

Substance Abuse Treatment Continuum in the North Carolina Department of Correction

Virginia Price

It may not be a surprise to learn that the majority of North Carolina's offender population has been identified as having problems associated with substance abuse.¹ Without professional intervention, using some potentially harmful substances often escalates into abuse and/or dependency and is a major factor in criminal behavior, leading to arrest, re-arrest, and incarceration. According to the Office of National Drug Control Policy, drug therapy while in prison and under post-incarceration supervision can produce a 50% reduction in criminal recidivism.² National studies indicate that more than 65% of released state prisoners are expected to be rearrested for a felony or serious misdemeanor within three years after release.³ More than 95% of prisoners return to the community, usually within two years,² and often forego the opportunity to voluntarily engage in community-based substance abuse treatment service. Therefore, in the interest of public health and safety, and in an effort to reduce both the human and financial cost of incarceration, it is critical that North Carolina continue in its efforts to provide a comprehensive array of substance abuse treatment services for offenders and inmates within the North Carolina Department of Correction (NC DOC).

Creating a Substance Abuse Program

In 1987, a North Carolina Legislative Research Commission reported to the General Assembly that:⁴

- Over 67% of criminal offenses directly connect to alcohol and drug use.
- Treating addiction is imperative as most offenders eventually leave prison.
- Punishment alone does not work to prevent recidivism.

A resulting proposal by the Commission led to legislation that created the North Carolina Department of Correction's Division of Alcoholism and Chemical Dependency Programs (DACDP).

Organization and Mission

DACDP was established in 1988 and is one of four major divisions of the North Carolina Department of Correction. The Division is responsible for the delivery of comprehensive interventions, programs, and services to both male and female offenders who have alcohol and/or drug problems.

"...in an effort to reduce both the human and financial cost of incarceration, it is critical that North Carolina continue in its efforts to provide a comprehensive array of substance abuse treatment services for offenders and inmates within the North Carolina Department of Correction."

The Division's programming reflects "best practices" for intervention and treatment, as established by the National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA). Its programs are based on proven cognitive-behavioral interventions, which challenge criminal thinking and confront the abuse and addiction processes as identified by program participants. In addition, the Division provides information and education on

Virginia Price is the assistant secretary for the Division of Alcoholism and Chemical Dependency Programs in the North Carolina Department of Correction. She can be reached at pvn02 (at) doc.state.nc.us.

traditional recovery resources available to offenders both while in prison and upon return to the community.

Scope of the Problem

In 2003, the Division implemented the Substance Abuse Subtle Screening Inventory (SASSI), which was normed for the North Carolina prison population. DACDP uses this screening tool to identify inmates with a high probability of a substance use disorder and to assign a severity level. During FY 2006-2007, DACDP administered the SASSI to 23,111 newly-admitted inmates. Of the new admissions screened for this fiscal year, nearly 63% or 14,582 individuals were identified as in need of brief, intermediate, or long-term treatment services.¹

Array of Services

The Division operates treatment programs in 18 minimum and medium security prisons and has contracts with two private providers. An additional facility serves 300 male probationers and parolees. The 21 programs provide 1,485 treatment slots, contained within program cycles that complete several times a year. In FY 2006-2007, 5,112 offenders successfully completed treatment programs offered by the Division and its contract partners. Many of those offenders continue their treatment in aftercare programs offered by the Division or in weekly self-help recovery groups within the prison.

Prison-Based Programs

DACDP administrative and clinical staff operate prison-based substance abuse treatment programs within selected minimum and medium custody prison facilities. Residential and program space for program participants is maintained separately from the regular prison population. DACDP administers the treatment program while the Division of Prisons (DOP) is responsible for all matters pertaining to custody, security, and administration of the prison facility.

Eligibility for DACDP prison-based treatment programs is established during diagnostic processing with the administering of the SASSI. Upon an inmate's admission to a treatment level, the DACDP staff also completes a thorough clinical assessment, which examines major life areas to further define the history and extent of the substance abuse problem. Together, these measures establish the final recommended treatment placement for program participants.

Programs are based on cognitive-behavioral interventions (CBI) and encompass three service levels: brief intervention, intermediate treatment, and long-term treatment services. DACDP brief intervention programs consist of 48 hours of intervention services over an eight-week period, introducing the recovery process to inmates. Intermediate treatment programs vary in length from 35-180 days and are located in 14 prison facilities across the state. Long-term treatment programs of 180 days to one year operate in four prisons and are designed to treat

seriously addicted inmates who need intensive treatment within the prison system.

The Department has contractual agreements for the provision of long-term treatment with two private facilities: Evergreen Rehabilitation Center for males and the Mary Frances Center for females. Eligibility is more restrictive at the private facilities; inmates must be at least 19 years old, in good health, without detainers or assaultive crimes, and be infraction-free for 90 days prior to entry.

Ideally, long-term program completion coincides with the completion of the prison sentence, and the inmate is provided recommendations for community-based aftercare. When additional time remains on the sentence, the inmate completing treatment returns to the regular population and is encouraged to participate in DACDP aftercare. Operating in several prison locations, aftercare services offer a formal 8-12 week track designed to help the inmate transition to the general population and remain in recovery. An additional 12-week pre-release component is also available for inmates approaching release who indicate a need for renewed focus on recovery planning. Inmates learn that recovery does not come about as the result of treatment but as the result of hard work on real issues as treatment services decrease.

Community-Based Residential Treatment Programs

DACDP operates DART-Cherry (Drug and Alcohol Recovery Treatment), a residential treatment facility in Goldsboro for male probationers and parolees. Judges may order participation in this program as a condition of probation or the state's parole commission may order participation as a condition of parole or post-release supervision. It is mandated by statute (GS § 15A-1343(b3)) that participation by probationers in this residential program must be based on screening and assessment that indicate chemical dependency. Representatives from the state-funded Treatment Accountability for Safer Communities (TASC) programs complete the assessment in the community to determine appropriateness for treatment. This facility offers a 28-day program and a 90-day program. There are 100 treatment slots in the 28-day program, a facilitated cognitive-behavioral intervention, designed to impact criminal thinking in relation to substance abuse behavior in the community.

The 90-day program has two therapeutic communities in separate buildings, each with 100 treatment slots (a slot is equivalent to a full-time treatment opportunity for an individual). The therapeutic community model views drug abuse as a disorder of the whole person. Treatment activities promote an understanding of criminal thinking in relation to substance abuse behavior and engage the offender in activities that encourage experiential and social learning. The community of offenders is the main driving force in bringing about change. In response to an identified need, 10 treatment slots are designated as "priority" beds. These are available for probationers or parolees who are experiencing severe substance dependence-related problems and are in need of

immediate admission to the 90-day residential treatment program. Priority beds are not for detoxification purposes.

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

The North Carolina Legislature approved approximately \$1.9 million during its 2008 session for a substance abuse treatment program for female probationers and parolees. This will provide women the same treatment services now available to men at DART-Cherry in Goldsboro. Located in a recently vacated women's prison facility in Black Mountain, the program will have 50 treatment beds. Both 28-day and 90-day programs will be available to women on parole or probation from across the state. The facility should be staffed and ready to receive offenders by the second quarter of 2009.

Current Challenges

Prison Population Growth and Treatment Needs

The North Carolina prison population has grown at a steady rate over the past six fiscal years. However, the number of substance abuse treatment slots has decreased over the same period (see Figure 1). On June 30, 2001, there were 31,899 inmates in North Carolina prisons and 1,898 treatment slots in substance abuse programs available annually. Over the next six years, the total prison population increased by 6,524, but a total of 408 treatment slots were lost due to budget reductions.¹

In FY 2006-2007, the Department of Correction, Office of Research and Planning, conducted an assessment of supply and demand for long-term substance abuse treatment within DACDP. The study included the five long-term (180-360 days) treatment programs located at four prisons and the two private treatment facilities, analyzing treatment severity and

need for 63,632 people who were in prison at some point during the designated timeframe, and met the analysis criteria. The results indicated that long-term treatment need exceeds program supply by approximately 286%, as there were nearly three inmates meeting treatment criteria for each single program slot.⁵

According to the North Carolina Sentencing and Policy Advisory Commission, in conjunction with the Office of Research and Planning, the prison population will grow from 39,397 in 2008 to 46,801 by 2017, representing a projection of an additional 7,404 inmates.⁶ Considering current limitations, and in the absence of additional resources, the anticipated gap between treatment need and treatment availability, as illustrated above, will continue to increase.

Clinical Workforce

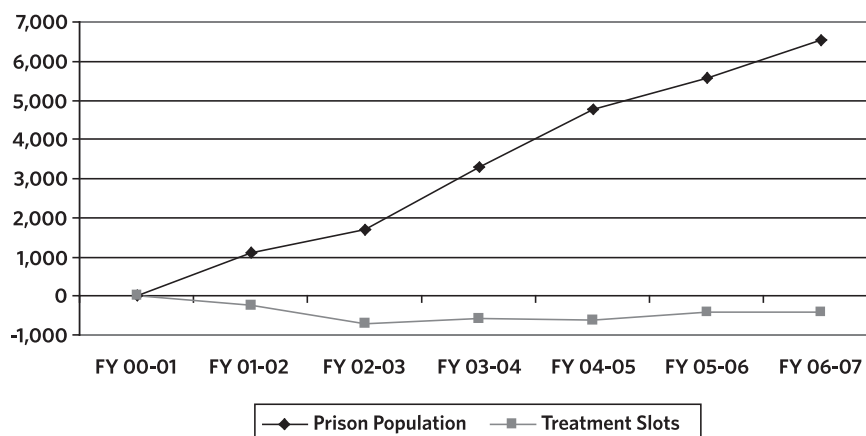
In September 2005, DACDP staff and operations were directly affected by changes to state law (GS 90-113.40) regarding professional credentialing of clinical staff. The changes mandated certification/licensure for all substance abuse professionals; created a new credential, the Certified Criminal Justice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

With the establishment of a clinical development team of certified clinical supervisors and trainers, the Division has effectively addressed the practice standards established in the legislation. In fact, DACDP is able to provide all clinical supervision and most training requirements for credentialing at no cost to the professional staff. However, competition has increased over the last five years among state and private providers for credentialed substance abuse professionals. Accordingly, it will continue to be a constant challenge for DACDP to remain an attractive employment option, as professionals consider work within the prison environment and limitations on compensation within the state personnel system.

Substance abuse treatment providers continue to face challenges addressing the diverse needs of the offender population in North Carolina. Budget constraints limit the

Division from keeping pace with the treatment needs of all of the inmate population, and the needs of female probationers and parolees are only just beginning to be addressed. While great strides have been made to meet the mandates of professional credentialing, salaries still fall behind in comparison with other substance abuse providers in North Carolina. Current budget cutbacks have begun to affect all North Carolina state agencies and the economic outlook does not appear to show immediate improvement.

Figure 1.
Cumulative Change in Prison Population and Treatment Slots



In spite of these factors, the Division of Alcoholism and Chemical Dependency Programs has made tremendous progress over the past few years in service delivery by implementing a standard cognitive-behavioral based curriculum, by establishing a certified cadre of counselors receiving training and clinical

supervision, and by dedication to evidence-based practices in treatment delivery. With expanded programs and more competitive salaries, the Division will continue, with dedication and commitment, to strengthen and expand its substance abuse treatment to the offender population. **NCMJ**

REFERENCES

- 1 Division of Alcoholism and Chemical Dependency Programs. Annual Legislative Report FY 2006-2007, Executive Summary. Raleigh, NC: North Carolina Dept of Correction; 2008.
- 2 Data Spotlight. Recidivism. Management & Training Corporation website. <http://www.nicic.org/Library/020435>. Accessed November 21, 2008.
- 3 110th United States Congress, H.R. 1593. Second Chance Act of 2007, Chapter 4 (b) Findings. Library of Congress website. <http://thomas.loc.gov/cgi-bin/query/F?c110:5:./temp/~c110TipzKq:e1141>. Accessed November 21, 2008.
- 4 North Carolina Legislative Research Commission. Report to the 1987 General Assembly of North Carolina: Inmate Substance Abuse Therapy Program. American Libraries Internet Archive website. <http://www.archive.org/stream/inmatesubstancea00nort>. Accessed November 21, 2008.
- 5 Office of Research and Planning. North Carolina Department of Correction. Statistics Memo, Long-Term Substance Abuse Treatment: Treatment Need Compared to Treatment Availability. Raleigh, NC: North Carolina Dept of Correction; 2008.
- 6 North Carolina Department of Correction. Annual Statistical Report FY 2006-2007. Prison Population Projections. Chapter 1D. Raleigh, NC: North Carolina Dept of Correction; 2008.

Amanda Geiger bought these sunglasses
to wear on spring break. She wore them only once
before she was killed by a drunk driver.

Friends Don't Let Friends Drive Drunk.



Photo by Michael Mazzao



U.S. Department of Transportation

