Annual Report on North Carolina's Drug Treatment Courts

(N.C.G.S. §7A-801)

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EXECUTIVE SUMMARY

The General Assembly enacted the North Carolina Drug Treatment Act in 1995. North Carolina General Statute Chapter 7A, Subchapter XIV, Article 62, establishes the North Carolina Drug Treatment Court Program in the Administrative Office of the Courts, and provides guidance on the implementation and operation of local Drug Treatment Courts (DTC).

The purpose of these problem-solving courts is to help break the cycle of drug and/or alcohol addiction that can influence adult criminal activity, juvenile delinquent behavior, or parental abuse and/or neglect of children. To achieve this purpose, Drug Treatment Courts combine intensive judicial intervention with intensive addiction treatment.

Goals

The goals of North Carolina's Drug Treatment Courts include the following:

1. To reduce alcoholism and other drug dependencies among adult and juvenile offenders and defendants and among respondents in juvenile petitions for abuse, neglect, or both;
2. To reduce criminal and delinquent recidivism and the incidence of child abuse and neglect;
3. To reduce the drug-related court workload;
4. To increase the personal, familial, and societal accountability of adult and juvenile offenders defendants and respondents in juvenile petitions for abuse, neglect, or both; and
5. To promote effective interaction and use of resources between criminal and juvenile justice personnel, child protective services personnel, and community agencies.

Administration

The N. C. Administrative Office of the Courts facilitates the development, implementation and monitoring of local adult, youth, and family drug treatment courts through the State Drug Court Office in the Court Programs and Management Services Division. The State DTC Office currently employs five fulltime staff: one State DTC Manager, three DTC Field Specialists, and one Administrative Secretary. The State DTC Advisory Committee, appointed by the Director of the AOC, makes recommendations to the Director regarding recognition and funding for drug treatment courts, best practices based on research, and minimum standards for program operations.

Drug Treatment Courts in North Carolina

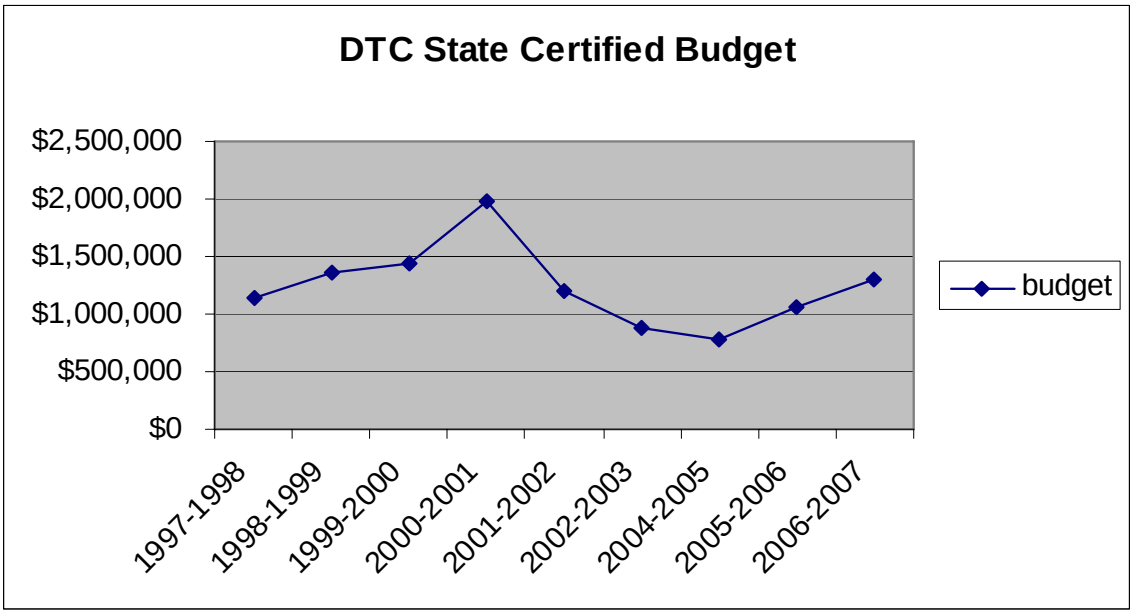
The first Drug Treatment Courts were implemented in 1996. During FY 2005-2006, 31 Drug Treatment Courts, recognized by the Administrative Office of the courts, operated in 18 judicial districts In North Carolina.

- 19 Adult Drug Treatment Courts in district and superior criminal court work with sentenced offenders and/or deferred prosecution defendants on supervised probation,
- 5 Youth Drug Treatment Courts in district juvenile delinquency court work with adjudicated delinquents on supervised probation,
- 7 Family Drug Treatment Courts in district civil court work with parent respondents adjudicated for child abuse, neglect, and/or dependency who are seeking custody of their children.

State Funding for Drug Treatment Courts

Between FY 1995-1996 and FY 2005-2006, the number of Drug Treatment Courts expanded from five (5) to thirty-one (31), a 520% increase. In the early years of the program, both state and federal money was available to serve a small number of courts. The courts grew quickly with the anticipation of continued parallel growth in the State DTC budget. However the State's budget went into crisis in 2001 for several years. The State DTC budget was adversely affected by this economic downturn. From a high of $1,976,372 in 2001, the State DTC budget fell to $775,427 in 2004. Beginning in 2005, the State DTC budget began slowly rising again. Graph 1 shows the authorized state appropriation for NC Drug Treatment Courts between FY 1997 - 1998 and FY 2006 - 2007. Some local drug treatment courts also receive county and other types of funding. That funding is not included in this graph.

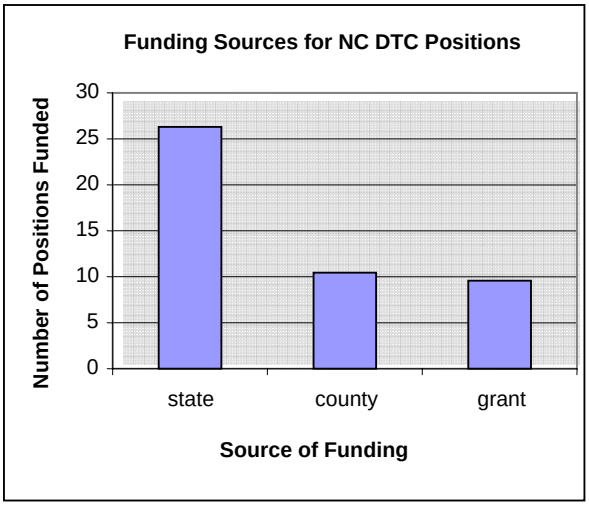
Graph 1



FY 2005-2006 marked the first year that North Carolina's Drug Treatment Courts operated under a revised funding strategy. During the 2005 budget session, in response to budgetary cuts and in an effort to move Drug Treatment Courts towards sustainable funding, the AOC began primarily funding court-based positions for Drug Treatment Courts. Treatment services for drug treatment court participants are now accessed and funded through the public treatment system.

This funding strategy is possible due to a State-level Memorandum of Agreement (see Appendix II) among the Administrative Office of the Courts, the Department of Health and Human Services (DHHS), and the Department of Correction (Division of Community Corrections). This shift in funding enabled the AOC to keep all of the drug treatment courts open that were operational in 2005. The AOC now funds more than half of all existing drug treatment court staff.

Graph 2



Highlights of Management Information System (MIS) Improvements

Significant enhancements were completed on the mandatory NC DTC management information system (MIS). The changes made to the MIS will support continuing evaluation efforts and should facilitate better data mining for both state and local purposes. The Court Report function was enhanced to include batch entries, which has reduced the workload of the DTC Coordinators. Information was added to the MIS including data on the type of offender (Sentenced or Deferred Prosecution). The overall speed of the MIS system was increased.

Highlights of Evaluation

The North Carolina Administrative Office of the Courts is required by statute to engage in on-going evaluation activities. The AOC contracted with innovation, Research and Training (iRT, Inc.) in 2005 to conduct an outcome evaluation of the five operational YTCs in North Carolina. The project was funded by the U.S. Office of Juvenile Justice and Delinquency Prevention as part of their continued effort to identify and fund scientifically rigorous evaluations of juvenile drug treatment courts. The Executive Summary is available in Appendix III of this report. Highlights of the report follow.

iRT Outcome Evaluation of Youth Drug Treatment Courts

Sample of Discharged Youth

- The 132 participants across the five YTCs differ in their average age and race; however, the proportion of males to females is not significantly different across courts
- Information related to the charge associated with referral to the YTC program indicated that 56% of youth had a Minor offense (Class 1 – Class 3 misdemeanor) for their most serious charge. The remaining 44% had a Serious offense (Class F – Class I felony, Class A1 misdemeanor) for their most serious offense. Specifically, 34% of youth had a most serious charge involving a Class 1 misdemeanor and 28% had a most serious charge involving a Class H felony. No youth discharged from the YTC program were referred to the program having a Violent charge (Class A – Class E felony). Offense seriousness of participants did not vary across courts.

- Analyses of a variety of risk factors related to the likelihood of future offending were available for 55% of the discharged sample:
    - 71% of youth had no undisciplined or delinquent adjudications prior to referral to the YTC program
    - 81% were not engaged in assaultive behavior
    - 32% had run away from home at least once prior to YTC program referral
    - 88% were reported to have some level of substance use in the 12 months prior to assessment
    - 79% were reported to have serious school problems
    - 56% of youth were reported to regularly associate with others involved in delinquent/criminal activity and another 25% were reported to be rejected by pro-social peers or to occasionally associate with others who have been involved in delinquent/criminal activity
    - 61% were reported to have a parent/guardian who is willing and able to provide supervision
    - Overall, 26% of youth fell in the “Low Risk” category; 57% fell in the “Medium Risk” category; and, 17% fell in the “High Risk” category
    - The only risk factor that varied significantly across courts was peer relations.

- Positive drug screen results are greatest for marijuana. Attaining abstinence with this drug may be more difficult for youth and/or the test for marijuana may more accurately detect its use, because traces of marijuana remain in the body longer than some other drugs, such as alcohol.

- On average, youth receive more rewards than sanctions. While there was no significant difference in rewards received with regard to race, there was a difference with regard to sex, where females received more rewards on average than males. The number of sanctions used does not appear to be influenced by race or sex.

- The most frequently used sanction was juvenile detention, and the most frequently used reward was judicial praise or courtroom applause. All courts used both of these.

Sample of Graduated Youth

- The overall graduation rate for the 132 youth discharged from the five YTCs is 32%, with a range of 19% to 63% across courts. On average, program length of stay was 301 days, with a range of 11 days to 681 days. Generally speaking, courts graduating a higher percentage of youth have longer average lengths of stay.
- The most common reason for discharge was non-compliance (55%) with the second most common reason being voluntary withdrawal from the program (17%). When discharged for non-compliance, the youth seemed to be noncompliant with several different aspects of the program requirements.
- Youth assessed by court counselors as “Low Risk” graduated at a higher rate (63%) than “Medium Risk” youth (34%) or “High Risk” youth (8%).
- Individual predictors of graduation were found. The predictive variables included fewer days of detention, receiving more rewards in proportion to sanctions, higher compliance test rates for marijuana, and longer program length of stay.
- YTC court placement, age, race, sex, and risk level are each significantly, individually related to graduation.
- While individual predictors of graduation were found, these findings should be considered preliminary and should not be used to draw conclusions about causality.
- While demographic information about the sample was nearly complete, data analyses were hindered by the significant amount of missing data for important program compliance indicators such as rewards received, sanctions imposed, school attendance, detention served, community service hours completed, and drug test compliance.

Highlights of Training

The 2004-2005 Legislative Report highlighted the results of over 15 process evaluations conducted that year. During FY 2005 – 2006 the state Drug Treatment Court office worked with local DTC teams to address the training needs revealed during those evaluations.

In May 2006, the AOC hosted a statewide conference for drug treatment court team members as well as staff of CJPP (Criminal Justice Partnership Program) and TASC (Treatment Accountability for Safer Communities). Approximately 350 people attended the three day conference hosted by the Buncombe County Superior DTC. Entitled, *Formula for Success*, the conference explored how the National Institute of Drug Abuse’s (NIDA) 13 Principles of Effective Treatment can be combined with drug court’s 10 Key Components to support successful treatment interventions.

Data Sources for this Report

Table 1 (page 7) provides a summary of Drug Treatment Courts' outcomes for fiscal year 2005-2006. Drug Treatment Court Coordinators in local courts store data in and report data from a computer system called cjPartner. The data in this report correspond to what the users entered in the system, so figures may not be representative of all program activities during the fiscal year. Data entry quality continues to be a challenge and varies between local courts. Data is provided by fiscal year. This report does not include any data from the adult or juvenile drug treatment courts in District 21 due to problems with data entry and data quality. The Family Drug Treatment Court statewide totals do not include data from the Mecklenburg FDTC Level I court.

Conclusion

After several tumultuous budget and policy years, Drug Treatment Courts in North Carolina began to stabilize in FY 2005 – 2006. AOC Human Resources conducted a job study of DTC positions which clarified duties at various levels of responsibility and moved forward towards equitable pay rates relative to market salaries. State DTC staff provided on-site technical assistance and support to courts to implement best practices. The program graduation and treatment retention rates continue to improve in the Drug Treatment Courts.

Drug treatment courts (adult, family and youth) now receive participant treatment through the public treatment system. DTCs coordinate with Local Management Entities (LMEs) and local service providers to ensure that the treatment needs of participants are met. Drug Courts' other major partner systems – the Division of Community Corrections, the Department of Juvenile Justice and Delinquency Prevention, and the local and state Division of Social Services – also continue to work closely with the judiciary to positively impact the outcomes of the high-need, high-risk individuals served in treatment courts.

The cornerstones of Drug Treatment Courts – intensive judicial intervention and intensive treatment - are having an impact in North Carolina. Adult, Youth and Family Drug Treatment Court participants were required to attend over 8,000 court sessions. Two-thirds of all youth and adult DTC participants remained in treatment for over six months and averaged about 316 days in Drug Treatment Courts. More districts are interested in providing this specialized form of judicial intervention and treatment to substance abusers in our communities.

TABLE 1: STATE-WIDE SUMMARY OF N. C. DRUG TREATMENT COURT OUTCOMES FOR FY 2005-2006

Prepared by the Court Programs and Management Services Division of the N. C. AOC, Jan. 2007

	ADULT COURTS	FAMILY COURTS	YOUTH COURTS
Referrals	**1241**	**178**	**98**
New Admissions	**487**	**105**	**58**
Admissions: Males	64%	17%	79%
Admissions: Females	36%	83%	21%
Admissions: Caucasian	49%	43%	40%
Admissions: African American	42%	53%	53%
Admissions: Other Race	9%	4%	7%
Admissions: Hispanic Ethnicity	8%	1%	3%
Admissions: Ages 10-19	3%	3%	43% Age 15 36% Age16 14% Age 14 3% Age 17 3% Age 13
Admissions: Ages 20-29	36%	37%	
Admissions: Ages 30-39	30%	42%	
Admissions: Ages 40-49	25%	17%	
Admissions: Ages 50-59	7%	1%	
Admissions: Single/Never Married	50%	56%	N/A
Admissions: Separated/Divorced/Widowed	32%	26%	N/A
Admissions: Married/Living as Married	18%	17%	N/A
Admissions: Less than High School Diploma/GED	34%	53%	N/A
Admissions: High School Diploma/GED	35%	33%	N/A
Admissions: Felony Crimes	65%	N/A	41%
Admissions: Misdemeanor Crimes	35%	N/A	58%
Admissions: Most Frequent Crime Class/Type	(1) Felony Class I or H (2) DWI/DWLR (no class) (3) Misd. Class 1	N/A	(1) Felony. Class H or I (2) Misd. Class 1
Admissions: SASSI Screening of Admissions was "High Probability of Substance Abuse"	89%	76%	N/A
Active Participants During Year (active >= 1 day)	**876**	**138**	**111**
Active Participants Who Exited During Year	**458**	**51**	**52**
Actives Who Exited : Average Length of Stay	323 Days	199 Days	309 Days
Actives Who Exited by Completion/Graduation	43%	31%	35%
Actives Who Exited by Termination	57%	69%	65%
Most Frequent Type of Terminations:			
Non-compliance with Court/Treatment/Probation	67%	80%	53%
Positive Drug Tests	6%	9%	6%
New Arrest/Conviction/Adjud./Tech. Prob. Viol.	17%	3%	24%
Voluntary Withdrawal	2%	3%	6%
Neutral Discharge (i.e. medical, DTC transfer, other)	8%	6%	12%
Actives Who Exited: Rate Attended Courts Sessions	94%	89%	96%
Actives Who Exited: Treatment Retention > 6 months	65%	37%	67%
Actives Who Exited: Ever Positive for Drugs in DTC	62%	61%	83%
Actives Who Exited: Ever Served Jail/*Detention* Time	25%	8%	48%
Actives Who Exited: Community Service Hours Done	3,764 Hours	962 Hours	419 Hours
Actives Who Exited: Employed While In Program	52%	20%	N/A
Actives Who Exited by Completion in Family DTC: Parent Regained Custody - Reunification of Family	N/A	75%	N/A

List of FY 2005-2006 Operational Drug Treatment Courts

Tables 2 - 4 list the FY 2005-2006 drug treatment courts recognized by the Administrative Office of the Courts by county/district, type of court and participants, and court implementation date. There are operational drug treatment courts in 21 of North Carolina's counties and approximately 50% of North Carolina's judicial districts. Several new courts opened in FY 2006-2007 and additional courts are in the development stages and will seek recognition from the State DTC Advisory Committee and the Administrative Office of the Courts during FY 2007-2008.

TABLE 2: N.C. ADULT DRUG TREATMENT COURTS FY 2005-2006

COUNTY/DISTRICT	TYPE OF COURT AND PARTICIPANTS	COURT IMPLEMENTATION DATE
Avery & Watauga Counties Judicial District 24	District Sentenced Offenders	July 2005
Buncombe County Judicial District 28	Superior Sentenced Offenders	December 2000
Catawba County Judicial District 25	District Sentenced Offenders	May 2001
Craven & Carteret Judicial District 3B	Superior Sentenced Offenders	December 2000/ October 2003
Cumberland County Judicial District 12	District Sentenced and Deferred Prosecution Offenders	January 2005
Durham County Judicial District 14	District Sentenced Offenders	November 1999
Forsyth County Judicial District 21	District Sentenced Offenders	June 1996
Guilford County Judicial District 18	District Sentenced and Deferred Prosecution Offenders	December 2002
Mecklenburg County Judicial District 26	Superior Sentenced Offenders	July 1998
	District A Deferred Prosecution Offenders	February 1995
	District B Deferred Prosecution Offenders	March 1996
	District C Sentenced DWI Offenders	March 2000
	District D Sentenced DWI Offenders	April 2002
New Hanover County Judicial District 5	District Sentenced Offenders	May 1997
Orange County Judicial District 15B	District Sentenced Offenders	August 2002
Person & Caswell Counties Judicial District 9A	District Sentenced and Deferred Prosecution Offenders	July 1996
Pitt County Judicial District 3A	District Sentenced Offenders	August 2005
Randolph County Judicial District 19B	District Sentenced Offenders	March 2002
Wake County Judicial District 10	District Sentenced Offenders	May 1996

Table 3: N. C. FAMILY DRUG TREATMENT COURTS FY 2005-2006		
COUNTY/DISTRICT	**TYPE OF COURT AND PARTICIPANT**	**COURT IMPLEMENTATION DATE**
Buncombe County Judicial District 28	District DSS Petition/Adjudicated Abuse, Neglect or Dependent	November 2005
Cumberland County Judicial District 12	District DSS Petition/Adjudicated Abuse, Neglect or Dependent	February 2005
Durham County Judicial District 14	District DSS Petition/Adjudicated Abuse, Neglect or Dependent	May 2002
Halifax County Judicial District 6A	District DSS Petition/Adjudicated Abuse, Neglect or Dependent	March 2005
Mecklenburg County Judicial District 26	District DSS Petition/Adjudicated Abuse, Neglect or Dependent	December 1999
Orange County Judicial District 15B	District DSS Petition/Adjudicated Abuse, Neglect or Dependent	February 2005
Wayne County Judicial District 8	District DSS Petition/Adjudicated Abuse, Neglect or Dependent	August 2005
Table 4: N. C. YOUTH DRUG TREATMENT COURTS FY 2005-2006		
COUNTY/DISTRICT	**TYPE OF COURT AND PARTICIPANT**	**COURT IMPLEMENTATION DATE**
Durham County Judicial District 14	District Adjudicated Delinquents	November 2000
Forsyth County Judicial District 21	District Adjudicated Delinquents	January 2003
Mecklenburg County Judicial District 26	District Adjudicated Delinquents	January 2003
Rowan County Judicial District 19C	District Adjudicated Delinquents	May 2002
Wake County Judicial District 10	District Adjudicated Delinquents	October 1998

PART I
ADULT, YOUTH, AND FAMILY DRUG TREATMENT COURTS

Referrals to Drug Treatment Courts and the number of participants served each year have increased since 1996 as new courts have been added and court operations have stabilized. Table 5 provides a summary of new admissions, active participants, and average length of stay in Adult, Youth and Family Drug Treatment Courts during FY 2004 – 2005 and FY 2005-2006.

There were nineteen operational Adult Drug Treatment Courts during the fiscal year. As seen in Table 5, during FY 2005 – 2006 there were 487 new admissions and 876 active participants in Adult DTCs. There were seven operational Family Drug Treatment Courts, with 105 new admissions and 138 active participants during the fiscal year. There were five operational Youth Drug Treatment Courts, with 58 new admissions and 111 active participants during FY 2005 - 2006.

While the number of referrals, admissions, and active Adult DTC participants was roughly the same, the average length of stay increased. This change indicates that the Adult DTCs have improved their targeting and retention policies and procedures.

Family DTCs had significant increases in referrals, admissions, and active participants. This is due to opening five new Family Drug Treatment Courts. This program expansion however, resulted in a significant drop in the average length of stay as admissions occurred late in the fiscal year.

Youth DTCs experienced little change in the number of referrals, admissions, and active participants. As in Adult DTCs, the average length of stay was increased.

Table 5: Summary of DTC Participation by Court Type

	Adult		Family		Youth	
	04-05	05-06	04-05	05-06	04-05	05-06
Referrals	1181	1241	71	178	89	98
New Admissions	501	487	56	105	61	58
Total Active During Fiscal Year	964	876	85	138	112	111
Avg. Length of Stay	290 days	323 days	263 days	199 days	267 days	309 days

Table 6 details court completion/graduation rates for adult, family, and youth DTCs for FY 2004 - 2005 and FY 2005 - 2006. The rates vary for the different types of drug treatment courts. Adult DTCs showed a significant improvement in all categories with an increase in graduation rates from 40% to 43%.

Youth DTCs also experienced an increase in graduation rates, 35% up from 30% last year.

Family DTC outcomes were impacted by the partial year of operation of five of the seven courts. Graduation rates fell from 35% to 31%. Fewer graduations would be expected in a court's first year of operation. Family DTCs also have a different demographic population than other types of courts and are under time restraints of the Adoption and Safe Families Act (ASFA). As a result of ASFA, courts may be determining that "reasonable efforts" have been met at an earlier stage and move to termination of parental rights (TPR) or "other permanent plan" sooner.

Table 6: Summary of Exit Type of DTC Active Participants by Court Type

	Adult		**Family**		**Youth**	
	04-05	05-06	04-05	05-06	04-05	05-06
Completions/Graduations of Active Participants	38%	43%	35%	31%	31%	35%
Terminations of Active Participants	62%	57%	65%	69%	69%	65%
Total Exits	549	458	48	51	54* *Data Missing for 9	52

Treatment Process

In keeping with NIDA's 13 Principles of Effective Treatment, drug treatment court participants are expected to remain active in approximately twelve months of treatment based upon an individualized, person-centered-plan. At the end of FY 2004-2005, Drug Treatment Court participants began transitioning from private treatment providers to the public treatment system. In Adult Drug Treatment Courts, Treatment Accountability for Safer Communities (TASC) Coordinators screen and refer participants to public treatment providers. Under new service definitions promulgated by DHHS, intensive outpatient treatment is defined as three hours of treatment on three days a week for up to twelve weeks. Support and aftercare services can be accessed for as long as needed based on a person-centered plan.

PART 2
ADULT DRUG TREATMENT COURTS

During FY 2005-2006, Adult Drug Treatment Courts operated in the following counties: Avery, Buncombe, Carteret, Caswell, Catawba, Craven, Cumberland, Durham, Forsyth, Guilford, Mecklenburg (5 courts), New Hanover, Orange, Person, Pitt, Randolph, Wake, and Watauga.

In these courts, Drug Treatment Court Case Coordinators receive referrals for adult drug treatment court from public defenders, judges, prosecutors, probation officers, and/or private defense attorneys. The Coordinator screens referrals for eligibility within 24 hours. Each referral is screened for legal eligibility based on local court policies, and likelihood of chemical dependency based upon the Substance Abuse Subtle Screening Inventory II (SASSI). All Adult DTCs limit eligibility to individuals addicted to alcohol and/or other drugs. To better match DTC eligibility to the public treatment available for offenders, Adult DTCs target sentenced, intermediate-level offenders or community offenders at risk of revocation. Three adult drug treatment courts (Mecklenburg District, Guilford District and Cumberland District) continued to specifically target deferred prosecution offenders and paid for treatment using grant or other funds (including participant self pay). The Mecklenburg DWI Treatment Courts target sentenced Level 1 and 2 DWI offenders.

Target Population

In 2004, drug treatment court was defined in North Carolina statute as an intermediate punishment for sentenced adult offenders. Offenders with felony convictions and community punishment offenders at risk of revocation can be ordered into drug treatment courts. Other intermediate sanctions include intensive probation, electronic house arrest, DART (residential treatment), special probation or a Day Reporting Center.

The NC Drug Treatment Court statute (G.S**.** 7A-790), has always required DTC programs to target individuals addicted to drugs or alcohol indicating that these offenders are high-need. The addition of DTC as an intermediate punishment has increased the number of DTC offenders who would be characterized as high-risk.

The January 2006 volume of the journal Crime and Delinquency included ten articles focused on research related to risk and treatment/intervention for substance abusing offenders. Congruent with this research, North Carolina's drug treatment courts are targeting the most appropriate offender population for the intensive and invasive, community–based sanction that drug treatment court provides.

The article, *The Risk Principle in Action: What Have We Learned From 13,676 Offenders and Correctional Programs,* provides specific guidance as to the

level and duration of intervention recommended for the high-risk, high-need offender.

> "The risk principle, which simply states that the level of supervision and treatment should be commensurate with the offender's level of risk, has been confirmed by research in corrections for more than a decade. *Risk* in this context refers to those offenders with a higher probability of recidivating. This principle states that our most intensive correctional treatment and intervention programs should be reserved for offenders who are higher risk" [1]

In addition to placing higher risk offenders in higher supervision programs, the research indicates that, "Offenders who are higher risk must also be provided more services and kept in programming longer to have appreciable effects on outcome."[2] The comprehensive case plans and team approach provided through drug treatment courts ensure that the higher-risk offender receives the intensive treatment, services and supports s/he needs to become law-abiding and productive.

The research supporting intensive interventions for high-risk offenders also indicates that placing low-risk offenders in intensive interventions (such as drug treatment court, day reporting centers, etc.) can actually do harm to the low-risk offender and increase the likelihood that the low-risk offender will recidivate.

> "Placing offenders who were lower risk in structured programs (whether treatment or supervision oriented) clearly demonstrates that recidivism can actually be increased".[3]

The researchers concluded, "with the following recommendations:

- Length of programming and supervision needs to be clearly tied to levels of risk. Offenders who are lower risk are best served with more traditional levels of supervision, whereas offenders who are higher risk should be kept in programming longer to address their risk factor and needs.
- Offenders are not higher risk because they have a particular risk factor, but rather because they have a multitude of risk factors. Accordingly, a range of services and interventions should be provided that target the specific crime-producing needs of the offenders who are higher risk. Multiple services are required for offenders who are higher risk."[4]

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[1] Lowenkamp,Christopher T., Edward J. Latessa, & Alexander M. Holsinger. "The Risk Principle in Action: What Have We Learned From 13,676 Offenders and Correctional Programs" Crime & Delinquency Vol. 52 No. 1 (2006) : 77-93
[2] Ibid
[3] Ibid
[4] Ibid

Intervention and Supervision

As part of the intensive intervention and supervision provided by DTC, offenders appear before a specially trained judge, usually every two weeks, for status hearings for approximately 12 months. Prior to the status hearing, the DTC core team (i.e., judge, district attorney, defense attorney, TASC coordinator, treatment provider, case coordinator, law enforcement liaison, and probation officer) meets to review each offender's compliance with probation conditions, drug test results, treatment attendance, and treatment plan progress since the last status hearing. The core team makes recommendations concerning the imposition of appropriate sanctions and rewards. At the status hearing, the judge engages each offender in an open dialogue concerning his/her progress or lack thereof and, if appropriate, imposes rewards or sanctions designed to continue the offender's movement through the treatment process. While the offender is involved in Drug Treatment Court, specialized probation officers provide close supervision, TASC coordinators provide care management including referrals to needed services, treatment specialists provide intensive outpatient treatment, and drug court coordinators facilitate core team decision-making at regular case staffings and manage the court docket and court sessions.

To complete DTC, the offender must attend court as required, successfully complete all required clinical treatment, receive clean drug tests during the prior three to six months (varies by local court), be employed and paying regularly towards his/her legal obligations (e.g., child support, restitution), be in compliance with the terms of his/her probation or deferred prosecution, and be nominated for graduation by the DTC team.

Participation During FY 2005-2006

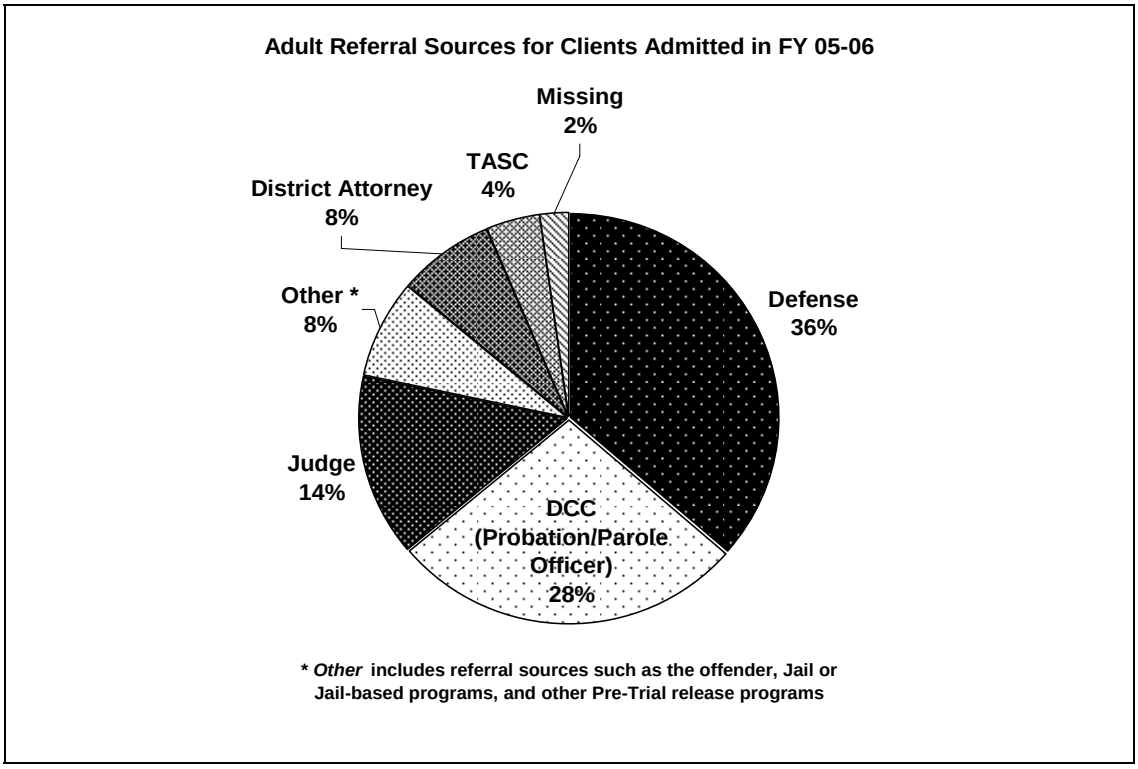
During FY 2005-2006 there were 1,241 referrals to adult drug treatment courts. Based on the results of a screening, courts admitted 487 offenders, or 39% of those who were referred. The percentage of referred offenders who are admitted is roughly the same as 2004-2005. Offenders are ineligible for admission for a variety of reasons. The most common reasons include: not chemically dependent, history of violent offenses, drug seller only, habitual felon, and disqualifying pending charges. The total number of offenders served during the year was 876.

Of those admitted to Adult DTC, an estimated 72% were sentenced offenders, an estimated 21% were deferred prosecution defendants, and 7% were unreported. In keeping with the fact that Drug Treatment Courts were made an Intermediate Sanction by the General Assembly in 2004, there was a significant increase in the number of sentenced offenders served in 2005-2006, up from 65% to 72%. This change to sentenced, intermediate level offenders also coincides with the DMH/DD/SAS treatment target population for criminal offenders.

Sixty three percent (63%) of all offenders admitted to adult DTCs were charged or convicted of felony crimes and 37% were charged or convicted of misdemeanors. This represents a slight increase in misdemeanant participants, attributable to the number of DWI offenders served. Two thirds (64%) of all misdemeanors served were for driving offenses. Forty-one percent (41%) of these were Level 1 and 2 DWI offenders.

As seen in Chart 1, of the offenders admitted to Adults DTCs during FY 2005-2006, the largest proportion were referred by Defense Attorneys (36%) followed by Division of Community Corrections (26%), and Judges (14%). The final 22% is composed of referrals made by District Attorneys, TASC and others, including self referral.

Chart 1



Demographic Information

Of those offenders who entered Adult Drug Treatment Courts during FY 2005-2006 for whom data was entered into the MIS system:

- 64% were male,
- 36% were female,
- 49% were Caucasian,
- 42% were African American,
- 9% listed Other as their Race,
- 8% listed Hispanic ethnicity,

- 36% reported ages between 20-29, 30% reported ages between 30-39, 25% reported ages between 40-49, 7% reported ages 50-59, 3% reported ages 16-19,
- 50% reported being single and never married, 32% reported being separated, divorced or widowed, 18% reported being married or living with someone as married,
- 35% reported having a high school diploma or GED, 34% reported having less than a high school diploma or GED, 31% reported some technical college or college, a 2-year degree, a 4-year degree, or a graduate or professional degree,
- Offenders reported having 318 minor children.

Crimes of Adult Drug Treatment Court Admissions
Of the offenders admitted to Adult Drug Treatment Courts during FY 2005-2006, an estimated 63% were felony offenders either sentenced by the courts or deferred prosecution by district attorneys. Of these, 56% were Class I offenses and 33% were Class H offenses.

The most commonly occurring felony crime types included:
- Possession of Cocaine (35%),
- Breaking and/or Entering (10%), and
- Possession with Intent to Sell and or Distribute Cocaine (7%).

Of the offenders admitted to Adult Drug Treatment Courts during FY 2005-2006, an estimated 37% were misdemeanor offenders; either sentenced by the courts or deferred prosecution by district attorneys. Of these, 29% were Class 1 misdemeanors and 63% were traffic offenses. The most commonly occurring crime types included:
- Driving While Impaired (57%),
- Possession of Drug Paraphernalia (10%),
- Misdemeanor Larceny (7%), and
- Driving While License Revoked (5%).

There was a significant increase in the number of DWI offenders served (up 10%) from 2004-2005. Possession of drug paraphernalia replaced driving while licensed revoked as the second most common crime.

Treatment Needs
Adult Drug Treatment Court Coordinators administer the Substance Abuse Subtle Screening Inventory (SASSI) to determine if offenders have a substance abuse problem, and are therefore appropriate for Drug Treatment Courts. For admissions to Adult Drug Treatment Courts during FY 2005-2006 the following results from the SASSI were recorded:
- 89% were screened as having a “high probability of having a substance abuse disorder,”

- 3% were screened as having a “low probability of having a substance abuse disorder,”
- 8% were screened as having a “low probability of having a substance abuse disorder, but other information indicates addiction.”

Twenty eight percent (28%) of the adult, criminal offenders admitted to the DTC reported receiving mental health treatment previous to their admission to the treatment court.

The most frequent drugs of choice reported by offenders admitted to the Adult DTCs during FY 2005-2006 included the following:

- Crack cocaine (34%),
- Alcohol (30%),
- Marijuana (17%), and
- Powder cocaine (8%).

This does not represent a significant change in the drugs of choice from 2004-2005 but a slightly higher number of offenders reported alcohol as their drug of choice (30% versus 24%). Offenders may have reported more than one drug of choice.

Imposition of Sanctions and Rewards

Drug treatment courts impose sanctions and rewards to shape the drug court participant’s behavior. Rewards are used to reinforce and reward desirable behavior while sanctions are used to help extinguish undesirable behavior. Treatment should never be viewed as a reward or sanction although the participant may view changes in treatment requirements as such. During FY 2005-2006, the most commonly occurring rewards and sanctions were:

<u>Rewards</u>

- Applause
- A List
- Judicial Praise
- Certificate
- Other - Individualized reward

<u>Sanctions</u>

- Jail
- Other – Individualized sanction
- Community Service
- Court Attendance
- Judicial Directives

PART 3
FAMILY DRUG TREATMENT COURTS

During FY 2005-2006, Family Drug Treatment Courts (FDTC) operated in the following counties: Buncombe, Cumberland, Durham, Halifax, Mecklenburg, Orange, and Wayne.

Family Drug Treatment Courts work with substance abusing parents who are under the jurisdiction of the juvenile court due to a petition alleging child abuse, neglect or dependency or the adjudication of child abuse, neglect or dependency. The parents/guardians may enter FDTC pre-adjudication (at the day one conferences) or post-adjudication. Family Drug Treatment Courts help ensure compliance with the Adoption and Safe Families Act. In all cases, at the time of referral and admission to FDTC there must be a case plan for family reunification. Before being admitted to Family Drug Treatment Court, the parents are screened and substance abuse is determined to be a factor that contributed to the substantiation of neglect, abuse, or dependency.

During the latter part of 2000, the NC Legislative Study Commission on Children and Youth voted to introduce legislation that would promote and support Family DTC programs in jurisdictions that have an infrastructure supporting an existing Drug Treatment or Family Court. Family Drug Treatment Court is co-sited with Family Courts in the following counties: Buncombe, Cumberland, Durham, Halifax, Mecklenburg, Union, and Wayne. In 2001 Family Drug Treatment Court was included in the Drug Treatment Court legislation N.C.G.S § 7A-790.

A recent report, *Family Treatment Drug Court Evaluation, Final Phase I Study Report* included comparison analyses that explored the treatment and child welfare outcomes for parents processed through FDTC compared to parents receiving traditional child welfare case processing. The study concluded,

> "Based on the data, it appears that FDTCs may be successful in improving the rate of substance abuse treatment entry, retention, and completion for parents involved with the child welfare system…It appears that helping parents to enter the FDTC quickly following the initial petition, and facilitating timely entry into substance abuse treatment services are important initial steps in the recovery process for parents. This is consistent with research and theory that suggests that there are important "windows of opportunity" for motivating parents to enter and remain in treatment. In this case, involvement with child welfare and the family court may act as a "wake up call" to parents, making them more open to actively pursing treatment."[1]

[1] Worcel, Sonia, Carrie Furrer, Beth Green & Bill Rhodes, Family Drug Treatment Court Evaluation Final Phase I Study Report 2006

Target Population
Researchers indicate that "problems with alcohol and drug use are present in 40%-60% of families known to child welfare agencies."[1] "Historically, parents with substance abuse problems have had the lowest probability of successful reunification with their children, and children from these families are more likely to remain in foster care for extended periods of time."[2] The parents in the NPC study exhibited multiple risk and needs factors including addiction to alcohol and/or drugs, history of mental illness, criminal history, history of domestic violence, less than high school education, and unemployment. Congruent with this research, North Carolina Family Drug Treatment Courts target high-need and high-risk parents who have lost custody of their children due to substantiation and adjudication of abuse, neglect and/or dependency.

Intervention and Supervision
Family DTC judges require participants to attend court every two weeks, to participate in treatment, and to submit to frequent drug testing (on average twice per week). Matters involving visitation and custody are not handled in Family DTC, they are dealt with in the juvenile Abuse/Neglect/Dependency (AND) court. Only Halifax has an "integrated" FDTC where the same judge has jurisdiction in the AND and FDTC case and would therefore be able to determine and/or change matters regarding the child such as visitation.

The Family DTC is characterized by court-based collaboration among child welfare workers, substance abuse treatment providers, parents' attorneys, DSS/county attorneys, guardians ad litem, and DTC case coordinators. The parents appear before the Family DTC team every two weeks. This intense monitoring and accountability helps ensure compliance with the Adoption and Safe Families Act (ASFA). The 1997 Act issued a mandate to states to shorten time frames for children in foster care and move to a permanent placement within twelve months from the date of removal from the home.

The objectives of Family DTC are to ensure the parent receives timely substance abuse assessments and treatment, while supporting the parent in meeting any other requirements for reunification with his/her children. These often include: parenting education, job skills training and/or employment, and acquisition of reliable childcare and appropriate housing. Family DTCs provide parents with access to treatment services, and opportunities to become self-sufficient and to develop adequate parenting and coping skills.

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[1] Worcel, Sonia, Carrie Furrer, Beth Green & Bill Rhodes, Family Drug Treatment Court Evaluation Final Phase I Study Report 2006

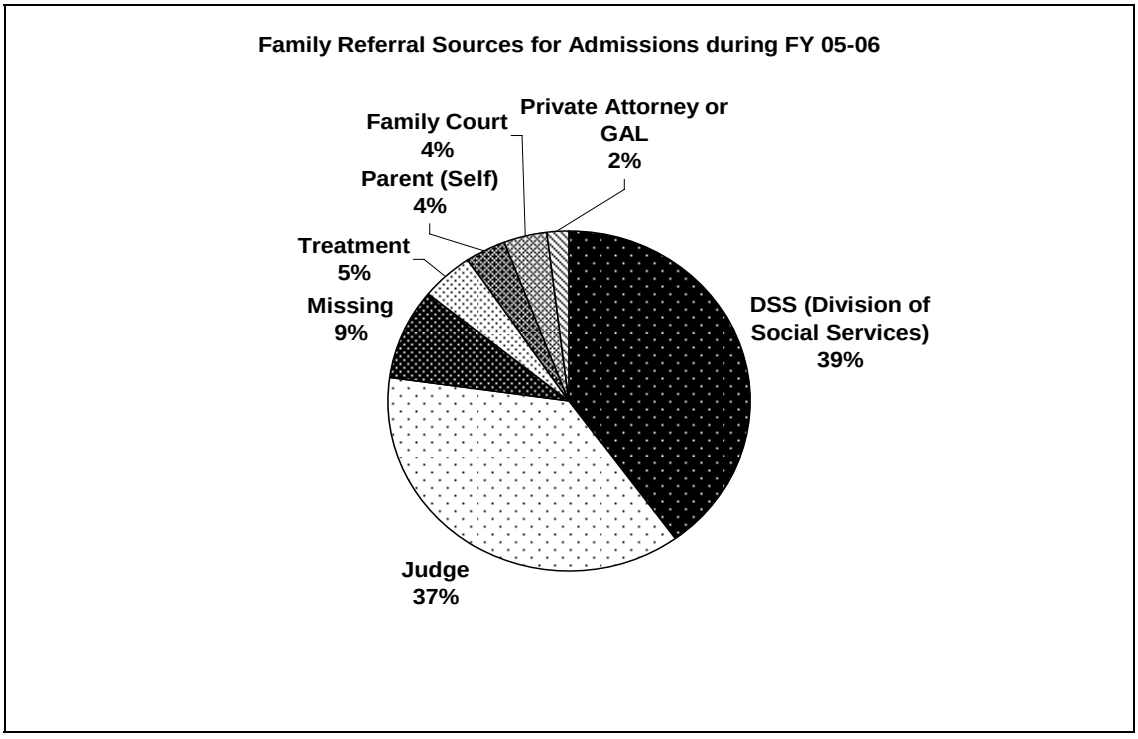
[2] Green, Beth, Carrie Furrer, Sonia Worcel, Scott Burus & Michael Finigan. "How Effective Are Family Treatment Courts? Outcomes From a Four-Site National Study" 2007 Child Maltreatment, Vol. 12, No.1

Mecklenburg County (District 26) operates two different levels of Family DTC. Level II is the intensive court and treatment option as described above. Level I receives referrals from the Abuse/Neglect/Dependency Court of all parents for whom substance abuse was a factor in the DSS petition. Level I ensures that the parent receives substance abuse, mental health and domestic violence screening from the QSAP (Qualified Substance Abuse Professional) assigned to the court and that the parent is referred to treatment and other services. The parent then receives some additional monitoring from the Family DTC, reporting to the court once per month rather than every two weeks. If the parent fails to comply with his/her case plan, then s/he is recommended and/or ordered into the more intensive, traditional Family DTC or Level II.

Participation During FY 2005-2006

During FY 2005-2006 there were 178 referrals to Family Drug Treatment Courts. Based on the results of a screening, courts admitted 105 parents, or 59% of those who were referred. The total number of active parents served during the year was 138.

Chart 2



As seen in Chart 2, of the parents admitted to Family DTCs during FY 2005-2006, Departments of Social Services staff referred 39% of all participants, with judges referring 37%. Other referrals came from treatment staff, Family Court staff, parents themselves, and parent attorneys.

Demographic Information
Of those parents who entered Family Drug Treatment Courts during FY 2005-2006 for whom data was entered into the MIS:

- 83% were female,
- 17% were male,
- 53% were African American,
- 43% were Caucasian,
- 4% listed Other as their race,
- 1% reported Hispanic ethnicity,
- 42% reported ages 30-39, 37% reported ages 20-29, 17% reported ages 40-49, 1% reported ages 50-59,
- 56% reported being single and never married, 26% reported being separated/divorced/widowed, and 17% reported being married,
- For those with information entered into the management information system, 53% reported having less than a high school diploma or GED, 33% reported having a high school diploma or GED, 15% reported some technical college or college, or a graduate or professional degree.
- Parents reported having 147 minor children and,
- Eight pregnancies were reported.

Treatment Needs
Family Drug Treatment Court Case Coordinators administer the Substance Abuse Subtle Screening Inventory (SASSI) to determine if parent respondents have a substance abuse problem and are therefore appropriate for Drug Treatment Court. For admissions to Family Drug Treatment Courts during FY 2005-2006 the following results from the SASSI were recorded:

- 76% were screened as having a "high probability of having a substance abuse disorder,"
- 6% were screened as having a "low probability of having a substance abuse disorder,"
- 18% were screened as having a "low probability of having a substance abuse disorder, but other information indicates addiction."

Fifty percent (50%) of parents admitted to the FDTC reported receiving mental health treatment prior to entering the treatment court.

The most frequent drugs of choice reported by parent respondents admitted to the Family DTCs during FY 2005-2006 included the following:

- Crack cocaine (45%),
- Marijuana (27%),
- Alcohol (13%), and
- Powder cocaine (12%).

Parent respondents may have reported more than one drug of choice.

Imposition of Sanctions and Rewards

Drug treatment courts impose sanctions and rewards to shape the drug court participant's behavior. Rewards are used to reinforce and reward desirable behavior while sanctions are used to help extinguish undesirable behavior. Treatment should never be viewed as a reward or sanction although the participant may view changes in treatment requirements as such. During FY 2005-2006, the most common rewards and sanctions utilized in Family Drug Treatment Courts were:

Rewards

- Applause
- Certificate
- Judicial Praise
- Gifts
- Court Attendance

Sanctions

- Jail
- Community Service
- AA/NA Attendance
- Other – Individualized sanction
- Written Report

Family Drug Treatment Courts are more likely than other courts to use gift certificates as a reward for participants. Gift certificates are generally directed toward activities that support positive interaction between the parent and child(ren) and/or are provided for the purchase of food and/or supplies for the care of the child(ren).

PART 4
YOUTH DRUG TREATMENT COURTS

During FY 2005-2006, Youth Drug Treatment Courts operated in the following counties: Durham, Forsyth, Mecklenburg, Rowan, and Wake.

North Carolina YDTCs work with juveniles under the probationary supervision of the NC Department of Juvenile Justice and Delinquency Prevention (DJJDP) whose drug and/or alcohol use is negatively impacting their lives at home, in school and the community. Youth are referred by the Juvenile Court Judge or DJJDP Court Counselors. Youth Drug Treatment Court Coordinators receive the referral, meet with the youth and family and facilitate admission into the YDTC.

The goals of Youth Drug Treatment Courts are to provide timely treatment interventions for juvenile delinquents using drugs and/or alcohol, and their families and to provide structure for the participants through the on-going, active involvement and oversight of a treatment court judge and court-based team. Objectives of Youth Drug Treatment Courts include supporting youth to perform well in school, develop healthy family relationships, and connect to their communities.

Target Population

In a recent publication, *Juvenile Drug Courts: Strategies in Practice*, researchers indicate that juvenile drug treatment courts "provide intensive judicial intervention and supervision of juveniles and families involved in substance abuse."[1] Most juveniles involved in drug treatment courts exhibit multiple risk and need factors. In recent research on Maine's Juvenile Dug Treatment Court Program, the juveniles exhibited risk and needs factors such as ASAM (American Society of Addiction Medicine) Severity Level III or higher, prior treatment experiences, prior arrests, and high to medium scores on the Youth Level of Services Inventory.[2] Congruent with this research, North Carolina targets high-risk and high-need juveniles who have been adjudicated delinquent. In North Carolina, juvenile delinquents are less than sixteen years of age when they committed their offense(s).

Intervention and Supervision

The YTC is designed to provide immediate and continuous court intervention that includes requiring the child and family to participate in treatment, submit to frequent drug testing, appear at frequent court status hearings, and comply with

[1] US Department of Justice. Bureau of Justice. Juvenile Drug Courts: Strategies in Practice. 2003

[2] Anspach, Donald F. & Andrew S. Ferguson, Part II: Outcome Evaluation of Maine's Statewide Juvenile Drug Treatment Court Program 2005

other court conditions geared to accountability, rehabilitation, long-term sobriety and cessation of criminal activity.

DJJDP designates one or two court counselors to work intensively with the YDTC juveniles and their families in each jurisdiction. The court counselor is an integral part of the YDTC Core Team that includes a certified juvenile court judge, the YDTC case coordinator, a juvenile defense attorney, an assistant district attorney, and a variety of treatment professionals.

Treatment is provided differently in each court but courts located in jurisdictions with MAJORS (Managing Access to Juvenile Offenders Resources and Services) are expected to access assessment and treatment through that program. MAJORS is a publicly funded assessment and treatment program especially designed to work with substance abusing juvenile offenders and is located in all North Carolina counties with the exception of Mecklenburg.

Each YDTC expects parental involvement and provides services and education to parents either through their inclusion in family treatment sessions, required parenting classes (attended with their teens) and/or other family-focused programming.

Participation During FY 2005-2006

During FY 2005-2006 there were 98 referrals to Youth Drug Treatment Courts. Based on the results of a screening, courts admitted 58 juveniles, or 59% of those who were referred. The total number of active juveniles served during the year was 111. All of the juveniles in Youth Drug Treatment Courts were referred by juvenile court judges or juvenile court staff.

Demographic Information

Of those youth who entered Youth Drug Treatment Court during FY 2005-2006, for whom there was data in the MIS:

- 79% were male,
- 21% were female,
- 40% were Caucasian,
- 53% were African American,
- 7% reported Other as their race,
- 3% reported Hispanic ethnicity,
- At the time of admission, 43% were age 15, 36% were age 16, 14% were age 14, 5% reported age 17, 3% were age 13, and 3% were age 17.
- 54% reported being in 9th grade in school, 24% reported being in 8th grade, 20% reported being in 10th grade, and 2% reported being in 7th grade.

Crimes of Youth Drug Treatment Court Admissions

Of the juveniles admitted to Drug Treatment Courts during FY 2005-2006, the majority (58%) committed misdemeanors and 41% committed felonies. Of

those who committed misdemeanors, the majority (50%) were adjudicated for Class 1 offenses. The most commonly occurring misdemeanors were possession of marijuana (38%), possession of drug paraphernalia (13%), and misdemeanor assault (12%).

Of the felony offenses, the majority (74%) were Class H and I adjudications. The most commonly occurring felonies were breaking and entering a motor vehicle (16%), larceny (11%), possession of a stolen vehicle (11%), and drug possession (11%).

Imposition of Sanctions and Rewards

Drug treatment courts impose sanctions and rewards to shape the drug court participant's behavior. Rewards are used to reinforce and reward desirable behavior while sanctions are used to help extinguish undesirable behavior. Treatment should never be viewed as a reward or sanction although the participant may view changes in treatment requirements as such. During FY 2005-2006, the most commonly occurring rewards and sanctions in Youth Drug Treatment Courts were:

<u>Rewards</u>

- Applause and/or Judicial Praise
- Certificate/Plaque
- A List
- Gift or Gift Certificate
- Court Attendance Reduced

<u>Sanctions</u>

- Juvenile Detention
- Community Service
- Other – Individualized Sanction
- Written Report/Essay
- Verbal Reprimand

PART 5
EVALUATION OF DRUG TREATMENT COURTS

N. C. General Statute 7A-801 requires the Administrative Office of the Courts to conduct ongoing evaluations of Drug Treatment Courts. Currently, the AOC has the capacity to monitor intermediate outcomes for Drug Treatment Courts, but not to conduct a scientific evaluation of the long-term impact of Drug Treatment Courts. During FY 2005-2006, the AOC contracted with innovation Research and Training Inc. (iRT) to conduct an evaluation of the short-term outcomes of the five youth drug treatment courts in North Carolina. It was also hoped that the evaluation would provide insight into the most appropriate target population for youth drug treatment courts in North Carolina and other data supporting the improved operation of the courts. The N. C. Sentencing and Policy Advisory Commission plans to include adult Drug Treatment Courts in their 2008 recidivism report and in the future to also include Youth Drug Treatment Courts in their bi-annual recidivism evaluation.

Monitoring Intermediate Outcomes of NC Drug Treatment Court Participants

When assessing Drug Treatment Courts, both intermediate outcomes and long-term outcomes are important measures of performance. Long-term outcomes are reported in scientific research conducted by experts in the field. Intermediate outcomes can be reported by monitoring performance while an offender or parent respondent is under Drug Treatment Court supervision. The following intermediate outcome measures provide feedback on the impact of Drug Treatment Courts while the offender is under its supervision. This report does not include any data from the adult or juvenile drug treatment courts in District 21 due to problems with data entry and data quality.

- Court Attendance

The unique aspect of Drug Treatment Courts versus other sanctions is that participants are required to report to court and interact with the judge about their behavior and progress every two weeks. The court sessions are personalized and intense.

- ✓ The 458 active offenders who exited Adult Drug Treatment Courts during FY 2005-2006 were expected to attend court 5,014 times. They attended court 4,737 sessions or 94% of the time.

- ✓ The 51 active parent respondents who exited Family Drug Treatment Courts during FY 2005-2006 were expected to attend court 493 times. They attended 438 court sessions or 89% of the time.

- ✓ The 52 juvenile offenders who exited Youth Drug Treatment Courts during FY 2005-2006 were expected to attend court 845 times. They attended 809 court sessions or 96% of the time.

- Retention in Treatment

Retention in a treatment process for up to twelve months is a major objective of Drug Treatment Courts. Research indicates that the longer an addict is in treatment, the more likely he/she is to recover from addiction and live a legal, healthy life. As seen in Table 7, during FY 2005-2006, 65% of adult offenders, 37% of parent respondents[1] and 67% of juveniles who exited, remained in treatment for over six months.

Table 7: Retention Rate in Treatment for DTC Participants Discharged

	Adult DTC		Youth DTC		Family DTC	
	04-05	05-06	04-05	05-06	04-05	05-06
Remained in Treatment 0-3 Months	19%	18%	15%	11%	10%	10%
Remained in Treatment 3-6 Months	15%	17%	20%	23%	23%	53%
Remained in Treatment 6-12 Months	21%	20%	29%	34%	33%	25%
Remained in Treatment Over 12 Months	45%	45%	35%	33%	34%	12%

- ✓ Adult DTC participants were required to attend 52,268 hours of treatment. In total, 876 adult offenders attended 40,632 hours of treatment or attended required treatment 87% of the time.
- ✓ Family DTC participants were required to attend 11,407 hours of treatment. In total, 138 parent respondents attended 7,881 hours of treatment or attended required treatment 84% of the time.
- ✓ Youth DTC participants were required to attend 2,873 hours of treatment. In total, 47 delinquent juveniles attended 2,428 hours of treatment or attended required treatment 85% of the time.

In addition to attending treatment, adult participants are required to attend community support groups such as Alcoholics Anonymous/Narcotics Anonymous.

- ✓ The 458 offenders who exited Adult Drug Treatment Courts during FY 2005-2006 were required to attend 50,511 AA/NA meetings. They attended 37,810 or 75% of the meetings.
- ✓ The 52 parents who exited Family Drug Treatment Courts during FY 2005-2006 were required to attend 5,064 AA/NA meetings. They attended 4,192 or 83% of the meetings.

[1] In FY 2005-2006, only five of the seven FDTCs were operational for the full year, thus reducing the percentage of parents retained in treatment for more than six months.

- Drug Tests

An important element of Drug Treatment Courts is frequent drug testing, both as a measure of compliance with the court's order and as a tool to reinforce treatment. Usually, DTC participants are drug tested twice per week.

- ✓ The 458 offenders who exited Adult Drug Treatment Courts during FY 2005-2006 were tested for drugs 22,651 times. Sixty-two percent (62%) of offenders who exited Adult Drug Treatment Courts tested positive for drugs and/or alcohol at least once. Adult offenders who exited during FY 2005-2006 had an average of 279 clean days between a negative and positive drug test.
- ✓ The 52 parents who exited Family Drug Treatment Courts during FY 2005-2006 were tested for drugs 1,641 times. Sixty-one percent (61%) of parents who exited Family Drug Treatment Courts tested positive for drugs and/or alcohol at least once. Parents who exited Family DTCs during FY 2005 – 2006 had an average of 195 clean days between a negative and a positive drug tests.
- ✓ The 51 delinquents who exited Youth Drug Treatment Courts during FY 2005-2006 were tested for drugs 1,097 times. Eighty-three percent (83%) of juveniles who exited Youth Drug Treatment Courts tested positive for drugs and/or alcohol at least once. Delinquent juveniles who exited DTC during FY 2005 – 2006 had an average of 201 clean days between a negative and a positive drug test.

- Compliance with Probation

Adult offenders are required to meet with their assigned probation officer as a condition of probation and as part of the expectations of the DTC.

- ✓ The 458 offenders who exited Adult DTCs during FY 2005-2006 were required to make 8,610 probation contacts. These mandatory probation contacts were met 81% of the time.

- Employment/School

While in Adult or Family Drug Treatment Courts, participants are expected to obtain/maintain employment.

- ✓ Of offenders who exited Adult Drug Treatment Courts during FY 2005-2006, 52% were employed at the time of exit.
- ✓ Of participants who exited Family Drug Treatment Courts during FY 2005-2006, for whom data was available, 20% were employed at the time of exit.

- Days in Jail/Detention

Jail is used as a sanction for serious non-compliance with Adult and Family Drug Treatment Court conditions. Detention is used as a sanction for serious non-compliance with Youth Drug Treatment Court conditions.

- ✓ Of offenders who exited Adult Drug Treatment Courts during FY 2005-2006, 25% served a total of 2,010 days in jail.
- ✓ Of participants who exited Family Drug Treatment Courts during FY 2005-2006, 8% served a total of 64 days in jail.
- ✓ Of juveniles who exited Youth Drug Treatment Courts during FY 2005-2006, 48% served a total of 408 days in detention.

▪ Criminal Charges

While in Drug Treatment Court, adult and juvenile offenders are expected not to commit new crimes.

- ✓ Of offenders who exited Adult Drug Treatment Courts during FY 2005-2006, 17% were terminated for new arrests or convictions.
- ✓ Of juveniles who exited Youth Drug Treatment Courts during FY 2005-2006, 24% were terminated for adjudications for new crimes.

▪ Reasons for Unsuccessful Terminations

Participants can be terminated from Drug Treatment Courts for a variety of reasons including non-compliance with Court conditions (e.g. failure to report to court, failure to attend treatment, failure to meet with probation officer), positive drug tests, new arrests/convictions, and technical violations of probation not related to the DTC. They may also be terminated for neutral reasons (e.g. medical reasons). As seen in Tables 8, 9, and 10, the vast majority of DTC participants who exited during FY 2005-2006 were terminated for not complying with the court conditions including missing court dates, treatment, or appointments with probation officers.

Table 8: Reasons for Terminations for Active Participants Who Exited Adult DTCs

Fiscal Year	Non-Compliance with Court Orders	Positive Drug Tests	New Arrests or Convictions/ Technical Probation Violations	Voluntary Withdrawals	Neutral or Other Reasons
2005 2006	67%	6%	17%	2%	8%
2004 2005	70%	8%	4%	7%	6%

Table 9: Reasons for Terminations for Active Participants Who Exited Family DTCs

Fiscal Year	Non-Compliance with Court Orders	Positive Drug Tests	New Arrests or Convictions/ Technical Probation Violations	Voluntary Withdrawals	Neutral or Other Reasons
2005 2006	80%	9%	3%	3%	6%
2004 2005	76%	3%	N/A	3%	5%

Table 10: Reasons for Terminations for Active Participants Who Exited Youth DTCs					
Fiscal Year	**Non-Compliance with Court Orders**	**Positive Drug Tests**	**New Arrests or Convictions/ Technical Probation Violations**	**Voluntary Withdrawals**	**Dispositional Placement**
2005 2006	53%	6%	24%	6%	6%
2004 2005	46%	9%	26%	20%	Not Available

- Impact on Families

An important objective of Family Drug Treatment Courts is reunification of the child with the family, or some other permanent plan for the child.

Of the 16 parents who completed/graduated from Family DTC during FY 2005-2006 (Cumberland, Durham, Mecklenburg and Orange), Drug Treatment Court staff reported:

- ✓ Twelve (12) parents or 75% regained custody of at least one of their children (a total of 19 children or 61%),
- ✓ Four (4) parents or 25% agreed to or were court ordered to place at least one of their children (a total of 12 children or 39%) in a permanent placement other than with parents (e.g. custody with relative or guardian), and
- ✓ No parent who successfully completed Family DTC had his/her parental rights terminated.

Of the 35 parents who did not successfully complete Family DTC during FY 2005-2006 (Cumberland, Durham, Mecklenburg and Orange), Drug Treatment Court staff reported:

- ✓ Five (5) parents or 14% regained custody of at least one of their children (a total of 12 children or 18%),
- ✓ Twenty-two (22) parents or 63% agreed to or were court ordered to place at least one of their children (a total of 32 children or 48%) in a permanent placement other than with themselves (e.g. custody with relative or guardian), and
- ✓ Ten (10) parents or 29% agreed to or were subject to court ordered termination of parental rights for at least one child (a total of 17 children or 26%).

An important objective of Youth Drug Treatment Courts is to support juveniles so they can reside with their parents, whenever appropriate. At the time of discharge from Youth Drug Treatment Courts:

- ✓ 57% (30) of the juveniles were living with their parents,
- ✓ 13% (7) were living with other relatives,
- ✓ 10% (5) were living in residential treatment,
- ✓ 8% (4) were reported placed in a youth development center,

- ✓ 8% (4) were reported in runaway status, and
- ✓ 4% (2) were living in therapeutic foster care.

Appendix I

State Advisory Committee Members

N. C. Drug Treatment Court Advisory Committee 2005 – 2006	
Chair of the DTC Advisory Committee Honorable James E. Ragan, III Emergency Superior Court Judge Judicial District 3B	
Mr. Thomas J. Andrews Citizen Representative	Ms. Barbara Blanks Citizen Representative
Ms. Sonya Brown Justice Systems Innovations team Leader Department of Health & Human Services	Mr. Bryan Collins Public Defender Judicial District 10
Mr. Dennis Cotten Central Area Administrator Department of Juvenile Justice and Delinquency Prevention	Honorable Craig Croom District Court Judge Judicial District 10
Ms. Peg Dorer Executive Director Conference of District Attorneys	Mr. Robert Guy Director Division of Community Corrections
Honorable Fritz Y. Mercer Chief District Court Judge Judicial District 26	Honorable William M. Neely Chief District Court Judge Judicial District 19B
Honorable Ronald K. Payne Superior Court Judge Judicial District 28	Ms. Virginia Price Assistant Secretary Division of Alcohol & Chemical Dependency Programs
Mr. Anthony Queen Deputy Director Governor's Crime Commission	Ms. Flo Stein Chief of Community Policy Management Department of Health & Human Services

Appendix II

State Memorandum of Agreement

Memorandum of Agreement between the North Carolina Department of Health and Human Services and the North Carolina Department of Correction and the Administrative Office of the Courts

This Memorandum of Agreement (MOA) and Appendices are entered by and between the Department of Health and Human Services (DHHS), the Department of Correction (DOC) and the Administrative Office of the Courts (AOC) for the purpose of developing a comprehensive offender management model that ensures public safety while addressing the needs of offenders. The Division of Community Corrections (DCC) and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS) are the primary resources involved in community corrections. AOC manages the N.C. Drug Treatment Court Act Program and provides administrative support to the local courts that operate Adult Drug Treatment Courts (DTC). The Division of Alcoholism and Chemical Dependency Programs (DACDP) and Division of Prisons (DOP) impact community corrections through the release of offenders who have received services while in custody or while in a residential facility (DART-Cherry). The purpose of a comprehensive offender management model is to create a seamless system built on the ideals of integrated service delivery and coordination of resources that provide effective interventions for offenders.

DCC provides supervision of offenders in the community and DACDP and DOP offer services that support the offender's transition into the community - all of which require a structured link to services, support and coordination with DMHDDSAS community-based services. AOC provides resources and support for local judicial supervision of offenders in DTC that includes a continuum of sanctions and incentives. The Offender Management Model (OMM), as described in the Appendices, presents a systemic model for accessing community-based services through screening and assessment, matching to appropriate interventions and managing case plans. Utilizing the principles of effective interventions, we can reasonably assert that the OMM will be successful in modifying offender behavior. The objectives of the OMM are to:

- Create a comprehensive and seamless system of care for the provision of services to offenders;
- Clarify roles and responsibilities in providing control and treatment;
- Reduce the rate of revocation for technical and drug violations, thereby positively impacting the prison population;
- Combine efforts to guarantee the effective utilization of limited resources and prevent duplication;
- Use the principles of effective interventions, evidence-based practices, best practices and promising approaches for offenders;

- Share information and consult with partnering agencies when planning expansions, seeking funding, changing policy, or supporting changes in legislation that might impact service provision in one or all of the other agencies;
- Develop information systems that support information sharing, consistent with HIPAA and 42 CFR;
- Ensure cross-training opportunities for DOC, DCC, TASC, DACDP, DOP, and DTC staff and related DMHDDSAS entities and to ensure that said agencies are educated to implement the OMM; and
- Combine efforts to secure funding that would support OMM goals.

The target population for the OMM is primarily Intermediate Punishment offenders. However, Community Punishment violators at-risk for revocation, residential community corrections graduates, and post-releasees who have completed a treatment program are also eligible for this model. Offenders meeting the eligibility criteria will be screened and assessed using standard instruments and procedures that focus on criminogenic need, substance abuse and mental health service needs, and support service needs (such as housing, educational achievement, and employment skills). Through the assessment process, the offender's needs will be identified and prioritized in the common case plan for service delivery.

Once the assessment is complete, the individual case planning process will begin. A common case plan will be developed with the offender by appropriate DCC staff, TASC Care Managers, DACDP, CJPP and DTC staff. This team-initiated, common case plan supports a seamless system and further reinforces collaboration and coordination into a process of practical application. An offender's case plan will include the elements of treatment and control necessary to ensure compliance in both areas. Cognitive behavioral interventions will be used widely in this model to assist with skill building and cognitive restructuring. Research demonstrates that targeting antisocial attitudes, values and beliefs using cognitive behavioral interventions result in reductions in recidivism.

The criminal justice and public mental health systems must embrace stated goals of reducing recidivism, controlling criminal behavior and providing effective treatment to sustain the OMM's focus on outcomes. The common emphasis on reducing recidivism brings the two systems into alignment, and requires each to rethink operations and priorities based on shared goals. Furthermore, the team approach helps to maximize resources and make reallocation decisions apparent. Each entity, as appropriate, will assist in monitoring the offender's progress through joint case staffing/consultations. DCC, TASC, DACDP, DOP, and DTC staff will exchange information and make referrals regarding sanctions, treatment and service needs to existing community-based service providers.

Each entity will need to operationalize the Offender Management Model to their unique set of offender needs and resources. Specifically, standard operating procedures or MOAs governing the implementation of the model at the local level must be developed and negotiated, then signed by the appropriate authorized local representatives.

This MOA will remain in effect for three years from the date of the last signature. This MOA may be terminated by either party upon at least 30 days' written notice or immediately upon notice for cause. This MOA may be amended, if mutually agreed upon, to change scope and terms of the MOA. Such changes shall be incorporated as a written amendment to this MOA.

Department of Health and Human Services

Signature on File

_____
Carmen Hooker Odom, Secretary

DATE: 12/09/05

Department of Correction

Signature on File

_____
Theodis Beck, Secretary

DATE: 12/09/05

Administrative Office of the Courts

Signature on File

_____
Judge Ralph Walker, Director

DATE: 12/09/05

Appendix III

Youth Treatment Court Outcome Evaluation
Executive Summary

Youth Treatment Court Outcome Evaluation: Recidivism Results for Discharged Youth

2006

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Youth Treatment Court Outcome Evaluation: Recidivism Results for Discharged Youth

EXECUTIVE SUMMARY

Purpose:

- To describe the characteristics of the youth discharged from the Youth Treatment Courts (YTCs) in North Carolina
- To compare the characteristics of the youth across the five courts
- To explore and test the relationship between participant characteristics and court program compliance to graduation
- To measure recidivism of youth discharged from the YTCs by following them through the juvenile justice and adult criminal justice system in the six-month period following discharge from the YTC

Method:

- Three primary sources of data were used in this outcome evaluation to describe youth discharged from the YTCs and to explore subsequent involvement in the juvenile and/or adult criminal justice systems:
  - *YTC MIS*: Data describing youth discharged from YTCs were drawn from the YTC MIS which is maintained by the Administrative Office of the Courts (AOC). The YTC MIS contains information collected by case coordinators in the course of evaluating and serving the youth. All data for youth discharged between April 2003 and April 2006 were available for analysis.
  - *NCJOIN*: The second data source comes from the Department of Juvenile Justice and Delinquency Prevention (DJJDP). Through the NC Juvenile Online Information System (NCJOIN), DJJDP collects and maintains information about the youth it serves. NCJOIN data were used to: 1) describe youth discharged from YTCs in terms of their individual risk factors for re-offending, 2) complete complaint (charge) information that was missing in the YTC MIS, and 3) describe subsequent involvement in the juvenile justice system in the six-month period following discharge from the YTC program.
  - *ACIS*: AOC's Automated Criminal Information System (ACIS) was the third data source. ACIS contains docket-based criminal information for all court-involved individuals to include charge and convicted offense information, and criminal sentencing information. These data were used to describe involvement in the adult criminal justice system in the six-month period following discharge from the YTC program.
- Recidivism is defined as a <u>delinquent complaint</u> and/or an <u>adult charge</u> in the six-month period following discharge from the YTC.

Univariate statistics and frequencies describe the sample discharged from the courts.

- Logistic regression and chi-square are used as appropriate to describe court-by-court sample differences and to identify significant predictor variables related to graduation and recidivism.

Key Findings:

Sample of Discharged Youth

- The 132 participants across the five YTCs differ in their average age and race; however, the proportion of males to females is not significantly different across courts.
- Information related to the charge associated with referral to the YTC program indicated that 56% of youth had a Minor offense (Class 1 – Class 3 misdemeanor) for their most serious charge. The remaining 44% had a Serious offense (Class F – Class I felony, Class A1 misdemeanor) for their most serious offense. Specifically, 34% of youth had a most serious charge involving a Class 1 misdemeanor and 28% had a most serious charge involving a Class H felony. No youth discharged from the YTC program were referred to the program having a Violent charge (Class A – Class E felony). Offense seriousness of participants did not vary across courts.
- Analyses of a variety of risk factors related to the likelihood of future offending were available for 55% of the discharged sample:
  - 71% of youth had no undisciplined or delinquent adjudications prior to referral to the YTC program
  - 81% were not engaged in assaultive behavior
  - 32% had runaway from home at least once prior to YTC program referral
  - 88% were reported to have some level of substance use in the 12 months prior to assessment
  - 79% were reported to have serious school problems
  - 56% of youth were reported to regularly associate with others involved in delinquent/criminal activity and another 25% were reported to be rejected by pro-social peers or to occasionally associate with others who have been involved in delinquent/criminal activity
  - 61% were reported to have a parent/guardian who is willing and able to provide supervision
  - Overall, 26% of youth fell in the “Low Risk” category; 57% fell in the “Medium Risk” category; and, 17% fell in the “High Risk” category.
  - The only risk factor that varied significantly across courts was peer relations

- Positive drug screen results are greatest for marijuana. Attaining abstinence with this drug may be more difficult for youth and/or the test for marijuana may more accurately detect its use, because traces of marijuana remain in the body longer than some other drugs, such as alcohol.
- On average, youth receive more rewards than sanctions. While there was no significant difference in rewards received with regard to race, there was a difference with regard to sex, where females received more rewards on average than males. The number of sanctions used does not appear to be influenced by race or sex.
- The most frequently used sanction was juvenile detention, and the most frequently used reward was judicial praise or courtroom applause. All courts used both of these.

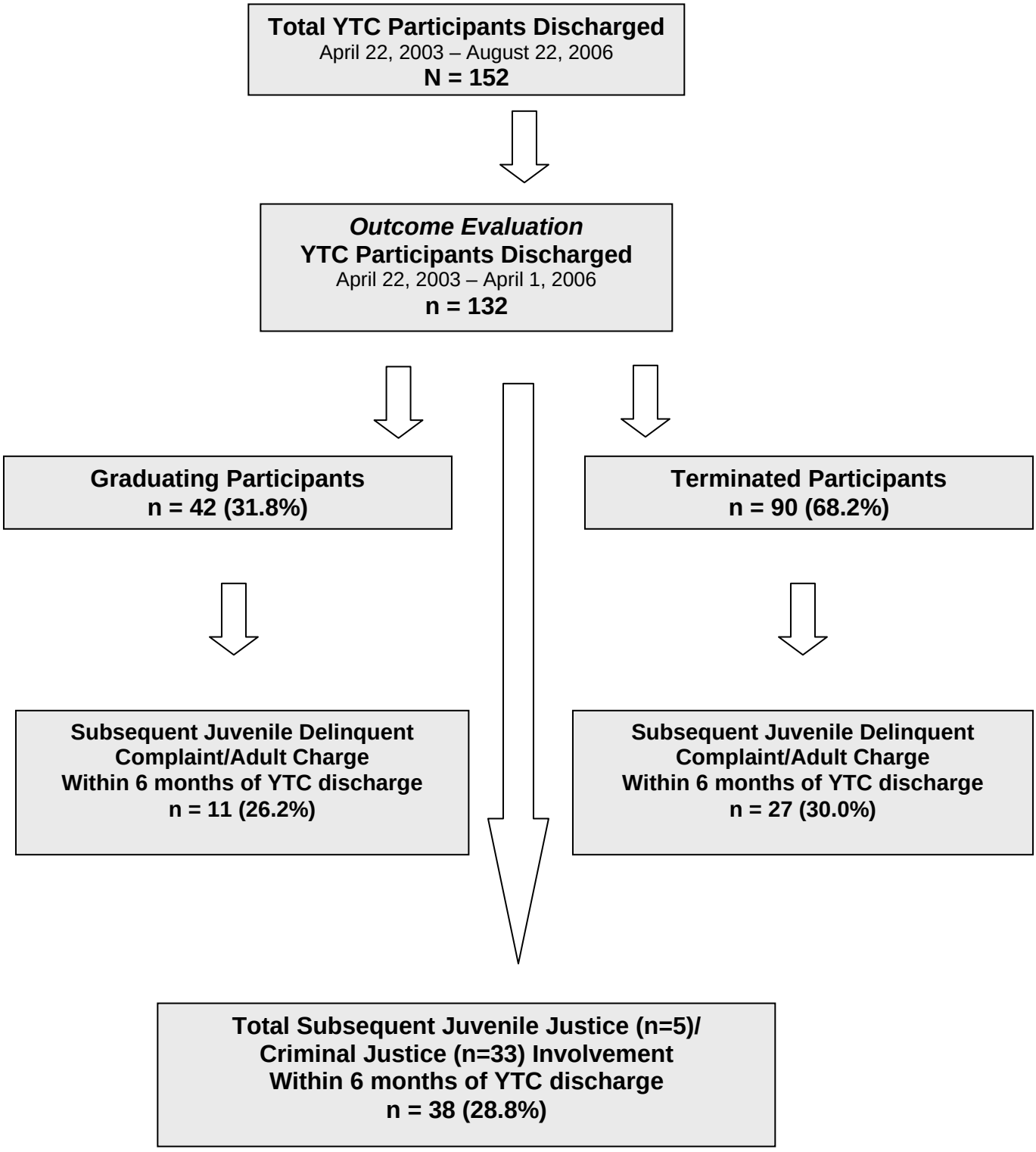
Graduation

- The overall graduation rate for the 132 youth discharged from the five YTCs is 32%, with a range of 19% to 63% across courts. On average, program length of stay was 301 days, with a range of 11 days to 681 days. Generally speaking, courts graduating a higher percentage of youth have longer average lengths of stay.
- The most common reason for discharge was non-compliance (55%) with the second most common reason being voluntary withdrawal from the program (17%). When discharged for non-compliance, the youth seemed to be non-compliant with several different aspects of the program requirements.
- Youth assessed by court counselors as “Low Risk” graduated at a higher rate (63%) than “Medium Risk” youth (34%) or “High Risk” youth (8%).
- Individual predictors of graduation were found. The predictive variables included fewer days of detention, receiving more rewards in proportion to sanctions, higher compliance test rates for marijuana, and longer program length of stay.
- YTC court placement, age, race, sex, and risk level are each significantly, individually related to graduation.
- While individual predictors of graduation were found, these findings should be considered preliminary and should not be used to draw conclusions about causality.
- While demographic information about the sample was nearly complete, data analyses were hindered by the significant amount of missing data for important program compliance indicators such as rewards received, sanctions imposed, school attendance, detention served, community service hours completed, and drug test compliance.

Recidivism

- The overall recidivism rate for the 132 youth discharged from the five YTCs is 29%, with a range of 13% to 50% across courts. The average time between YTC discharge and re-offense was 95 days, with a range of two days to 177 days.
- For the 38 youth who recidivated in the six-month period following discharge, 63% had a most serious charge involving a misdemeanor offense. 39% had at least one charge involving a drug offense. While recidivist youth accrued between 1 and 10 new charges during the follow-up period, the vast majority of them were charged with only one or two new offenses.
- About the same proportion of males (29.5%) and females (25.9%) were charged with a new offense. All racial groups recidivated at about the same rate: 29.5% of Caucasians, 26% of African Americans, and 25% of youth identified as an "Other" race were charged with a new offense.
- Youth assessed by court counselors as "Medium Risk" had the lowest recidivism rate (24.4%) relative to "Low Risk" youth (31.6%) and "High Risk" youth (33.3%).
- The recidivism rates for youth with a most serious charge for a misdemeanor (charge associated with referral to the YTC program) and those with a most serious charge for a felony were nearly identical (30.3% and 28.0%, respectively).
- The recidivism rate for youth who graduated from the YTC program was lower than those who were terminated from the program (26% and 30%, respectively).
- YTC court placement, race, sex, charge level associated with YTC referral, risk level, prior juvenile court involvement, and type of YTC discharge were not significantly related to recidivism. Individual predictors of recidivism were not found.
- The predictive variables tested include: age at YTC discharge, individual drug compliance test rates for alcohol and methamphetamines, number of rewards over sanctions, and program length of stay.
    - The alcohol compliance test rate variable approached significance, where higher compliance rates were related to a decrease in the likelihood of re-offense.
    - While not significant, the direction of the relationship between the methamphetamine compliance test rate variable and recidivism suggests that higher compliance rates are related to decreases the likelihood of re-offense.
    - While not significant, the direction of the relationship between the rewards/sanctions and recidivism suggests that the more rewards over sanctions received, the less likely youth are to re-offend.
    - While not significant, the direction of the relationship between program length of stay and recidivism suggests that the longer youth remain in the program, the less likely they are to re-offend.

NC YOUTH TREATMENT COURT OUTCOME EVALUATION:
FINDINGS FOR GRADUATION AND RECIDIVISM



Conclusions and Recommendations:

Due to the prevalence of missing data, firm conclusions cannot be drawn based on the analyses contained in this report. These analyses should be considered preliminary. However, results from these analyses may be used to guide future analyses. For example, results detailed in this report suggest that the interactions between race and court program should be explored relative to their effect on graduation. Should the randomized controlled trial analyses be conducted, the relationships between graduation and the significant predictor variables (e.g., age, sex, risk level, days in detention, the preponderance of rewards to sanctions, drug test compliance rates for marijuana, program length of stay) should be confirmed. Of particular value is the information that further analyses could provide in terms of improving the identification and targeting of youth who could benefit the most from this intensive program. In addition, a more in-depth exploration of the various program components (e.g., drug testing, the mix of rewards and sanctions used, the use of detention) could enhance program operation.

With regard to recidivism, it appears that none of the predictor variables examined were significantly related to re-offense. It is possible that the prevalence of missing data for risk level, juvenile court history, and program compliance data confounded the detection of their influence on recidivism. It is also possible that factors outside of those included in these analyses are better predictors of recidivism (e.g., previous commitment to a youth development center, number of previous delinquent complaints, types of prior delinquent complaints). Finally, due to time constraints of the study, program participants were only followed for a six-month period following release. This is important to bear in mind when comparing recidivism rates found in this study to similar studies with generally longer follow-up periods. In future studies, it is recommended that participants be followed for a post-release period of at least 12 months to more fully measure recidivism.

Overall, this study demonstrated that it is possible to connect AOC's YTC-MIS data with DJJDP's NCJOIN data to create a detailed profile of youth served in the YTC program. Joining these data creates the potential of gaining a better understanding of what works in terms of increasing graduation rates and decreasing recidivism rates, and for whom the program is most appropriate. However, in order to facilitate future analyses, entering all YTC program-related information, even if no event occurred, would allow more individuals to be retained in the analyses. This, in turn, could improve the likelihood of obtaining valid results for use by program administrators.