

*North Carolina
Sentencing and Policy Advisory Commission*

PROGRAM MONOGRAPHS:

DRUG ALCOHOL RECOVERY TREATMENT (DART)

SEX OFFENDER ACCOUNTABILITY RESPONSIBILITY (SOAR)

WORK RELEASE

Prepared By

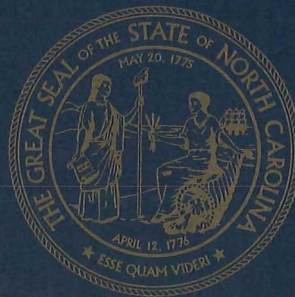
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*Project Conducted in Conjunction with the
North Carolina Department of Correction*

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North Carolina Sentencing and Policy Advisory Commission

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DART

(DRUG ALCOHOL RECOVERY TREATMENT)

CHEMICAL DEPENDENCY TREATMENT IN NORTH CAROLINA PRISONS: Drug and Alcohol Recovery Treatment Program (DART)

The North Carolina Sentencing and Policy Advisory Commission (hereinafter, Sentencing Commission), in conjunction with the North Carolina Department of Correction, is required by statute to conduct ongoing evaluations of correctional programs and to make biennial reports to the North Carolina General Assembly. These evaluations are to include "composite measures of program effectiveness based on recidivism rates, other outcome measures, and costs of the programs." (N.C. Gen. Stat. 164-47 (1998)) In conducting the mandated evaluation, the Sentencing Commission embarked on completing both a statistical analysis of correctional program participants and a descriptive summary of specific programs. For this biennium's report, to be presented to the Legislature by April 15, 2000, the Department of Correction requested that the Sentencing Commission concentrate their efforts on three areas of in-prison programs: chemical dependency treatment, sex offender treatment and work release. This monograph is a descriptive summary of the prison-based Drug and Alcohol Recovery Treatment Program (DART) based on observations made and material gathered by Sentencing Commission staff during site visits and meetings with key Department of Correction officials. An evaluation of the DART program, including program outcomes, appears in the Commission's full report to the General Assembly.

The Drug and Alcohol Recovery Treatment Program: An Overview

The Drug and Alcohol Recovery Treatment (DART) program is the primary prison-based chemical dependency treatment program operated by the Division of Alcohol and Chemical Dependency of the North Carolina Department of Correction. DART consists of a continuum of chemical dependency treatment services. The core component of DART is a 35-day intensive residential treatment program (DART IRT). While enrolled in DART IRT, inmates live together in specific areas of the prison unit apart from the general population and participate in daily substance abuse treatment and counseling. Currently, there are 983 DART IRT treatment beds in fifteen prison units statewide. The DART continuum of care also includes access to pre-treatment orientation, aftercare, a community reintegration group called Winners' Circle and self-initiated involvement in Alcoholics Anonymous and Narcotics Anonymous meetings. For those individuals who are not in need of such an intensive program, DART 24, a 24-hour drug education unit, is offered. The mission statement of the DART program as stated by the Division of Alcohol and Chemical Dependency is "to provide comprehensive interventions, programs and services that afford offenders with alcohol or drug problems the opportunity to achieve self-actualized recovery."

The specific goals of the program are to:

- ▶ Provide treatment services that prepare clients for and engage them in recovery programs.
- ▶ Provide services and programs that afford clients a continuity of care and support as they progress through the system.
- ▶ Develop self-help recovery programs that are available to clients, are adequately supported and give clients the opportunity to recover responsibly.

- ▶ Ensure that each client has in place a plan and program that provides support and assistance in the transition to the free community.

DART is based on a modified version of the Minnesota Model of treatment. This model recognizes addiction as a primary, progressive and potentially fatal disease, and treatment as an introduction to life-long recovery. The keys to recovery within this model are maintaining complete abstinence from alcohol and drugs, following the twelve steps of Alcoholics Anonymous and Narcotics Anonymous and taking active responsibility for one's own recovery. As participants continue in the program, there are decreasing levels of formal intervention and an increasing reliance on self-help.

Methodology

For its report to the General Assembly, the Sentencing Commission combined in-depth statistical analysis of a select inmate population with a comprehensive empirical profile of specific correctional programs. Statistical data were collected for all sentenced offenders who were released into the community during Fiscal Year 1996/97, either due to a probation sentence or through parole or release from prison. The information for each offender in this sample captured their past criminal behavior, offense of conviction and sentence disposition and length, correctional program assignments, and any fingerprinted rearrests following release. The 1996/97 prison release and probation admission cohorts were selected in order to provide sufficient follow-up time to measure programmatic outcomes. The aggregate information for selected offenders was then analyzed to determine what effects, if any, program assignment had on recidivism. Some of the results of this analysis pertaining to the DART program appear in this monograph. A more detailed evaluation and discussion of results is published in the aforementioned legislative report.

To develop a program context in which the statistical results could be viewed, Commission staff visited a variety of sites statewide to conduct interviews and directly observe the daily operation of select programs within correctional settings. These sites were selected to represent different geographic locales, both urban and rural, within the state, as well as different target populations (male versus female, youthful offender versus general population). Using a standardized protocol (*see Appendix*), Commission staff met with program directors and personnel at each site to gather specific information about program history, program components, client characteristics, and program administration. At each location, two staff members were primarily responsible for conducting the interviews while a third member recorded the information. Staff members also toured facilities, attended group therapy and instructional sessions and, when feasible, met with program participants. When available, written materials, descriptions and statistics on the specific programs were also collected. A total of five DART IRT programs, two DART 24 programs, and two private prison programs were visited within a four month period during 1999.

Finally, Commission staff reviewed literature concerning specific programs and their modalities. For this monograph, previous reports on the DART program, articles which describe the Minnesota Model, and other general evaluations of drug programs were studied. A bibliography listing these sources appears at the back of this report.

It should be noted that while the reported recidivism rate is based on a sample of offenders released in 1996/97, the program description reflects a 1999 reality. Nevertheless, because the DART program has not undergone significant substantive changes since its inception, the program description presented in this monograph is an appropriate context in which to evaluate DART's effectiveness at reducing recidivism.

Substance Abuse Treatment for Offenders: A Review of the Literature¹

Drug abuse, defined in this section as the illegal use of controlled substances as well as consumption of alcohol to the point of intoxication, is well known to be correlated with criminal behavior and to occur disproportionately among adult criminals. For example:

- ▶ The National Institute of Justice found that among adult males arrested in 1997 in 27 metropolitan areas, the proportion testing positive for an illicit drug at the time of arrest ranged from 51 percent (in San Jose) to 80 percent (in Chicago). The most frequently detected drug was cocaine; opiates, marijuana, and methamphetamines were also found (National Institute of Justice, 1998).
- ▶ The Bureau of Justice Statistics' interviews with 2,030 adult probationers, conducted in 1995, showed that 13.5 percent were under the influence of drugs other than alcohol at the time of their offense, and 39.9 percent were under the influence of alcohol. Furthermore, 31.8 percent had used drugs other than alcohol in the month before their offense. Alcohol, marijuana, and cocaine were the drugs most frequently used (Mumola and Bonczar, 1998).
- ▶ The Bureau of Justice Statistics' interviews with 14,285 offenders in state prisons conducted in 1997 indicated that 32.6 percent were under the influence of drugs other than alcohol at the time of their offense, 37.2 percent were under the influence of alcohol, and 52.5 percent were under the influence of one or the other or both. Some 56.5 percent had been using non-alcoholic drugs in the month before the offense. Alcohol, marijuana, and cocaine were the drugs most commonly used (Mumola, 1999:3).

If drug abuse does in fact lead to crime, through what mechanisms does it operate? Paul Goldstein (1985), in a review of his own and others' research, identifies three concepts of effects that drug abuse may have on violent crime: psychopharmacological, economically compulsive, and systemic. These three types of relationships are not mutually exclusive; more than one type may be involved in a single instance of drug-related crime.

The psychopharmacological effect, as explained by Goldstein (1985:495-496), is that using certain drugs may have psychological or physical consequences that cause a person to become

¹ This section was prepared by Stevens H. Clarke and Ann G. Bobb as part of a contract between the North Carolina Sentencing and Policy Advisory Commission and the Institute of Government of the University of North Carolina at Chapel Hill.

excitable, irrational, and violent. Drugs having this effect include alcohol, stimulants, barbiturates, and PCP. Other drugs, such as opiates and marijuana, are unlikely to have this kind of direct effect, although withdrawal from opiates may produce irritability that leads to violence.

The economically compulsive effect (Goldstein, 1985:496-497) of drug use occurs when a drug abuser engages in economically oriented violent crime like robbery to support his or her use of expensive drugs like heroin and cocaine. Heroin users prefer nonviolent crimes to get money for their drugs, but may become violent depending on such factors as the victim's reaction, the presence of weapons, and the perpetrator's own nervousness. There is little information on how much violent economic crime is committed to get money for drugs.

The systemic effect of drug use on violence (Goldstein, 1985:497-502) arises from the fact that violence is intrinsic to involvement with illegal drugs. Drug users may fight among themselves over a scarce supply of drugs. Drug dealers may resort to violence when problems arise; for example, to punish those who fail to pay debts, to resolve disputes over territory with rival dealers, to enforce their authority, or to eliminate informers.

How does treatment of offenders for drug abuse fit into Goldstein's scheme? Treatment for drug abuse, of course, is supposed to reduce the need for and use of illegal drugs. If it does so, it could reduce violent crime in three ways: by avoiding the psychopharmacological effects on the user that could lead to crime; by reducing economic compulsion to commit crimes to get money for drugs; and by keeping the offender away from the often violent world of drug dealers and users.

Types of treatment for drug abuse. Douglas Anglin and Yih-Ing Hser (1990) trace the history of drug abuse treatment in the United States since the first federal public health service hospitals opened in the 1930s at Lexington, Kentucky and Fort Worth, Texas, primarily to treat opiate addiction. Legally mandated treatment for criminal offenders dependent on illicit drugs did not occur on a large scale until the social upheavals of the 1960s and the increase in abuse of drugs other than heroin. In the late 1960s and early 1970s, a number of state and federal prisons established therapeutic community programs derived from one developed at the federal prison in Marion, Illinois. Methadone maintenance programs began in the mid-1960s. Drug-free outpatient programs began in the late 1960s, serving drug abusers other than opiate addicts through hospitals and social service agencies. At the same time, self-help or mutual support groups, such as Narcotics Anonymous, evolved from Alcoholics Anonymous. By 1987, 90 percent of all clients in treatment for drug abuse were in one of four types of treatment: outpatient methadone maintenance, detoxification, therapeutic communities, or outpatient drug-free programs. All of these, except the last, had been developed specifically for opiate users.

As Anglin and Hser (1990:402-403) explain, treatments for drug abuse derive from ideas about how people become drug abusers. The moral model attributes drug abuse to moral weakness or to bad moral choices. Intervention based on this model involves punishment, incarceration, or moral education. A recent example of the moral model, not cited by Anglin and Hser, is the widely-implemented Drug Abuse Resistance Education (DARE) program, developed in 1983 by the Los Angeles Police Department, in which specially trained police officers educate school children about

the dangers of drugs and urge them to say no to drugs (Rosenbaum et al., 1994).

Other models, as explained by Anglin and Hser, emphasize treatment rather than punishment or moral education. The disease model, in contrast to the moral model, sees drug abuse as a sickness for which medication is required. Methadone maintenance and detoxification programs reflect this view. The self-medication model considers addiction as stemming from a psychiatric illness such as depression, which the patient may be trying to alleviate by using drugs. The behavioral model treats addiction as learned behavior that can be modified by cognitive techniques. Most drug-free treatment programs adopt either the self-medication or behavioral models, using psychotherapy or behavioral management.

For criminal offenders, some form of drug abuse treatment or rehabilitative program may be available in prison or as part of their probation. The following are some of the more common treatments and programs for offenders:

- ▶ *Methadone maintenance* involves oral administration of the drug methadone to a drug-dependent patient, on a regular basis at relatively stable dosage levels, as a substitute for heroin or other opiates. Methadone, of course, is itself addictive. Methadone maintenance is generally reserved for addicts for whom drug-free treatment has already failed and who need chemotherapeutic support to function normally (Anglin and Hser, 1990:417).
- ▶ *Detoxification* involves short-term use of drugs such as antidepressants or methadone to treat symptoms of withdrawal from illicit drugs over a period as short as 21 days. Detoxification programs usually provide no therapeutic services; rather, they may introduce addicts to other treatments after withdrawal (Anglin and Hser, 1990:423-424).
- ▶ *Self-help groups* such as Narcotics Anonymous (NA) and Alcoholics Anonymous (AA) usually are led by recovering drug abusers working as volunteers. These groups provide support for members to help avoid relapse. They insist on sobriety, encourage the sharing of experiences and problems related to drugs, and urge positive alternatives to a drug-dependent lifestyle (Lipton et al., 1992:12).
- ▶ *Therapeutic communities*, which began with the Synanon program and successors like Daytop Village, operate in residential facilities and employ a highly structured environment. Techniques in therapeutic communities include encounter group therapy, tutorial learning sessions, education classes, residential work duties, and (later in treatment) conventional occupations for clients who live in the facility and work outside it. The therapy involves a highly demanding, twenty-four-hour-a-day social setting, in which group pressures are brought to bear to socialize the patient into more constructive attitudes and behavior. The goal of treatment is to achieve a lifestyle that is drug free, economically productive, and free from antisocial behavior (Anglin and Hser, 1990:421-422).
- ▶ *Chemical dependency treatment (Minnesota Model)*, is also called twenty-eight day, twelve-step, or Hazelden-type treatment. It has some similarity to the therapeutic community, but

developed independently of it. This treatment is intensive and highly structured, and lasts for three to six weeks on an inpatient basis. Treatment begins with a clinical assessment. Patients participate in developing a recovery plan, patterned on the twelve steps of Alcoholics Anonymous, and are required to attend meetings of AA or NA. Education on drug dependency as a disease and individual counseling are also provided. Patients are encouraged, with follow-up contacts, to attend AA or NA for some period after completing treatment (Gerstein, 1992:270-271).

- ▶ *Outpatient drug-free treatment*, as described by Anglin and Hser (1990:423-424), includes a variety of techniques. Counseling and training in social skills are the primary techniques, but daytime therapeutic communities and recreational activities may also be used. The treatment, usually short, emphasizes abstinence from all drugs except prescription medications. The programs refer clients to other agencies for health, mental health, vocational, and other services.
- ▶ *Drug education* is based on the premise that people who use drugs may lack information about the drugs or their consequences, such as addiction, or AIDS where intravenous use is involved (Lipton et al., 1992:12; Brown, 1992:32). Lipton et al. comment that drug education is probably most effective for first offenders who have had only limited experience with drugs.
- ▶ *Group counseling*, as used in prisons, involves a trained professional counselor meeting with a group of inmates once or twice a week. Counseling focuses on personal problems and uncovering resistance to changing one's behavior (Lipton et al., 1992:13; Brown, 1992:32).

What kind of drug abuse interventions do offenders receive in the criminal justice system? A recent study by Christopher Mumola (1999), which involved interviews with 14,285 offenders in state prisons, suggests that less than half of state prison inmates with a drug problem are involved in any drug abuse treatment or program. Of prisoners who said they had been under the influence of alcohol while committing their offense, 38.8 percent received some sort of treatment or participated in some sort of program. Of those who said they had been under the influence of drugs, other than alcohol, 39.3 percent received some type of treatment or participated in some sort of program. Self-help groups and education were the most commonly used types of programs.

Historical Overview of the DART Program

In 1985, the North Carolina General Assembly authorized a legislative study commission to review and develop a report on inmate chemical dependency programs. Their report, presented to the legislature in 1987, proposed the creation of the Division of Alcohol and Chemical Dependency Programs within the Department of Correction and the creation of a chemical dependency treatment program for inmates. As a result, legislation was adopted that established a Department of Correction treatment program and defined certain characteristics of this program. Pursuant to N.C.G.S. 143B-262, the program was to include intensive inpatient treatment for "four to six weeks, for alcohol or drug addiction, in independent, residential facilities." The proposed program closely mirrored the

Substance Abuse Treatment Program (SATP) in Arkansas which had been in existence in the Arkansas prisons since 1980. The first Drug Alcohol Recovery Treatment program was implemented on January 1, 1988, at Wayne Correctional Institute in Goldsboro, North Carolina. One hundred treatment beds and ten staff members were authorized by the state legislature for the implementation of DART-Wayne. The program was a 28-day residential program based on the Minnesota Model of treatment for chemical dependency. The first DART-Wayne treatment group consisted of seven inmates who were assigned to a minimum or medium custody level. On December 10, 1989, a similar DART program was implemented at the North Carolina Correctional Institute for Women in Raleigh. That same year DART-Cherry, an IRT program for probationers and parolees, opened in Goldsboro. In December 1993, a DART program was started for youthful offenders (inmates under the age of 21) at Polk Youth Institute in Raleigh.

During the special session of 1994, the General Assembly approved a major expansion of the DART IRT program to other prison units within the state. Under the FY 1994/95 budget, the legislature appropriated \$1,545,345 for the establishment of five or more additional DART programs to be located near urban areas throughout the state. Each program was to have no more than 100 treatment slots. As a result of this allotment, five additional DART IRT programs were opened. Since that time, the program has been expanded to include fifteen prison units.

The substantive content of the DART program has remained predominantly unchanged since its inception at Wayne Correctional Institute. The transition from Fair Sentencing Act practices to Structured Sentencing in 1994 has had little impact on the operation of the program overall.

Demographics of DART Participants

The DART IRT program targets self-admitted alcoholics or addicts at the front-end of their sentence. According to the Department of Correction Annual Statistical Report, 7,212 people entered a prison-based substance abuse residential program during FY1998/99.²

Of the 7,212 admissions in FY 1998/99, 91 percent (6,552) were male. Of those, 4,264, or 65 percent, were under the age of 35.³ DART staff reported that the average age of initial alcohol or drug use was 14 to 15 years old. Offenses for which these clients are committed range from DWI to first-degree murder. The most common offenses involve non-trafficking drug crimes or driving while impaired (42 percent of admissions for FY 1998/99). Property crimes (breaking and entering, burglary, common law robbery) accounted for 34 percent and violent crimes for 24 percent of admissions in FY 1998/99.⁴ According to DART staff, over 50 percent of the participants were

² These numbers include those offenders who participated in the State Alliance for Recovery and General Education (SARGE) program. The 180 offenders assigned to SARGE account for 2.5% of the 7,212 admissions to a residential treatment program described here.

³ Department of Correction Annual Statistical Report 1998-1999.

⁴ Department of Correction Annual Statistical Report 1998/99.

committed for their current incarceration on a probation violation.

The DART Program from Selection to Post-Treatment

DART strives to provide a comprehensive continuum of chemical dependency treatment services. These treatment services fall into three programmatic stages: diagnosis, intensive residential treatment and aftercare. Each stage serves as a foundation for the next.

Selection

An inmate's exposure to chemical dependency treatment begins immediately upon entry into the prison system. Each inmate enters through a Diagnostic and Reception Center. During the Diagnostic and Reception process, the Short Michigan Alcoholism Screening Test (SMAST) and the Chemical Dependency Screening Test (CDST) are administered to each inmate. Each of these tests is composed of fourteen items geared to gauge the use of chemical substances by the inmate. For each of thirteen of the questions answered in the affirmative, a point is assigned. The point total is then interpreted based on a nationally accepted scale. These instruments are dependent on how an inmate interprets a question and on the accuracy of self-reporting. According to DART staff, test scores may vary significantly based on how an inmate understands the question posed. In addition, inmates may not be forthright in reporting the full extent of their chemical abuse. In some instances DART staff are on site to describe the DART program and help administer these screening tools. (This most commonly happens at prison units where there is both a diagnostic center for incoming inmates and an ongoing DART IRT program for the unit's general population.)

By division policy (in accordance with nationally accepted standards), a score of three or more on either the SMAST or the CDST generally will result in a referral of that inmate to the DART program. Inmates may also be referred by the sentencing judge, by other prison staff or they may refer themselves to the program. Inmates who do not qualify for the DART IRT program (such as minimum custody level misdemeanants with short sentences) may be referred to DART 24.

In addition to administering the SMAST and CDST, case analysts and behavior specialists at the Diagnostic and Reception Center also gather social history information, including alcohol and drug use history and criminal history of the inmate. It is while at the Diagnostic and Reception Center that the inmate is first told about the DART continuum of care.

During FY 1998/99 a total of 21,308 individuals were screened during intake. Of those, 13,797 (or 65 percent) received a score of 3 or higher on the SMAST or CDST. 9,917 (or 72 percent) of those scoring a 3 or higher were referred to DART.⁵

⁵ Department of Correction Division of Alcohol and Chemical Dependency Programs FY 1998/99 Chemical Treatment Funds Report.

Intensive Residential Treatment (IRT)

Program Philosophy. While in DART IRT, clients confront their chemical dependency in a therapeutic setting. Group therapy, instructional and interactive lectures and videos, peer counseling and limited individualized counseling serve to assist the client in realizing self-actualized recovery. The program seeks to fulfill the following objectives:

- 1) Introduce the participant to the disease of chemical dependency;
- 2) Engage the participant in the treatment process;
- 3) Break through the participant's denial;
- 4) Develop a recovery and aftercare plan for the participant; and
- 5) Help the participant make the transition from treatment to aftercare and recovery.

DART IRT is based on a modified Minnesota Model of treatment. This model recognizes alcoholism, and other illegal substance addiction, as a chronic, primary and progressive illness that must be directly treated. Intensive treatment is seen as a catalyst for recovery, not a cure. Recovery is viewed as a lifelong journey. Despite adherence to the disease concept, this treatment model does not absolve the addict of responsibility to change. Complete abstinence from all mood altering chemicals must be maintained. Treatment focuses on cognitive and behavioral modification. Through the use of group therapy and peer counselors, treatment participants learn a basic principle of the model: by helping others, one helps one's self recover. The 12 Steps of Alcoholics Anonymous play a key role in the Minnesota Model, creating a strong spiritual emphasis.

An integral concept of the Minnesota Model is the creation of a separate community for chemically dependent patients and an environment which is totally therapeutic. All participants in the

DART 24

DART 24 consists of 24 hours (three 8-hour days or four 6-hour days) of introductory substance abuse education and intervention. The program's goals are to bring the inmate to the realization that he/she suffers from the disease of addiction and to provide a base from which to begin his/her recovery. The short time frame of the program restricts interaction to almost pure instruction. Each program serves approximately twenty inmates per week. The staff to participant ratio is 1:20. Because DART 24 does not involve intense therapy, this ratio is acceptable. Currently, there are permanent DART 24 programs in three units statewide (Neuse Correctional, Rowan Correctional and Western Youth). DART 24 is offered at other units on an *ad hoc* basis by regional staff that rove among units.

In order to qualify for participation in DART 24, an inmate must receive a score of three or more on the SMAST/CDST tests, must be committed on a misdemeanor conviction, must be housed at a minimum custody facility and cannot have completed DART 24 or DART residential during his/her current sentence. Inmates not meeting these criteria may participate if they are court ordered to attend or express a sincere interest to participate. After an inmate completes DART 24, he/she is eligible for aftercare.

DART IRT program live together in a designated wing or area of the prison facility separate from the rest of the inmate population. This provides an atmosphere where participants may focus on recovery and may rely on peer support in living out in their daily life the ideals they espouse during group treatment and therapy. Program participants do, however, intermingle with the general population during recreational breaks in the prison yard and are allowed visitors. Inasmuch as these inmates are able to acquire drugs and alcohol from various sources, the fact that DART participants are not kept completely separate might undermine their treatment. According to Division staff, Department of Correction interdiction efforts have not been fully successful. DART staff reported controlled substances are readily accessible within some prison units. DART staff further reported that in instances where controlled substances have been obtained, fellow program participants have readily turned in the errant individual within twenty-four hours.

The DART program is a modified version of the original Minnesota Model. Perhaps the most important modification to the original program is in the program's length. In the original model, which was first implemented in 1950 at the Willmar State Hospital in Minneapolis, Minnesota, the intensive residential portion of the program was sixty days in duration. It is interesting to note that at that time, sixty days was viewed as a radical break from the often year-long institutionalizations that were frequently ordered by doctors for alcoholics.⁶ In evaluating whether the current program length (35 days) is sufficient, program planners should consider how long these inmates have been abusing drugs or alcohol. Within the Sentencing Commission's sample of individuals assigned to DART, the mean age at initial use of the inmate's drug of choice was 19. The mean age of those inmates entering the DART program was 33.

Finally, it is important to point out that the Minnesota Model of treatment was originally developed to treat alcoholism. Of the 4,648 inmates within the Sentencing Commission's sample who were assigned to the DART program, 37.8% percent reported a drug other than alcohol as their first drug of choice.

Program Components. Most DART IRT programs begin with 3 to 5 days of pre-treatment orientation. During orientation, inmates are assigned to a substance abuse counselor who will act as their primary counselor throughout the program. The substance abuse counselor may perform further screening of the inmate. Participants are introduced to the DART program, its treatment philosophy, rules and expectations. Each inmate must agree to participate in the program and formally consent in writing to treatment. In some instances, an inmate may be removed from the program during this time if it appears that he or she is inappropriate for the program. Following orientation, a client begins what is commonly twenty-eight days of intensive residential treatment. (Those programs that do not begin with an orientation period start with the intensive residential treatment immediately and dedicate all thirty-five days to treatment.)

⁶ Anderson, D.J. "The Minnesota experience." Alcoholism: A Modern Perspective. Ed. P. Golding. Ridgewood, N. J.: George A. Brogden and Son Inc., Publishers, 1982. pp. 3-19.

DART Cherry 90-Day Program

The 90-day program is a modified therapeutic community designed to simulate the experience of living in a community by creating opportunities for its participants to be part of a "family" and to hold a job while remaining drug-free.

Opened in 1997, the program currently has two 100-bed units (total of 200 bed maximum capacity). Prior to 1998 only probationary inmates participated in the program. Today inmates may be paroled to the program. Once completing the program, inmates are released to the community. In FY 1998/99, 52 parolees and 731 probationary inmates participated in the program. DART Cherry staff report that 90% of participants complete the program.

The goal of the program is to provide a closed system in which each participant maintains effective drug-free functioning. "Effective functioning" embodies three achievements by participants: assumption of personal responsibility for his/her feelings and behavior, demonstration of ability to maintain good interpersonal relationships, and acquisition of the skills necessary to obtain and maintain productive employment.

The structure of the program is based on the concept of a "family" which is managed by two primary counselors. Each family has an internal hierarchy structure referred to as a "structure board." Each participant is assigned a task and position within the family structure. Participants are granted certain privileges.

The program is divided into 3 phases: orientation (3 weeks), main treatment (6 weeks) and reentry (3 weeks). During orientation the client is introduced to the therapeutic community model. They are exposed to the rules, programmatic activities, substance abuse education, family organization and mock encounter groups. During main treatment clients are involved in three types of groups: clan groups (one-half of the family group meets with a primary counselor), sensitivity groups, and encounter groups. They are taught to take responsibility for their actions through the use of "pull-ups" (being called down by their peers or staff) and encounter groups. They are taught to modify their behavior by examining their life skills and learning new ways of behavior. The reentry phase allows time for a relapse prevention plan to be developed and for clients to prepare to reenter the community.

Each day begins with thirty minutes of family meeting time to build personal responsibility and teach structure. Clients then follow a schedule that was established by the primary counselor during orientation. Schedules typically include two-hour blocks of substance abuse education, drug treatment group, and GED or Life Skills/Employment instruction. (Participation in GED courses offered on site by Wayne Community College instructors if the participant has a high school diploma or equivalent.) Each client receives ten hours a week of substance abuse and recovery education through the use of lectures and videos on each of the twelve steps and such as errors of criminal thinking, family interactions, identifying relationships, and living. AA/NA is offered on site and each participant attends nightly. Each participant completes eight hours of community service during the 90-day program. Community service is performed on Saturdays.

Upon beginning DART IRT, each client is assigned to a group of approximately twenty participants with a primary counselor and, in many instances, at least one peer counselor (an inmate selected by the Program Director who has previously completed the DART program, is successfully maintaining his/her recovery and has received counselor training). The primary counselor facilitates and supervises the participant's treatment, addresses disciplinary problems with the participant and engages the participant in counseling sessions. The peer counselor plays an essential role in the DART model by providing help to the primary counselor, acting as a role model both during treatment and in the living quarters, and engaging the client on his/her level. The groups are open-ended so that each group contains participants who have been involved in the program for different lengths of time. Program administrators believe that mixing participants who are at different stages of their treatment helps develop a strong group dynamic.

During DART IRT each participant undergoes thirty hours of treatment per week for a total of one hundred and twenty hours of treatment. Of those thirty hours per week, the following time allotments are mandated by the Division of Alcohol and Chemical Dependency Programs:

- ▶ Group therapy sessions conducted daily for a minimum of one hour Monday through Friday (minimum of 5 hours per week)
- ▶ Lectures and audiovisual material addressing the DART approach to treatment and recovery delivered for a minimum of one hour Monday through Friday (minimum of 5 hours per week)
- ▶ Recreation scheduled daily for a minimum of one hour Monday through Friday (minimum of 5 hours per week)
- ▶ AA and NA specific lectures, reading material, study groups and/or discussions held daily for a minimum of one hour Monday through Friday (minimum of 5 hours per week)

DART-Polk

The DART program began at Polk Youth Institute (PYI) in December, 1993. PYI houses nearly 1,100 medium or close custody inmates between the ages of 19 and 21. The program currently has 55 treatment beds with 5 peer counselor positions. In many respects, the DART IRT program at PYI operates the same as other DART 35 programs throughout the state. However, according to program staff, there are some important differences due to the age of the participants. Staff reports that for 50 percent of the DART-Polk participants, the present incarceration is the first time they have been sentenced to an adult prison. (Many have a history of juvenile delinquency.) This younger population has had less life experiences than their adult counterparts. Because they have not yet "bottomed out" (lost their family, home and livelihood to addiction), the emphasis of treatment is on the damage addiction will do to their futures. For more than two-thirds of the program's participants this is their first exposure to treatment. Because of their shorter attention span and unwillingness to honestly engage in discussions in front of their peers, these participants are in need of one-on-one counseling. Program administrators report that they are currently unable to satisfy this need due to a lack of staff.

DART- Correctional Institute for Women

The DART program at the Correctional Institute for Women (CIW) is the only DART program in the state for women. The program has a maximum capacity of 61 clients and 7 peer counselors for a total of 68 DART beds. The program very closely follows the treatment plan of the other DART IRT programs throughout the state. However, the program differs in some important aspects.

According to DART staff, female DART clients demographically mirror the female felon prison population. There are more African-Americans than whites. The average age is 25 to 29. Less than half are high school graduates. The typical criminal offenses tend to be less serious than for male inmates, and primarily include worthless checks, shoplifting, prostitution and drug possession or sale. Clients usually have a criminal history and many have been previously incarcerated. CIW is classified as a maximum security facility, but because it is one of only four correctional facilities for women in the state, it houses inmates of all custody grades. Unlike most DART IRT programs in which participants are assigned to medium custody, participants in the CIW program may be assigned to minimum, medium or maximum custody.

DART-CIW employs a more holistic approach to treatment than other DART programs due to the perceived needs of the clients. According to staff at DART-CIW, large numbers of clients have been abused physically and/or sexually, or abandoned as children. Most have children but are either not married or were not living with a spouse at the time of incarceration. Many were involved in abusive relationships with other addicts at the time of their arrest. Therefore, counselors spend time in group therapy focusing on co-dependency, intimate relationships and parenting. The program places a greater emphasis on family participation than in other DART programs. Program staff invite families to come visit the program and encourage participants to become involved with programs designed to reunite them with their children.

Women who come to CIW most often serve their entire sentence at the facility, unlike male inmates who, on average, transfer to a new facility every three months. Because women are at CIW for the duration, DART may be offered closer to the end of their sentence after they have had an opportunity to adapt to institutional life as opposed to it being offered at the front-end of their sentence. DART staff may track more easily whether DART graduates follow through with aftercare. Unfortunately, there is not currently an aftercare counselor at CIW; the responsibility of providing aftercare, therefore, falls on the program director.

- ▶ Daily morning meditation conducted for thirty minutes Monday through Friday (minimum of 2.5 hours per week)
- ▶ AA and NA demonstration meetings held once each week (minimum of one hour per week)
- ▶ DART Family Orientation made available each week for a minimum of one hour (minimum of one hour per week)

The program director may use the remaining five treatment hours per week to offer customized treatment needed by program participants at that location. Clients are involved in structured activities

from 8:30a.m. until 3:30p.m. Monday through Friday, with a one-hour lunch break. In some locations, AA/NA meetings are available on Saturdays in addition to group fellowship, family programs and visitations. Topics addressed in groups follow the twelve step program and include overcoming denial, dealing with resentment and anger, changing attitudes, and relapse prevention. Examples of topics covered during lectures include contracting and living with HIV, the health risks of abusing, and maintaining recovery on the outside. Program participants read the Alcoholics Anonymous "Big Book" which includes personal accounts from recovering alcoholics about working the twelve step program.

Program Completion/Compliance. In order to achieve successful completion of the DART IRT program, clients must fulfill certain minimum requirements. Clients must attend at least 90 percent of their session hours. While in session, clients must be actively engaged in the material and treatment provided by DART counselors. Clients must do their homework, participate in group therapy and provide feedback to their fellow participants. Throughout the treatment program, clients must be sincere about becoming drug-free. Clients cannot engage in any activity that promotes chemical dependence. Successful completion of the program earns an inmate a completion certificate and six days earned time. During FY 1998/99, 81 percent of inmates who exited intensive residential treatment had completed the program.⁷

Issues arise in defining successful completion of the program. There are multiple reasons of varying significance why a participant may fail to complete the program. A client may not complete because he/she is expelled from the program or because his/her sentence is terminated (due to max-out or parole). A client who is expelled may be removed for treatment reasons, such as having a positive urinalysis, or for custodial reasons, like violent behavior in the dormitory. In the past, completion rates for the DART program were not entered into the system-wide computer database for the Department of Correction.⁸ Determining an appropriate definition of completion and recording completion data are essential to the future evaluation of DART and the follow-up of its participants.

Failure to comply with program rules and requirements is typically addressed by a series of graduated sanctions. Immediate expulsion of a client may occur if he or she becomes violent, acts sexually inappropriately or possesses or uses controlled substances. All other violations are handled using a three-tiered approach. First, a client will meet with his/her primary counselor to attempt to rectify the problematic behavior. A primary counselor may enlist the services of other group members

⁷ Department of Correction Annual Statistical Report FY 1998/99. This statistic includes those inmates who completed the State Alliance for Recovery and General Education (SARGE) in addition to those inmates who completed DART IRT.

⁸ This completion information was not available from the Department of Correction for the FY 1996/97 prison release population that was analyzed by the Sentencing Commission. Beginning January 1, 2000, once an inmate completes the DART program, an indicator will be entered into Offender Population Unified System (OPUS).

to get to the root of the client's issues. Primary counselors may assign essays for the errant participant to write on a treatment topic such as denial, humility or anger. This serves to admonish the client while also instructing him/her in proper conduct. A primary counselor may also have the client sign a contract promising not to engage in destructive, negative behavior. If this is not successful, the primary counselor will involve the expertise of his supervisor, generally a Substance Abuse Counselor II (SAC II). A conference will be held between the client, the primary counselor and the SAC II. The treatment techniques will be repeated. If the client is still sabotaging his/her treatment, the final tier is to meet with the Director. It is only after all three steps have been utilized that it will be decided that a client is not suited for treatment in the facility. Only the Director has the authority to remove someone from the program.

Aftercare

Once a client has successfully completed DART IRT, he or she is assigned to an aftercare program. Those individuals who are not referred to DART IRT but complete DART 24 are also eligible for aftercare. The purpose of aftercare is to provide therapeutic support during post-treatment adjustment and to help strengthen the participant's recovery by engaging him in community groups. Treatment topics normally covered during aftercare include:

- ▶ Affiliation with recovery groups
- ▶ Recovery sponsorship and contacts
- ▶ Relationships
- ▶ Family
- ▶ Employment issues related to recovery
- ▶ Relapse prevention
- ▶ Relaxation and recreation

Aftercare is composed of eight scheduled 1-1.5 hour group sessions and at least one AA/NA meeting each week for eight weeks. The normal group size for aftercare is fifteen to twenty participants. All prison units have an aftercare program. Prison units that have their own DART 24 or DART IRT programs typically provide their own aftercare. For units that do not have these programs on site, aftercare is provided through part-time or contract personnel who operate out of an area office and service several units. To enhance the effectiveness of aftercare programs, inmates are referred as soon as possible after intensive residential treatment. For those inmates who are transferred to a new unit, contact by a DART employee should be made within one week of the inmate's arrival. Attendance at aftercare is voluntary, however failure to attend may result in the inmate being contacted by the DART program coordinator for the unit at which he/she is housed. Regional DART supervisors review aftercare attendance records to monitor compliance.

Following completion of aftercare, participants are expected to continue their recovery through voluntary participation in Alcoholics Anonymous or Narcotics Anonymous. These groups operate at almost all the prison units. Community volunteers assist in this process by conducting meetings at prison units and by acting as sponsors for the inmate. Inmates who graduate to minimum custody classification may receive passes to attend AA and NA meetings in the community.

Private Treatment Facilities

Under the private treatment program, the Department of Correction contracts with private companies for housing, custody, treatment and alcohol/drug abuse services. Contracts with private providers are for 5 years. Beginning in March 1995, the Department of Correction contracted with the following four Private Substance Abuse Treatment Centers:

Facility Name	Location	Date opened	Beds/Gender
Evergreen Rehabilitation Center	St. Pauls	March 1995	75/male
Mary Frances Center	Tarboro	March 1995	100/female
Right Turn of NC	Charlotte	September 1995	100/male
Cornell Corrections, Inc.	Durham	December 1996	75/male

These programs target inmates who have been identified during their incarceration as having a substance abuse problem and who are within six to twelve months of release from prison. Inmates are selected for assignment to these programs by personnel in the Division of Alcoholism and Chemical Dependency Programs' central office in Raleigh. Referrals for assignment are made by the Division of Prisons, the Parole Board and the DART program. To be eligible, inmates must be assigned to minimum custody, must have a minimum of six months remaining on their sentence, must be physically and mentally capable of participation, must have an identifiable history of substance abuse and can not have any history of escape. During Fiscal Year 1998-99, there were 538 entries into the private treatment facilities according to the DOC's Annual Statistical Report. Fifty-six percent of offenders entering these programs were convicted of public order and other crimes, including non-trafficking drug crimes and driving while impaired. Thirty-seven percent were convicted of property offenses.

Although not a requirement for assignment to a private facility, some of the clients in the private programs have been through DART. The length of time elapsed between DART and private treatment varies considerably since DART is generally a "front-end" program and private treatment is provided at the end of a sentence.

There is no single treatment model followed by all four programs. However, there are some similarities among the programs. Upon entry to a program, participants undergo a comprehensive assessment following which an individualized treatment plan is developed. Due to the extended length of the program, participants may receive education, and life skills and job training, in addition to substance abuse treatment. Each program has a strong Alcoholics Anonymous and Narcotics Anonymous Twelve Step component. Because a goal of these programs is to ease transition for the inmate back into the community, they all involve components which are designed to engage the participant in the community. As participants progress in the program, their contact with the community increases through work release, community service or supervised attendance at community AA or NA meetings.

Contractual and DOC employees provide monitoring of these programs. Each private facility has at least one former DOP employee and most employees at the private facilities are corrections-oriented. The directors of these private facilities are in weekly contact with the DACDP employee responsible for overseeing these contracts.

By statute, the program is to "include extensive follow-up after the period of intensive treatment," and each inmate is to have a "specific plan for follow-up, including active involvement with Alcoholics Anonymous, community resources, and personal sponsorship."⁹ Because DART is set up as a front-end program, inmates are assigned to the program at the beginning of their sentence, gaining entry within four to six weeks of entering the prison system. Once completing DART IRT, inmates may have an extensive period of time remaining on their sentence. Although Alcoholics Anonymous or Narcotics Anonymous operates at almost every prison unit, there is no method of ensuring that inmates will participate. A small number of DART graduates enter the Winners' Circle component of DART or are sent to private treatment facilities prior to being released from prison. Due to a lack of Division and community resources, many DART participants are released back into the community without a personally tailored treatment plan, an Alcoholics Anonymous (or Narcotics Anonymous) sponsor, or a community contact, according to program staff.

Winners' Circle is a 12 week, pre-release program that was developed primarily by former inmates to provide reintegration services for certain inmates with the goal of achieving a successful transition into the community upon release. The targeted inmates are those who are approximately 6 months from their discharge date and who have participated faithfully in the DART continuum or who have been active in Alcoholics Anonymous or Narcotics Anonymous (DART completion is not required). Participation is voluntary. Treatment providers for this program are DART staff or volunteers from the community. Initially the Winners' Circle was offered only in minimum security facilities. This limited participation for the growing number who are released due to sentence max-outs from medium custody facilities. Efforts are underway to expand Winners' Circle into the medium security institutions.

Program Administration

Each DART IRT program is managed by a Program Director. Typically the staff for each program consists of a supervising substance abuse counselor, classified as a Substance Abuse Counselor II (SAC II) and several primary counselors, classified as Substance Abuse Counselor I (SAC I) or as a Substance Abuse Worker (SAW). Primary counselors are responsible for managing the treatment for a group of participants, facilitating group therapy, teaching the dynamics of recovery and counseling individuals when needed. Primary counselors are assisted to a large degree in their duties by peer counselors. Peer Counselors play an important role in the DART model as they are able to connect with the participants on their level and are available to the participants after hours in the dorms where the peer counselors live with the other participants. In some DART IRT programs, the peer counselors are viewed by the program director as staff members.

Under the enabling legislation for the DART program, preference is to be given to recovering alcoholics or addicts in hiring staff. As a result, an overwhelming majority of DART staff are in

⁹ N.C.G.S. 143B-262.1 (1998).

recovery. A minority of counselors are certified substance abuse providers. A large number of DART counselors have not completed an undergraduate degree. The current minimum educational requirements and salary range for the counseling positions are as follows:

- ▶ Substance Abuse Worker: Graduation from high school and one year of experience in substance abuse in a supportive informational role; or an equivalent combination of education and experience. Salary: \$19,339-\$20,305.
- ▶ Substance Abuse Counselor I: Bachelor's degree in social work or related human services field with substance abuse counselor work and a practicum or internship in a substance abuse program; or graduation from a four-year college or university and one year experience as a substance abuse counselor trainee; or graduation from high school or equivalent and three years experience in the substance abuse field, two of which must have been at the level of substance abuse worker; or an equivalent combination of training and experience. Salary: \$21,816-\$35,051.
- ▶ Substance Abuse Counselor II: Bachelor's degree in a human service field or related curriculum and two years of substance abuse experience; or bachelor's degree in a human services field with substance abuse internship and one year of substance abuse experience; or graduation from a four year college or university and two years of experience as a substance abuse counselor II trainee; or graduation from a four year college or university and three years of substance abuse experience; or a master's degree in a human services area and one year of substance abuse counseling experience; or an equivalent combination of training and experience. Minimum for a trainee appointment: graduation from a four year college or university. Salary: \$24,614-\$40,063.

There is strong Division support for employees attempting to further their education. At several programs, efforts are made to provide additional ongoing training in substance abuse counseling to the program staff.

Most DART IRT programs maintain a staff to participant ratio of 1:10-15 in their counseling groups. According to staff, group therapy becomes very difficult in instances where the staff to participant ratio is more than 1:15. The reported optimal staff to participant ratio is 1:10 or fewer.

Budget/Program Cost. Funding for the DART and private treatment programs comes from appropriations made by the General Assembly to the Department of Correction's Division of Alcohol and Chemical Dependency Programs (DACDP). The program budgets are set and controlled by the Division and not by the Program Directors. For FY 1998/99 the authorized budget for the Division was \$17.4 million.

Peer Counselor Development Center

The Peer Counselor Development Center (PCDC) was created in November of 1995 at DART - Wayne to train inmates as Peer Counselors. Inmates who have successfully completed DART IRT, have been alcohol and drug free and active in their recovery for at least six months, and have had no formal disciplinary action during the previous three months are eligible to participate. Prospective participants must complete an application and interview process and be recommended by DART staff to enroll at the center. At PCDC inmates learn about the DART treatment philosophy and chemical dependency recovery in general. They are trained to act as positive role models and counselors. The training period lasts ten weeks, during which trainees are closely monitored and counseled. Areas of study include, but are not limited to: design and delivery of lectures, group skills development, and formal and informal counseling techniques. Practical experience applying these principles is an integral part of the training process. Upon completion of the peer program, inmates are sent out to DART facilities across the state to assist with treatment delivery. Because the peer training is only offered at DART-Wayne (a facility that houses adult males), there is no formalized training for female or youth peer counselors. This is problematic considering the important role peer counselors have in the DART model.

Table 2 shows program costs as reported by DACDP. The cost for the DART IRT program is DACDP expenditures divided by daily bed capacity, multiplied by 365 days per year. The Private Treatment program cost is the contractual amount paid by DACDP divided by the number of beds in the program, divided by 365 days.¹⁰

TABLE 2: DART IRT AND PRIVATE PROGRAM COST

<u>Division of Alcoholism and Chemical Dependency Programs</u>	<u>Cost</u>	<u>Unit of Measurement</u>
DART Intensive Residential Treatment	\$14.58	Per day per bed (includes cost of program only)
Private Substance Abuse Treatment		Per day per bed (includes cost of operating facility and cost of program)
Cornell	\$47.69	
Right Turn	\$54.75	
Evergreen Rehab	\$55.00	
Mary Frances	\$72.00	

¹⁰ Source: DOC DACDP Fy 1998/99 Chemical Dependency Treatment Funds Report.

Program Evaluation

The DART program may be evaluated as to its effectiveness in a number of ways. First, the program may be evaluated on implementation and compliance with developed departmental standards. The program may also be evaluated on the impact it has on its participants, both during and following treatment.

Each DART program throughout the state operates pursuant to a Program Development Evaluation (PDE) model. The PDE is a model which depends on the frequent evaluation of a program's effectiveness using pre-tests, post-tests and some staff evaluation to regularly redefine or modify components of a program. DART PDE standards have been developed and published for the diagnostic, residential and aftercare phases of the program by DACDP. These standards outline the activities that are to occur at each of these phases, set a standardized goal to be achieved and outline an evaluation method to be implemented. In addition, these standards, if followed during each phase of the DART program, act to make DART uniform throughout the state.

An inmate's progress is monitored throughout the program by staff, peer counselors, and other group participants. At most programs, directors meet with their treatment staff at least once a week to review each participant's treatment progress and to develop plans of action for those clients who are not responding to treatment. Substance Abuse Counselors keep treatment notes and attendance records on each client. Most program directors review these records daily to make sure clients are participating.

Efforts are underway to standardize a method of follow-up of DART participants. DART staff track clients for a six month period to determine whether a participant completes the continuum of care, including aftercare. When a participant leaves the DART IRT or DART 24 program he/she is given self-reporting forms to be returned to the program staff. DART staff may also track these individuals by contacting program staff at units where the individual is currently housed.

DART may also be evaluated based on its effectiveness at reducing future criminal activity by its participants. The Sentencing Commission, in its *Correctional Program Evaluation: FY 1996/97* submitted to the General Assembly in April 2000, looked at recidivism rates as one way to determine whether the DART program had any lasting effect on its participants. For this report, recidivism was defined as any rearrest following the offender's release back into the community. The Sentencing Commission reported a recidivism rate of 43 percent for those individuals released from prison during FY 1996/97 who completed¹¹ a DART IRT program. Interestingly, the recidivism rate for those inmates who were identified as having a substance abuse problem but who did not receive a referral to treatment was also 43 percent. Additionally, the difference in the average time to rearrest between

¹¹ For purposes of this study an inmate was deemed to have completed DART if he was assigned to the program for a minimum of 21 days. Using this definition of completion, 84% of offenders assigned to DART IRT within our sample completed the program. As previously noted, there were no data available from OPUS on whether an inmate within the sample completed the entire treatment program.

these two groups was insignificant. It is probable that the high recidivism rates for these two groups are due to the type of offender they include. The Sentencing Commission found in its report that an offender's risk level, risk being defined as probability of rearrest, played a much more significant role in whether an offender will recidivate than any intervention that occurs in the criminal justice system. Offenders with a history of arrests¹² and with an identified substance abuse problem were at a higher risk for reoffending.¹³

Of those probationers and parolees within the sample who participated in the DART-Cherry IRT program¹⁴, only 29.6% were rearrested during the twenty-four month follow-up period. It is important to note that offenders whose most serious conviction was for Driving while Impaired were excluded from this study. Because the DART-Cherry program treats a large number of such offenders, the recidivism rate reported here may not be a true reflection of the recidivism rate for this program. Regardless, there appears to be a substantial difference between the DART-Cherry recidivism rate and the recidivism rate for the other DART IRT programs. The fact that these participants are transferred directly into the community following treatment where they remain under the supervision of a probation or parole officer may also account for the low recidivism rate.

The primary goal of the DART program is to introduce an inmate addicted to alcohol or drugs to a life of recovery. Preventing future criminal activity, while a possible result of getting an inmate to stop abusing drugs, is not a stated goal. Therefore, another important long term measure of DART program effectiveness is whether participants refrain from future substance abuse. At this time, no study has been conducted on whether those inmates who received treatment returned to a life of substance abuse.

Currently, the Department of Correction's Office of Research and Planning is actively working with the Division of Alcohol and Chemical Dependency Programs to establish specific ACD (Alcohol and Chemical Dependency) screens within OPUS (the Department of Correction system-wide database) to record information concerning an inmate's participation and completion of each stage of DART. Once in place, this system will allow for extensive short and long term follow-up of program participants.

Summary

During FY 1998/99, 13,794 prison inmates were identified as being addicted to drugs and/or

¹² 97.6% of offenders assigned to DART in the Sentencing Commission's study group had a prior arrest.

¹³ For a more in depth look at the recidivism rate and program effectiveness, see Correctional Program Evaluation: FY 1996/97, North Carolina Sentencing and Policy Commission.

¹⁴ Due to the time frame of this study, it did not include any participants in the 90-day program. That program did not start until September, 1997.

alcohol.¹⁵ It is widely accepted that this addiction is connected to the commission of crime. Inasmuch as treatment may reduce future criminal activity, it is to the state's advantage to provide it to offenders. The most effective yet practicable types and length of treatment should be further explored, with program planners mindful that what works for one addict may not work for another. Prior to the implementation of standardized data collection methods, measuring the effectiveness of the DART program has been problematic. As more information about DART and its offenders is collected, more in-depth evaluations will need to be conducted to inform policy makers of the most effective models of chemical dependency treatment.

¹⁵ NCDOC DACDP FY 1998-99 Chemical Dependency Treatment Funds Report

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SOAR

**(SEX OFFENDER ACCOUNTABILITY AND
RESPONSIBILITY)**

SEX OFFENDER TREATMENT IN NORTH CAROLINA PRISONS: Sex Offender Accountability and Responsibility Program (SOAR)

Introduction

Pursuant to North Carolina General Statute §164-47, the North Carolina Sentencing and Policy Advisory Commission (hereinafter, Sentencing Commission), in conjunction with the North Carolina Department of Correction, must conduct ongoing evaluations of correctional programs and make biennial reports to the North Carolina General Assembly. These evaluations are to include "composite measures of program effectiveness based on recidivism rates, other outcome measures, and costs of the programs." (N. C. Gen. Stat. §164-47 (1998)) In conducting the mandated evaluation, the Sentencing Commission embarked on completing both a statistical analysis of correctional program participants and a descriptive analysis of specific programs. For this biennium's report, to be submitted to the Legislature by April 15, 2000, the Department of Correction requested that the Sentencing Commission concentrate its efforts on three areas of in-prison programs: sex offender treatment, chemical dependency treatment, and work release. This monograph is a descriptive summary of the SOAR (Sex Offender Accountability and Responsibility) Program that is operated by the Division of Prisons and should not be viewed as an evaluation of that program. Additional statistical information on the SOAR Program appears in the Sentencing Commission's aforementioned report to the General Assembly.

Methodology

To have a better understanding of the programmatic context of the SOAR Program, Commission staff conducted interviews with Department of Correction personnel who work with this program. Using a standardized protocol for this project (*see* Appendix), three Commission staff members met with Department of Correction staff members who oversee and administer the SOAR Program to gather specific information concerning program history, program components and target clientele. At this meeting, two staff members were primarily responsible for conducting the interview while the third member recorded the information. In addition, Sentencing Commission staff interviewed other Department of Correction personnel regarding the SOAR Program, and written materials, descriptions and statistics were collected whenever available.

Commission staff also collected information from other sources in order to provide a comprehensive empirical profile of the correctional programs to be evaluated. Statistical data were collected for all sentenced offenders who were released into the community during Fiscal Year 1996/97, either due to a probation sentence or through release from prison. The information for each offender in this sample captured their past criminal behavior, most serious offense of conviction, sentence components, correctional program assignments, and any rearrests following release. It should be noted that while the statistical analysis is based on a sample of offenders released in FY 1996/97, the program description that follows reflects how SOAR was operating in 1999.

Historical Overview of the SOAR Program

In 1986, a task force was convened to study the possibility of offering psychological treatment for sexual offenders in North Carolina. This task force, led by Al Harrop, who was then Clinical Director of Mental Health for the North Carolina Department of Correction, studied the issue by conducting interviews with state and federal sex offender treatment experts. Following a proposal to the North Carolina General Assembly in 1990 that a residential treatment program for sex offenders be established, the Sex Offender Accountability and Responsibility (SOAR) Program began in January, 1991. Since its inception, the program has been funded by the Department of Correction and housed at Harnett Correctional Institute. This prison facility was chosen for its central location in Lillington, its supportive administration, and its status as a medium security facility. The program was originally staffed by two employees, a program director and a contractual psychologist (who was a member of the sex offender task force).

From the onset, SOAR served incarcerated male felons who were in need of treatment for sexual crimes. The program began as a ten-week treatment cycle which served 15 inmates. In order to be admitted into the program an inmate had to meet the following criteria:

- ▶ Have a felony conviction for a sexual offense.
- ▶ Be age 21 or over.
- ▶ Be in minimum or medium custody.
- ▶ Volunteer to participate in the program.
- ▶ Admit guilt for his sexual offense.
- ▶ Not have a severe mental illness.
- ▶ Have at least a sixth grade reading level.
- ▶ Be willing and able to participate in highly confrontational groups.

Changes in the program have been minor. In the early stages of the SOAR Program, inmates who were serving short-term sentences and were regarded to be serious sex offenders were selected from among those who met the initial eligibility criteria. In recent years, there has been a shift to select those inmates who have a range of sentence lengths and who have the highest probability of benefitting from the SOAR Program.

In the program's early years, eligible offenders were identified in their units as potential SOAR participants and referred to the Department of Correction's central office for consideration. The central office then made all decisions relative to admissions and placed inmates in the program. The admission process has been subsequently decentralized, and decisions regarding whether or not an inmate is assigned to SOAR are made by prison staff at the facility where the inmate is housed.

Eventually, two full-time psychologists were added to the staff. This has allowed the program to grow into two separate twenty-week treatment cycles that serve approximately forty inmates per cycle, or eighty inmates per year. During a given year, referrals continue to be greater than the number of openings within the program.

Description of SOAR Participants

Eligibility Requirements/Screening Process

The target population must meet the initial eligibility criteria (outlined below) which have remained basically unchanged since the program began in 1991. A significant criterion is that participants must acknowledge some level of guilt for the offense. It should be noted that a life sentence does not preclude an inmate from being considered for SOAR.

Inmates are identified in their units by the Director of Psychological Services and referred directly to SOAR staff, who then make the final selection of participants. Efforts to recruit new participants are made primarily by successful graduates of the SOAR Program, who tell current inmates about the benefits of the program.

The maximum capacity for the program is currently 40 participants per session, or 80 participants per year. This yields a participant to staff ratio of approximately 20:1. According to SOAR staff, the ideal participant to staff ratio is 8-10:1. It was reported that less than the ideal ratio can decrease the effectiveness of treatment.

Demographic Information

Information from SOAR personnel indicate that the majority of participants are white males who have been employed, are married, and have a higher education level than most other inmates. Specific statistics were not available from the program. Participants were most often convicted of indecent liberties with children, a Class F felony. This offense was often pled down from the original charge. Typically, participants are incarcerated for their *first conviction* (~80-85%), although *first offending* inmates are very rare. SOAR staff noted that the majority of offenders admit that they have committed a number of illegal sexual acts before being convicted. For example, SOAR staff reported that child molesters may victimize 150-500 children before they have a first conviction.

Eligibility Criteria

For an inmate to be considered for the SOAR Program, he must initially meet the following requirements:

- ▶ Have a felony conviction for a sexual offense.
- ▶ Be age 21 or over.
- ▶ Be in minimum or medium custody.
- ▶ Volunteer to participate in the program.
- ▶ Admit guilt for his sexual offense.
- ▶ Not have a severe mental illness.
- ▶ Have at least a sixth grade reading level.
- ▶ Be willing and able to participate in highly confrontational groups.

Description of the SOAR Program

Purpose/Goals

The overall mission of the SOAR program is "No more victims." SOAR utilizes a Cognitive-Behavioral/Relapse Prevention treatment modality to accomplish this overall goal. This modality seeks to identify the participant's deviant offending cycle and break it so that the offender does not lapse back into his former criminal behavior. This is accomplished in four ways:

1. By identifying precursors;
2. By identifying historical events which lead to specific thoughts, feelings, and behaviors;
3. By identifying daily occurrences in the offender's life which trigger specific responses; and
4. By identifying times and situations in which to insert appropriate coping responses.

The goals of the program (*see* page 5) are addressed by a series of sequential lesson modules. Each participant is evaluated by SOAR staff on his progress with regard to each of the goals in the middle of the program and upon completion. Accountability and responsibility are stressed in each of the program modules from the first day. In this process, developing victim empathy is a major component.

Program Components

A total of 600 hours is spent in treatment with 300 spent in classroom instruction and 300 in laboratory work. The classroom instruction component is composed of an integrated curriculum of fifteen to twenty lesson modules directed toward one or more of the fifteen goal areas. The modules are routinely reviewed and are altered as needed. The laboratory facet of the program involves completing five workbooks, viewing instructional videos, and completing various homework assignments. Participants are primarily self-directed during laboratory work, although peer counselors (former SOAR participants who have successfully completed the program and have returned to offer support to current participants) provide assistance when necessary. Assignments must be completed in a timely and thorough manner in order to successfully move through the program. SOAR participants are engaged in the program for five days per week. A typical daily schedule is:

8:00-11:00 AM	Classes ¹
11:30-12:30 PM	Lunch
12:30-3:30 PM	Classes resume
Evening	Completion of homework assignments

¹In a forty participant session, twenty participants attend classes in the morning and switch to lab activities in the afternoon, while the other twenty attend lab in the morning and classes in the afternoon.

Inside the SOAR Program . . .

All offenders who successfully complete the twenty week SOAR Program must strive to meet the following fifteen goals:

- | | |
|------------------------------------|--|
| <i>Admitting guilt</i> | <i>Accepting responsibility</i> |
| <i>Identifying offense cycle</i> | <i>Controlling deviant arousal</i> |
| <i>Managing anger</i> | <i>General empathy and compassionate actions</i> |
| <i>Victim empathy</i> | <i>Assertiveness knowledge and skills</i> |
| <i>Relapse prevention plan</i> | <i>Understanding cognitive distortions</i> |
| <i>Expression of feelings</i> | <i>Maintaining adequate attendance</i> |
| <i>Completion of assigned work</i> | <i>Quality of assigned work</i> |
| <i>Group participation</i> | |

These goals are addressed through 600 hours of treatment, split equally between classroom instruction and laboratory assignments. The 300 hours of classroom instruction are broken down into fifteen to twenty lessons aimed at one or more of the previously noted goals in order to assure that all of the goals are addressed. These instructional modules include:

- | | |
|-------------------------------|--|
| <i>Orientation</i> | <i>Anger Management</i> |
| <i>Assertiveness Training</i> | <i>Behavioral Techniques</i> |
| <i>Family Roles</i> | <i>Journaling</i> |
| <i>Life Skills</i> | <i>Lay-Out</i> |
| <i>Relapse Prevention</i> | <i>Relationships and Communication</i> |
| <i>Sex Addicts Anonymous</i> | <i>Sexual Knowledge</i> |
| <i>Stress Management</i> | <i>Team Building</i> |
| <i>Thinking Errors</i> | <i>Voices of Victims</i> |

Completion of SOAR and Continuum of Care

When participants have completed the SOAR Program without any significant disciplinary violations a certificate of completion is awarded. Upon return to their original prison unit, SOAR aftercare programs are available for some inmates. Aftercare programs currently exist in approximately twenty-three units. This represents an increase from six aftercare units in FY 1996/97. SOAR staff recommend that graduating participants attend an aftercare program 15-20 times after completion. Participation in aftercare programs is voluntary. If an inmate's sentence is completed shortly after his participation in SOAR, attendance in a community-based Sex Addicts Anonymous (SAA) program is recommended. There is a goal to expand the availability of aftercare programs to other prison units in the future.

A Pre-SOAR program currently exists in five units, with about 100 inmates participating. The program requires one to two hours of work per week for a total of ten to sixteen weeks. Pre-SOAR is directed toward those inmates who qualify for SOAR treatment but who are not chosen due to limited space, not admitting to their deviant sexual behavior, or having special needs (Attention Deficit Disorder, hearing impaired, etc.). This curriculum consists of workbook activities and discussions with former SOAR participants. Pre-SOAR is not a treatment modality, but an educational orientation to the program that introduces inmates to SOAR concepts and vocabulary. A goal of the program is to expand the availability of Pre-SOAR programs to additional prison units in the future so that there would be a "continuum of care" (*i.e.*, pre-SOAR, SOAR, aftercare) available for sex offenders.

Internal Evaluation Process/Data Collection

As previously noted, a participant's progress in each of the 15 program goals is evaluated with the use of a Goal Attainment Scaling in the middle and at the end of each inmate's enrollment in SOAR. Additionally, inmates sign a participation contract upon enrollment. Fulfillment of this contract is expected and evaluated regularly. Once the inmates leave SOAR, there is no follow-up evaluation process currently in place.

The penalties for violating any of the program guidelines range from disciplinary action to dismissal from the program. Unsatisfactory completion of assignments, insufficient positive participation in the program, breach of the participation contract, or violation of particular SOAR rules (no contact with victim, no sexually stimulating material, no pictures of people, no sexual contact with other participants, etc.) is grounds for disciplinary action. Dismissals are made by the staff team. Warnings may be issued prior to dismissal or interim punishments may be applied (*e.g.*, allowed to finish the program, but with no formal completion certificate). SOAR staff report that the average rate of completion is 77%, with an average incomplete or dropout rate of 23%. Participants who have been dismissed from the program may be admitted at a later date, but completion rates are generally low for this group.

SOAR collects data on its participants primarily through the use of internal files. These files consist of staff evaluations and participant feedback. Specifically, tracked information includes

demographic factors, victim histories, crime statistics, and program completion/dismissal rates. There is also a database of pre- and post-test psychological batteries (composed of approximately seven instruments). The Department of Correction's computerized information system, OPUS (Offender Population Unified System), is also utilized by SOAR to access participant information and to input program information. There is a SOAR staff member who manages SOAR-related OPUS data.

Staff and Organizational Structure

The program staff is currently composed of one director, two full-time staff psychologists, and one part-time contractual psychologist. Staff must have a minimum of a masters degree in psychology or a related field and be licensed in North Carolina as a Psychological Associate or Psychologist. The positions also require substantial previous experience working with group treatment or working with sex offenders; both are preferred. In addition to the paid staff, nine former SOAR participants are utilized as peer counselors.

Professional staff have significant control over the growth and direction of the program with the prison administration at Harnett Correctional Institute providing them with significant freedom and flexibility in managing the program.

It should be noted that there is a somewhat high rate of staff turnover with the average tenure being two to three years. According to staff, reasons for this may lie in the highly stressful nature of treating sex offenders, coupled with the inability to compensate staff in the same way as their counterparts in the private sector.

Cost of Program

Funding is provided by the North Carolina General Assembly through the DOC. The total annual budget for the program is \$151,246.00, which is predominately composed of staff salaries. According to SOAR staff, the cost of the program is \$7.16 per day per SOAR participant. This cost is arrived at by dividing the expenditures for the SOAR Program by the number of participants who complete the program per year and then dividing that number by 365.

Aggregate Information and Recidivism

As stated earlier, a designated SOAR staff member is responsible for entry of data about program participants into OPUS. OPUS was the major source of aggregate data for the 2000 study conducted by the Sentencing Commission and the Department of Correction in which risk factors, recidivism rates, and employment outcomes for offenders in selected correctional programs were examined. Of the 16,165 prisoners who were released from prison in the FY 1996/97 sample, 39 participated in the SOAR Program during their incarceration. At the end of a two year follow-up period, the recidivism rate for this group was determined to be 10.3%, which was 32% less than the recidivism rate for all released prisoners (42.6%). It should be reiterated that the number of SOAR participants in this sample is too small (39 clients) for any elaborate statistical analysis.

There may be several reasons for the difference in recidivism rates. The process utilized by SOAR to determine who will participate in the program is narrowly defined and allows for only select candidates to enter. This may also account for the high completion rate that the SOAR Program has reported. Additionally, the inmates who enter the program appear to have had few behavioral problems prior to their entry and are deemed by correctional administrators to be low risk. A final explanation may lie in the fact that the prisoners who participated in the SOAR Program appear to be an older, more stable, and more educated group than the overall prison population. The typical SOAR client was a 38-year old married, white male with at least a twelfth grade education, while the average prisoner was a 31-year old, single black male with less than a twelfth grade education. As risk was defined in the study,² SOAR clients were primarily low risk inmates while the overall prison population was primarily high risk.

Recent studies that have been conducted on sex offender treatment cite programs, like SOAR, that offer cognitive-behavioral approaches as having a positive effect on recidivism. In their analysis of various types of sex offender treatment, Gallagher *et al.* found that "cognitive-behavioral programs are effective in reducing the recidivism of treated offenders."³ However, these same researchers caution that "the efficacy of sexual offender treatment programs is inconclusive."⁴

Summary

The SOAR Program is the only structured treatment program for sex offenders within North Carolina's prison system. SOAR employs a comprehensive program curriculum and its statistics indicate that participants have a high rate of completion. In order to determine the effectiveness of this treatment modality as well as the possibility of expanding services, an in-depth program evaluation of the SOAR Program will have to be conducted.

²Risk is a composite measure containing individual characteristics identified in research literature as increasing or decreasing a person's risk of being rearrested.

³Catherine Gallagher, David Wilson, Paul Hirschfield, Mark Coggeshall, and Doris MacKenzie, "A Quantitative Review of the Effects of Sex Offender Treatment on Sexual Reoffending," Corrections Management Quarterly 1999: 3(4), 27.

⁴Gallagher, *et al.* 19.

WORK RELEASE

WORK RELEASE WITHIN THE NORTH CAROLINA PRISON SYSTEM: A Positive Approach to Societal Reintegration

Introduction

Pursuant to North Carolina General Statute §164-47, the North Carolina Sentencing and Policy Advisory Commission (hereinafter, Sentencing Commission), in conjunction with the North Carolina Department of Correction, must conduct ongoing evaluations of correctional programs and make biennial reports to the North Carolina General Assembly. These evaluations are to include "composite measures of program effectiveness based on recidivism rates, other outcome measures, and costs of the programs." (N. C. Gen. Stat. §164-47 (1998)) In conducting the mandated evaluation, the Sentencing Commission embarked on completing both a statistical analysis of correctional program participants and a descriptive analysis of specific programs. For this biennium's report, to be submitted to the Legislature by April 15, 2000, the Department of Correction requested that the Sentencing Commission concentrate its efforts on three areas of in-prison programs: work release, chemical dependency treatment, and sex offender treatment. This monograph is a descriptive summary of the Work Release Program that is operated by the Division of Prisons and should not be viewed as an evaluation of that program. Additional statistical information appears in the Sentencing Commission's aforementioned report to the General Assembly.

Methodology

To have a better understanding of the programmatic context of the Work Release Program, Commission staff conducted interviews with Department of Correction personnel who have a thorough knowledge of this program. Using a standardized protocol for this project (*see* Appendix), two Commission staff members met with the Department of Correction official who is responsible on a statewide level for the Work Release Program to gather specific information concerning program history, program components and target clientele. At this meeting, one staff member was primarily responsible for conducting the interview while the second member recorded the information. Other Department of Correction staff, as well as several Work Release participants and employers, were also interviewed in order to gain further insight into the Work Release Program. In addition, staff collected and reviewed written materials, descriptions and statistics to complete the program profile.

The Commission also collected information from other sources in order to provide a comprehensive empirical profile of the correctional programs to be evaluated. Statistical data were collected for all sentenced offenders who were released into the community during Fiscal Year 1996/97, either due to a probation sentence or through release from prison. The information for each offender in this sample captured their past criminal behavior, most serious offense of conviction, sentence components, correctional program assignments, and any rearrests following release. It should be noted that while the statistical analysis is based on a sample of offenders released in FY 1996/97, the program description that follows reflects how the Work Release Program was operating in 1999. The program has not undergone any major changes since 1996.

Historical Overview of the Work Release Program in North Carolina

The Department of Correction began its Work Release Program in 1957 making North Carolina one of the first states in the nation to have developed a Work Release Program within a prison system. Since most inmates are assigned to some type of job while they are incarcerated, it is important to distinguish between the Work Release Program and other work assignments that are also operated by the Department of Correction. Work Release is a privilege given to offenders who represent a low risk to public safety. The Work Release Program in North Carolina is best defined by its participants: inmates who meet certain Department of Correction eligibility requirements, who temporarily leave the prison unit unsupervised by correctional officers, and who earn at least hourly minimum wages by being employed in the community. Upon completion of the work day, the offender returns to his or her prison facility. Thus, Work Release can be viewed as providing "the possibility of developing a 'motivational' system approaching that of the free community." (Johnson:1967, 530.)

The manner in which the Work Release Program operates has remained basically unchanged since its inception and has never had more than 2,000 inmates employed at any given time. The most recent significant change occurred approximately ten years ago when the Division of Prisons began to provide less transportation to offenders to their work sites with the majority of this responsibility shifted to the Work Release inmate.

The Work Release Program came closest to exceeding 2,000 inmates in the mid-1980s when prison overcrowding became a significant issue. It should be noted that the decision not to exceed 2,000 offenders in the program was not a deliberate decision on the part of policy makers. In the last several years, there has even been a slight decrease in the number of offenders on Work Release with the number of inmates assigned to this program usually staying in the range of 1,300. This lower number is due primarily to the fact that minimum security beds have been decreasing with the closing of some minimum security facilities throughout the state. This is important since Work Release accepts only offenders assigned to the lowest minimum security custody level. Additionally, the onset of Structured Sentencing in 1994 may have contributed to a decrease in offenders who are eligible for Work Release. With the enactment of this law, inmates are required to serve all of their minimum sentence and an emphasis has been placed on using prison space for more serious offenders. Since these offenders are more likely to begin their incarceration with a medium or close custody classification, they are, at least initially, ineligible for the Work Release Program.

Demographics of Work Release Participants

The Sentencing Commission obtained information from the Division of Prisons on the clientele that were in the Work Release Program as of October 16, 1999, thus providing a demographic profile of the program's participants. On that date, there were 1,362 offenders assigned to Work Release. Of this total, 90% were male and 10% were female with the majority of both genders being African-American (58% for females and 61% for males). One must keep in mind that this is still a small program within the prison system with the females in Work Release representing 4% of the total female prison population and the male participants representing 7% of the total male

population that was incarcerated on that date. The youngest client was 18 years old while the oldest was 68 years old. According to Department of Correction staff, the youthful population (age 21 and under) is less represented in the Work Release Program because they have a minimal work history, are less stable, and have fewer connections in the community (all indicators of higher risk to the public). The majority of participants claimed to have attained at least a ninth grade education. Of the 1,362 offenders on Work Release, 43.7% indicated that they had attended a substance abuse program during their current prison sentence.

The offenders that are approved for Work Release have committed a variety of offenses with the most serious being murder (10.7% of the total Work Release clientele). Drug offenses were the most common offense for Work Release participants with 21.4% having such a conviction. It was noted that the inmates on Work Release who had committed more serious crimes had served the greater part of their sentence and had been moved to the lowest minimum custody level before being approved for the program. Overall, the Work Release Program is cautious about approving offenders who have committed assaultive offenses. All of the Work Release clients were assigned to the lowest minimum custody classification, hence; the assumption is made that these were low risk inmates.

A Comparative Snapshot of Work Release Demographics

The Department of Correction provided demographic information on the Work Release population of October 16, 1999. On this date, the population totaled 1,362, with 90% male and 10% female participants. The typical inmate on Work Release was an African-American male between the ages of 36 and 40. The most frequent conviction for which the inmate was serving a prison sentence was for a drug-related offense, followed by robbery, murder, and assault. Nearly one-half of the Work Release participants claimed to have attained a twelfth grade education or higher.

Some interesting differences appear when the demographic profiles of 1999 Work Release participants are compared with similar information that was available on 1971 Work Release inmates through an Institute of Government study by Ann Witte (Witte:1973). In this study, virtually all of the participants were male (98%). Witte described the average Work Release inmate as a white male in his early 30's. The participant was most frequently incarcerated on a property offense. The Work Release inmate typically claimed to have attained a seventh to ninth grade education.

Although the mechanics of the Work Release Program in this state have not been altered significantly over its 33 year old history, the type of offender participating in the program has changed.

Description of the Work Release Program

Purpose

According to its statement of purpose, “[t]he Work Release Program provides selected inmates the opportunity for employment in the community during the period of incarceration.” The Department of Correction operates the Work Release Program for the following purposes: “1) to respond to statutory requirements; 2) to respond to the transitional needs of soon to be released inmates and the program and maintenance needs of longer term inmates; 3) to respond to community labor needs; and 4) to respond to the need to support inmate families and to reduce the economic costs of prison.”

Eligibility Requirements

There are two basic factors that determine the initial eligibility of an inmate for the Work Release Program. First of all, the offender must be within three years of his or her release date (parole or sentence maximum). This requirement was based on Pre-Structured Sentencing laws. The Division of Prisons is reviewing its database information to determine whether this three year time frame is still a good measure since it is based on “old law” (as opposed to Structured Sentencing). It should be noted that inmates who are ordered by a court to be placed on Work Release and who have a sentence of five years or less are immediately placed on Work Release upon being incarcerated, unless there are conditions that would preclude such placement.

The second major factor that is considered for Work Release eligibility is related to the inmate’s custody level. Before an offender can be considered for Work Release, he/she must have a custody classification of minimum security level 3, which is the lowest level of risk in the prison system.

The law under which the offender was sentenced (Fair Sentencing vs. Structured Sentencing) as well as the type(s) of offense and length of sentence are also considered in determining whether and when an inmate can be considered for Work Release. The seriousness of the crime for which an inmate is sentenced does not exclude him or her from being considered for Work Release. For example, there are presently inmates assigned to the Work Release Program who have committed offenses ranging from misdemeanors to murder. The Division of Prisons is reviewing whether offense categories should be narrowed when determining the eligibility of offenders for Work Release. In short, there may be certain crimes that an inmate has committed that should automatically preclude him or her from being considered for the Work Release Program.

Currently, the decision to approve an inmate to Work Release is made by the Division of Prisons or by the Post-Release Supervision and Parole Commission depending on the sentence length and the sentencing laws in effect at the time the inmate was sentenced. For those offenders sentenced under the Fair Sentencing Act (FSA) who received a sentence length of thirty years or greater, the Division of Prisons may recommend Work Release, but it is the Post-Release Supervision and Parole Commission who has the authority to approve the recommendation. In the

case of FSA inmates who received a sentence length of thirty years or less, the Division of Prisons is the approving authority. In the case of inmates sentenced under the Structured Sentencing Act (SSA applies to offenses committed on or after October 1, 1994), the Division of Prisons has the authority to approve Work Release for all inmates except those sentenced to Life Without Parole. In the instances that involve SSA inmates sentenced to Life Without Parole, the Division of Prisons may recommend Work Release, but the Post-Release Supervision and Parole Commission has the authority to approve it. With the exception of the two cases in which the final approving authority is the Post-Release Supervision and Parole Commission, the final decision of whether or not an offender is assigned to the Work Release Program is made by the superintendent at the local prison facility.

Screening Process

When approval is given by either the Post-Release Supervision and Parole Commission or by the local prison personnel that an inmate should be considered for Work Release, a screening process is initiated. Certain factors relative to the offender are scrutinized either by a prison classification specialist (in the larger facilities) or a committee of selected prison personnel (in the smaller facilities). These factors include: ensuring that the inmate meets the aforementioned requirements that are delineated in the Division of Prisons' policy manual; determining the inmate's risk potential; reviewing the correctional plan that was completed during the diagnostic period of the inmate's incarceration; and ascertaining that the inmate does not have pending charges or recent infractions. "Selection of an inmate for work release entails an assessment of his personal capacity for self-discipline and responsibility in a world offering a wider range of behavioral alternatives than does penal confinement." (Johnson:1967, 420.)

If the offender passes the initial phase of the screening process, the designated prison staff at the local facility completes a Work Release Action Form and forwards it to the unit's superintendent for approval. If the superintendent declines the action, then the inmate is returned to the regular prison population and is otherwise assigned within the prison. If the superintendent approves the inmate for the Work Release Program, the inmate is allowed to leave the prison unit unsupervised for the day in order to work with an approved employer in the community. In some instances, inmates can be reassigned to another prison facility if a work site is found that is near the inmate's home.

Program Components

When an inmate is approved for Work Release, employment can commence as soon as a suitable job is secured and transportation arrangements have been made. The majority of the time, an inmate finds his/her employment by having previously worked at a site or by having used other inmates, family or friends to assist in locating work opportunities. In limited cases, prison personnel are aware of jobs as a result of employers in the communities contacting local prison units to recruit employees. The latter scenario occurs more often in the urban areas of the state where it is not unusual for a prison to maintain a running list of potential employers. A typical Work Release job in a metropolitan section of North Carolina would be in the food services business while a more

typical job in less populated areas would be found in manufacturing plants or in construction work. At this time, there appears to be no concentrated effort to match inmates who have had some specialized training with similar types of work in the community.

The average length of time that an offender is involved in the Work Release Program is less than one year. However, there are exceptions. Presently, there is an offender in a minimum security facility who is serving a life sentence and who has been working in the program for ten years.

Just as there are eligibility requirements for Work Release participants, there are also certain criteria that Work Release employers must meet. Employers must offer worker's compensation, at least a minimum wage salary, and a supervised work setting in which the employer can check on the offender approximately every 20 minutes. The staff person who is coordinating the Work Release Program at the local prison (usually the program supervisor for the unit) always visits the potential Work Release site and meets with the employer before approving it. It is also this staff member who periodically checks in with the employer following the hiring of the inmate and who maintains information on the work record and salary of the offender.

When an inmate is paid, he or she gives the paycheck to designated prison personnel who place the money in the offender's account. The funds are then dispersed to categories that are ranked by statute from highest to lowest priority in the following order: 1) payment of \$14.00 towards the prison per diem (this is for each eight hours that the offender worked, not to exceed five days weekly); 2) cost of transportation associated with going to and from work; 3) inmate's personal draw of \$45.00 per week; 4) any dependent support (*e.g.*, child support); 5) restitution/fines/court costs; 6) judgments; and 7) requests for special payments (*e.g.*, money sent to family members).

Processing of Violations

According to the policies and procedures for the program, "inmates are routinely terminated from the Work Release Program for many reasons including parole termination or release, lost job, disciplinary action, escape, etc." Conversely, an offender's compliance with Work Release can be measured by the absence of problems at the work site. As previously mentioned, an inmate is supervised by a designated person at his or her workplace. If there are difficulties with the inmate's work performance, it is reported to the prison's program supervisor. The program supervisor is expected to check in periodically with the work sites to determine how an offender is performing. Examples of infractions within the work site or the prison that could result in the termination of an inmate from Work Release include using/possessing drugs, having unauthorized time away from the work site, and engaging in violent acts.

It is generally standard practice that when inmates return to the prison facility after working at his or her job, they are given "pat and frisk" searches to determine if there is any type of contraband on their person. Strip searches and drug testing are done on a random basis. If an offender is removed from the Work Release Program, he/she is allowed to return to the program if he/she has 90 "infraction free" days and if he/she has the approval of the superintendent at their prison unit.

Where Do Work Release Earnings Go?

Upon receiving his or her paycheck(s), a Work Release inmate submits all earnings to designated personnel at the local prison facility, who place the money in the offender's account. The accounting of and disbursing of Work Release funds is taken care of by five accounting positions that are centrally located in the Department of Correction's Office of the Controller. According to North Carolina General Statute 148-33.1, the funds are then dispersed to categories that are ranked statutorily from highest to lowest priority in the following order:

1. **Payment of \$14.00 to defray the prison per diem, for each eight hours that the inmate worked—not to exceed five days weekly. According to Department of Correction's records, the daily cost per inmate housed in a minimum security facility is \$53.67. (All Work Release participants would be placed at this custody level.)**
2. **Cost of transportation associated with going to and from work.**
3. **Inmate's personal draw of \$45.00 per week.**
4. **Any dependent support—e.g., child support.**
5. **Restitution/fines/court costs.**
6. **Judgments.**
7. **Requests for special payments—e.g., money sent to family member.**

The following information provided by the Department of Correction shows aggregate accounting of these disbursements. During CY 1999, 3,472 different inmates participated in the Work Release Program, working 2,416,730 hours and earning a total of \$17,286,191 (excluding interest). Herein follow the categories to which the majority of Work Release earnings were disbursed:

• Prison/Jail Per Diem	\$4,519,009
• Transportation	\$ 958,500
• Inmate Personal Draw	\$3,469,410
• Child Support	\$1,606,359

Information provided by the Division of Prisons shows a low rate of escapes for those offenders involved in Work Release. During the three year time period from October 1996 to October 1999, there were 29 inmates who escaped from their respective Work Release sites out of a total of 7,230 inmates who were in the program.

Staff and Organizational Structure

Work Release is a job assignment in the Division of Prisons. The Chief of Program Services oversees the program. The day-to-day operation of the program is decentralized. Superintendents administer the program locally.

Cost of Program

Work Release is not a special program within the Division of Prisons; it is one of many job/program assignments. Therefore, costs are part of staff's routine jobs. The only additional program cost results from the funding of five positions within the Division of Prisons' Office of the Controller. These staff members are responsible for processing work release earnings and disbursements. The total annual expense for these positions (\$156,721) was divided by the number of inmates who were admitted to Work Release during CY 1999 (3,472) to arrive at the average program cost of \$45.14 per year per participant or \$.12 per day per participant.

Aggregate Data and Outcome Measures

Information regarding the Work Release Program has been computerized since the early 1970s, well before the onset of the current computerized system, OPUS, (Offender Population Unified System) used by the Department of Correction. There are several OPUS screens that are utilized to record data on the following aspects of Work Release: beginning and ending dates for Work Release assignment, case management notes, and fiscal information. This information is entered into OPUS by staff at the local prison unit (usually a program supervisor or case manager). After the entry of the fiscal data, the Work Release Accounting Office is responsible at the state level for inmate fund activity much the same way as a bank. The Work Release Accounting Office works primarily in a support and processing capacity for actions requested and approved by the local correctional units, or by other authorized agencies.

OPUS was the major source of aggregate data for the 2000 study conducted by the Sentencing Commission and the Department of Correction in which risk factors, recidivism rates, and employment outcomes for offenders in selected correctional programs were examined. Of the 16,165 prisoners in the FY 1996/97 sample, 1,505 participated in Work Release during their incarceration. At the end of a two year follow-up period, the recidivism rate (or rate of fingerprinted rearrest) for this group was determined to be 34.9%, which was 7% less than the recidivism rate for all offenders released from prison (42.6%).

Multivariate analysis indicated that Work Release reduces the probability of recidivism, controlling for personal and criminal justice factors. Work Release participants had a 4.6% lower

Profiles of Work Release Participants and Their Jobs

During the course of this study, a group of Work Release participants and employers were interviewed in order to better understand the program and to place it in context. It should be noted that those who were interviewed were located in an urban area, where there are more and varied types of work than in rural areas.

The employers who responded were involved in the following occupations: city maintenance, heating and air conditioning installation, food services, and embroidery plant operation. All of the employers stated that the general behavior of their Work Release employees was at least as good as that of their "regular" employees. They noted a strong willingness to continue to hire Work Release participants. It is noteworthy that several of the employers have hired Work Release employees after they have been released from prison.

The Work Release inmates who were interviewed varied in their type of employment as well as their personal situations.

- **Bob** (not his real name) is a former Work Release inmate who was paroled from prison in 1998 after serving a sentence for first-degree murder. Bob began working for the Department of Administration while he was on Work Release. After working with this state governmental agency for six years, Bob was paroled from prison. However, he was able to secure employment with this same agency after his release and continues to work there to this date.
- **Perry** has been serving a sentence for armed robbery since 1994. He began employment through the Work Release Program in 1998, shortly after he was transferred to his present minimum security facility. Since Perry had previous experience at a family-owned service station prior to his incarceration and knew a Work Release inmate who was employed at a service station, Perry was able to secure a job at this station. Perry has paid his \$600.00 in restitution, has purchased mechanic's tools for a job after his release, and is saving the remainder of his earnings (after his prison per diem and transportation expenses are deducted) so that he can have a financial base when he is released from prison.
- **Cindy**, who is currently imprisoned on a second-degree murder conviction, has been on Work Release since 1995. Cindy was at another minimum security facility in a less urban area when she began her Work Release employment at a fast food restaurant. Shortly thereafter, she was promoted to a lower level supervisory position. Since the move to her present prison unit, Cindy has been employed at a dry cleaning business, where she has some managerial duties. Because Cindy has a son and restitution in the amount of \$5,329, monthly disbursements are made for child support and restitution. Cindy stated that she also sends money to her husband on a regular basis to assist in the maintenance of their home.

probability of rearrest during the 24-month follow-up period than prisoners who did not participate in Work Release.

There are few studies that have been conducted on Work Release and its possible effect on recidivism, especially during the last twenty years. Two separate studies done in the 1970s had somewhat different findings from the current study. Waldo and Chiricos (1977) concluded that "simple participation versus nonparticipation on work release has been shown to have almost no bearing upon either the occurrence or the extent and seriousness of postrelease recidivism." Witte, in her study of Work Release in North Carolina's prison system (Witte:1976), did not report a significant difference between the recidivism rates of those who participated in Work Release versus those who did not participate in the program. However, Witte did note that "men who had been on the work-release program committed less serious offenses after release than did men who had not participated in the program."

There also seems to be a significant finding when employment is used as an outcome. Early indications from the analysis of Employment Security Commission data show that participation in Work Release increases the probability of an offender being employed after being released from prison. There are several factors which could have a bearing on this outcome. The fact that the offenders who are placed into the Work Release Program are deemed by correctional administrators to be low risk is important to note. A good economy and low rate of unemployment have to be factored into the equation as well. It is noteworthy that this finding, supported by Witte's research (Witte:1976), has remained unchanged for nearly twenty-five years. According to Witte, "[o]bjectively, after release men who had been on work release had more stable job records, lower unemployment rates, and higher wages than those who had not participated in the program."

Summary

The Work Release Program is one of the oldest and most important correctional programs in North Carolina. In the words of a former manager within the Department of Correction, "work release is a genuine correctional innovation." (Johnson:1967, 426.) Although it still serves a very small number of inmates within the prison system because it is a privilege for inmates who pose a low risk to community safety, its benefits are significant. Work Release provides a positive and more natural way for inmates to be gradually integrated back into the community. As a result, the inmate benefits in many ways from his/her participation in Work Release, and the community is the beneficiary of additional productive, dependable employees within the work force. The fact that an inmate's participation in Work Release is associated with a lower probability of rearrest makes the program even more appealing.

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APPENDIX

Field Visit Protocol

I. Historical Overview

- A. Start-up
 - 1. When did the program begin?
 - 2. What was the impetus for the start-up of the program?
 - 3. Under what authority/agency did the program begin?
- B. Evolution
 - 1. How has the program changed since its inception?
 - 2. Has the program remained under its original parent organization?
- C. 1996-1997
 - 1. Are there any significant differences in the program today as compared to '96-'97?

II. Program Description and Components

- A. Mission/Goals
 - 1. What is the program's mission?
 - 2. Who established this mission?
 - 3. What are the program's goals?
 - 4. Are these goals being met?
 - 5. How are these goals being met?
- B. Description of program
 - 1. What is the program's name?
 - 2. What qualifies the program to fit its title?
 - 3. What is the duration of the program?
 - 4. What are the components of the program?
 - 5. Which of these components are treatment-oriented, which components are control-oriented, and which contain both treatment and control elements?
 - 6. What is the typical day (week, month) in the program for a participant?
 - 7. What requirements must the participant fulfill?
- C. Evaluation
 - 1. Is there a process to look at the participant's compliance during the time that a person is in the program?
 - 2. How do you measure compliance?
 - 3. What is the violation process?
 - 4. Is there an aftercare or follow-up period?
 - 5. How is the participant's progress monitored during this period?
 - 6. How long is the follow-up period?
 - 7. What outcome measures does the program consider?
 - 8. What data collection capabilities does the program have?
 - 9. What data is collected?
 - 10. What use is made of collected data?
- D. Interagency collaboration
 - 1. Does the program depend on interagency collaboration?

Field Visit Protocol

2. How does the program fit into the spectrum of community resources?
3. Is there an interfacing of pertinent information with other agencies?

III. Clientele

A. Target Population

1. What is the target population for this program?
2. What efforts are made to recruit this population?
3. Where do the referrals into the program come from?
4. What is the maximum capacity for the program?
5. What is the optimum staff to participant ratio?

B. Actual population

1. What is the number of participants in the program?
2. What is the make up of the actual population of the program?
 - a. Demographics
 - b. Offense
 - c. Prior criminal history
 - d. Assigned risk
3. What are the eligibility requirements to be in the program?
4. What is the actual staff to participant ratio?

IV. Organizational structure

1. How many individuals does the program employ?
2. What is the personnel organizational structure?
3. What minimum requirements must staff meet for employment?
4. What input/control does staff have in program format?
5. How much staff turnover is there in a year's time?

V. Funding

A. Source and Amount of funding

1. Where do the funds for the program originate?
2. Do participants in the program pay a fee?
3. What is the amount of funding to the program?
4. What is the per client cost of the program?
5. How has funding changed since the beginning of the program?
6. In what ways has a change in funding altered the program?

B. Budget

1. What is the total budget for the program?
2. What percentage of the budget is spent on administrative costs?
3. What percentage of the budget is spent on "direct services"?
4. Who determines how the budget will be spent?

VI. Difficulties/Problems of Program

1. What are the major problems facing the program at this time?

Field Visit Protocol

2. What changes need to be made in the way the program runs?
3. Have there been any problems in transitioning from Fair Sentencing Act offenders to Structured Sentencing Act offenders?

