of federal inmates and 77 percent of local jail inmates have used an illegal drug regularly (at least weekly for a period of at least one month); been incarcerated for drug selling or possession, driving under the influence of alcohol (DUI) or another alcohol abuse violation; were under the influence of alcohol or drugs when they committed their crime; committed their offense to get money for drugs; have a history of alcohol abuse, or share some combination of these characteristics.

Percent of Inmates Who Are Substance-Involved Offenders			
	State	Federal	Jail
Ever used illegal drugs regularly <sup>a</sup>	64	43	59
Convicted of a drug law violation	19	55	21
Convicted of driving while under the influence	2	0.3	8
Under the influence of drugs and/or alcohol at the time of crime	48	23	55 <sup>b</sup>
Committed crime to get money to buy drugs	17	10	13 <sup>b</sup>
Has a history of alcohol abuse <sup>c</sup>	29	14	15
<b>Substance-Involved Offenders:</b> (Percent who fit into at least one of the above categories) <sup>d</sup>	81	80	77

a Regular drug use is using a drug at least weekly for a period of at least a month.

b Convicted jail inmates only.

c Ever in treatment for alcohol abuse.

d These percentages cannot be added because of overlap.

Source: CASA analysis of the U.S. Department of Justice Bureau of Justice Statistics (BJS) 1991 prison inmate survey data and 1989 jail inmate survey.

The overwhelming majority of those who have ever used drugs regularly used them in the month immediately before they entered prison--76 percent of state, 69 percent of federal and 70 percent of local jail inmates who have regularly used drugs. Alcohol and drug abuse and addiction are implicated in assaults, rapes and homicides. Thousands of individuals incarcerated for robbery and burglary stole to support drug habits. Thousands more are imprisoned for violations of laws prohibiting selling, trafficking, manufacturing or possessing illegal drugs like heroin and cocaine, driving while intoxicated and disorderly conduct while high or drunk. The bottom line is this: one of every 144 American adults is behind bars for a crime in which drugs and alcohol are involved.

The enormous prison population imposes a hefty financial burden on our nation. In 1996, America had more than 4,700 prisons--1,403 state, 82 federal and 3,304 local--to house an inmate population that is still growing.<sup>3</sup> Americans paid \$38 billion in taxes to build and operate these facilities: \$35 billion for state prisons and local jails and \$3 billion for federal prisons.<sup>4</sup>

This report is an unprecedented effort to assess the relationship between drug and alcohol abuse and addiction and America's prison population and the implications of that relationship for our society--for public safety; state and federal criminal justice, public health and social service policies; taxes that Americans pay and the nation's economy. The first step in formulating sensible prison policies to protect the public safety in a cost effective way is to understand the human, social and economic costs of substance abuse, crime and incarceration, how we got here and what we can do about it. The case for change is urgent and overwhelming: if rates of incarceration continue to rise at their current pace, one out of every 20 Americans born in 1997 will serve time in prison--one out of every 11 men, one of every four black men.<sup>5</sup>

This CASA report targets America's prison and jail population. But prisons are the endgame. Millions of children grow up in families wracked by drug and alcohol abuse and in neighborhoods and schools infested with illegal drugs and drug dealers--situations that General Colin Powell calls "training camps for America's prisons." There are 3.8 million individuals convicted of a crime who are on probation and parole, which brings the total to more than 5.5 million people currently under the supervision of state, federal, and local criminal justice systems.\*\*\* That is a criminal population larger than the city of Los Angeles, the second largest city in the United States. The states monitor 3,146,062 individuals on probation and 645,576 on parole; the federal government, 34,301 on probation and 59,133 on parole.<sup>6</sup> For most of these individuals, the road to prison, probation and parole is paved with alcohol and drug abuse.

How did America's prisons and jails come to be dominated by alcohol and drug abusers and those who deal drugs? Citizen concerns about crime and violence led federal, state and local officials to step up law enforcement, prosecution and punishment. As a result of such concern and the heroin epidemic of the 1970s and crack cocaine explosion in the 1980s, state and federal legislatures enacted more criminal laws, especially with respect to selling illicit drugs and related activities such as money laundering; agents of the Federal Bureau of Investigation and Drug Enforcement Administration and state and local police made more arrests for all kinds of crime; prosecutors brought more charges and indictments; judges and juries convicted more defendants; and judges imposed more prison sentences authorized or mandated by law.<sup>7</sup> While in prison, little attempt was made to deal with the underlying inmate drug and alcohol addiction that led to so much criminal activity. Inmates who are alcohol and drug abusers and addicts are the most likely to be reincarcerated--again and again--and sentences usually increase for repeat offenders. The result has been a steady and substantial rise in the nation's prison population over the past generation. Between 1980 and 1996, the number of inmates in state and federal prisons and local jails jumped 239 percent, from 501,886 to 1,700,661: the number of men from 477,706 to 1,570,231, a 229 percent increase; the number of women from 24,180 to 130,430, a 439 percent increase.<sup>8</sup>

The nature of the prison population has changed as dramatically as its size. Popular perceptions of inmates shaped by vivid movie and television images of playful Bonnies and Clydes, mafia Godfathers like Marlon Brando who refuse to deal drugs, or the psychopaths and violent predators of 1930s and 1940s gangster films are ancient history. Sharply different characteristics mark the prisoners of the 1990s. For 80 percent of inmates, substance abuse and addiction has shaped their lives and criminal histories: they have been regular drug users, have a history of alcohol abuse, committed crimes under the influence of alcohol or drugs, stole to get money to buy drugs, violated drug selling and possession laws, drove drunk, committed assaults, rapes, homicides and disorderly conduct offenses related to alcohol or drugs--or some combination of the above.

Unlike exaggerated Hollywood images of hopelessly criminal psychopaths, many of today's prisoners can be rehabilitated with appropriate treatment for substance abuse and addiction, continuing aftercare once they leave prison, and literacy and job training. Absent such treatment and training, most will commit more crimes, get arrested and go back to prison. The choice is ours as well as theirs.

### **The Explosion of the Inmate Population is Drug- and Alcohol-Related**

Most offenders, whatever their crime, have a drug or alcohol problem. Alcohol and drugs are implicated in the increased rate of arrest, conviction and imprisonment of property, violent and drug law offenders, the three major groups of inmates.

Much of the growth in America's inmate population is due to incarceration of drug law

violators.<sup>1</sup> From 1980 to 1995, drug law violators accounted for 30 percent of the total increase in the state prison population, and the proportion of offenders in state prisons convicted of drug law violations rose from six percent to 23 percent. In federal prisons, drug law violators accounted for 68 percent of the total increase, driving the proportion of drug law violators from 25 percent to 60 percent and making drug law violators by far the largest group of federal inmates. In local jails, drug law violators accounted for 41 percent of the increase in the total population between 1983 and 1989, and the proportion of drug law violators rose from nine percent to 23 percent.<sup>2</sup> While the percentage of inmates convicted of property and violent crime declined, the number of such inmates increased, largely due to drug- and alcohol-related offenses.

### **The More Often an Individual is Imprisoned, the More Likely That Individual is a Drug or Alcohol Addict or Abuser**

Substance use is tightly associated with recidivism. The more prior convictions an individual has, the more likely that individual is a drug abuser: in state prisons 41 percent of first offenders have used drugs regularly, compared to 63 percent of inmates with two prior convictions and 81 percent of those with five or more convictions. Only four percent of first time offenders have used heroin regularly, compared to 12 percent of those with two prior convictions and 27 percent of those with five or more. Sixteen percent of first offenders have used cocaine regularly, compared to 26 percent of those with two prior convictions and 40 percent of those with five or more convictions. State prison inmates with five or more prior convictions are three times likelier than first-time offenders to be regular crack users.

Only 25 percent of federal inmates with no prior convictions have histories of

regular drug use, but 52 percent of those with two prior convictions and 71 percent of those with five or more have histories of regular drug use. Among jail inmates, 39 percent with no prior convictions have histories of regular drug use, but 61 percent with two prior convictions

and 76 percent with five or more convictions regularly used drugs.

### **Racial and Ethnic Disparity**

In 1996, white non-Hispanics comprised 76 percent of the U.S. adult population, but only 35 percent of state, 38 percent of federal and 39 percent of jail inmates. Black non-Hispanics comprised 11 percent of the adult population, and 46 percent of state, 30 percent of federal and 42 percent of jail inmates. Hispanics comprised nine percent of the adult population, and 16 percent of state, 28 percent of federal and 17 percent of jail inmates. In 1996, 744,678 black non-Hispanics were incarcerated, 619,138 white non-Hispanics and 289,956 Hispanics. Similar proportions of each group in state prison are substance-involved: 81 percent of white non-Hispanic, 79 percent of black non-Hispanic and 86 percent of Hispanic inmates.

Half of all inmates in state prison for substance offenses are black; 26 percent are Hispanic. In state and federal prisons, black inmates are most likely to have used crack in the month before their arrest; Hispanics are likelier to have used heroin or cocaine.

Because of their disproportionate representation in the inmate population, black and Hispanics are hardest hit by failure to provide treatment and ancillary services during incarceration.

### **Alcohol: The First Cousin of Violent Crime**

Alcohol is more closely associated with crimes of violence than any other drug. Alcohol is a bigger culprit in connection with murder, rape, assault and child and spouse abuse than any illegal drug.<sup>10</sup> More widely available and abused than illicit drugs like heroin, cocaine or LSD, alcohol is implicated in most homicides arising from disputes or arguments.<sup>11</sup>

One-fifth (21 percent) of state prison inmates incarcerated for violent crimes were under the influence of alcohol--and no other substance--when they committed their crime. In comparison, only three percent of violent offenders in state prison were under the influence of cocaine or crack alone when they committed their crime, and only one percent were under the influence of heroin alone. Twelve percent of violent offenders in state prison were under the influence of one or more illegal drugs (but not alcohol) at the time of their crime, while 16 percent were under the influence of both alcohol and drugs.

At the federal level, 11 percent of violent inmates were under the influence of alcohol alone at the time of their crime, compared with four percent under the influence of crack or cocaine alone and three percent under the influence of heroin alone. A total of 16 percent of federal violent inmates were high on one or more illegal drugs (but not alcohol) when they committed their crime, while six percent were using alcohol and drugs.

Violent crimes among jail inmates are also more closely linked to alcohol than to any other drug, with 26 percent of convicted violent offenders under the influence of alcohol alone at the time of their crime, versus four percent under the influence of crack or cocaine alone and none under the influence of heroin. Ten percent of convicted violent offenders in jail were high on one or more illegal drugs (but not alcohol) at the time of their crime, while 15 percent were under the influence of alcohol and drugs.

Alcohol abuse and addiction is also linked, though less closely, to property crime and drug law violations. Among state inmates, 21 percent of violent offenders were under the influence of alcohol (and no other substance) at the time of their crime compared with 17 percent of property offenders and 14 percent of substance offenders. Among federal inmates, 11 percent of violent offenders were under the influence of alcohol only at the time of their crime compared with nine percent of property offenders and five percent of substance offenders.

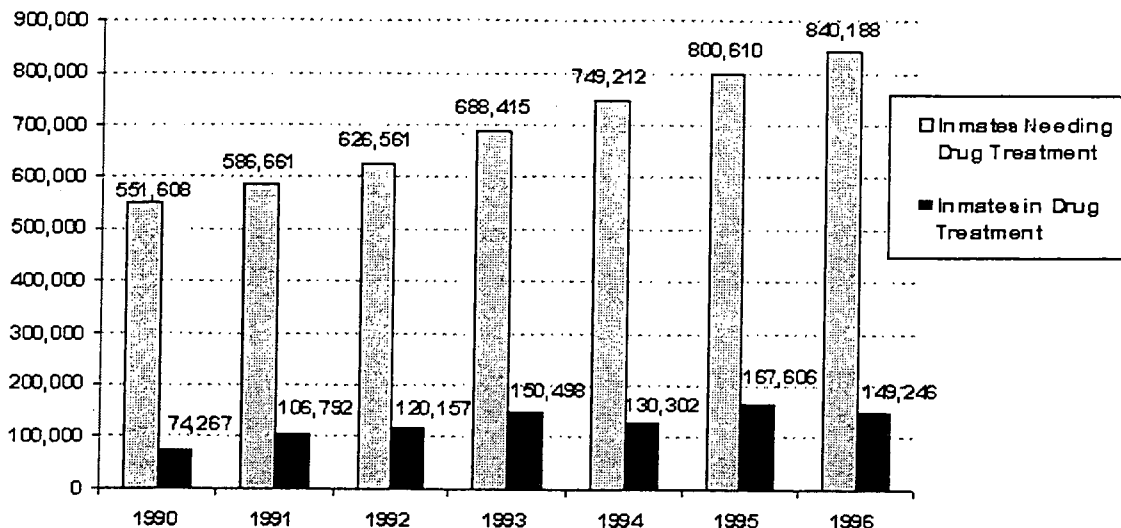
### **The Growing Chasm in Substance Abuse Treatment: Increasing Inmate Need and Decreasing Access**

In state and federal prisons, the gap between available substance abuse treatment--and inmate participation--and the need for such treatment and participation is enormous and widening.

State officials estimate that 70 to 85 percent of inmates need some level of substance abuse treatment.<sup>12</sup> But in 1996, only 13 percent of state inmates were in any such treatment.<sup>13</sup> The Federal Bureau of Prisons estimates that 31 percent of their inmates are hooked on drugs, but only 10 percent were in treatment in 1996.<sup>14</sup> The proportion of jail inmates who need treatment has not been estimated, but given the similar alcohol and drug abuse profiles of state prison and local jail inmates, it is likely to mirror the state estimate of 70 to 85 percent. Only eight percent of jail inmates were in treatment in 1992.<sup>15</sup> As the number of inmates in need of treatment has risen in tandem with the prison population, the proportion receiving treatment has declined. Indeed, from 1995 to 1996, the number of inmates in treatment decreased by 18,360 as inmates in need of treatment rose by 39,578.



### Treatment Need vs. Number of State and Federal Inmates in Treatment



The number of inmates needing drug treatment is calculated to be 75 percent of the total number of State inmates and 31 percent of the total number of Federal inmates for each year based on estimates by the GAO, CASA and the Federal Bureau of Prisons. The number of inmates in treatment is estimated from data reported in *The Corrections Yearbook* (1990-1996). (See Appendix D.)

Not surprisingly given this lack of treatment, government spending on inmate drug and alcohol treatment is relatively small compared to the costs of imprisoning drug and alcohol addicts and abusers. CASA estimates that on average, states spend five percent of their prison budget on drug and alcohol treatment.<sup>16</sup> In 1997, the Federal Bureau of Prisons spent \$25 million on drug treatment--only 0.9 percent of the federal prison budget.<sup>17</sup>

### Treatment Effectiveness

Research in recent years indicates that well-designed prison-based treatment can reduce post-release criminality and drug and alcohol relapse, especially when combined with pre-release training and planning and community-based aftercare services, including assistance with housing, education, employment and health care.<sup>18</sup>

Evaluations of prison-based treatment have focused on residential treatment programs and suggest that length of stay in treatment and the availability of aftercare following treatment are important predictors of success. Amity Rightturn, a therapeutic community-based program at the R.J. Donovan medium security prison in San Francisco, for example, reduced reincarceration rates within one year of parole to 26 percent for Amity graduates who completed aftercare, compared with 43 percent for Amity graduates who did not participate in aftercare, 50 percent for Amity program dropouts and 63 percent for a matched comparison group.<sup>19</sup>

Forever Free, a similar program operated by the California Department of Corrections for female inmates approaching their parole dates, reduced the rate of return to custody to 38 percent for all program graduates, compared with 62 percent for program dropouts. Participation in community-based treatment further increased the likelihood of successful outcomes--reducing the rate of return to custody to 28 percent for program graduates with some community treatment and 10 percent for graduates with at least five months of community treatment.<sup>20</sup>

## The Role of Religion and Spirituality

The relationship of religion and spirituality to effective substance abuse treatment among inmates has received little systematic analysis, but merits further study. Much anecdotal evidence suggests that spirituality and participation in religious groups can play a role in the rehabilitation of many inmates. Inmates and treatment providers often cite spirituality (God or a Higher Power) as a factor in getting and staying sober, coping with prison life, successfully reentering into the community and ending criminal conduct. Alcoholics Anonymous and other 12-step programs that emphasize the role of spirituality in recovery are common in prison facilities.

Religion--notably Christian and Muslim--appears to be an important part in the lives of a substantial number of inmates. A third (32 percent) of state inmates and 38 percent of federal inmates participate in religious activities, bible clubs or other religious study groups. Several studies suggest a link between religion and reductions in deviant behavior. For example, a study of New York state inmates involved in the Prison Fellowship programs founded by Charles Colson showed that inmates who were very active in Bible studies were significantly less likely to be rearrested during a one-year follow-up period than those who were less active in the program or those in a matched comparison group who did not participate in the program.<sup>21</sup> Although the inmates who participated in the Bible studies were a self-selected group, this finding highlights the potential of religion as a factor in reducing recidivism.

## Beyond Treatment

Substance abuse treatment alone is not enough. Most inmates who are drug and alcohol addicts and abusers also need medical care, psychiatric help, and literacy and job training. Drug- and alcohol-involved inmates tend to have ailments--cirrhosis, diabetes, high blood pressure, malnutrition, sexually transmitted diseases, HIV and AIDS--that require medical care. Some have never worked or worked so sporadically in such low level jobs that they need not only to improve their reading, writing and math skills, but also to acquire levels of socialization that most Americans take for granted. Without help in prison acquiring these skills, once released these inmates have little chance of resisting a return to lives of drug and alcohol abuse and crime.

To appreciate the heavy baggage substance-abusing inmates carry, consider the histories of inmates who were regular drug users:

- 15 percent in state prison, nine percent in federal prison and 20 percent in jail have been physically and/or sexually abused.
- 61 percent in state prison, 44 percent in federal prison and 48 percent in jail did not complete four years of high school.
- 36 percent in state prison, 33 percent in federal prison and 39 percent in jail were unemployed in the month prior to their offense.

## Drug-Involved Inmates and AIDS

Thanks largely to intravenous drug use, sharing needles and having sex with infected drug users, HIV infection rates are six times higher among the inmate population than among the general population. The incidence rate of new AIDS cases was 17 to 23 times higher: 518 of every 100,000 state and federal inmates and 706 of every 100,000 jail inmates, compared to 31 of every 100,000 individuals in the general population.<sup>22</sup>

Next to homosexual males, injection drug users are the group most at risk for HIV. In 1996, an estimated 250,000 state prison inmates had injected drugs, including 120,000

who shared needles.<sup>23</sup> Some 14,000 federal prison inmates had injected drugs, including 6,000 who shared needles. Prison-based treatment programs that help inmates kick their drug habits can reduce their risk of acquiring AIDS. However, most in-prison HIV/AIDS education and prevention services are inadequate and fail to meet national guidelines for corrections-based HIV/AIDS education.

### **Drugs, Alcohol and Women in Prison**

Although only 130,430--7.7 percent--of inmates are female, incarceration rates for women are growing more rapidly than for men. From 1980 to 1996, the number of women in federal and state prisons jumped 506 percent (from 12,331 to 74,730), almost double the 265 percent increase for men.<sup>24</sup> From 1980 to 1996, the number of women in local jails rose 370 percent (from 11,849 to 55,700), more than double the 167 percent increase for men.<sup>25</sup>

Color these sharp rises for women largely with the brush of drug law violations and drug and alcohol abuse and addiction. Female inmates are more likely than male inmates to be drug law violators and they use drugs at rates comparable to men. Drug- and alcohol-abusing female inmates are much likelier than male inmates to have suffered physical and sexual abuse. More than two-fifths of substance-involved women in state prison and local jail and one-fifth in federal prison have been victims of such abuse. Some of the 104,000 drug- and alcohol-involved female inmates are pregnant; half had minor children living with them before they entered prison.

### **Substance Abuse-Related Crime: It Runs in the Family**

Like substance abuse itself, substance abuse-related crime runs in the family. Children of substance-involved inmates are at high risk of addiction and incarceration. Inmates whose parents abused drugs and alcohol are much more likely to abuse drugs and alcohol themselves. In state and federal prison, regular drug users are twice as likely to have parents who abused drugs and alcohol than inmates who are not regular drug users.

Regular drug users in prison and jail are likelier than the general inmate population to have a family member who served prison time: 42 percent of regular drug users in both state prisons and local jails and 34 percent in federal prison have at least one family member who served time in prison or jail, compared to 37 percent of the general state prison population, 35 percent of the local jail population and 26 percent of the general federal prison population.

### **Tobacco, Alcohol and Drugs in Prison**

Prison policies regarding tobacco, alcohol and drugs set expectations and send important messages to inmates about official attitudes toward substance use. Unfortunately, not all prisons take advantage of this opportunity. While an estimated 29 percent of state and federal prisons are smoke-free, some state prisons provide free cigarettes to indigent inmates; a few provide free cigarettes to all inmates.<sup>26</sup>

Although systematic evidence is lacking, anecdotal information suggests that drugs and alcohol are available in many prisons and jails. Current surveillance methods which occasionally test for drugs, at times with advance notice, are inadequate to eliminate drug dealing and use in prisons and to support treatment programs. Wider and more frequent random testing can help keep prisons drug-free, identify inmates in need of treatment and monitor those undergoing treatment.

## **The Cost of Drug- and Alcohol-Involved Inmates**

Of the \$38 billion spent on prisons in 1996, more than \$30 billion dollars paid for the incarceration of individuals who had a history of drug and alcohol abuse, were convicted of drug and alcohol violations, were high on drugs and alcohol at the time of their crime, or committed their crime to get money to buy drugs. If current trends continue, by the year 2000, the nation will break the \$100 million-dollar-a-day barrier in spending to incarcerate individuals with serious drug and alcohol problems.<sup>27</sup>

Inmates who have abused alcohol or drugs often have special health needs that add expense to their incarceration. These include detoxification programs, mental and physical health care, and AIDS treatment. State and federal inmates who regularly used drugs or abused alcohol are, on average, twice as likely as those who didn't to have histories of mental illness.

In addition to incarceration, there are other criminal justice system costs for arresting and prosecuting substance abusers. For example, the bill for arresting and prosecuting the 1,436,000 DUI arrests in 1995 was more than \$5.2 billion, exclusive of the costs of pretrial detention and incarceration.<sup>28</sup>

### **Prevention**

Prevention is the first line of defense against drug- and alcohol-related crime. The tremendous costs of incarcerating so many drug- and alcohol-abusing inmates underscores the vital importance of developing, implementing and evaluating large-scale prevention efforts that are designed for the populations at risk for substance abuse and criminal activity. Since most addicts begin using drugs while they are teens, efforts to give youngsters the will and skill to say no are critical to keeping them out of the criminal justice system. The difficulties of recovering from drug or alcohol addiction are enormous even for middle- or upper-class addicts. For those with family histories of substance abuse, living in poverty, with limited educational and vocational skills and health problems, the treatment process can be extraordinarily difficult. Developing effective drug prevention programs for children and teens and making our schools drug-free are key elements in any effort to reduce drug- and alcohol-related crime.

### **Missed Opportunity: Reducing Crime and Costs to Taxpayers**

Preventing drug and alcohol abuse and providing effective treatment for drug- and alcohol-abusing inmates hold the promise of significant savings to taxpayers and reductions in crime.

CASA estimates that it would take approximately \$6,500 per year, in addition to usual incarceration costs, to provide an inmate with a year of residential treatment in prison and ancillary services, such as vocational and educational training, psychological counseling, and aftercare case management.

However, if an addicted offender successfully completes the treatment program and returns to the community as a sober parolee with a job, then the following economic benefits will accrue in the first year after release:

- \$5,000 in reduced crime savings (assuming that drug-using ex-inmates would have committed 100 crimes per year with \$50 in property and victimization costs per crime)
- \$7,300 in reduced arrest and prosecution costs (assuming that they would have been arrested twice during the year)
- \$19,600 in reduced incarceration costs (assuming that one of those re-arrests would have resulted in a one-year prison

- sentence)
- \$4,800 in health care and substance abuse treatment cost savings, the difference in annual health care costs between substance users and non-users<sup>29</sup>
- \$32,100 in economic benefits (\$21,400--the average income for an employed high school graduate--multiplied by the standard economic multiplier of 1.5 for estimating the local economic effects of a wage)<sup>30</sup>

Under these conservative assumptions, the total benefits that would accrue during the first year after release would total \$68,800 for each successful inmate. These estimated benefits do not include reductions in welfare, other state or federal entitlement costs, or foster care for the children of these inmates.

Given these substantial economic benefits, the success rate needed to break even on the \$6,500 per inmate investment in prison treatment is modest. If only 10 percent of the inmates who are given one year of residential treatment stay sober and work during the first year after release, there will be a positive economic return on the treatment investment.

There are 1.2 million inmates who are drug and alcohol abusers and addicts (the other 200,000 of the 1.4 million substance-involved inmates are dealers who do not use drugs). If we successfully treat and train only 10 percent of those inmates--120,000--the economic benefit in the first year of work after release would be \$8.256 billion. That's \$456 million more than the \$7.8 billion cost of providing treatment and training (at a cost of \$6,500 each) for the entire 1.2 million inmates with drug and alcohol problems. Thereafter, the nation would receive an economic benefit of more than \$8 billion for each year they remain employed and drug- and crime-free. That's the kind of return on investment to capture the imagination of any businessman.

The potential for reduction in crime is also significant. Estimates of property and violent crimes committed by active drug addicts range from 89 to 191 per year. On a conservative assumption of 100 crimes per year, for each 10,000 drug-addicted inmates who after release stay off drugs and crime, the nation will experience a reduction of one million crimes a year.

### **Recent Innovations in Handling Substance-Involved Inmates**

As the impact of substance abuse on the nation's prisons and the potential of treatment for reducing crime and costs are recognized, some states and the federal government are rethinking their approach to substance-involved inmates. Among innovations being tried are: programs to divert substance abusers into treatment instead of prison, such as the Treatment Alternative to Street Crime (TASC), 161 drug courts that provide judicially-supervised treatment in the community to nonviolent felony offenders and the Drug Treatment Alternative to Prison (DTAP) program in Kings County (Brooklyn), New York; "coerced abstinence" programs, which use frequent drug testing and close supervision of probationers as an alternative to imprisonment or drug treatment; treatment services for probationers and parolees, including programs that identify future substance-abuse service needs of parolees before they leave prison.

One example of such an effort is CASA's Opportunity to Succeed (OPTS) program. OPTS is a research and demonstration effort aimed at helping ex-offenders stay drug-free and out of prison. The theory behind OPTS is that ex-offenders who receive treatment while incarcerated are more likely to stay off drugs and alcohol if they receive immediate and continuing help once they are released on parole. OPTS participants receive an

intensive blend of parole supervision, drug and alcohol treatment, health, education and social services that begins upon release from prison and continues for one to two years. In addition to case management by mentors, participants receive help with housing, training and employment and parenting skills.

These innovations reflect growing understanding that fundamental changes in the characteristics of the nation's prison population call for a fresh look at crime and punishment in America. But they are too few and far between.

### **The Second Front in the War on Crime**

It is time to open a second front in the war on crime and that front should be in our jails and prisons. CASA's three year analysis of the impact of drugs and alcohol on the nation's prisons make two things clear: reducing alcohol and drug abuse and addiction is the key to the next major reduction in crime and the prison population provides an enormous missed opportunity.

Recent declines in crime underscore the importance of aggressive enforcement, but if we are to reduce crime further, we must find additional, cost-effective ways to decrease drug- and alcohol-related crime. That means using punishment and rewards to cut drug and alcohol abuse by exploring less expensive alternatives to incarceration for nonviolent substance abusers and using the power of the criminal justice system to get substance-abusing offenders into treatment in order to break their cycle of crime.

Substance abusers who are convicted of violent offenses--often alcohol-related--or major drug sellers should be incarcerated. But we should also provide these offenders with treatment of their underlying substance problems to reduce the odds that they will continue to commit crimes once they are released from prison. And they will be released from prison: even with tougher sentencing laws, on average, state inmates convicted of robbery are released from prison after 4.3 years; those convicted of drug selling, after less than two years.<sup>31</sup>

A major investment in research to improve prevention and treatment of alcohol and drug abuse is essential. Particular attention should be accorded to designing cost-effective diversion, prison and post-prison treatment and rehabilitation programs.

This second front in the war on crime must be comprehensive, addressing policies and practices from the time of arrest to the months immediately following release from prison. Here are some recommendations designed to cut taxpayer costs and protect the public safety by reducing recidivism:

#### *Pre-Prison:*

- Assess the substance abuse involvement of individuals at the time of arrest, including not only drug testing, but a thorough evaluation of substance abuse history, which can form the basis for decisions about pretrial supervision, sentencing and treatment.
- Encourage the development, implementation and evaluation of treatment alternatives to prison such as diversion and drug courts, and expand diversion programs for nonviolent first offenders who are drug and alcohol abusers and addicts to get them into sober lives.
- Provide police, prosecutors and judges with the training and assistance required to deal with substance-related crime effectively, including counselors and public health experts experienced in evaluating substance abuse and addiction.

- Get rid of mandatory sentences that eliminate the possibilities of alternative sentencing and/or parole. Judges and prosecutors need the flexibility to divert substance-abusing offenders into treatment, drug courts, coerced abstinence or other alternatives to prison when they're appropriate. Corrections officials need every possible carrot and stick to get inmates to seek treatment, including the carrot of reduced prison time for substance-abusing inmates who successfully complete treatment and the stick of getting sent back to jail for parolees who fail to participate in required post-release treatment or aftercare. (That's why mandatory sentences--with no chance of reductions and no hook of parole after release--are counterproductive. The only mandatory sentence that makes sense for a substance-abusing inmate would condition release from prison upon successfully completing treatment and staying free of alcohol and drugs for six months or a year thereafter.)

#### *Prison:*

- Train corrections officers and other personnel in substance abuse and addiction so that they can better prevent the use of alcohol and drugs in prison and better assist inmates in the recovery process.
- Keep jails and prisons tobacco-, alcohol- and drug-free. This means enforcing prohibitions against alcohol and drugs, promoting smoke-free prisons and local jails to enhance the health of inmates, and eliminating free distribution of tobacco products to inmates.
- Expand random testing of prisoners to police and deter drug and alcohol use, refer inmates for substance abuse treatment and monitor their progress.
- Provide treatment in prison for all who need it: every alcohol- or drug-involved offender, including property offenders, violent offenders and drug sellers. Tailor treatment to the special needs of inmates, such as women and children of alcoholics and drug addicts.
- Encourage participation in literacy, education and training programs. Such programs should be widely available and inmates should be encouraged to enroll in them, in order to increase their chances to obtain employment upon release from prison and avoid returning to a life of crime and imprisonment.
- Provide substance-abusing prisoners with a range of support services including the medical care; mental health services; prevention services including confidential HIV testing; counseling, and other services they need.
- Increase the availability of religious and spiritual activity and counseling in prison and provide an environment that encourages such activity.

#### *Post-Prison:*

- Provide pre-release planning for treatment and aftercare services for individuals who need them. Help parolees find services they need to remain clean once they leave prison, such as drug-free housing, literacy training, job placement and social services.
- Train parole and probation officers to deal with alcohol and drug abuse and assist parolees and probationers in locating addiction

services and staying in treatment.

Putting proposals such as these in place involves a revolution in the way Americans think about prisons, punishment and crime, and requires an initial investment of resources. But the potential rewards are enormous. Many of the individuals incarcerated for drug- or alcohol-related crimes would have committed their offenses even in the absence of substance abuse. But many--hundreds of thousands of the 1.4 million substance-involved inmates--would be law abiding, working, taxpaying citizens and responsible parents if they lived sober lives.

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## NOTES

\*State prisons generally hold inmates who have been convicted of felony offenses under state law and sentenced to at least one year of incarceration. Federal prisons hold inmates convicted of violating federal laws. Local jails generally house individuals convicted of misdemeanors and sentenced to less than one year in prison and individuals who are awaiting trial. Most offenses related to illegal drug selling are felonies, while possession of drugs may be either a felony or misdemeanor depending on state law and the amount of drugs. Possession of small amounts of marijuana is typically treated as a misdemeanor or a lesser, non-criminal infraction. The estimate of 1,700,661 is based on the most recent data available: year-end 1996 for state (1,076,625) and federal prisoners (105,544), mid-year 1996 for jail inmates (518,492). Throughout this report, different years may be cited for different types of data. This is because different data sets and publications are available for various types of criminal justice data, and not all data are available for the same year. The data used are the most recent available. Adults are defined as more than 17 years of age.

\*\*Unless otherwise noted, inmate data presented in this report are derived from CASA's analysis of the U.S. Department of Justice Bureau of Justice Statistics (BJS) 1991 prison inmate self-reported survey data and 1989 jail inmate self-reported survey data. Appendix A summarizes the methodology used in these analyses.

\*\*\*Probation refers to a sentence imposed by a court that involves community supervision by a federal, state or local probation department. Parole- refers to the community supervision by a federal or state parole agency required when a prison inmate is released before serving the full sentence; parolees usually remain under supervision until the full sentence has expired.

\*\*\*\*Throughout this report, the term "drug law violators" refers to inmates who are imprisoned on drug sale, trafficking, manufacturing or possession charges. We use the term "substance-involved offenders" to refer to inmates who fall into any of the categories included in the table on page 3.

## REFERENCES

- 1) Famighetti, R. (Ed.). (1996). *The world almanac and book of facts, 1997*. Mahwah, NJ: World Almanac Books, St. Martin's Press.
- 2) The Bureau of Justice Department surveys do not provide complete age data for the children of inmates. However, since 82 percent of state inmates, 63 percent of federal inmates and 88 percent of local jail inmates are under age 40, many of their children are likely to be minors.
- 3) Camp, G.M., Camp, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem, NY: Criminal Justice Institute; Perkins, C.A., Stephan, J.J., & Beck, A.J. (1995). *Jails and jail inmates 1993-94. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- 4) Total state prison costs were \$24.6 billion. The Bureau of Justice Statistics estimated national local jail expenditures at \$9.6 billion for 1993. Adjusting that figure to 1996 dollars, we estimate annual jail costs for 1996 at \$10.5 billion (based on an 8.6 percent increase in the Consumer Price Index between 1993 and 1996). The actual costs are most likely higher given the increased jail population since 1993. Perkins, C.A., Stephan, J.J., & Beck, A.J. (1995). *Jails and jail inmates 1993-94. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; Camp, G.M., Campo, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem, NY: Criminal Justice Institute.
- 5) Bonczar, T. & Beck, A. (1997) *Lifetime likelihood of going to state or federal prison. Bureau of Justice Statistics special report*. Washington, DC: U.S. Department of Justice, Office of Justice Statistics, Bureau



of Justice Statistics.

- 6) Bureau of Justice Statistics, Office of Justice Programs, & U.S. Department of Justice. (1996, June 30). *Probation and parole population reaches almost 3.8 million*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, Office of Justice Programs.
- 7) Belenko, S., Fagan, J., & Chin, K.L. (1991). Criminal justice responses to crack. *Journal of Research in Crime & Delinquency*, 28(1), 55-74.
- 8) Brown, J.M., Gilliard, D.K., Snell, T.L., Stephan, J.J. & Wilson, D.J. (1996). *Correctional populations in the United States, 1994*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; Gilliard, D.K., & Beck, A.J. (1997). *Prison and jail inmates at midyear 1996. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs; Mumola, C.J., & Beck, A.J. (1997). *Prisoners in 1996. Bureau of Justice Statistics bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- 9) U.S. Department of Justice, Office of Justice Programs, & Bureau of Justice Statistics. (1997). *Correctional populations in the United States, 1995*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; Beck, A.J., & U.S. Bureau of Justice Statistics. (1991). *Profile of jail inmates, 1989*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.
- 10) Parker, R.N., & Rebhun, L. (1995). *Alcohol and homicide: A deadly combination of two American traditions. SUNY series in violence*. Albany: State University of New York Press; Pernanen, K. (1991). *Alcohol in human violence. Guilford Substance Abuse Series*. New York: Guilford; Martin, S.E. (Ed.). (1993). *Alcohol and interpersonal violence: Fostering multidisciplinary perspectives. National Institute on Alcohol Abuse and Alcoholism Research Monograph 24*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health and National Institute on Alcohol Abuse and Alcoholism; National Institute on Drug Abuse, Division of Epidemiology and Prevention Research, Westat, I., & Research Triangle Institute. (1994). *Prevalence of drug use in the DC Metropolitan Area institutionalized population, 1991*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute on Drug Abuse, Division of Epidemiology and Prevention Research.
- 11) U.S. Department of Justice, & Federal Bureau of Investigation. (1996). *Crime in the United States, 1995: Uniform crime reports*. Lanham, MD: Bernan; Pernanen, K. (1991) *Alcohol in human violence. Guilford Substance Abuse Series*. New York: Guilford; Bradford, J. Greenberg, D.M., & Motayne, G.G. (1992). Substance abuse and criminal behavior. *Clinical Forensic Psychiatry*, 15(3), 605-622.
- 12) U.S. General Accounting Office. (1991). *Drug treatment: State prisons face challenges in providing services: Report to the Committee on Government Operations, House of Representatives*. Washington, DC: United States General Accounting Office.
- 13) Based on CASA's estimate that 139,048 state inmates were in treatment in 1996 and a total state inmate population of 1,076,661. Estimate of inmates in treatment based on: Camp, G.M., Camp, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem, NY: Criminal Justice Institute; CASA's estimate of the number of inmates needing treatment. (see Appendix D)
- 14) U.S. General Accounting Office. (1996). *Drug and alcohol abuse: Billions spent annually for treatment and prevention activities: Report to congressional requesters*. Washington, DC: U.S. General Accounting Office. Based on CASA's estimate that 10,198 federal inmates were in treatment in 1996 and a total federal inmate population of 105,544. Estimate of inmates in treatment based on: Camp, G.M., Camp, C.G., & Criminal Justice Institute. (1996). *The corrections yearbook: 1996*. South Salem, NY: Criminal Justice Institute; CASA's estimate of the number of inmates needing treatment. (see Appendix D)
- 15) Harlow, C.W., & U.S. Bureau of Justice Statistics. (1992). *Drug enforcement and treatment in prisons, 1990*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- 16) Wunder, A. (1995). Survey summary: Corrections budgets, 1994-1995. *Corrections Compendium*, 20(1), 5-16.
- 17) U.S. Office of Management and Budget. (1997). *Budget of the United States government, fiscal year 1997: Federal prison system: Federal funds*. Retrieved from the World Wide Web, 12/17/97: <http://www.bop.gov/bpbud97.html> : U.S. Government printing office.
- 18) Gendreau, P., & Ross, R.R. (1987). Revivification of rehabilitation: Evidence from the 1980s. *Justice Quarterly*, 4(3), 349-407; Holden, G.A., Wakefield, P., & Shapiro, S.J. (1990). *Treatment options for drug-dependent offenders: A review of the literature for state and local decision makers*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance; Lipton, D.S., &

National Institute of Justice. (1995). *The effectiveness of treatment for drug abusers under criminal justice supervision*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice. Andrews, D.A., Zinger, I., Hoge, R.D., Bonta, J., Gendreau, P., & Cullen, F.T. (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. *Criminology*, 28(3), 369-404.

19) Lipton, D.S., & National Institute of Justice. (1995). *The effectiveness of treatment for drug abusers under criminal justice supervision*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

20) California Department of Corrections, Office of Substance Abuse Programs. (1995). *California Department of Corrections overview of substance abuse programs*. Sacramento, CA: California Department of Corrections, Office of Substance Abuse programs.

21) Johnson, B.R., Larson, D.B., & Pitts, T.C. (1997). Religious programs, institutional adjustment, and recidivism among former inmates in prison fellowship programs. *Justice Quarterly*, 14(1), 145-166.

22) Centers for Disease Control and Prevention. (1994). *HIV/AIDS surveillance report: U.S. HIV and AIDS cases reported through December 1994*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Prevention Services, Division of HIV/AIDS Prevention; Hammett, T., Widom, R., Epstein, J., Gross, M., Sifre, D., & Enos, T. (1995). *1994 update: HIV/AIDS and STDs in correctional facilities. Issues and practices in criminal justice*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

23) The number of injection drug users in the 1996 inmate population is based on CASA's analysis of the 1991 BJS inmate surveys.

24) California Department of Corrections, Office of Substance Abuse Programs. (1995). *California Department of Corrections overview of substance abuse programs*. Sacramento, CA: California Department of Corrections, Office of Substance Abuse programs.

25) Kalish, C.B., & U.S. Bureau of Justice Statistics. (1983). *Jail inmates 1982*. Bureau of Justice Statistics bulletin. Washington, DC: U.S. Department of Justice. Bureau of Justice Statistics. Snell, T.L., & U.S. Bureau of Justice Statistics. (1995). *Correctional populations in the United States, 1992*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; Gilliard, D.K., Beck, A.J., & U.S. Bureau of Justice Statistics. (1996). *Prison and Jail Inmates, 1995. Bureau of Justice Statistics Bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs; U.S. Bureau of Justice Statistics, Flanagan, T.J., Jamieson, K.M., & Hindeland Criminal Justice Research Center. (Eds.). (1988). *Sourcebook of Criminal Justice Statistics-1987*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.

26) Vaughn, M., & del Carmen, R. (1993). Research note: Smoking in prisons - a national survey of correctional administrations in the United States. *Journal of Drug Issues*, 39(2), 225-239.

27) These projections are based on the average rate of growth between 1980 and 1996 of the cost of building and operating state and federal prisons and local jails.

28) Maguire, K., Pastore, A.L., Ireland, T.O., Lanier, C.S., Rikshein, E.C., Gorthy, M.D., U.S. Bureau of Justice Statistics, & Michael J. Hindelang Criminal Justice Research Center. (Eds.). (1994). *Sourcebook of criminal justice statistics-1993*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; U.S. Department of Justice, & Federal Bureau of Investigation. (1996). *Crime in the United States, 1995: Uniform crime reports*. Lanham, MD: Bernan.

29) CASA analysis of data from the 1987 National Medical Expenditure Survey.

30) *Occupational Outlook Quarterly* (Spring 1995). Washington, DC: U.S. Bureau of Labor Statistics.

31) Langan, P.A., & Brown, J.M. (1997). *Felony sentences in state courts, 1994. Bureau of Justice Statistics bulletin*, January, 1-15.

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**SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEE  
ON**

**JUSTICE AND PUBLIC SAFETY**

Thursday May 21, 1998 – 8:30 a.m.  
Room 415, Legislative Office Building

***AGENDA***

**I. CALL TO ORDER**

Co-Chairmen: Senator Wib Gulley, Presiding      Representative Larry Justus  
   Representative Gregg Thompson  
   Representative Joe Kiser

**II. PRESENTATIONS**

- Governor's Recommended Expansion Budget/Additional Reduction for Department of Correction

Gregg Stahl, Assistant Director, DOC

Joe Hamilton, Deputy Director, DOC

- Governors Recommended Budget and Budget Reductions for the Department of Crime Control and Public Safety

Joe Stewart, Legislative Liaison

**III. COMMITTEE DISCUSSION/OTHER BUSINESS**

**IV. ADJOURNMENT**

MINUTES  
SENATE AND HOUSE JOINT APPROPRIATIONS  
SUBCOMMITTEE ON JUSTICE AND PUBLIC SAFETY  
MAY 21, 1998

The Senate and House Joint Appropriations Subcommittee on Justice and Public Safety met at 8:30 am on Thursday, May 21, 1998 in Room 415 of the Legislative Office Building. One Senator and Representatives Justus, Thompson, Kiser, McCrary, Crawford, Redwine, and Smith were present. Representative Justus, Chairman, presided.

First, Mr. Gregg Stahl with the Department of Corrections (DOC) reviewed for the Subcommittee item 2 of Governor Hunt's expansion budget recommendations and reductions (see Handout #1). Representative Justus asked how many counties were participating in Criminal Justice Partnership Act. Mr. Stahl responded that 82 counties currently have a program and 13 more counties are in the process of implementing one. Representative Kiser asked for the list of 13 counties that are in the process of getting a program and the five counties that are not getting a program.

Next, Mr. Robert Guy reviewed item #3 of Handout #1. He also gave the Subcommittee a handout regarding the Post Boot Camp Aftercare Program (see Handout #2). Representative Justus asked if this expansion item had anything to do with the Governor's Juvenile Crime Program and Mr. Guy replied no. Representative Justus then asked about the partnership between DOC and the Department of Health and Human Resources (DHHS). Mr. Guy stated that DHHS was very involved even before boot camp. He stated that DOC did the control part and DHHS and the Treatment Alternatives to Street Crime (TASC) did the counseling, treatment, etc.

Next, Mr. Joe Hamilton with DOC gave the report for the one-time appropriation reduction due to the construction delays for the prisons. Representative Thompson questioned the accuracy of the target dates for construction completion. A lengthy discussion followed about the interest that is accrued on money in reserve funds and what can be done about state agencies keeping the interest. Representative Kiser asked Mr. Buddy Humphrey with the Office of Budget and Management to get the figure for the total amount of interest that is accrued from reserve funds.

Next, Mr. Joe Stewart with the Department of Crime Control and Public Safety (CCPS) reviewed for the Subcommittee Governor Hunt's recommendations for CCPS (see Handout 4 and 5). Representative Thompson asked if the items in the handouts were the complete list from CCPS or a prioritized shorter list. Mr. Stewart responded that it was not the complete list and Representative Thompson asked to see the complete list.

Mr. Stewart next reviewed the two budget reduction items for CCPS. Secretary Moore was asked about the position that was being eliminated and a discussion followed about what could be done to stop that reduction. Representative Thompson asked for the

supervisor's pay grade whose position was being eliminated and the pay grades of the three non-supervisory positions in Crime Prevention. Secretary Moore said they would get that information.

There being no further business, the meeting was adjourned at 9:40 am.

\_\_\_\_\_  
Representative Larry Justus, Co-Chair

  
\_\_\_\_\_  
Carol Resar, Committee Clerk

Handout #1  
1

JPS

1998-99 Recommended Changes  
General Fund - Continued

Department of Correction

1998-99

1. **Upgrade Health Services**

It is recommended that additional funds be appropriated to support 51 medical related positions to be established at Central Prison and the North Carolina Correctional Institute for Women. These positions are necessary in order to continue to provide a level of service consistent with prevailing standards in the medical community. Both institutions have undergone an extensive and independent review.

Number of Positions

\$ 1,740,563  
51.0

2. **Criminal Justice Partnership Act**

When the continuation budget for 1998-99 was prepared, a one time reduction in appropriation for the Criminal Justice Partnership Act made for 1997-98 was inadvertently continued into the second year of the biennium. The amount originally reduced was \$5,000,000, but the department believes that it can operate in 1998-99 with only \$2,000,000 restored.

2,000,000

3. **Post Boot Camp Aftercare Program**

It is recommended that funds be appropriated to continue post boot camp aftercare programs for those youths that complete the department's boot camp. Most states reporting success with the boot camp program have the aftercare component. This program follows up with the youths that are most often released into the same environment that may have caused their encounter with the legal system in the first place.

515,782

4. **One Time Appropriation Reduction From Construction Delay**

It is recommended that a one time reduction be made to operating reserves in the department's budget due to delays in new facilities coming online.

(11,131,014) NR

Total Recommended Changes for Department of Correction  
Number of Positions

\$ (6,874,669)  
51.0

NR - Nonrecurring

1998-99 Recommended Changes  
General Fund - Continued

JPS

1

Department of Correction

1998-99

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Total Recommended Changes for Department of Correction  
Number of Positions

\$ (6,874,669)  
51.0

NR - Nonrecurring

Department of Crime Control and Public Safety  
General Fund

1998-99

1. **Replace Federal Funds for Positions in Emergency Management**  
It is recommended that funding be appropriated to continue three and a half positions in Emergency Management that are currently funded with federal funds. It is anticipated that the federal funding for these positions will end on June 30, 1998. These positions work in the area of preparedness, training and exercises, emergency management assistance, hazardous materials, and disaster preparedness improvement grants. Two and a half of the positions are emergency management planners and one position is a facility survey engineer.  

\$ 202,717
  
2. **National Guard Challenge Program**  
Challenge is a program currently supported by federal funds that operates at a school owned by Sampson county. Beginning July 1, 1998, the federal funds will be reduced to 75% of the operating budget. It is recommended that an appropriation be made to replace those lost federal funds. The program is designed for young males and females that have dropped out or been expelled from school. The program is a highly structured and disciplined approach focused toward changing behavior and attitude.  

\$42,000 NR
  
3. **Positions for Air National Guard**  
An appropriation is recommended to match federal funds to add four maintenance/housekeeping positions at expanded Air National Guard facilities. These positions would be located at Charlotte (1) and Stanly county (3).

Requirements	\$ 120,591
Receipts	<u>90,443</u>
Appropriation	\$ 30,148
Number of Positions	4.0

NR - Nonrecurring



1998-99

4. **Airborne and Special Operations Museum**

An appropriation is recommended to supplement funds received and/or committed to the Airborne and Special Operations Museum in Fayetteville. This museum will be dedicated to the men and women that have made sacrifices serving our country in Airborne and Special Operations units.

\$ 2,000,000 NR

**Total Recommended Changes for Department of Crime Control and Public Safety - General Fund**

Requirements

\$ 2,865,308

Receipts

90,443

Appropriation

\$ 232,865

2,542,000 NR

Number of Positions

4.0

**Department of Crime Control and Public Safety  
Highway Fund**

1. **Highway Patrol Automatic Salary Increase**

When the continuation budget for 1998-99 was prepared the automatic annual salary increase for eligible officers of the State Highway Patrol was inadvertently omitted. It is recommended that the amount necessary to fund this increase be appropriated from the Highway Fund.

\$ 2,787,596

2. **Criminal Justice Information Network (CJIN)**

It is recommended that funds be appropriated to the Department of Crime Control and Public Safety from the Highway Fund to allow the Highway Patrol to implement phase III of its Mobile Data Network. The purpose of CJIN is to develop a statewide network that will enable an authorized user to readily access and effectively use criminal information regardless of its location in national, state, or local databases.

2,406,611 NR

NR - Nonrecurring

1998-99

3. Mobile Data Computers

It is recommended that funds be appropriated to the Highway Patrol to continue purchasing mobile data computers for Highway Patrol cruisers. These computers provide immediate response to inquiries without utilization of voice transmission. This quick response enhances the safety of the officer in the field as well as reduces time required for information checks. This appropriation will provide for 247 additional computers and bring the total number of computers in cruisers up to 616.

\$ 2,249,812 NR

4. Forty Additional Highway Patrol Troopers

The department is requesting 35 additional trooper positions for the Highway Patrol and the reallocation of five existing Highway Patrol management positions to troopers. The first year annual cost of a new trooper is \$87,373. This includes salary related items and support cost. The support cost includes a fully equipped cruiser. The department can identify funds internally that are sufficient to support the salary cost of 20 troopers and the support cost of 5 troopers. The department has identified these funds from reallocating five management positions (\$436,865) and the use of salary reserves (\$506,460). In summary, the department is requesting full funding for 20 troopers and support cost for 15 additional troopers. The schedule below outlines the net transfer of appropriations needed by the department from the Highway Fund to support the 40 trooper positions:

Total Cost for 40 New Troopers	\$3,494,920		
Less:			
Funds From Reallocating Five Positions	(436,865)		
Funds Identified From Salary Reserves	(506,460)		
Net Request From Highway Fund	\$2,551,595	968,300	
		1,583,295	NR
Number of Positions		35.0	

Total Recommended Changes for Department of Crime Control and Public Safety - Highway Fund

\$ 3,755,896  
6,239,718 NR  
35.0

Number of Positions

NR - Nonrecurring

5

Department of Justice

1998-99

1. Criminal Justice Information Network (CJIN)

An appropriation is recommended to continue the development and implementation of CJIN. CJIN is a statewide program that is being developed to uniformly collect criminal justice information data and provide this information to authorized users. The recurring appropriation is to continue to pay the expenses of the CJIN governing board and one position. This position will direct and coordinate the CJIN administrative activities. The nonrecurring appropriation will provide mostly computer hardware to begin implementation of live scans of fingerprints throughout the state.

\$ 100,000  
2,500,000 NR  
1.0

Number of Positions

2. Positions for Medicaid Fraud Unit

The medicaid program has continued to grow rapidly in North Carolina and approaches payments to over 40,000 service providers of \$4.1 billion a year. It is recommended that an appropriation be made to match federal funds available on a 75% federal and 25% state participation basis to provide additional staff to identify, investigate and prosecute medicaid fraud and patient abuse.

Requirements  
Receipts  
Appropriation

\$ 337,005  
252,754  
\$ 70,929  
13,322 NR  
6.0

Number of Positions

Total Recommended Changes for Department of Justice

Requirements  
Receipts  
Appropriation

\$ 2,937,005  
252,754  
\$ 170,929  
2,513,322 NR  
7.0

Number of Positions

NR - Nonrecurring

1998-99 Recommended Changes

Capital Improvements - Agriculture and Consumer Services - Continued

1998-99

5. Center for Environmental Farming - Planning and Development

Located at Cherry Farm near Goldsboro, the Center is dedicated to the development of farming systems that are environmentally, economically, and socially sustainable. The recommended appropriation will be used to design the facility and begin construction. The cost of the facility is estimated to be an additional \$2.6 million, plus the cost of an irrigation system.

\$ 600,000

Total for Department of Agriculture and Consumer Services

\$ 25,407,700

Department of Correction

1. Central Prison - Acute Care Hospital - 90 Beds - Design

Planning funds are recommended to design a 90 Bed Regional Medical Center at Central Prison. Infrastructure modifications, including expansion of the food preparation and dining facilities and infrastructure, are included in the project. The estimated total cost for this project, including food and dining facilities and utility improvements, is \$41.3 million.

\$ 2,500,000

Total for Department of Correction

\$ 2,500,000

Department of Cultural Resources

1. Museum of Art - Expansion and Renovation - Design

Funds are recommended to plan for the construction of approximately 120,000 square feet of additional space and renovation of the existing space, which totals 175,000 square feet. Adequate space is needed for exhibition of the state's art collections, for education, and for other public programs. The museum has over 250,000 visitors a year, it is often crowded and cannot accept a greater number of visitors. The 1995 General Assembly appropriated \$250,000 for 1996-97 for preliminary design of the building addition. The total cost of the addition and renovation is estimated to be \$40 million.

\$ 2,000,000

2. Museum of the Albemarle - New Building

Construction funding is recommended for a new 50,000 square foot building for the branch of the State Museum of History located in Elizabeth City. Land was purchased in 1994 and planning money was made available by the 1997 General Assembly. The museum is currently housed in an old 10,000 square foot State Highway Patrol station. Previous sessions of the General Assembly have appropriated a total of \$2,150,000 for this project.

11,100,000

Total for Department of Cultural Resources

\$ 13,100,000

## Post-Boot Camp Probation Program

Handout #2

In July 1995, the Department of Correction received funding (for two years) to form a partnership with the Substance Abuse Section, DMH/DD/SAS, Department of Human Resources to develop a demonstration aftercare program in four sites - **Edgecombe/Nash Counties, Forsyth County, Mecklenburg County and New Hanover County**. That same year, the Division of Adult Probation and Parole contracted with local Treatment Alternatives to Street Crime (TASC) programs to provide these high risk offenders with specialized treatment and support services, in addition to Probation's close monitoring and control of the offender in the community. In 1997, the aftercare program was funded for one additional year.

### IMPACT Aftercare



The Post-Boot Camp Probation Program is carried out in six phases:

- Phase One - Identification, Assessment, and Community Planning
- Phase Two - Boot Camp Participation (IMPACT)
- Phase Three - IMPACT Graduation and Community Re-Entry
- Phase Four - Lifestyle Management Classes and Employment
- Phase Five - Community Volunteer Project
- Phase Six - Post-Boot Camp Probation Program Graduation (after completing one year in the community sober and drug free)

The goal of the Post-Boot Camp Probation Program is to maintain public protection and safety, assure individual accountability by the offender, and provide needed treatment and support services. This is accomplished through the involvement of public and private agencies and businesses, the support of volunteers and family members, and Probation supervision which includes alcohol and drug screening to insure a high level of control over these high risk offenders. The first participant in the Post-Boot Camp Probation Program graduated from IMPACT on February 29, 1997.

The Division is requesting funding to continue this program in the same four sites with the projected/targeted caseload numbers per fiscal year as follows (1) Forsyth County - 36, (2) New Hanover County - 36, (3) Nash/Edgecombe Counties - 36, and (4) Mecklenburg County - 72. The Division is also requesting the expansion of the program to a fifth site possibly either Cumberland, Guilford or Buncombe County. There have been no significant program changes since the pilot began in 1995. Below is an updated program status since the FY 96-97 Evaluation Report. These statistics are as of 12/31/97 and the number in the IMPACT Phase on that same date.

Post-Boot Camp Probation Program Participants				
Aftercare Program Site	IMPACT Phase	Aftercare Phases	Graduates	Total Active Participants
Edgecombe/Nash	4	18	3	25
Forsyth	0	14	19	33
Mecklenburg	6	90	6	102
New Hanover	4	20	4	28
<b>Aftercare Program Totals</b>	<b>14</b>	<b>142</b>	<b>32</b>	<b>188</b>

**TASC POST-BOOT CAMP EXPANSION BUDGET  
FY 98-99**

New Hanover	\$86,500.00
Nash/Edgecombe	\$84,775.00
Mecklenburg	\$176,750.00
Forsyth	\$87,757.00
TBA	\$80,000.00
TOTAL	\$515,782.00

**Revised 1998-99 DOC Continuation Budget -  
Prison Reserves - Potential Non-Recurring Reductions**

<u>Prison</u>	<u>Projected Completion Date (4/97)</u>	<u>Revised Projected Completion Date 4/8/98)</u>	<u>1998-99 Budget*</u>	<u>Revised 1998-99 Budget (5/6/98)</u>	<u>Potential Reduction (Non- Recurring)</u>
<u>Reserve 7127</u>					
1. Avery/Mitchell	10/1/98	12/1/98	\$13,334,180	\$12,394,760	\$ (939,420)
2. Albemarle (Southern Piedmont)	10/1/98	7/1/99	13,334,180	5,544,911	(7,789,269)
3. Adjustment for GPAC closures					+217,821
<u>Reserve 7128</u>					
4. Private Prison - Pamlico	5/98	8/98	9,809,994	9,154,256	(655,738)
5. Private Prison - Mt. View	8/98	12/98	9,221,253	6,161,417	(3,059,836)
			<b>Total Reduction Available</b>		<b>\$(12,226,442) NR</b>
			<b>Governor's Recommended Reduction</b>		<b>\$(11,131,014) NR</b>
			<b>Remaining Funds</b>		<b>\$1,095,428 NR</b>

\*1998-99 is final budget authorized by 1997 General Assembly after taking reductions for completion dates that were established in April, 1997.

Handout #3

**North Carolina Department of Crime Control and Public Safety**  
**General Fund**  
**Supplemental Expansion Budget Request**  
**Fiscal Year 1998 – 1999**

<b>Priority Order</b>	<b>Title of Request</b>	<b>Requested 1998 - 1999</b>
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**Recurring Requests**

- |    |   |                |
|----|---|----------------|
| 1. | <b><i>Emergency Management</i></b> – State funds to cover salary reduction in Federal Funds | <b>202,717</b> |
| 2. | <b><i>National Guard</i></b> – Air national Guard Expansion Plans                           | <b>30,148</b>  |

<b>Total Recurring Requests</b>	<b>\$232,865</b>
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**Non-Recurring Requests**

- |    |   |                  |
|----|---|------------------|
| 1. | <b><i>Tarheel Challenge Program</i></b> – State match required to continue to receive Federal Funds   | <b>542,000</b>   |
| 2. | <b><i>Airborne and Special Operations Museum</i></b> – An appropriation is recommended to supplement funds received and/or committed to the Airborne and Special Operations Museum in Fayetteville. This museum will be dedicated to the men and women that have made sacrifices serving our country. | <b>2,000,000</b> |

<b>Non-Recurring Requests</b>	<b>2,542,000</b>
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<b>Total General Fund Supplemental Requests</b>	<b>\$2,774,865</b>
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DEPARTMENT OF CRIME CONTROL AND PUBLIC SAFETY  
EXPANSION BUDGET REQUESTS-GENERAL FUND  
FOR FISCAL YEAR 1998-99  
APRIL 22, 1998

<u>PRIORITY ORDER</u>	<u>TITLE OF REQUEST</u>	<u>GENERAL FUND</u>
<u>RECURRING REQUESTS</u>		
1	Emergency Management-State funds for salaries to cover reduction in federal funds	202,717
2	National Guard - Air National Guard Expansion Plans	30,148
TOTAL RECURRING REQUESTS		<u>232,865</u>
<u>NON-RECURRING REQUESTS</u>		
1	Tarheel Challenge program - State match required in order to continue to receive federal funds	542,000
TOTAL NON-RECURRING REQUESTS		<u>542,000</u>
TOTAL OF ALL REQUESTS		<u>774,865</u>

**SUPPLEMENTAL EXPANSION BUDGET WORKSHEET**

BUDGET CODE: 14900 DEPARTMENT: 1510 FUND TITLE: EMERGENCY MANAGEMENT  
 FUND NUMBER: 4400 PROGRAM TITLE: PROTECT AGAINST EMINENT DANGER  
 TITLE OF REQUEST: STATE FUNDING FOR DIVISION EMPLOYEES  
 STATUTORY CHANGES/SPECIAL PROVISIONS REQUIRED TO IMPLEMENT?

Priority No. 1 of 2

DIVISION/ INSTITUTION: EMERGENCY MANAGEMENT

YES ☐ NO ☒ X  
 IF YES, ATTACH A COPY OF THE DRAFT.

TOTAL REQUIREMENTS	1998-99
TOTAL RECEIPTS	202,717
APPROPRIATION	202,717
TOTAL POSITIONS	3.50

**NARRATIVE:**

The NC Division of Emergency Management is one of the few State Agencies that directly impact all 6,600,000 citizens, all municipalities and all counties, including the Eastern Band of the Cherokee Indians. As stipulated by NC G.S. 166-A, the Division is responsible for the coordination of all State resources and response and recovery activities during emergency/disaster events.

The Division's mission is of the most important functions implemented by State Government. 40 employees, or 45% of the entire Division staff are funded with federal grant dollars. Staff funded by federal grants are limited in the scope of duties they may assume and therefore is somewhat of an impediment to efficient operations.

The Federal Emergency Management Agency's 1999 budget identified a funding reduction in State and Local Assistance (SLA) which includes Preparedness, Training and Exercises (PT&E), Emergency Management Assistance, Facilities and Equipment, Hazardous Materials and Disaster Preparedness Improvement Grants (DPIG). This reduction in funding moves 3 Division of Emergency Management positions from 100 percent federal funding to 100 percent state funding and 1 position from 100 percent federal funding to 50 percent federal funding and 50 percent state funding. The Federal Emergency Management Agency's reduction in funding illustrates the need exists for increased State funding for the Division of Emergency Management.

**Change to Present Strategy:** This strategy requests funding for 3.5 positions and as such will ensure the Division maintains current effectiveness and efficiency in management of emergency operations.

**Anticipated Outcome:** Maintain the Division's current capability to provide response, recovery and mitigation assistance to our citizens.

**BUDGET: G.S. 143-3.5**

REQUIREMENTS:		Authorized	Authorized	Request	Projected	
ACCOUNT NO.	ACCOUNT TITLE	1997-98	1998-99	1998-99	2000-01	2001-02

RECEIPTS:

[illegible]

\* Complete Detail information for total positions requested on the following page.

**POSITIONS REQUESTED:**

**Detail of the positions included in this expansion request.**

[illegible]

**\*\* Minimum level salary for the classification requested unless supporting OSP documentation attached.**

DOES THIS EXPANSION REQUEST RELATE TO A CAPITAL IMPROVEMENT PROJECT?

IF YES, TITLE OF C.I. PROJECT:

C.I. BUDGET CODE:

ITEM NUMBER:

**PROJECTED COMPLETION DATE:**

YES

ON

**X**

**SPACE REQUIREMENTS: G.S. 120-36.7 (c)**

DOES THIS REQUEST REQUIRE ADDITIONAL SPACE?

YES ☐

**NO** ☒ **X**

7

# THE F

OWING:

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364	365	366
367		


Required	
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## Requirements

**continued next page**

Type of Space:

Additional Square Footage Required

### Estimated Cost of Space Requirements

**MOTOR POOL REQUIREMENTS:**

## DOES THIS REQUEST REQUIRE ADDITIONAL VEHICLES FROM THE STATE MOTOR POOL?

## IF YES, HOW MANY?

YES

ON

1

**SUPPLEMENTAL EXPANSION BUDGET WORKSHEET**

BUDGET CODE: 14900 DEPARTMENT: 1210 CRIME CONTROL & PUBLIC SAFETY FUND TITLE: NATIONAL GUARD  
 FUND NUMBER: 4400 PROGRAM TITLE: PROTECT AGAINST EMINENT DANGER  
 TITLE OF REQUEST: AIR NATIONAL GUARD EXPANSION PLANS  
 STATUTORY CHANGES/SPECIAL PROVISIONS REQUIRED TO IMPLEMENT? YES ☐ NO ☒

PRIORITY No. 2 of 2  
 DIVISION/ INSTITUTION: NATIONAL GUARD

TOTAL REQUIREMENTS	1998-99
TOTAL RECEIPTS	120,591
APPROPRIATION	90,443
TOTAL POSITIONS	30,148
	4.00

IF YES, ATTACH A COPY OF THE DRAFT.

**NARRATIVE:**

Four additional employees are needed for expansion of facilities for the North Carolina Air National Guard, Badin Air Guard Station, Stanly County Airport and the Home Station Training Site at Stanly County. The employees requested are authorized by the Air National Guard Readiness Center based on square footage of facilities maintained, the square footage of general purpose areas and any specialized equipment maintained.

Also included in this request are funds needed to pay utilities, repairs/maintenance, garbage service and contracts needed to maintain these facilities to the Air National Guard and State standards. Currently, we do not maintain the areas required by Civil Engineering in regards to custodial service and do not accomplish the recurring maintenance of all equipment on base. We are presently using contract labor to accomplish much of this. The operational costs are associated with the addition of the new bases at the Stanly County Airport. The total cost of this request is \$120,591, with 75% being paid by the National Guard Bureau and the remaining 25% state match amount would be \$30,148.

**Impact:** If these additional funds are not authorized, we will have to continue to use local contractors to perform a large percentage of repair work. Additionally, our recurring maintenance program will continue to suffer from the lack of custodial services and maintenance of facilities equipment causing additional costs for maintenance and repairs.

BUDGET: G.S. 143-3.5	Detail of budget is to be provided at the NCAS Agency Management Report detail level.
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**REQUIREMENTS:**

[illegible]

\* Complete Detail information for total positions requested on the following page.



# SUPPLEMENTAL EXPANSION BUDGET WORKSHEET

BUDGET CODE: 14900 DEPARTMENT: Crime Control & Public Safety DIVISION/INSTITUTION: NC National Guard  
 FUND NUMBER: 1210 FUND TITLE: Tarheel ChalleNGe Academy  
 PROGRAM NUMBER: 4400 PROGRAM TITLE: Protect Against Eminent Danger  
 TITLE OF REQUEST: State Match of Federal Funds  
 STATUTORY CHANGES/SPECIAL PROVISIONS REQUIRED TO IMPLEMENT?

Priority No

1

of

1

NC National Guard

YES ☐ NO ☒ IF YES, ATTACH A COPY OF THE DRAFT.

	1998-99
TOTAL REQUIREMENTS	2,168,000
TOTAL RECEIPTS	1,626,000
APPROPRIATION	542,000
TOTAL POSITIONS	0

## NARRATIVE:

In the 1994 Defense Appropriations bill, Congress authorized and funded a two year pilot "Youth ChalleNGe Program" designed to provide a "second chance" for at risk high school dropouts/expellees. The program was established in 15 states with NC being number 10. In 1996, Congress extended ChalleNGe for an additional two years. Due to budget cuts within the DOD programs, ChalleNGe programs suffered severe cuts of approximately 35% in 1996 and 1997. During the 1994-97 budget years, virtually all of the Tarheel ChalleNGe operating budget was derived from Congressional appropriations.

The 1998 Defense Appropriations bill recently signed into law, authorizes and provides continued funding for ChalleNGe. Two very important issues contained in the Defense bill include:

- ~ Permanent status for ChalleNGe
- ~ Required matching funds from the respective states

Tarheel ChalleNGe Academy is located in rural Sampson County. The ChalleNGe program is a two part program consisting of a 22 week resident phase followed by a one year mentorship phase under the guidance of a local mentor from the cadet's home community. During the resident phase, the main focus of the Academy curriculum is on life skills development and discipline taught in a military environment. The National Guard, with its traditional military focus trains the cadets in team building, leadership skills, and work ethics while emphasizing physical fitness and a positive self image. Every effort is made to obtain the graduates GED during this phase of the program. Prerequisites to attend the academy include:

- ~ This is a total volunteer program
- ~ Must be a high school dropout/expellee without a GED
- ~ Accepted applicants are randomly tested and must remain drug free
- ~ 16 - 18 years of age
- ~ No felony convictions or pending felony charges
- ~ Physically and mentally capable of completing the program

The ChalleNGe Youth Program, according to independent assessment (Social Consultants International) is the most productive and cost effective program of its type known in turning "at risk" high school dropouts into productive members of society. To guarantee the continued success of the ChalleNGe Program in North Carolina, the state must provide matching funds to ensure continued eligibility of federal funds. For 1998, Congress has directed that the states must provide 25% matching funds to be increased by 5% each year thereafter until a 40% match is reached in 2001 where it is expected to remain. There are thirty other states on the waiting list for this program who are also aware of its tremendous value. If North Carolina does not protect its ChalleNGe Program, another state will gladly accept the challenge. The vast benefits of North Carolina area simply too enormous for this critical program to be lost.





1998-99	1998-99	1998-99
F.T.E	Annual	Budgeted
<u>Salary**</u>	<u>Salary</u>	<u>Salary</u>

[illegible]

•• Minimum level salary for the classification requested unless supporting OSP documentation attached.

DOES THIS EXPANSION REQUEST RELATE TO A CAPITAL IMPROVEMENT PROJECT? YES ☐ NO ☒

IF YES, TITLE OF C.I. PROJECT: \_\_\_\_\_

C.I. BUDGET CODE: \_\_\_\_\_ ITEM NUMBER: \_\_\_\_\_ PROJECTED COMPLETION DATE: \_\_\_\_\_

SPACE REQUIREMENTS: G.S. 120-36.7 (c)

DOES THIS REQUEST REQUIRE ADDITIONAL SPACE?

YES ☐ NO ☒ IF YES, COMPLETE THE FOLLOWING:

	1997-98	1998-99	1999-00	2000-01	2001-02
Type of Space:					
Additional Square Footage Required					
Estimated Cost of Space Requirements					

MOTOR POOL REQUIREMENTS:

DOES THIS REQUEST REQUIRE ADDITIONAL VEHICLES FROM THE STATE MOTOR POOL? ☐

IF YES, HOW MANY? YES  NO ☒

**Submit 4 copies on 8 1/2 x 11-inch white paper.**

**Department of Crime Control and Public Safety  
Operating Efficiencies**

1998-99

1. **Abolish One Position in Crime Prevention**  
It is recommended that one position in Crime Prevention be eliminated in the department's effort to improve its supervisory span of control.  
Number of Positions  
\$ (52,437)  
(1.0)
  
2. **Reduction in Equipment Funds in Emergency Management**  
It is recommended that the line item for equipment in Emergency Management's budget be reduced to make appropriations available.  
(9,556)
  
- Subtotal - Department of Crime Control and Public Safety  
Requirements \$ (61,993)  
Receipts  
Appropriations \$ (61,993)  
Number of Positions (1.0)

*Handout # 6*

## VISITOR REGISTRATION SHEET

Appropriations Subcommittee on Justice & Public Safety 5/21/98 AM

Name of Committee

Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME

FIRM OR AGENCY AND ADDRESS

Leslie T. Everett, Jr	Taekwondo Challenge Academy
<del>Gregg H. H.</del>	<del>DOT</del>
Robert Lee Guy	DOC
C. Penny	FRD
F. D. Long, Jr.	National Board
Hope Mazingo	DOT
Alex Atchison	Bill Drafting
Esther Manheimer	Bill Drafting
JENNIFER KNOX	NCBA
Bucky Humphrey	OSBM
Eric Tolbert	CCPS - DEM