NC Department of Adult Correction

PROTECTION • INNOVATION
REHABILITATION

Roy Cooper, Governor

Todd Ishee, Secretary

MEMORANDUM

TO: Chairs, Senate Appropriations Committee on Justice and Public Safety
        Chairs, House Appropriations Committee on Justice and Public Safety

FROM: Todd E. Ishee, Secretary

RE: Substance Use Disorder Treatment Programs Annual Report

DATE: April 2, 2024

Pursuant to G.S. 143B-1456, please see the attached report, *Substance Use Disorder Treatment Programs Annual Report.*

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SUBSTANCE USE DISORDER TREATMENT PROGRAMS ANNUAL REPORT

NORTH CAROLINA DEPARTMENT OF ADULT CORRECTION
DIVISION OF COMPREHENSIVE HEALTH SERVICES BEHAVIORAL HEALTH SERVICES
ALCOHOLISM AND CHEMICAL DEPENDENCY PROGRAMS

N.C.G.S. §143B-1456

March 1, 2024

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Introduction

N.C.G.S. 143B-1456 requires the Department of Adult Correction (previously a division within the North Carolina Department of Public Safety) to submit an annual report on efforts to provide effective treatment to offenders with substance abuse problems. The statute specifically provides as set forth below.

§ 143B-1456. Reports to the General Assembly.
The Department of Adult Correction shall report by March 1 of each year to the Chairs of the Justice and Public Safety Appropriations Committees the efforts to provide effective treatment to offenders with substance abuse problems. The report shall include:

(1) Details of any new initiatives and expansions or reduction of programs.
(2) Details on any treatment efforts conducted in conjunction with other departments.
(3) Utilization of the community-based programs at DART Cherry and Black Mountain Substance Abuse Treatment Center for Women.
(4), (5) Repealed by Session Laws 2007-323, s. 17.3(a), effective July 1, 2007.
(6) Statistical information on the number of current inmates with substance abuse problems that require treatment, the number of treatment slots, the number who have completed treatment, and a comparison of available treatment slots to actual utilization rates. The report shall include this information for each funded program.
(7) Evaluation of each substance abuse treatment program funded by the Division of Adult Correction and Juvenile Justice of the Department of Public Safety. Evaluation measures shall include a reduction in alcohol and drug dependency, improvements in disciplinary and infraction rates, recidivism (defined as return-to-prison rates), and other measures of the program's success.

The Department of Adult Correction (DAC) submits this substance use disorder treatment programs report in compliance with the legislative mandate.

Executive Summary

Within the framework of Behavioral Health, the mission of Alcoholism and Chemical Dependency Programs (ACDP) is to deliver effective and comprehensive services to eligible North Carolina Department of Adult Correction (previously a division within the North Carolina Department of Public Safety) offenders who meet the criteria for a substance use disorder and are appropriate for treatment. Contemporary research demonstrates a high correlation between therapeutic interventions focused on an offender's substance use and a significant reduction in recidivism or re-arrest and subsequent re-incarceration.

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

The fiscal year (FY) 2022-2023 statistical analysis conducted by the Department of Adult Correction; Administrative Analysis Unit demonstrates that ACDP success continues to rise. Most important is data demonstrating the substance use continuum effectively impacts the rate of recidivism among those who completed the program and indicates a constructive change in both addictive and criminal thinking patterns among participants.

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

NC Senate Bill 105
Per Senate Bill 105-19C.9. (a) Create the Department of Adult Correction and other Conforming Changes, effective January 2023, The Adult Correction Division of the NC Department of Public Safety transitioned to a single, unified cabinet-level department, the NC Department of Adult Correction (DAC). ACDP resides within the DAC's Division of Comprehensive Health Services organizational structure which parallels other state and federal entities in the management of vital healthcare resources and the provision of services.
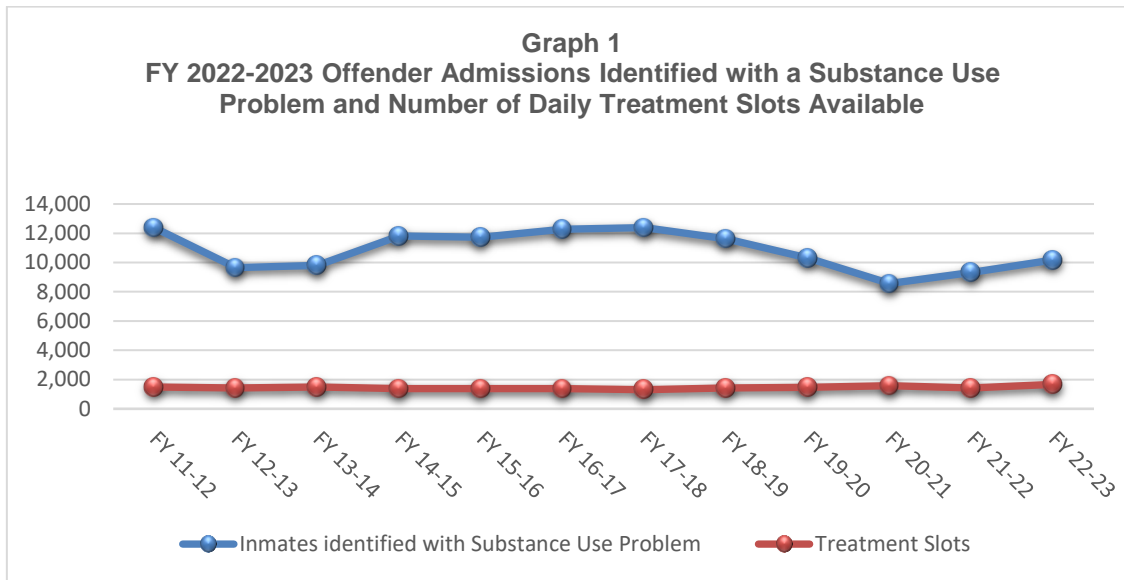
Treatment Needs
ACDP utilizes the Substance Abuse Subtle Screening Inventory (SASSI) to screen new prison admissions at the diagnostic centers to identify offenders with a high probability of a substance use problem and the appropriate level of treatment needed. Below is a statistical snapshot of the FY 2022-2023 prison admission SASSI testing results:
- Of the 13,346 offenders screened, 76% or 10,165 indicated a need for intermediate or long-term substance use disorder treatment.
- Of the 1,746 adult female offenders screened, 83% or 1,443 indicated a need for intermediate or long-term substance use disorder treatment.
- Of the 11,023 adult male offenders screened, 76% or 8,370 indicated a need for intermediate or long-term substance use disorder treatment.
- Of the 577 youthful male offenders in the adult system (under age 22) screened, 61% or 352 indicated a need for intermediate or long-term substance use disorder treatment.

Treatment Resources

Overall, ACDP resources provided one in two offenders the opportunity for placement in an intermediate or long-term treatment program. However, an in-depth analysis on page 9 outlines specific differences in program placement opportunities between the male and female populations. Graph 1 reflects the number of offender admissions from FY 2011-2012 through FY 2022-2023 identified as having a substance use problem during the admission process and the total number of daily treatment slots available.

Graph 1
FY 2022-2023 Offender Admissions Identified with a Substance Use Problem and Number of Daily Treatment Slots Available

As illustrated in Graph 1, without additional resources, the gap between the substance use disorder-treated offender and the substance use disorder untreated offender will increase exponentially resulting in greater numbers of offenders returning to our communities without treatment. In the interest of public health and safety, ACDP will continue to strengthen its substance use disorder services offered to the offender population to the extent possible.

Access to Naloxone (Narcan) Services

Addiction recovery requires a lifetime of vigilance and is best accomplished when individuals are prepared to take advantage of all available tools to support a successful transition back into the community. With this in mind, ACDP recognizes that opioid drug overdose deaths are on the rise and to reduce this risk, a new initiative was implemented to offer naloxone opioid antagonist nasal (Narcan) spray to all offenders completing an ACDP community-based residential program.

The collaboration with NC DAC Community Supervision and the DAC's Medical and Pharmacy teams, initiated in the spring of 2022, allowed ACDP to provide offenders nearing program completion with educational service on the proper use of naloxone and the naloxone spray at release. Summer 2023 marked one year of a successful reentry initiative to provide offenders leaving DART Center and Black Mountain with naloxone education, including an educational handout that may be useful to the offender's family and/or significant others. Additionally, on the day of release from the facility, each offender participating in this service is issued the naloxone spray kit. Participation in naloxone services is voluntary for all program participants.

About Substance Use Disorder Treatment Programs

ACDP plans, administers, and coordinates substance use screening, assessment, and treatment services for offenders in the custody of the DAC. ACDP implements programs that reflect best practices for treatment, as established by the National Institute on Drug Abuse (NIDA) and the National Substance Abuse and Mental Health Services Administration (SAMHSA).

ACDP embraces programs built on cognitive-behavioral therapy interventions that challenge criminal thinking, confront the substance use identified by program participants, and are proven to reduce recidivism. In addition, ACDP provides information and education on traditional recovery resources available to offenders while in prison and upon return to the community. The male programs utilize Hazelden's evidence-based curriculum, "A New Direction," which emphasizes the identification of destructive thinking patterns and provides tools for replacing them with constructive, recovery-driven thoughts and actions. The female programs utilize gender-specific, cognitive behavioral evidence-based material developed by the Federal Bureau of Prisons, along with material from Stephanie Covington, a pioneer in working with female criminal justice populations.

Within ACDP, there are approximately 228 positions statewide, including state-level administrative staff, community-based staff, prison-based staff, and contract staff. ACDP provides regular training and clinical supervision for clinical staff, encourages staff input regarding program development, and is committed to activities directed at leadership development for administration, community-based programs, and prison-based program management teams.

Program Structure

ACDP programs encompass four major service categories for offenders: (1) community-based residential treatment programs for probationers and parolees, (2) prison-based intermediate intensive outpatient treatment programs, (3) prison-based long-term intensive outpatient treatment programs, and (4) Recovery Road Outpatient Services. The community-based residential programs serving probation and parolees are DART (Drug Abuse & Alcoholism Residential Treatment) Center and Black Mountain Substance Abuse Treatment Center for Women (Black Mountain), while the prison-based treatment programs and services including Recovery Road take place within multiple prison facilities.

Community-Based Residential Treatment Programs
ACDP offers 364 community-based residential treatment slots – 300 beds for male offenders at DART Center, and 64 beds for female offenders at Black Mountain. Program counselors are trained in substance use disorder recovery principles and hold credentials with appropriate state counseling practice boards.

Both programs are dedicated to a holistic treatment approach and address individual needs in six major life areas: (1) alcohol and drug use, (2) medical and physical health, (3) education and vocational, (4) family/social, (5) legal status, and (6) psychological and mental health diagnosis. Upon completion of the community-based residential treatment program, the offender in collaboration with the counselor, develops a comprehensive aftercare plan to be included in the case file material provided to the offender's supervising probation/parole officer to assist with continued treatment follow-up in the community.

The ACDP community-based programs do not have detoxification units. Offenders requiring intensive detoxification, including hospitalization or monitoring, are not appropriate for assignment to a residential treatment bed (including priority beds) at community-based facilities.

Prison-Based Treatment Units

The ACDP prison-based intensive outpatient programs were originally designed to work with offenders at the beginning of their prison sentence. However, ACDP now encourages treatment assignment consideration near the end of the offender's sentence, coinciding with other preparations for release and reintegration. Best practice indications suggest that releasing offenders directly from treatment back into the community is more beneficial to retaining treatment gains than releasing offenders back into the general prison population.

Intermediate intensive outpatient treatment programs are appropriate for offenders with a moderate substance use disorder. Twelve (12) prisons across the state offer intermediate treatment programs, with a total of 657 treatment slots. Program length is 90 days.

Long-term intensive outpatient treatment programs are appropriate for offenders with a severe and lengthy history of substance use, and those with multiple treatment episodes. Ten (10) prisons across the state offer long-term treatment, with a total of 650 treatment slots. Program length ranges from 120-365 days. *Appendix A* provides a summary of ACDP substance use disorder treatment programs by program type, population, and length of treatment.

Recovery Road Services

In an effort to create new ways to meet offender needs, ACDP offers **Recovery Road Services**, an outpatient substance use disorder service that extends programming to identified offenders across the state at all custody levels. This initiative addresses engagement, treatment access, aftercare, and re-entry services for offenders identified with a substance use disorder treatment need. Other eligible offenders include those with co-occurring mental health disorders.

The extended outpatient service includes direct aftercare, relapse intervention, medication-assisted treatment (MAT) education and referral, linkage to mental health, home planning, education, vocational rehabilitation, and other community resources and reentry- related services. The aftercare and reentry collaborations are designed to provide a seamless transition for offenders pending release back to community living. During FY 2022-2023, Recovery Road Services were provided to over 700 offenders at 19 different prison facilities across the state. This impact has led to plans for increasing the number of facilities and individuals served in the next fiscal year. Recovery Road Services began operations in the Fall of 2021. See *Appendix D* for the current list of facilities with Recovery Road Services.

Partnership Collaborations

DHHS

Pursuant to G.S. 148-19(d), the Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services adopts standards for the delivery of mental health and intellectual and other developmental disability services to offenders in DAC custody. The statute requires the Secretary of the Department of Health and Human Services (DHHS) to designate an agency within DHHS to monitor DAC's implementation of those standards and other substance use disorder standards adopted by DAC.

DAC and DHHS operate under a memorandum of agreement regarding the evaluation of DAC substance use disorder policies, practices, programs, and services. Pursuant to the agreement, DHHS evaluates each community-based residential treatment program annually and evaluates the prison-based intermediate and long-term intensive outpatient treatment programs every two years. The evaluation includes a review of records, observations, and staff and client interviews, using a monitoring tool based on the expected

practices from the American Correctional Association (ACA) Standards for Adult Correctional Institutions. ACDP relies on evaluations to improve provision of substance use disorder programs and services.

During FY 2022-2023, COVID-19 continued to affect the program activities. Because of the mitigation protocols, CDC guidelines, and subsequent restrictions limiting access to the facilities, DHHS implemented a modified audit process that included a desktop portion and a District Office onsite review.

TASC

In addition to working with DHHS regarding program quality, ACDP also works closely with Treatment Accountability for Safer Communities (TASC). The North Carolina TASC Network provides care management services to people with substance use problems or mental illness who are involved in the criminal justice system. TASC combines the influence of legal sanctions with treatment and support services to permanently interrupt the cycle of addiction and crime.

Pursuant to G.S. 15A-1343(b)(3), probationers in a residential treatment program must be screened and assessed for chemical dependency. Professionals from TASC complete the offender's assessment in the community to determine appropriateness for assignment to either DART Center or Black Mountain. TASC professionals work closely with both community-based treatment programs to determine if an offender is appropriate for residential treatment. TASC assessments include a summary of the offender's medical and psychiatric conditions and any current prescribed medications. Upon release from either residential program, the TASC professional is instrumental in ensuring offenders have access to outpatient treatment providers upon their return to the community.

Treatment Program Costs

ACDP computes the average cost per day per offender each year. The program costs for FY 2022-2023 are set forth below.

- The average cost per day per offender at DART Center program was $279.91.
- The average cost per day per offender at Black Mountain Substance Abuse Treatment Center for Women program was $172.55.
- The average cost per day per offender at prison-based programs was $24.74 excluding custody costs.

During FY 2022-2023, the average cost per day per offender was impacted due to the COVID-19 pandemic mitigation protocols, CDC guidelines, and subsequent movement restrictions. Through June 2023, the prison-based intermediate programs operated at 60% capacity, the prison-based long-term treatment programs operated at 47% capacity, the community-based DART Center program operated at 35% capacity, and the community-based Black Mountain program operated at 59% capacity.

Screening and Referral

Community-Based Residential Treatment Programs

The community-based residential treatment programs, **DART Center**, and **Black Mountain** provide services for convicted offenders on probation, parole, or post-release supervision. Judges may order screening for participation in a community-based residential treatment program as a condition of probation or post-release supervision, and the Post-Release Supervision and Parole Commission may order screening for participation as a condition of parole. Eligible offenses include driving while impaired or drug-related charges or convictions.

G.S. 15A-1343(b)(3) requires that participation by probationers in a residential program must be based on a screening and assessment that indicates a substance use disorder. Professionals from TASC complete the assessment for community offenders to evaluate eligibility for substance use treatment in a community-based Program. Upon completion of the assessment by the TASC professional, the results are forwarded to the Field Probation/Parole Officer (PPO). When the assessment indicates a need for residential treatment, the Field PPO gathers basic demographic information and then contacts the Community Supervision representative at DART Center or Black Mountain to schedule the admission based on bed availability.

Prison-Based Treatment Programs and Services

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

ACDP administers the SASSI to offenders during the diagnostic process and enters the recommended level of treatment into the Offender Information System (OPUS). The SASSI identifies the probability that an offender has a substance use problem. SASSI testing allows ACDP to identify those offenders who need treatment, using scoring categories normed for ACDP ranging from 1 (no problem) to 5 (very serious problem). Table 1 details the range of SASSI scores with the ideal treatment recommendations.

Table 1. SASSI Scoring Categories

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

During FY 2022-2023, ACDP tested 13,346 newly admitted offenders using the SASSI, which represented 89% of all prison admissions. Approximately 11% of offenders were not screened due to one of the following: complications in the diagnostic center protocols, a score of three or higher on a previous SASSI, the COVID-19 pandemic mitigation protocols, CDC guidelines, or subsequent prison restrictions limiting ACDP staff access to offenders. Results indicated that 76% of the offenders screened needed intermediate or long-term treatment services (SASSI scores = 3, 4, or 5), 13% needed substance use intervention (SASSI score = 2), and 11% did not need treatment (SASSI score = 1). Table 2 details the SASSI scores among men, women, and youthful males who entered prison during the fiscal year.

Table 2 – FY 2022-2023 SASSI Scores

Offender Group	SASSI Score				
	1	2	3	4	5
Adult Female	141 (8%)	162 (9%)	380 (22%)	615 (35%)	448 (26%)
Adult Male	1,147 (10%)	1506 (14%)	4,646(42%)	2,618 (23%)	1,106 (10%)
*Youthful Male	134 (23%)	91 (16%)	159 (28%)	107 (19%)	86 (15%)
Totals	1,422 (11%)	1,759 (13%)	5,185 (39%)	3,340 (25%)	1,640 (12%)

*Youthful males are adult males under the age of 22.

Prison case analysts assigned to the diagnostic centers use the SASSI scores to determine priority for substance use disorder programming. A referral may be generated in OPUS if the offender has a SASSI score of three or above, which provides prisons with an identified pool of offenders eligible for substance use disorder programming.

Depending on program type and program space availability, some offenders who have completed the diagnostic process and are referred to the eligible pool may be transferred directly from the diagnostic center to a prison facility for ACDP program assignment. After arrival at the prison facility, the offender is then assigned to the ACDP program on the Inmate Activity Assignment screen in OPUS.

Other offenders who have completed the diagnostic process and are eligible for substance use disorder programming are transferred to other prisons and assigned to a prison unit case manager, who in conjunction with Population Management may facilitate transfer and assignment to an ACDP program later during the period of incarceration, based on bed availability and the overall needs of the offender. In some circumstances, offenders are not referred to a treatment program due to the offender's need for other programs, scheduling constraints, prison operational needs, or sentences that are shorter than the length of available treatment options.

Eligibility for Recovery Road Services is not predicated solely on SASSI scores. Any offender who identifies with a substance use concern may be appropriate for Recovery Road outreach.

Program Expansions, New Initiatives, and Reductions/Disruptions

Program Expansions

In February 2023, **Western Correctional Center for Women** reopened services to the adult female, 64 bed, 90 day, intermediate program. In the previous fiscal year, services were suspended due to department staff shortages that caused several disruptions to the provision of services.

New Initiatives

Tablet Technology
In January 2023, ACDP began a collaboration with Prisons to ensure that addiction treatment-focused materials were included on the tablet platform made available to offenders. ACDP assigned a clinical workgroup to specifically identify and develop resources for offenders. These resources include homework assignments and self-study materials that can be accessed asynchronously.

Community Recovery Support
Addiction recovery requires a lifetime of vigilance and is best accomplished when individuals are prepared to take advantage of all available tools to support a successful transition back into the community. With this in mind, ACDP recognizes that opioid drug overdose deaths are on the rise and to reduce this risk, a new initiative was implemented to offer all offenders completing an ACDP community-based residential program naloxone opioid antagonist nasal (Narcan) spray.

In the spring of 2022, a new initiative was established in collaboration with NC DAC Community Supervision and the DAC's Medical and Pharmacy teams, ACDP began providing offenders nearing program completion education on the proper use of naloxone and the naloxone spray at release. Continuing that momentum, to

date, all offenders leaving DART Center and Black Mountain are provided naloxone education, including an educational handout that may be useful to the offender's family and/or significant others, and on the day of release from the facility each offender participating in this initiative is issued the naloxone spray kit. Participation in the naloxone initiative is voluntary for all program participants.

New Programs

During the winter of 2023, ACDP began the operations of two new prison-based programs housed at the following facilities:

- Sampson Correctional Institution adult male, 34 bed, 90-day, intermediate program. This program joined the facility's established partnership with Campbell University by providing an internship site for offenders enrolled in the university's addiction studies minor. We anticipate the first group of graduates within the next 12 months.
- Avery Mitchell Correctional Institution adult male, 32 bed, 90-day, intermediate program. Program code is established, but hiring difficulties remain.

Program Reductions and Disruptions

During FY 2022-2023, the following ACDP programs continued to be affected due to the Department's staff shortages that caused several disruptions to the provision of services that carried over since August 2021.

- **Alexander Correctional Institution** minimum custody unit services remain suspended, representing 100 beds designated for 90-day intermediate treatment.
- **Alexander Correctional Institution** minimum custody unit services remain suspended, representing 20 beds designated for 180-365 day long-term treatment.

Program Utilization

Community-Based Residential Programs

DART Center

DART Center is a 300-bed community-based residential program located in Goldsboro that provides substance use disorder treatment services to adult males on probation or parole. The 90-day program has monthly enrollments and exits.

The program has three 90-day Modified Therapeutic Community (MTC) cohorts in separate buildings, each with 100 treatment beds. The Modified Therapeutic Community model views addiction as a disorder of the whole person. Treatment activities promote an understanding of criminal thinking in relation to substance use behavior and engage the offender in activities that encourage experiential and social learning. The offender community is the main catalyst in bringing about change.

The MTC program admits three cohorts of offenders through the 90 days. This entry style allows the more senior offenders to provide a positive and guiding influence on new offenders coming into the program. DART Center also maintains priority beds available for probationers or parolees who are experiencing problems related to severe substance use and need immediate admission into the residential treatment program. In addition, DART Center partners with Wayne Community College (WCC) to offer classes for program participants. Appendix B provides more detail about the courses offered by WCC. During FY 2022-2023, all classes offered to DART Center residents through Wayne Community College were

suspended due to COVID-19 pandemic mitigation protocols. ACDP remains in communication with WCC concerning resuming these classes when the protocols allow.

The impact of COVID-19 continued to affect the enrollment totals in the treatment program at DART Center. As a result, DART Center had only 670 admissions during the fiscal year. Table 3 provides more information about DART Center enrollments during the fiscal year. Additionally, HVAC building repairs and renovations that required modifications with housing offenders impacted utilization rates.

Table 3 – FY 2022-2023 DART Center Enrollments

Residential Program	Treatment Slots	Annual Enrollment	Average Daily Offenders	Days with Offenders	Capacity Utilization Rate (%)
DART Center Probation	300	517	81	365	27%
DART Center Parole	300	153	23	365	8%
Totals	**300**	**670**	**105**	**---**	**35%**

Black Mountain Substance Use Treatment Center for Women

Black Mountain is a 64-bed community-based residential program located in Swannanoa that provides substance use disorder treatment services to adult females on probation or parole. The 90-day program has weekly enrollments and exits. The program's treatment activities encourage healthy social living skills, integrate cognitive behavioral interventions using the core curriculum *Residential Drug Abuse Program*, provide motivational enhancement therapy, utilize selected material from Stephanie Covington's trauma-informed women's recovery model; and introduce the program participants to a variety of self-help recovery groups.

In addition, Black Mountain partners with Asheville-Buncombe Technical Community College (ABTCC) to offer career and personal enrichment classes for program participants. Appendix C provides more detail about the courses offered by ABTCC. During FY 2022-2023, all classes offered to Black Mountain residents through ABTCC were suspended due to COVID-19 pandemic mitigation protocols. ACDP remains in communication with ABTCC concerning resuming these classes when the protocols allow.

The impact of COVID-19 continued to affect the enrollment totals in the treatment program at Black Mountain. As a result, Black Mountain had 238 admissions during the fiscal year. Table 4 provides more information about Black Mountain enrollments during the fiscal year.

Table 4 – FY 2022-2023 Black Mountain Enrollments

Residential Program	Treatment Slots	Annual Enrollment	Average Daily Offenders	Days with Offenders	Capacity Utilization Rate (%)
Black Mountain Probation	64	224	35	365	54%
Black Mountain Parole	64	14	3	260	5%
Totals	**64**	**238**	**38**	**---**	**59%**

Prison-Based Intermediate Treatment Programs

At the beginning of FY 2022-2023, ACDP 90-day intermediate treatment programs were available in 12 prison facilities across the state. ACDP developed another collaboration with Prisons to begin a temporary 22-bed program at Avery-Mitchell Correctional Institution that opened in July 2022; however, this program was

suspended in October of 2022 due to staffing shortages. Also, during the fiscal year, ACDP reopened operations at Western Correctional Center for Women. Since February 2023, this program continued to serve female offenders within the 64-bed 90-day program. These programs are indicated for offenders with intensive treatment needs as measured by a SASSI score of 3 or 4.

Intermediate programs begin with a mandatory orientation period, during which ACDP staff members conduct assessments to confirm an individual's need for treatment. Based on the results of the assessment and the offender's level of motivation, the offender may opt to leave the program after the orientation period. Otherwise, the offender will continue through the treatment process. Treatment includes lectures, group counseling, and individual counseling designed to break through denial about substance use problems and introduce the offender to recovery-based thinking and actions.

During the fiscal year, 1,962 individuals were enrolled in the intermediate programs, resulting in an overall capacity utilization rate of 60%. Programs are open-ended and the weekly enrollments and exits are coordinated with prison transfer schedules. This coordination results in fluctuations in the number of offenders enrolled in the treatment program. Table 5 provides information about the utilization of intermediate programs for the fiscal year.

Table 5. FY 2022-2023 Prison-Based Intermediate Treatment Program Enrollments

Intermediate Treatment Programs	Treatment Slots	Annual Enrollment	Average Daily Enrollment	Days with Inmates	Capacity Utilization Rate (%)
Harnett Correctional Institution	33	108	21	365	64%
Pender Correctional Institution	106	404	69	365	65%
Johnston Correctional Institution	68	276	43	365	63%
Lumberton Correctional Institution	64	256	45	365	70%
Lincoln Correctional Center	32	116	21	365	66%
Catawba Correctional Center	32	162	27	365	84%
Craggy Correctional Center	68	199	22	303	32%
Western Correctional Center for Women	64	55	25	127	39%
Rutherford Correctional Center	34	132	25	365	74%
Sampson Correctional Institution	34	47	24	110	71%
Avery-Mitchell Correctional Institution	22	17	12	68	55%
Alexander Correctional Center	100	190	31	365	31%
Totals	**657**	**1,962**	**365**	**346**	**60%**

The total intermediate annual enrollment and utilization rate for FY 2022-2023 increased from the previous fiscal year. As noted earlier in this report, these numbers were directly affected by the COVID-19 mitigation protocols, CDC guidelines, movement restrictions, and the suspension of the programs at Alexander Correctional Institution in 2021.

Prison-Based Long-Term Treatment Programs

In FY 2022-2023, ACDP long-term treatment programs were available in ten (10) prison facilities across the state with program lengths ranging from 120 to 365 days. These long-term programs are best indicated for offenders who need intensive treatment as indicated by a SASSI score of 4 or 5, with a substance use history that is lengthy and severe, and those with multiple treatment episodes. Long-term programs begin with a mandatory orientation period, during which ACDP staff members conduct assessments to confirm the offender's need for treatment.

Based on the results of the assessment and the offender's level of motivation, the offender may opt to leave the program after the orientation period. Otherwise, the offender will continue through the treatment process. Long-term treatment programs address substance use problems and criminal thinking issues throughout the treatment process and utilize a Modified Therapeutic Community model within the correctional environment. All long-term programs are back-end loaded, meaning, offenders leave prison immediately or as soon as possible after successful completion of the program.

During the fiscal year, 1,185 individuals were enrolled in the long-term programs, resulting in an overall capacity utilization rate of 47%. Table 6 provides annual enrollment figures for each prison-based long-term program.

Table 6 – FY 2022-2023 Prison-Based Long-Term Treatment Program Enrollments

Facility	Treatment Slots	Annual Enrollment	Average Daily Inmates	Days with Inmates	Capacity Utilization Rate (%)
NC Correctional Institution for Women	102	206	38	365	37%
Neuse Correctional Institution	62	102	38	365	61%
Dan River PWF	68	208	39	365	57%
Foothills Correctional Institution	32	119	26	365	81%
Foothills Correctional Institution (Min.)	46	41	9	270	20%
Richmond Correctional Institution	84	182	42	365	48%
Greene Correctional Institution	64	159	37	365	58%
Lincoln Correctional Institution	32	47	15	365	47%
Anson Correctional Institution for Women	140	108	34	365	24%
*Alexander Correctional Institution	20	13	7	50	35%
Totals	**650**	**1,185**	**285**	**344**	**47%**

The total long-term annual enrollment and utilization rate for FY 2022-2023 decreased from the previous fiscal year. These numbers were directly affected by the COVID-19 mitigation protocols, CDC guidelines, movement restrictions, the reduction in beds at Richmond Correctional Institution from 88 to 84, and the suspension of programs at Neuse Correctional Institution in November 2022 and Alexander Correctional Institution in August 2021. *****The long-term minimum program at Alexander Correctional Institution has remained suspended since FY 21-22, decreasing long-term program availability in the region. In response, and through partnership with the Alexander Facility team, 10 treatment beds were initiated for **Close Custody** offenders in March 2023. This represents a "first of its kind" ACDP effort in a Close Custody facility. As of the end of FY 22-23, the pilot capacity increased to 20 treatment beds.

Outcomes

ACDP documents outcomes for individuals upon exit from each treatment program as follows:

- **Completed** – This exit type occurs when an offender successfully participates in the program for the required number of treatment days.
- **Inappropriate for Treatment** – When offenders are assigned to a treatment program, program staff conduct a thorough assessment of the offender's treatment needs. This exit type consists of offenders who did not meet the clinical criteria for treatment at the program as determined by the assessment process.

- **Transferred/Released** – This exit type occurs when an offender moves to another prison facility or released from prison due to completion of the prison sentence.
- **Removed/Disciplined –** This exit type consists of offenders who were removed from the treatment program by staff for administrative reasons or due to the offender's behavior.
- **Absconded** – This exit type occurs when an offender has left the community-based treatment facility against Probation/Parole expectations and their whereabouts are unknown.
- **Withdrawn** – At the end of an orientation period, the offender may elect to continue or withdraw from the program. This exit type is made up of offenders who voluntarily withdraw from the treatment program against staff advice at the end of the orientation period or later during the treatment period.
- **Released –** This exit type occurs when an offender is separated from treatment due to coming to the end of their sentence.
- **Other –** This exit type includes administrative adjustments, medical acuity challenges, and errors in assignment.

For FY 2022-2023, the majority of the participants in community-based residential treatment successfully completed treatment. More than half of the participants in the prison-based intermediate and long-term treatment programs completed the program successfully. The prison-based long-term and intermediate treatment programs also had the highest percentage of exits due to removal/disciplinary.

Community-Based Residential Treatment Programs

DART Center
When calculations are adjusted for treatment inappropriateness, early release, and other administrative/medical exits, *69% of residents successfully completed the DART Center program. A calculation of all discharge types yields a 70% completion rate.

Table 7 – FY 2022-2023 DART Center Exits

Exit Type	Number of Exits	Percent of Exit Type
Absconded	101	15%
Completion	462	69%
Inappropriate for Treatment	22	3%
Other	2	1%
Removed/Disciplinary	83	12%
Released	0	0%
Totals	**670**	**100%**
*Completion after Adjustment	462	70%

Black Mountain
When calculations are adjusted for treatment inappropriateness, early release, and other administrative/medical exits, *71% of residents successfully completed the Black Mountain program. A calculation of all discharge types yields an 81% completion rate.

Table 8 – FY 2022-2023 Black Mountain Exits

Exit Type	Number of Exits	Percent of Exit Type
Absconded	24	10%
Completion	168	71%
Inappropriate for Treatment	25	11%
Other	3	1%
Removed/Disciplinary	18	7%
Released	0	0%
Totals	**238**	**100%**
*Completion after Adjustment	168	81%

Prison-Based Treatment Programs

The need for intermediate substance use disorder treatment services for male and female offenders continues to be significant within the prison population and presents a major challenge to ACDP.

Intermediate Treatment Programs
When calculations are adjusted for treatment inappropriateness, early release, and other administrative/medical exits, *72% of residents successfully completed the intermediate program. A calculation of all discharge types yields a 59% completion rate.

Table 9 – FY 2022-2023 Exits from Intermediate Treatment Programs

Exit Type	Number of Exits	Percent of Exit Type
Completion	1,116	59%
Inappropriate for Treatment	91	5%
Other	96	5%
Removed/Discipline	311	17%
Transferred/Released	133	7%
Withdrawal	133	7%
Total	**1,880**	**100%**
*Completion after Adjustments	1116	**72%**

Long-Term Treatment Programs
When calculations are adjusted for treatment inappropriateness, early release, and other administrative/medical exits, *48% of residents successfully completed the long-term program. A calculation of all discharge types yields a 38% completion rate.

Table 10 – FY 2022-2023 Exits from Long-Term Treatment Programs

Exit Type	Number of Exits	Percent of Exit Type
Completion	417	38%
Inappropriate for Treatment	26	2%
Other	139	13%
Removed/Discipline	297	27%
Transferred/Released	75	7%
Withdrawal	156	14%
Total	**1,110**	**100%**
*Completion after Adjustments	417	48%

The prison-based long-term treatment programs have the highest percentage of exits due to removals and withdrawals. Additionally, the population served is a significant factor in that higher-risk offenders are assigned to these programs. Within the long-term programs, there are occasions where offenders receive disciplinary infractions and can return to the program; however, more serious or disruptive behaviors can result in a final exit due to disciplinary reasons.

During FY 2022-2023, Foothills Correctional Institution and Anson Correctional Institution had the highest removal rates. Whereas Dan River Prison Work Farm had the highest withdrawal rate. These are the longest treatment programs with more opportunity for an offender to be charged with a disciplinary infraction unrelated to the program.

Program Evaluation Measures

ACDP conducts an annual evaluation of its substance use disorder treatment programs based on program type. Evaluation measures include a reduction in alcohol and drug dependency, improvements in disciplinary and infraction rates, recidivism (defined as return-to-prison rates), and other measures of success. More information about the results of each of these measures for FY 2022-2023 is set forth below.

Reduction in Alcohol and Chemical Dependency

ACDP evaluated the reduction in alcohol and drug dependency using the *Brief Situational Confidence Questionnaire* (BSCQ) to measure the change in alcohol and drug dependency. The BSCQ is a relevant measure to the treatment model and provides a consistent measure that can be used on all offenders assigned to an ACDP treatment program. ACDP implemented the BSCQ in the DART Center, intermediate, and long-term programs in September 2009. Black Mountain implemented the BSCQ in November 2010.

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

Participants are asked to indicate on a scale how confident they are that they can resist the urge to drink heavily or to use drugs in each situation. Each of the eight scale situations consists of a line, anchored by 0% ("not at all confident") and 100% ("totally confident"), and participants are asked to place an "X" along the line,

from 0% to 100%. Because the BSCQ is a stated measure assessing self-efficacy at various points during treatment, it allows for an evaluation of increases or decreases in self-efficacy as a function of the intervention.

ACDP assessed situational confidence at program entry and exit. Offenders who exited ACDP programs in FY 2022-2023 universally improved their confidence to resist the urge to drink heavily or use drugs in a variety of situations.

- Offenders who participated in the community-based treatment programs and the prison-based long-term treatment programs scores moved significantly in the confidence range.
- Offenders who participated in the prison-based intermediate treatment programs had the most modest improvement.
- Offender's increase in confidence for all populations were statistically significant in all sampled circumstances.

Improvements in Disciplinary and Infraction Rates

ACDP evaluated improvement in disciplinary and infraction rates with a repeated measures design, which is a comparison of disciplinary actions that occurred before and after an intervention.

The FY 2022-2023 evaluation noted offenders who have successfully completed treatment reduced both the number and severity of infractions when compared to offenders who dropped out of a program.

- Offenders who completed a prison-based intermediate or long-term treatment program and remained in prison after exiting the program significantly decreased the number and severity of infractions after treatment.
- Offenders who remained in prison after dropping out of a program also significantly reduced the number and severity of infractions committed after program participation.

It is important to note that infractions are one of the primary reasons an offender is removed from a treatment program. Because offenders who are released from prisons cannot be evaluated on this measure, ACDP incorporates an additional measure of change in offender behavior that can be used on all offenders. That measure, changes in criminal attitudes and thinking, is discussed in the "Other Measures of Program Success" section below.

Return-to-Prison Rates

A base-rate calculation measures recidivism by observing exits from a treatment program and calculating the rate of return to prison for people who exit a treatment program. However, this calculation does not provide a complete picture of program effectiveness because it fails to consider differences among offenders that indicate who is more likely to return to prison. More specifically, base-rate calculations cannot account for the severity of substance use disorders, family and criminal history, and other interventions that the offender may have completed while incarcerated.

For these reasons, ACDP evaluated each program's impact on recidivism (defined as a return to prison within three years) using statistical techniques that consider potential differences among offenders and create equivalent groups appropriate for comparison. This method not only shows when completion of an ACDP program impacts the likelihood of return to prison but also allows for comparison of program participants with offenders not assigned to an ACDP program. Because these techniques (i.e., propensity score analysis)

produce a matched subset of offenders, summary statistics using base-rate calculations or alternate methodologies for determining return-to-prison rates may produce different figures.

For FY 2022-2023, ACDP evaluated the three-year return-to-prison rates by gender for people who exited treatment during FY 2019-2020. These offenders either exited from a prison-based treatment program or a community-based treatment facility as a condition of their early release from prison.

- Offender return-to-prison rates were lower for most offenders who completed a treatment program compared to a matched comparison group.
- Offenders who participated and completed an ACDP program returned to prison less frequently than those who began a treatment program and did not complete it.
- Offender return-to-prison rate impact was statistically significant for offenders who completed a male prison-based intermediate treatment program.

Other Measures of Program Success

ACDP continues to incorporate an additional measure of behavior change within the program. The Criminal Thinking Scales (CTS) is relevant to the treatment model and provides a consistent measure that can be used on all offenders assigned to a program. ACDP long-term programs implemented the CTS in FY 2007-2008. DART Center program and the Intermediate programs implemented the CTS in March 2010, while Black Mountain implemented the CTS in November 2010.

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

FY 2022-2023 results show that participating offenders lower their scores on all the CTS subscales.

- Offenders who participated in a prison-based long-term treatment program had a statistically significant change in all subscales.
- Offenders who participated in community-based residential treatment programs, DART Center and Black Mountain, or a prison-based intermediate treatment program had a statistically significant change in all but one subscale.

Treatment Need Compared to Treatment Availability

The need for substance use disorder treatment within the prison population is significant. ACDP conducts an annual assessment of the number of available treatment slots in comparison to the number of individuals who need treatment based on the SASSI score. For FY 2022-2023, treatment needs continued to exceed treatment availability for both intermediate and long-term treatment programs.

Prison-Based Intermediate Treatment Need Compared to Treatment Availability

Table 11 details supply and demand for intermediate treatment slots. For the fiscal year, 59% of female offenders had a chance of being assigned to a treatment program, while only 42% of male offenders had a chance of being assigned.

Table 11 – FY 2022-2023 Yearly Need to Yearly Supply for Intermediate Substance Use Disorder Treatment Slots by Gender and Program Type

Gender	Program Type	Yearly Treatment Slots	Yearly Treatment Need	Chance of Program Placement
Females	Intermediate	351	597	59%
Males	Intermediate	2,897	6,895	42%
	Total	3,248	7,492	43%

Prison-Based Long-Term Treatment Need Compared to Treatment Availability

Table 12 details supply and demand for long-term treatment slots. During FY 2022-2023, 60% of female offenders had a chance of being assigned to a treatment program, while only 48% of male offenders had a chance of being assigned.

Table 12 – FY 2022-2023 Yearly Need to Yearly Supply for Long-Term Substance Use Disorder Treatment Slots by Gender and Program Type

Gender	Program Type	Yearly Treatment Slots	Yearly Treatment Need	Chance of Program Placement
Females	Long-term	442	735	60%
Males	Long-term	2,009	4,154	48%
	Totals	2,451	4,889	50%

Quality Assurance

Clinical Supervision

Clinical supervision is a formal process of professional support and learning that enables individual clinicians to develop knowledge and competence to meet ethical, professional, and best-practice standards. Clinical supervision provides staff the opportunity to develop and improve clinical skills, thus enhancing work satisfaction, reducing work stress, and giving program participants the best possible treatment. Clinical supervision promotes quality clinical practice in addition to ensuring the safety and welfare of program participants.

Clinical supervision is an essential component of the clinical services provided by ACDP. ACDP expects all staff engaged in clinical interaction with offenders to receive regular clinical supervision by suitably qualified supervisors or clinical supervisors approved by the North Carolina Addictions Specialist Professional Practice Board (NCASPPB) and as required G.S. 90-113.40.

During FY 2022-2023, COVID-19 pandemic mitigation protocols, CDC guidelines, and subsequent entrance restrictions limiting access to the facilities dramatically affected clinical supervision. ACDP implemented online and virtual supervision to meet requirements as authorized by NCASPPB.

Learning Labs

All registrants and credentialed full-time or part-time counselors delivering substance use disorder services require clinical supervision. ACDP has approximately 130 employees who fall into this category. Since 2009, ACDP has offered the Group Learning Lab to provide another clinical supervision vehicle to meet the North Carolina Addiction Specialist Professional Practice Board (NCASPPB) expectation for clinical oversight of all providers of substance use disorder services, as required by 90-113.40.

The primary goal of the Group Learning Lab is to improve counselor skills in a process group setting. The lab is designed to provide three to four hours of clinical supervision monthly and may combine counselors from several programs to give them the opportunity to learn new methods of working effectively with various offenders. The design permits time for exploration of skills, teaching by master clinicians, Licensed Clinical Addictions Specialist, and Certified Clinical Supervisor (LCAS and CCS) counselor role-plays, and feedback. This group format provides an excellent forum for counselors to practice skill development in a safe and supportive environment and to observe the modeling actions of how other counselors handle certain situations.

File Reviews

To ensure compliance with the standards established for case management, electronic data entry, offender record content, quality, and appropriateness of services delivered; ACDP, working in conjunction with NCDPS Management Information Systems (MIS), developed two formal treatment file review processes which may be utilized by ACDP, Case File Review and the Peer Review. The data generated by each of these reviews enable ACDP to track the results of the established review elements thereby assisting management in the identification of areas that need additional attention, program strengths, job performance, and training needs.

Education and Training

To mitigate the impact of COVID-19, ACDP implemented online and virtual training to meet training requirements. Trainings focused on enhancing professional development by providing approved hours for counselor certification/recertification.

ACDP provided numerous training opportunities for its employees and other agencies. During FY 2022-2023, ACDP offered approximately 522 hours of training focused on enhancing professional development by providing hours for counselor certification/recertification, including the following training modules:
- Self-Care: Protect the Professional "Simple Ways to Prevent Ethical Dilemmas"
- Dialectical Behavior Therapy with a focus on specific skills
- New Drug Trends and Gangs
- Trauma-Informed Counseling
- Substance Use and Veterans
- Medication Assisted Treatment
- Cultural Awareness
- DHHS Audit Tool and Journaling Form
- Documentation, Record Keeping, Common Assessment, and Case File Setup

- Back to Basics: Counseling Skills, Characteristics, and Treatment Planning
- Group Dynamics and Creative Group Activities
- Co-Occurring Disorders
- Ethics and HIV AIDs in Counseling
- Cognitive Behavior Therapy

ACDP made the training available to the outside agencies listed below.
- NCDAC Psychiatric and Psychological Services
- NCDAC Health Services-Nursing
- NCDAC Health Services-Social Work
- NCDAC Division of Community Supervision
- Treatment Accountability for Safer Communities (TASC)
- Department of Health and Human Services
- Alcohol and Drug Services-Guilford
- Department of Social Services
- Local Community Colleges
- Drug Treatment Court
- Juvenile Justice

Federal Bureau of Prisons
- Coastal Horizons
- Fellowship Hall
- Youth in Transition
- Youth Villages
- Cognitive Connections

Summary

Through the efforts of the ACDP team, Adult Correction provides substance use disorder treatment to individuals in its custody through an array of programs and services. This includes community-based residential treatment programs, prison-based intermediate/long-term treatment programs, and Recovery Road Outreach services. Evaluation measures indicate that these programs have a positive effect on offender outcomes and help to reduce recidivism. The Department continues to work to expand treatment availability, enhance community partnerships, and improve efficiencies.

APPENDICES

Appendix A

FY 2022-2023 ACDP Programs by Program Type, Target Population, and Program Length

Treatment Program		Treatment Slots	Length of Treatment
Community-Based Residential Treatment Programs			
Adult Male	DART Center	300	90 Days
Adult Female	Black Mountain Substance Abuse Treatment Center for Women	64	90 Days
	Total:	**364**	
Prison-Based Intermediate Treatment Programs			
Adult Male	Alexander Correctional Institution	100	90 Days
	Avery-Mitchell Correctional Institution	22	90 Days
	Catawba Correctional Center	32	90 Days
	Craggy Correctional Center	68	90 Days
	Harnett Correctional Center	33	90 Days
	Johnston Correctional Institution	68	90 Days
	Lincoln Correctional Center (Intermediate)	32	90 Days
	Lumberton Correctional Institution	64	90 Days
	Pender Correctional Institution	106	90 Days
	Rutherford Correctional Center	34	90 Days
	Sampson Correctional Institution	34	90 Day
Adult Female	Western Correctional Center for Women	64	90 Day
	Total:	**657**	
Prison-Based Long-Term Treatment Programs			
Adult Male	Alexander Correctional Institution	20	180-365 Days
	Dan River Prison Work Farm	68	180-365 Days
	Foothills Correctional Institution	46	180-365 Days
	Greene Correctional Institution (RSAT)	64	180-365 Days
	Lincoln Correctional Center (Long-Term)	32	180-365 Days
	Neuse Correctional Institution	62	120-180 Days
	Richmond Correctional Institution	84	180-365 Days
Youth Male	Foothills Correctional Institution	32	180-365 Days
Adult Female	Anson Correctional Institution (RSAT)	140	180-365 Days
	North Carolina Correctional Institution for Women	102	180-365 Days
	Total:	**650**	
	Community-Based Residential Treatment Programs:	**364**	
	Prison-Based Treatment Programs:	**1,307**	
	Total Treatment Slots:	**1,671**	

Appendix B

DART Center Additional Programming

Basic Skills
The students who successfully complete the Basic Skills Class are eligible to test for their High School Equivalency Test (HiSET). By completing the test, students will earn their High School Diploma, which may lead to attending college, and/or obtaining a better job.

Employment Readiness Program (ERP)
The ERP class provides students with basic job readiness training with step-by-step instructions for conducting a job search, interviewing skills, and tips for making a good first impression. It also reviews how to complete an application, resume guidelines, preparing for the interview, and workplace basics. The ERP class covers interpersonal skills, teamwork, communication, integrity, professionalism, problem-solving, decision-making, dependability, information processing, adaptability, and an introduction to entrepreneurship. Upon completion, students may test for the National Career Readiness Certificate which assesses three areas: reading for information, locating information, and applied mathematics.

Working Smart
Working Smart is designed to fine-tune non-technical, critical employability skills that are essential in today's workplace. These transferable skills are vital in any industry or occupation and are often among the deciding factors in employee selection and promotion. Students enjoy an interactive, hands-on learning experience and earn a portable credential upon successful completion.

Employability Success
This course is designed to provide non-technical, critical employability skills that are essential in today's workplace. These skills are vital in any industry or occupation and are often among the deciding factors in employee selection and promotion. Students have an interactive, hands-on learning experience and will be evaluated on skills such as applications, resumes, and interviewing skills. Training will include lectures and hands-on activities with evaluation based on attendance, class participation, and demonstration of skills.

Appendix C

Black Mountain Additional Programming

Hospitality (Certification Class)
The Hospitality class utilizes industry and local hospitality standards and practices to provide students with the fundamental knowledge and practical skills necessary for successful employment in entry-level hospitality positions. Upon successful completion, the students receive a nationally recognized certificate in the hospitality field. This certificate will assist with obtaining gainful employment.

ServSafe Food Handler (Certification Class)
The ServSafe program prepares students for the ServSafe Food Handler Certification exam. Training covers the importance of food safety, good personal hygiene, cleaning and sanitizing, food safety regulations, safe food preparation, cooking, time and temperature control, preventing cross-contamination, methods of thawing, cooling and reheating food, receiving and storing food, and more. Upon successful completion, the students receive a certificate; this certificate will assist with obtaining gainful employment.

Money Smart
The Money Smart class focuses on practical matters, such as banking, saving, budgets, retirement funds, and investing. The class also covers the substance use problems surrounding money, such as delayed gratification, self-sabotage, and spending triggers.

Computer Basics
In the Computer Basics class students learn the parts of a computer and how they work together, basic keyboarding, using a mouse or touchpad, opening and closing applications, using common programs (Notepad and Microsoft Office), internet basics, internet safety, and email etiquette. By the end of the course, each student composes and saves a resume to a flash drive. The flash drives are kept in the student's transition folder for their transition back into the community.

Working Smart
The Working Smart class students learn soft skills for the workplace and life skills that enhance their productivity and increase their value to employers. The Working Smart class provides the tools to help students keep a job, excel at their job, and be more productive.
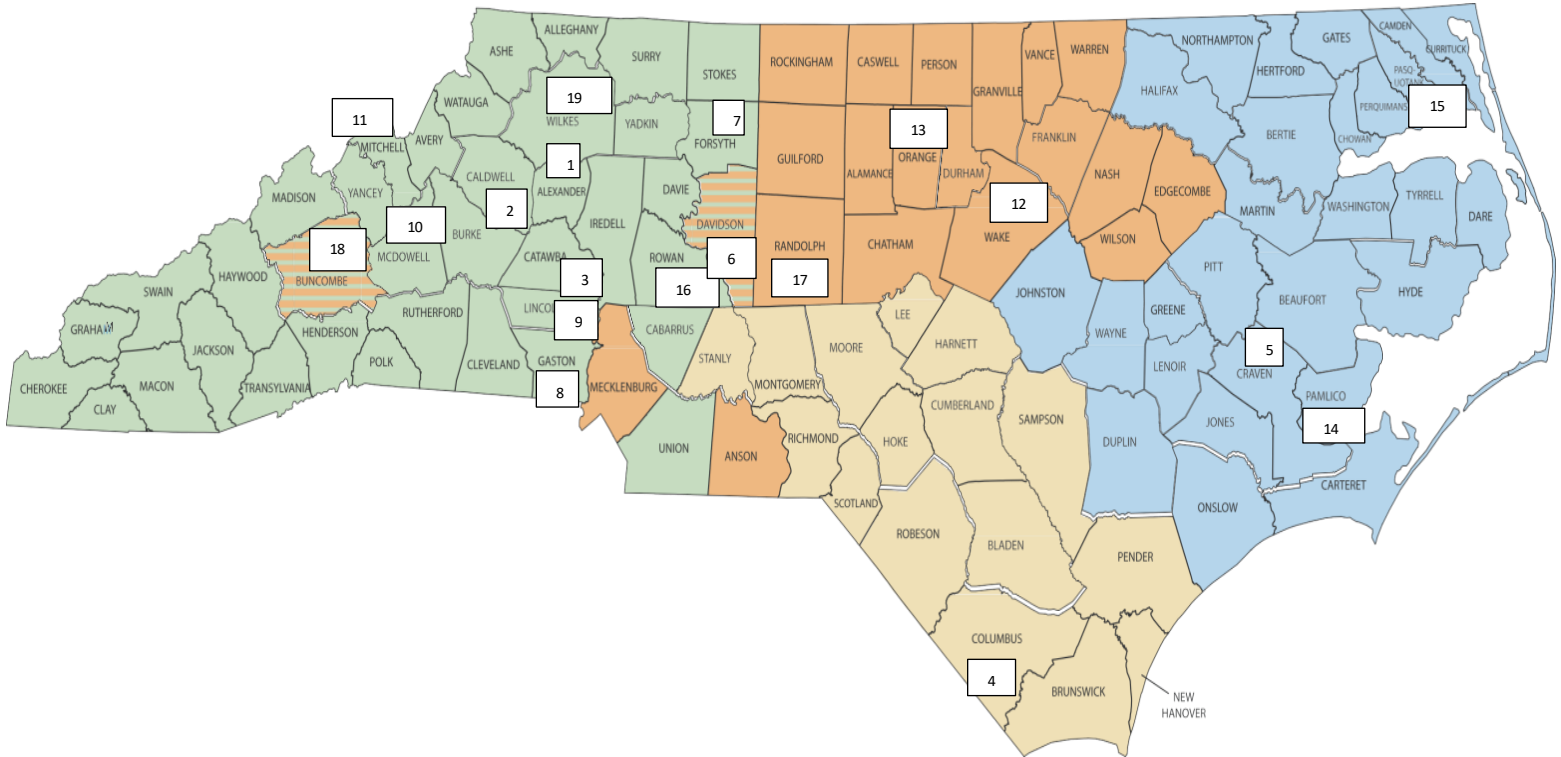
Pathways to Employment
The Pathways to Employment students learn how to get and keep a job. The course covers resumes, cover letters, networking, job preparation, interviewing, dress/body language, resources, starting your own business, and working with others.

Career Readiness (WIN)
Career Readiness is a class that tests students to find their level of aptitude in areas such as Math. This test is required by some employers for an applicant to be considered for employment. The student can earn a Bronze, Silver, Gold, or Platinum level depending on the test scores.

Appendix D.

Recovery Road Facilities

WESTERN REGION			
1	Alexander CI	4870	Close/Min
2	Caldwell CC	4625	Min
3	Catawba CC	4555	Min
6	Davidson CC	4420	Min
7	Forsyth CC	4430	Min
8	Gaston CC	4515	Min
9	Lincoln CC	4525	Min
10	Marion CI	3730	Close/Min
11	Mtn View CI	4855	Med
16	Piedmont CI	3500	Med/Min
18	Western CC	4635	Min
19	Wilkes CC	4665	Min

SOUTH CENTRAL REGION			
4	Columbus CI	4355	Med

EASTERN REGION			
14	Pamlico CI	4850	Med
5	Craven CI	3085	Med
15	Pasquotank CI	3740	Close/Min

CENTRAL REGION			
12	NCCIW	3010	Min
13	Orange CC	4240	Min
17	Randolph	4445	Min