

**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 (AOC) 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 2006-2007, 33 Drug Treatment Courts, recognized by the Administrative Office of the Courts, operated in 20 judicial districts in North Carolina.

- 19 Adult Drug Treatment Courts in district and superior criminal court monitor sentenced offenders and/or deferred prosecution defendants on supervised probation,
- 5 Youth Drug Treatment Courts in district juvenile delinquency court monitor adjudicated delinquents on supervised probation,

- 9 Family Drug Treatment Courts in district civil court monitored parent respondents adjudicated for child abuse, neglect, and/or dependency who are seeking custody of their children.

State Funding for Drug Treatment Courts

North Carolina's Drug Treatment Courts operate under a funding strategy implemented in 2005-2006 to move the Drug Treatment Courts (DTC) towards sustainable operation and funding. The AOC funds court-based coordinator positions for adult, juvenile and family DTCs. Treatment services, for DTC participants, are accessed and funded through the public treatment system. Case management for adult DTCs is provided by probation officers in the Division of Community Corrections (DCC). Juvenile DTC participants receive case management services by juvenile court counselors in the Department of Juvenile Justice and Delinquency Prevention (DJJDP). Family DTC participants receive case management services from the local Department of Social Services, with assistance from the FDTC coordinator.

Highlights of Management Information System (MIS) Improvements

This past year Division staff focused on efforts to improve data collection and reporting related to the work of the Juvenile Abuse/Neglect/Dependency Courts. Federal funds, provided to the State DTC office, were used to improve the data collected and reported within the state DTC MIS as well as the statewide juvenile court database (JWise). Improvements to the DTC MIS included revising the language, data fields and reports specifically for use within the Family DTCs.

The most significant database improvements made this past year were to the statewide, mandated JWise data system. JWise is the official court record for all juvenile court proceedings (delinquency, abuse/neglect/dependency, emancipation and adoption). Formerly only available to the juvenile clerks, State Justice Institute funds were used to add all court-related data for use by the Guardian ad Litem program as well as a small set of data and related reports for use by the Family and Juvenile Drug Treatment Court staff. The enhanced system will be password protected for use by multiple users: juvenile clerks, guardian ad litem staff, family court and drug treatment court staff. Creation of a shared automated information system for multiple stakeholders represents a significant step forward for the state.

Highlights of Evaluation

In an effort to improve court operations statewide, the State DTC Office assisted each local court to engage in meaningful review of their local court and data. The State DTC Office provided all court coordinators with core data indicators for their court. In-service training provided by the State DTC staff to the coordinators enabled them to review their court data and facilitate a discussion of the data with the Core DTC team and Local Management Committee. This data was used by the local court during their SCOT Analysis and Action Planning meeting(s). The SCOT (Strengths-/Challenges-/Opportunities-Threats) is a self-assessment tool to assess the court's functioning relative to the 10 Key Components of Drug Treatment Courts.¹ The result of the self analysis is an action plan that was provided to the DTC Advisory Committee as part of the court's annual funding request.

¹ Defining Drug Courts: The Key Components, 1997 US Dept. of Justice, Justice Programs Office, Drug Courts Program Office

For the first time, the NC Sentencing and Policy Advisory Commission included adult drug court data in their *Correctional Program Evaluation: Offenders Placed on Probation or Released from Prison in FY 2003 – 2004* (April 2008). This is due to the 2004 statutory change that defined drug court as an Intermediate Punishment. Drug court participants are included in the study with other offenders initially sentenced to an Intermediate Punishment which include; electronic house arrest, day reporting centers, community service work program, intensive supervision and special probation.

Highlights of Training

Using a federal Bureau of Justice Assistance grant for statewide training, the state DTC office focused on developing in-state training capacity. The grant funded a part-time curriculum developer and a part-time training coordinator to support this training initiative.

The Curriculum Developer produced training modules for the (1) SCOT (Strengths/Challenges/Opportunities/Threats) and Action Planning process, (2) Sanctions and Incentives Tune Up, and (3) NC DTC 101 or the North Carolina Drug Treatment Court Planning Initiative. This position also collaborated on the development and delivery of the Comprehensive Drug Court Judicial Training conducted at the new NC Judicial College at the NC School of Government in December 2007.

Training in 2006-2007 focused on the local courts and improving their practices and processes. All adult and family DTC teams participated in a one-day intensive Sanctions and Incentives Tune Up Workshop that involved critical learning and discussion and produced a new set of “response guidelines” for each of the courts. The course focused the courts on the process of behavior modification relative to the treatment and recovery trajectory of the individual. The goal of the training was to improve engagement, retention and successful completion for all DTC participants.

Data Sources for this Report

Table 1 (page 5) provides a summary of Drug Treatment Courts’ outcomes for fiscal year 2006-2007. Table 2 (pages 6 – 7) provides a list of operational adult, youth, and family drug treatment courts in North Carolina during 2006-2007. Drug Treatment Court Coordinators in local courts enter data in an automated computer application (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 depending on the quality and quantity of data entered. Data is provided by fiscal year.

Conclusion

The cornerstones of North Carolina Drug Treatment Courts are intensive court supervision by judges, frequent drug testing, and intensive outpatient treatment. Adult, Youth, and Family Drug Treatment Court participants who exited in FY 2006-2007, were drug tested over 25,000 times, and attended over 5,300 court sessions. Two-thirds remained in treatment for over six months.

North Carolina’s Drug Treatment Courts are beginning to stabilize and mature statewide. The strength, skills and experience of local courts, coordinators and team members has enabled the State Office to begin the process of providing in-state training and mentoring. Drug Courts are in the forefront of collaboration between the judiciary and partner agencies to improve outcomes for adult offenders, juvenile delinquents and parent respondents in abuse/neglect/dependency cases.

**TABLE 1: STATE-WIDE SUMMARY OF N. C. DRUG TREATMENT COURT OUTCOMES FOR
FY 2006-2007**

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

	ADULT COURTS	FAMILY COURTS	YOUTH COURTS
Referrals	1509	410	134
New Admissions	608	293	88
Admissions: Males	63%	26%	83%
Admissions: Females	37%	74%	17%
Admissions: Caucasian	55%	35%	27%
Admissions: African American	41%	58%	61%
Admissions: Other Race	4%	7%	12%
Admissions: Hispanic Ethnicity	3%	5%	8%
Admissions: Ages 10-19	5%	4%	42% Age 15
Admissions: Ages 20-29	32%	43%	31% Age 14
Admissions: Ages 30-39	29%	33%	18% Age 16
Admissions: Ages 40-49	26%	19%	8% Age 13
Admissions: Ages 50-59	6%	1%	1% Age 17
Admissions: Single/Never Married	55%	54%	N/A
Admissions: Separated/Divorced/Widowed	28%	26%	N/A
Admissions: Married/Living as Married	17%	20%	N/A
Admissions: Less than High School Diploma/GED	31%	49%	N/A
Admissions: High School Diploma/GED	41%	36%	N/A
Admissions: Felony Crimes	68%	N/A	33%
Admissions: Misdemeanor/Traffic Crimes	32%	N/A	67%
Admissions: Most Frequent Crime Class/Type	(1) Felony Class I or H (2) DWI/DWLR (no class) (3) Misd. Class 1	N/A	(1) Misd. Class 1 (2) Felony Class H (3) Misd. Class 2
Admissions: SASSI Screening of Admissions was "High Probability of Substance Abuse"	93%	74%	N/A
Active Participants During Year (active >= 1 day)	1007	412	146
Active Participants Who Exited During Year	502	209	76
Actives Who Exited : Average Length of Stay	299 Days	202 Days	311 Days
Actives Who Exited by Completion/Graduation	32%	29%	41%
Actives Who Exited by Termination	68%	71%	59%
Most Frequent Type of Terminations:			
Non-compliance with Court/Treatment/Probation	68%	82%	54%
Positive Drug Tests	6%	1%	2%
New Arrest/Conviction/Adjud./Tech. Prob. Viol.	17%	3%	34%
Voluntary Withdrawal	3%	2%	10%
Neutral Discharge (i.e. medical, DTC transfer, other)	6%	12%	0%
Actives Who Exited: Rate Attended Courts Sessions	92%	93%	96%
Actives Who Exited: Treatment Retention > 6 months	63%	50%	66%
Actives Who Exited: Ever Positive for Drugs in DTC	73%	74%	61%
Actives Who Exited: Ever Served Jail/Detention Time	31%	4%	22%
Actives Who Exited: Community Service Hours Done	2,828 Hours	454 Hours	1091 Hours
Actives Who Exited: Employed While In Program	45%	13%	N/A
Actives Who Exited by Completion in Family DTC: Parent Regained Custody - Reunification of Family	N/A	83%	N/A

List of FY 2006-2007 Operational Drug Treatment Courts

Tables 2-4 list the FY 2006-2007 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 24 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 2006-2007		
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 & Burke Counties Judicial District 25	District Sentenced Offenders	May 2001/ March 2007
Craven & Carteret Counties 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
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 2006-2007

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
Gaston County Judicial District 27A	District DSS Petition/Adjudicated Abuse, Neglect or Dependent	August 2006
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
Union County Judicial District 20B	District DSS Petition/Adjudicated Abuse, Neglect or Dependent	August 2006
Wayne & Lenoir Counties Judicial District 8	District DSS Petition/Adjudicated Abuse, Neglect or Dependent	August 2005/ February 2007

Table 4: N. C. YOUTH DRUG TREATMENT COURTS FY 2006-2007

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 2005-2006 and FY 2006-2007.

There were 19 operational Adult Drug Treatment Courts during the fiscal year. As seen in Table 5, during FY 2006-2007 there were 608 new admissions and 1007 active participants in Adult DTCs. Family Drug Treatment Courts increased from seven (7) to nine (9), with 293 new admissions and 412 active participants during the fiscal year. There were five (5) operational Youth Drug Treatment Courts, with 88 new admissions and 146 active participants during FY 2006-2007.

While the number of operational adult DTCs did not change in 06-07, there was a 22% increase in the number of offenders referred and a 25% increase in the number of offenders admitted. The average length of stay remained roughly the same. These increases represent an increased awareness of the courts and of their target populations thus increasing both the referral and ultimate program acceptance of the participants.

Family DTCs had significant increases in referrals, admissions, and active participants. This is due both to the opening of an additional two new Family Drug Treatment Courts and the stabilization and full year operation of the five that were opened in 05-06. Curiously, the average length of stay in the FDTC did not increase dramatically despite the full year operation of most courts. Again, the shortened length of stay in FDTCs may be attributed to statutory timeline restrictions and the consequent move by the courts to permanency decisions other than reunification.

The dramatic increase in all YDTC numbers is partially attributed to the inclusion of data from all five YDTCs in 2006-2007. During last fiscal year, data from Forsyth YDTC was excluded due to data quality problems.

Table 5: Summary of DTC Participation by Court Type						
	Adult		Family		Youth	
	05-06	06-07	05-06	06-07	05-06	06-07
Referrals	1,241	1,509	178	410	98	134
New Admissions	487	608	105	293	58	88
Total Active During Fiscal Year	876	1,007	138	412	111	146
Avg. Length of Stay	323 days	299 days	199 days	202 days	309 days	311 days

Table 6 details court completion/graduation rates for adult, family, and youth DTCs for FY 2005-2006 and FY 2006-2007. The rates vary for the different types of drug treatment courts due to the characteristics of the different target populations.

Adult DTCs experienced a notable decrease (11%) in the number of successful graduates. There is no research available to explain this change. The decrease could be the result of working with a higher-risk population. In 2006-2007, more felony offenders were served and these offenders were convicted of higher offense classes. Adult DTCs also served a population with higher treatment needs. Ninety nine percent (99%) of the offenders entering an adult DTC were found to have a high probability of addiction according to the SASSI (Substance Abuse Subtle Screening Inventory) while 89% of the admitted offenders were found to have a high probability of addiction in 2005-2006.

Family DTC graduation rates decreased slightly. Fewer graduations are expected in the first year of a court's operation while the local communication is adapting to a new culture. Two of the nine FDTC were new in 2006-2007. Family DTCs also have a different demographic population than other types of courts and are under time standards set out in the NC Juvenile Code. The North Carolina statutes reflect the time standards in the Adoption and Safe Families Act (ASFA). As a result of ASFA, courts may determine that "reasonable efforts" for family reunification have been met at an earlier stage and move to termination of parental rights (TPR) or "other permanent plan" sooner.

Youth DTCs experienced an increase in graduation rates, 41% up from 35% last year. There is no research to explain this change. It may be due to the lower risk level of the youth admitted to the YDTCs in 2006-2007 in comparison to 2005-2006. Eligibility and admission were determined differently in 2006-2007 than in 2005-2006. During FY 2005-2006 the YDTCs were involved in an outcome evaluation study that pre-determined eligibility and admission based upon set criteria. During FY 2006-2007 eligibility and admission decisions were made by a team consensus and the risk levels were lower when this method was used.

Table 6: Summary of Exit Type of DTC Active Participants by Court Type						
	Adult		Family		Youth	
	05-06	06-07	05-06	06-07	05-06	06-07
Completions/Graduations of Active Participants	43%	32%	31%	29%	35%	41%
Terminations of Active Participants	57%	68%	69%	71%	65%	59%
Total Exits	458	502	51	209	52	74

PART 2 ADULT DRUG TREATMENT COURTS

During FY 2006-2007, Adult Drug Treatment Courts operated in the following counties: Avery, Buncombe, Burke, 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, funded by the NC AOC, target sentenced, intermediate-punishment offenders or community offenders at risk of revocation. The Mecklenburg DWI Treatment Courts target sentenced Level 1 and 2 DWI offenders (highest risk).

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, most of 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*, indicates that high criminal risk and high treatment need offenders should be assigned to high levels of supervision and intensive treatment interventions.² Thus intensive court supervision and longer term treatment 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.

² 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

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, low-need offender and increase the likelihood that the low-risk offender will recidivate.³

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, assistant district attorney, defense attorney, TASC coordinator, specialized probation officer, treatment provider, case coordinator, and law enforcement liaison) 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 2006-2007

During FY 2006-2007 there were 1,509 referrals to adult drug treatment courts. Based on the results of a screening, courts admitted 608 offenders, or 40% of those who were referred. The percentage of referred offenders who are admitted is roughly the same as 2005-2006. Offenders are ineligible for admission for a variety of reasons. The most common reasons include: disqualifying pending offense, history of violent offenses, DTC team determination of ineligibility, or not willing to participate. The total number of offenders served during the year was 1007.

The total number of offenders served increased by 15% over the previous year. Since no new courts were implemented, this means that existing courts served a higher volume of offenders.

Increasing the number of offenders served has been an emphasis of the State DTC Office and local courts over the past year. Increasing capacity is a major theme for drug treatment courts nationally.

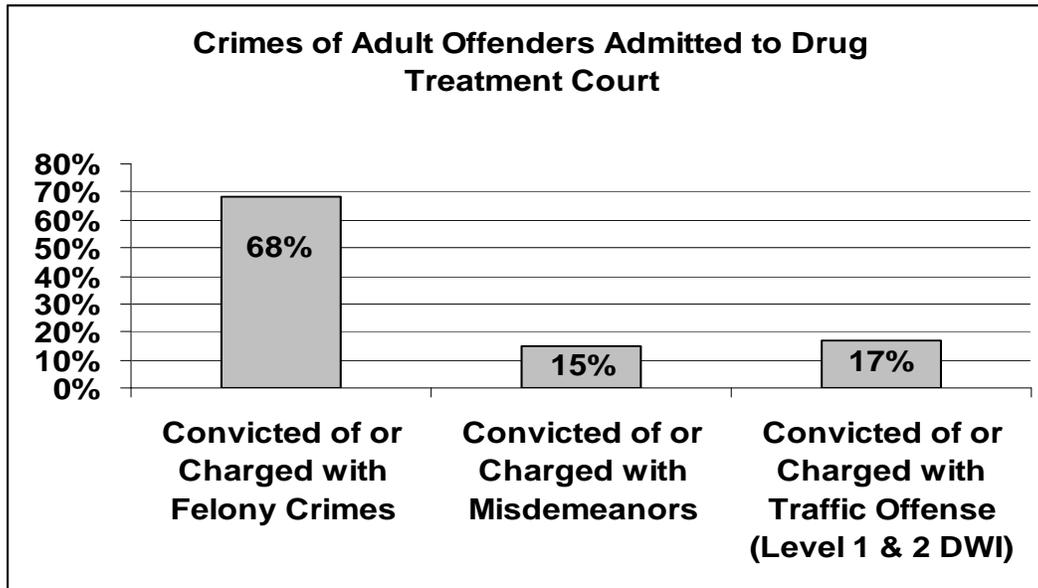
Of those admitted to Adult DTC, an estimated 77% were sentenced offenders and an estimated 23% were deferred prosecution defendants. For the second year in a row, there was an increase in the number of sentenced offenders served in keeping with the

³ Ibid.

fact that Drug Treatment Courts were made an Intermediate Punishment by the General Assembly in 2004.

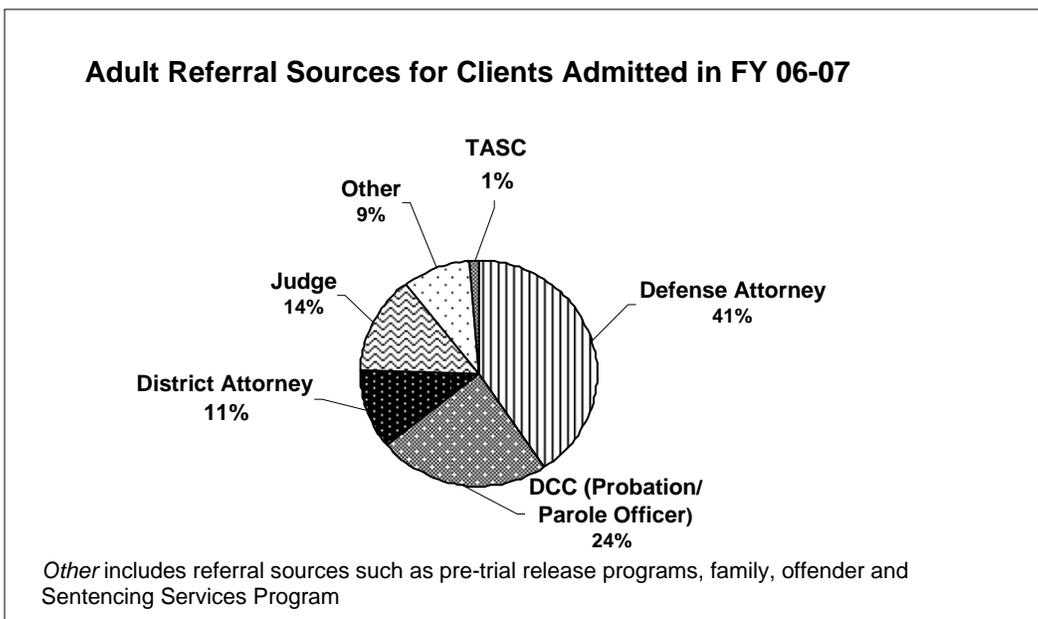
As seen in Chart 1, 68% of all offenders admitted to adult DTCs were charged or convicted of felony crimes. Fifteen percent (15%) were charged or convicted of misdemeanors and 17% were charged or convicted of traffic offenses. Thirty-six percent (36%) of the traffic offenses were Level 1 and 2 DWI offenders. The balance of the traffic offenses were predominantly driving while impaired (non-specified) and driving while license revoked.

Chart 1



As seen in Chart 2, of the offenders admitted to Adults DTCs during FY 2006-2007, the largest proportion were referred by Defense Attorneys (41%) followed by Division of Community Corrections (24%), and Judges (14%). The final 21% is composed of referrals made by District Attorneys, TASC and others, including self referral. There was no significant change in referral patterns.

Chart 2



Demographic Information

The demographics of those served by an Adult DTC changed slightly from the previous year. There was a six percent decrease in the number of African Americans and a 4% decrease in the number of participants aged 20-29 years. There was a 6% increase in participants who reported being single, never married and a 6% increase in those who reported having a diploma or GED. Of those offenders who entered Adult Drug Treatment Courts during FY 2006-2007:

- 63% were male,
- 37% were female,
- 55% were Caucasian,
- 41% were African American,
- 4% listed Other as their Race,
- 3% listed Hispanic ethnicity,
- 32% reported ages between 20-29, 29% reported ages between 30-39, 26% reported ages between 40-49, 6% reported ages 50-59, 5% reported ages 16-19,
- 56% reported being single and never married, 28% reported being separated, divorced or widowed, 17% reported being married or living with someone as married,
- 41% reported having a high school diploma or GED, 31% reported having less than a high school diploma or GED, 28% reported some technical college or college, a 2-year degree, a 4-year degree, or a graduate or professional degree,
- Offenders reported having 388 minor children, and
- One drug free baby was born.

Crimes of Adult Drug Treatment Court Admissions

Of the offenders admitted to Adult Drug Treatment Courts during FY 2006-2007, 68% were felony offenders either sentenced by the courts or deferred prosecution by district attorneys. This is a 5% increase in the percent of felony offenders served by the courts over 2005-2006. Of these felonies, 52% were Class I offenses and 37% were Class H offenses.

The most commonly occurring felony crime types included:

- Possession of Cocaine (32%),
- Breaking and/or Entering (12%), and
- Possession with Intent to Sell and or Distribute Cocaine (10%).

Of the offenders admitted to Adult Drug Treatment Courts during FY 2006-2007, 32% were misdemeanor or traffic offenders; either sentenced by the courts or deferred prosecution by district attorneys. Of these, 46% were Class 1 or A1 misdemeanors, 34% were traffic offenses including DWI, Driving While License Revoked, etc, and 11% were probation violation related charges. The most commonly occurring crime types included:

- Driving While Impaired related (35%),
- Possession of Drug Paraphernalia (17%),
- Misdemeanor Larceny (7%), and
- Driving While License Revoked (5%).

During the past year, the most common types of misdemeanors/traffic offenses did not change, however, Driving While Impaired offenders decreased from 57% to 35%. There was a significant increase in the number of Class 1 and A1 misdemeanors in 2006-2007, 46% up from 29% last year.

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. 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 a minimum of 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 the person-centered plan.

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. In 2006-2007, offenders found to have a "high probability" increased from 89% to 93% of those admitted. For admissions to Adult Drug Treatment Courts during FY 2006-2007 the following results from the SASSI were recorded:

- 93% 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, but other information indicates addiction," and
- 2% were screened as having a "low probability of having a substance abuse disorder."

Of those admitted to an adult, criminal DTC, 71% reported at least one previous substance abuse treatment episode. Thirty percent (30%) of the adult, criminal offenders admitted to the DTC reported receiving mental health treatment previous to their admission to the treatment court. Offenders reporting previous mental health treatment are likely to be found to have a dual diagnosis of substance abuse/addiction and mental illness.

The most frequent drugs of choice reported by offenders admitted to the Adult DTCs during FY 2006-2007 included the following:

- Crack cocaine (31%),
- Alcohol (22%),
- Marijuana (18%),
- Powder cocaine (9%), and
- Heroin (7%).

Marijuana and powder cocaine use remained steady however, both crack cocaine (34% vs. 31%) and alcohol (30% vs. 22%) use declined. There was an increase in heroin use. The emergence of heroin as a frequent drug of choice may signal a change in use

patterns and should be watched as a significant risk factor. 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.

All adult, criminal drug treatment court teams participated in a one day "Sanctions and Incentives Tune Up" during the spring of 2007. The skills based class was designed to focus the team's efforts on evidence-based behavior modification techniques. Research indicates the use of incentives is more effective in changing behavior than the imposition of sanctions. Team members were encouraged to provide four incentives for every one sanction imposed. Perhaps in response to this training, incentives were recorded at a ratio of almost 2:1. This is a significant change from last year's data where sanctions outnumbered incentives by more than 2:1. During FY 2006-2006, the most commonly occurring rewards and sanctions were:

Rewards (1,929)

- Applause in the courtroom from the judge and other team members
- Placed on "A List" for compliance with all conditions
- Judicial Praise
- Certificate of Completion/Graduation
- Individualized reward

Sanctions (1,183)

- Jail for 24-48 hours
- Individualized sanction
- Community Service
- Judicial Directives
- Verbal Reprimand

PART 3

FAMILY DRUG TREATMENT COURTS

During FY 2006-2007, Family Drug Treatment Courts (FDTC) operated in the following counties: Buncombe, Cumberland, Durham, Halifax, Gaston, Lenoir, Mecklenburg, Orange, Union, 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 or child planning conferences) or post-adjudication. Family Drug Treatment Courts help ensure compliance with NC statutory timelines. 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.

The *Family Treatment Drug Court Evaluation, Final Report* published in March 2007 included comparative analyses that explored the treatment and child welfare outcomes for parents processed through FDTC compared to parents receiving traditional child welfare case processing. The evaluation completed by NPC Research focused on four FTDCs located in California, Nevada, and New York. They examined whether court, child welfare, and treatment outcomes differed for 802 families served through FTDCs as compared to a matched sample of 1,167 families who received traditional child welfare services.

Treatment Outcomes

Overall, the study found that FTDC parents had more positive treatment outcomes than similar parents who were not served by the FTDC. The study found that FTDC parents were much more likely to enter substance abuse treatment services, entered treatment significantly more quickly after their initial court petition, spent significantly more time in treatment, and were significantly more likely to complete at least one treatment episode, than non-FDTC parents.

Child Welfare Outcomes

Child welfare outcomes included examination of children's placement stability, length of time in out-of-home care, and likelihood of reunification. The child welfare outcomes are generally positive. There were no significant differences in the number of placement changes for FTDC children compared to comparison

children. However, FDTDC children spent significantly less time in out-of-home care than did comparison children, and spent a greater percentage of their case in their parents' care. Importantly, FTDC children were significantly more likely to be reunified with their parents than were unserved children. Indeed, at three study sites, reunification rates for children of FTDC parents were up to 50% higher than the rates for comparison children

Study Conclusion

Results from this study indicate that parents who participated in FTDC experienced higher rates of treatment completion, which in turn was associated with higher rates of reunification. Data from qualitative interviews conducted as part of this study begin to paint a picture of the unique features of FTDCs that could contribute to this effect, including the relationship established between parents and judges that fosters emotional support, accountability, and collaboration⁴.

Target Population

Researchers indicate that problems with alcohol and drug use are a significant contributor to child neglect or abuse in 40%-75% of families known to child welfare agencies.⁵ "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."⁶ 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 or are in danger of losing custody of their children due to the 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 and Lenior counties decided to operate an "integrated" FDTDC where the same judge has jurisdiction in the abuse, neglect and/or dependency and Family Drug Treatment case, and would therefore be able to determine and/or change matters regarding the child such as visitation. The other counties decided to operate "parallel" courts, generally due to concerns about conflicts of interests between the two types of courts or limited judicial resources.

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

⁴ Worcel, Sonia, Scott Burrus, Michael Finigan, Carrie Furrer, & Beth Green, Family Drug Treatment Court Evaluation Final Report March 2007

⁵ National Center on Addiction and Substance Abuse 1999

⁶ 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

the Family DTC team every two weeks. This intense monitoring and accountability helps ensure compliance with NC statutory timelines set to meet 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.

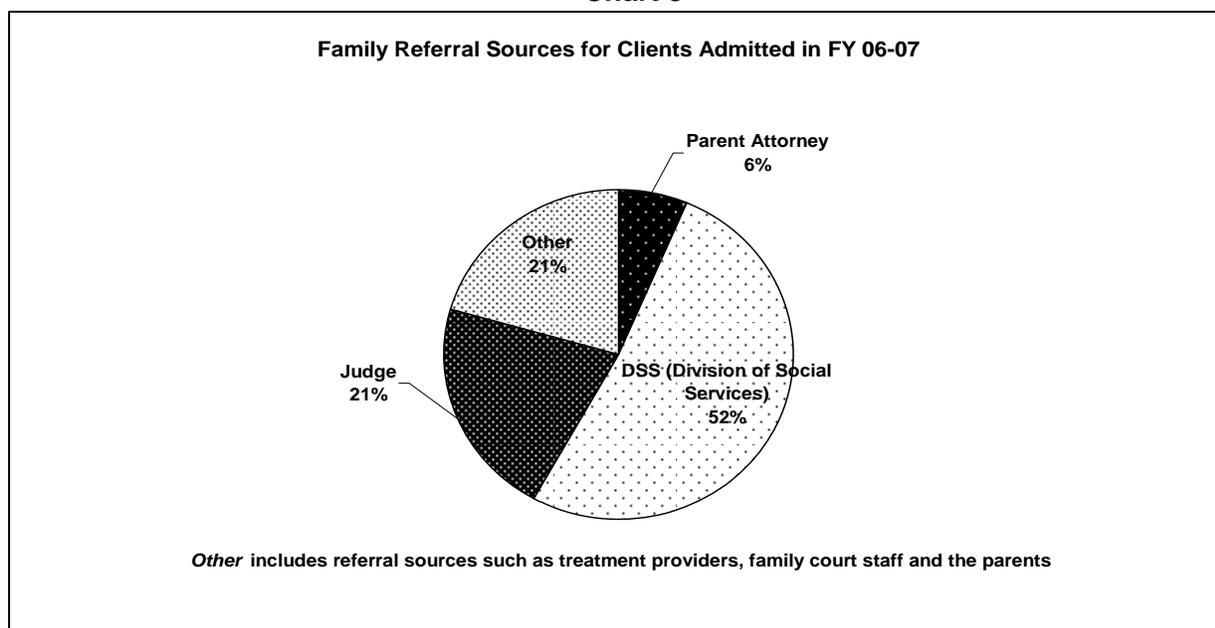
The objectives of Family DTC are to ensure the parent receives timely substance abuse assessments and treatment, while supporting the parent in meeting any other requirements for reunification with his/her children. These often include: parenting education, job skills training and/or employment, and 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.

Mecklenburg County (District 26) operates a traditional Family DTC (Level II) and a modified Family DTC (Level I). The Department of Social Services refers all parents for whom substance abuse is a factor in the DSS petition to the Level I court. FDTc staff refer the parent to the QSAP (Qualified Substance Abuse Professional) assigned to the court for a substance abuse, mental health and domestic violence screening, and ensure that the parent is referred to treatment and other services. The parent attends Family Drug Court once per month. If the parent fails to comply with his/her case plan, then s/he is recommended and/or ordered into the traditional Family DTC.

Participation During FY 2006-2007

During FY 2006-2007 there were 410 referrals to traditional Family Drug Treatment Courts. Based on the results of a screening, courts admitted 293 parents, or 71% of those who were referred. The total number of active parents served during the year was 412. There was a significant increase in referrals, admissions and those served from the previous year, demonstrating growth and stabilization of the FDTcs.

Chart 3



As seen in Chart 3, of the parents admitted to Family DTCs during FY 2006-2007, Departments of Social Services staff referred 52% of all participants, with judges referring 21% and parent attorneys referring 6%. Other referrals came from treatment staff, Family Court staff, and parents themselves. The increase in DSS referrals represents a significant shift indicating that DSS staff is more supportive of the courts.

Demographic Information

Of those parents who entered Family Drug Treatment Courts during FY 2006-2007 for whom data was entered into the MIS:

- 74% were female,
- 26% were male,
- 58% were African American,
- 35% were Caucasian,
- 7% listed Other as their race,
- 5% reported Hispanic ethnicity,
- 43% reported ages 20-29, 33% reported ages 30-39, 19% reported ages 40-49, 1% reported ages 50-59,
- 54% reported being single and never married, 26% reported being separated/divorced/widowed, and 20% reported being married,
- For those with information entered into the management information system, 49% reported having less than a high school diploma or GED, 36% reported having a high school diploma or GED, 15% reported some technical college or college, or a graduate or professional degree.
- Parents reported having 428 minor children and,
- Three drug free babies were born.

The 2006-2007 data reveals a shift in the population served by Family DTCs. Fully one quarter (26%) of those admitted to a FDTC was male. In 2005-2006, only 17% were male. Significantly fewer Caucasians were served by the court in 06-07 (35% vs. 43%) with a resulting increase in both African Americans (58% vs. 53%) and those who report their race as “Other” and self identify as Hispanic (5% vs. 1%). The court is also serving significantly more young women. Forty three percent (43%) of those admitted in 2006-2007 were ages 20 – 29 vs. 37% in 05-06 and 33% vs. 42% were ages 30 – 39.

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 2006-2007, for which there was data recorded in the MIS, there were following SASSI results:

- 74% 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,”
- 20% were screened as having a “low probability of having a substance abuse disorder, but other information indicates addiction.”

Forty percent (40%) of parents admitted to the FDTC reported receiving mental health treatment prior to entering the treatment court. Only 35% of admitted parents reported receiving prior substance abuse treatment. Parent respondents reporting previous

mental health treatment are likely to be found to have a dual diagnosis of substance abuse/addiction and mental illness.

The most frequent drugs of choice reported by parent respondents admitted to the Family DTCs during FY 2006-2007 included the following:

- Crack cocaine (34%),
- Marijuana (21%),
- Alcohol (16%), and
- Powder cocaine (16%).

Powder cocaine use increased by 4% as compared to FY 2005-2006. Crack cocaine use decreased by 11% and marijuana use decrease by 6%. Alcohol as a “drug of choice” increased by 3% from last year. 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.

All family drug treatment court teams participated in a one day “Sanctions and Incentives Tune Up” during the spring of 2007. The skills based class was designed to focus the team’s efforts on evidence-based behavior modification techniques. Research indicates the use of incentives is more effective in changing behavior than the imposition of sanctions. Team members were encouraged to provide four incentives for every one sanction imposed. Perhaps in response to this training, incentives were recorded at a ratio of almost 2:1. This is a significant change from last year’s data where sanctions outnumbered incentives by more than 2:1. During FY 2006-2007, the most commonly occurring rewards and sanctions were:

Rewards

- Certificate of Completion/Graduation
- Gift Certificate
- Placed on the “A-List” for Compliance with Conditions
- Court Attendance Excused

Sanctions

- Jail Sentence for 24-48 hours
- Community Service
- AA/NA Attendance
- 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 2006-2007, 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

Most juveniles involved in drug treatment courts exhibit multiple risk and need factors. In recent research on Maine's Juvenile Drug 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.⁷ 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 YDTC 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 other court conditions geared to accountability, rehabilitation, long-term sobriety and cessation of criminal activity.

DJJDP designates a court counselor 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

⁷ Anspach, Donald F. & Andrew S. Ferguson, Part II: Outcome Evaluation of Maine's Statewide Juvenile Drug Treatment Court Program 2005

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 YDTC districts with the exception of Mecklenburg.

Each YDTC expects parental involvement in the court 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.

No new YDTCs have been opened since January 2003. The courts have struggled with developing a clear target population and even defining success. The concurrent challenge of adolescence, mental health disorders and/or substance abuse/addiction, and frequent family dysfunction makes success with this population extraordinarily difficult. Despite these challenges, the YDTCs demonstrated improved success in 2006-2007.

Participation During FY 2006-2007

During FY 2006-2007 there were 134 referrals to Youth Drug Treatment Courts. Based on the results of a screening, courts admitted 88 juveniles, or 66% of those who were referred. The total number of active juveniles served during the year was 146.

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 2006-2007, for whom there was data in the MIS:

- 82% were male,
- 18% were female,
- 27% were Caucasian,
- 61% were African American,
- 12% reported Other as their race,
- 8% reported Hispanic ethnicity,
- At the time of admission, 42% were age 15, 31% were age 14, 18% were age 16, 8% were age 13 or less and 1% reported 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.

There was a notable shift in the demographics of the youth served in 2006-2007. The number of Caucasians decreased from 40% to 27% with a resulting increase in the number of African-Americans served from 53% to 61%. This may mean that the JDTCs are now serving a population more representative of the general juvenile probation population in North Carolina. In 2006, the Department of Juvenile Justice and Delinquency Prevention reported that 71% of all youth on probation were African American and 20% were Caucasian.

Crimes of Youth Drug Treatment Court Admissions

Of the juveniles admitted to Drug Treatment Courts during FY 2006-2007 for whom data was reported, the majority (67%) committed misdemeanors or traffic offenses and 33% committed felonies.

Of those who committed misdemeanors, the majority (53%) were adjudicated for Class 1 offenses. The most commonly occurring misdemeanors were:

- Simple assault (18%),
- Possession of marijuana (6%), and
- Assault on a government official (6%).

Charges for assault increased while charges for possession of drugs or drug paraphernalia decreased.

Of the felony offenses, 41% were Class H, 24% were Class F and 24% were Class I adjudications. The most commonly occurring felonies were:

- Drug possession/Intent to Sell or Distribute – cocaine or marijuana (35%),
- Breaking and Entering/Robbery (24%)
- Assault (18%), and
- Possession stolen motor vehicle (12%).

This data represents a decrease from 05-06 in the criminal risk level of the youth served by the YDTCs with a significant shift in the number of youth with felony charges (41% in 05-06 versus 27% in 06-07). Despite this decrease in risk level from the previous year, YDTCs continue to serve a higher risk delinquent in comparison to the average youth on detention served statewide by DJJDP in 2006. DJJDP statewide data for each of the offense categories includes:

- Simple assault (11%)
- Misdemeanor drug possession (5%)
- Assault on a government official (2%)
- Felony drug offense (2%)
- Felony larceny (1%)

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 2006-2007, the most commonly occurring rewards and sanctions in Youth Drug Treatment Courts were:

Rewards

- Applause in the Courtroom and/or Judicial Praise
- Placed on the "A List" for Compliance with Conditions
- Certificate/Plaque of Graduation
- Gift or Gift Certificate
- Moved to Higher Phase

Sanctions

- Juvenile Detention
- Community Service Increased
- Individualized Sanction
- Judicial Directive
- 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. The N. C. Sentencing and Policy Advisory Commission will include adult Drug Treatment Courts for the first time ever in their 2008 recidivism report due to the General Assembly in April 2008.

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.

- **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 502 active offenders who exited Adult Drug Treatment Courts during FY 2006-2007 were expected to attend court 4,323 times. They attended court 3,989 sessions or 92% of the time.
- ✓ The 209 active parent respondents who exited Family Drug Treatment Courts during FY 2006-2007 were expected to attend court 756 times. They attended 701 court sessions or 93% of the time.
- ✓ The 76 juvenile offenders who exited Youth Drug Treatment Courts during FY 2006-2007 were expected to attend court 622 times. The juveniles and their parents/guardians attended 595 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 2006-2007, 65% of adult offenders, 60% of parent respondents and 79% 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	
	05-06	06-07	04-05	06-07	05-06	06-07
Remained in Treatment 0-3 Months	18%	19%	11%	8%	10%	19%
Remained in Treatment 3-6 Months	17%	16%	23%	12%	53%	21%
Remained in Treatment 6-12 Months	20%	28%	34%	40%	25%	43%
Remained in Treatment Over 12 Months	45%	37%	33%	40%	12%	17%

- ✓ Adult DTC participants were required to attend 52,561 hours of treatment. In total, 1,007 adult offenders attended 43,434 hours of treatment. Factoring in excused absences, adult DTC offenders attended required treatment 85% of the time.
- ✓ Family DTC participants were required to attend 16,161 hours of treatment. In total, 412 parent respondents attended 10,816 hours of treatment. Factoring in excused absences, parent respondents attended required treatment 73% of the time.
- ✓ Youth DTC participants were required to attend 2,902 hours of treatment. In total, 146 delinquent juveniles attended 2,726 hours of treatment or attended required treatment 94% of the time.

Mental health reform in North Carolina may have impacted treatment retention for adult and family DTC participants. Data for both court types reveals that fewer adult participants are being retained in treatment beyond 12 months than the previous year. Participants served in Youth DTCs were retained in treatment longer in 2006-2007 than in 2005-2006.

▪ **AA/NA/Community Support Group Attendance**

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

- ✓ The 502 offenders who exited Adult Drug Treatment Courts during FY 2006-2007 were required to attend 46,533 AA/NA meetings. They attended 29,991 AA/NA meetings. Factoring in excused absences, offenders attended 82% of their required community support group meetings.
- ✓ The 209 parents who exited Family Drug Treatment Courts during FY 2006-2007 were required to attend 7,882 AA/NA meetings. They attended 6,265 AA/NA meetings. Factoring in excused absences, parent respondents attended 68% of their required community support group meetings.

Adult DTC participants were more compliant with AA/NA attendance in 2006-2007, increasing attendance from 75% to 82% compliance. Curiously, compliance with AA/NA for family DTC participants dropped in 2006-2007 to 68% from 2005-2006 when the parents attended 83% of their scheduled community support meetings.

- 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 502 offenders who exited Adult Drug Treatment Courts during FY 2006-2007 were tested for drugs 20,823 times. Seventy-three percent (73%) of offenders who exited Adult Drug Treatment Courts tested positive for drugs and/or alcohol at least once. Adult offenders who exited during FY 2006-2007 had an average of 292 clean days between a negative and positive drug test.
- ✓ The 209 parents who exited Family Drug Treatment Courts during FY 2006-2007 were tested for drugs 3,288 times. Seventy-four percent (74%) 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 2006-2007 had an average of 251 clean days between a negative and a positive drug tests.
- ✓ The 76 delinquents who exited Youth Drug Treatment Courts during FY 2006-2007 were tested for drugs 953 times. Sixty-one percent (61%) 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 2006-2007 had an average of 164 clean days between a negative and a positive drug test.

The percentage of adult offenders and parent respondents testing positive for drugs and/or alcohol increased in 2006-2007. Adult positive drug/alcohol screens increased from 62% in 05-06 to 73% in 06-07. Likewise, parent respondent positive drug/alcohol screens increased to 74% from 61% the year before. The percentage of youth testing positive for drugs at least once dropped dramatically from 83% in 2005-2006 to 61% in 2006-2007. The number of drug screens submitted also dropped from 1,097 to 953. The drop in positive drug screens is most likely due to the significant drop in the frequency of drug testing. In 2005-2006, the average number of screens for youth exiting the program was 21 per participant. In 2006-2007, that number dropped to 13 tests per participant.

- 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 502 offenders who exited Adult DTCs during FY 2006-2007 were required to make 11,237 probation contacts. These mandatory probation contacts were met 71% of the time.

This represents a 10% reduction in the number of probation contacts met by adult DTC offenders. This could be a contributing factor in the reduction of the graduation rate.

- 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 2006-2007, 45% were employed at the time of exit.
- ✓ Of participants who exited Family Drug Treatment Courts during FY 2006-2007, for whom data was available, 13% were employed at the time of exit.

Both adult and family DTC participants experienced a drop in employment while in the program during FY 2006-2007. Employment for adult offenders fell from 52% to 45%. Employment for parent respondents fell from 20% to 13%.

- 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 2006-2007, 31% served a total of 3,008 days in jail.
- ✓ Of participants who exited Family Drug Treatment Courts during FY 2006-2007, 4% served a total of 35 days in jail.
- ✓ Of juveniles who exited Youth Drug Treatment Courts during FY 2006-2007, 26% served a total of 268 days in detention.

There were some significant differences in the use of jail and detention in all three court types during FY 2006-2007.

The use of jail as a sanction increased for adult DTC participants. Only 25% of the participants were ordered to jail as a sanction in 2005-2006. This increased to 31% in 2006-2007. This increase likely accompanies the increase in the relative risk level of the adult DTC participants and the decrease in successful completions.

The reported use of jail as a sanction in family DTC decreased from 8% in 2005-2006 to 4% in 2006-2007. The use of jail as a sanction in Family DTC is complicated because Family DTC participants generally do not have criminal charges with pending jail sentences. Family DTC participants must be found in contempt of court and then sentenced to jail.

The reported use of detention as a sanction in juvenile DTC decreased from 48% to 26% serving detention time. There was also a decrease in the number of detention days served from 408 to 268 days. This is a likely result of the increase in successful graduations for Juvenile DTC participants from 35% in 2005-2006 to 42% in 2006-2007.

- 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 2006-2007, 17% were terminated for new arrests or convictions.
- ✓ Of juveniles who exited Youth Drug Treatment Courts during FY 2006-2007, 21% were terminated for adjudications for new crimes.

There was no difference in in-program recidivism for adult offenders. Juvenile DTC had a 3% reduction in their in-program recidivism during 2006-2007.

- 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 2006-2007 were terminated for not complying with the court conditions including missing court dates, treatment, or appointments with probation or court coordinators.

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
2006-2007	66%	6%	17%	3%	5%
2005-2006	67%	6%	17%	2%	8%

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
2006-2007	82%	1%	3%	2%	12%
2005-2006	80%	9%	3%	3%	6%

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
2006-2007	49%	2%	22%	9%	9%
2005-2006	53%	6%	24%	6%	6%

The increase from 6% to 12% in neutral discharges for Family DTC participants is likely due to staff entering this reason in cases where parents are discharged from the FDTC when their case plan changes from reunification to termination of parental rights or other permanent placement.

- **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 29 parents who completed/graduated from Family DTC during FY 2006-2007 (Cumberland, Durham, Halifax, Mecklenburg, Orange, and Wayne), Drug Treatment Court staff reported:

- ✓ Twenty four (24) parents or 83% regained custody of at least one of their children (a total of 63 children or 90%),
- ✓ Three (3) parents or 10% graduated FDTC but still had their parental rights terminated for one or more of their children (a total of 4 children or 6%)
- ✓

- ✓ One (1) parent or 3% agreed to or was court ordered to place at least one of their children (a total of one child) in a permanent placement other than with parents (e.g. custody with relative or guardian), and
- ✓ One (1) parent or 3% and two (2) children were still awaiting final resolution of the case.

Of the 49 parents who did not successfully complete Family DTC during FY 2006-2007 (Cumberland, Durham, Gaston, Halifax, Mecklenburg, Orange and Union), Drug Treatment Court staff reported:

- ✓ Twenty seven (27) or 55% agreed to or were court ordered to place at least one of their children (a total of 57 children or 59%) in a permanent placement other than with themselves (e.g. custody with relative or guardian),
- ✓ Fifteen (15) parents or 31% agreed to or were court ordered termination of parental rights for at least one child (a total of 31 children or 32%)
- ✓ Three (3) parents or 6% regained custody of at least one of their children (a total of 6 children or 6%), and
- ✓ Three (3) parents or 6% and five (5) children were still awaiting final resolution of the case.

Parents who successfully complete family drug treatment court (traditional or Level I) are much more likely than those who do not successfully complete to have a favorable resolution of their case. Sixty six percent (66%) of graduates versus 5% of unsuccessful terminations were reunified with their children. Forty percent (40%) of parents who did not successfully complete traditional FDTC or FIRST Level I had their parental rights terminated.

Parents who participate in a traditional, intensive supervision and support family drug treatment court are more likely to graduate and have a more favorable resolution of their cases than those who participate in the less intensive and less supportive FIRST Level I.

Family Drug Treatment Courts experienced a significant increase in the number of successful completions and family reunifications. In 2005-2006, 12 parents (75%) were reunified with 19 children. In 2006-2007, 24 parents (83%) were reunified with 63 children. With the increased number of parents served, there was an increase in the number of successful graduates who nevertheless had their parental rights terminated (TPR). In 2005-2006, no successful graduate experienced TPR. In 2006-2007, three parents permanently lost custody of four (4) children.

- Impact on Youth

Some of the most important outcome measures for youth served in a Youth Drug Treatment Court revolve around home and school. It is the goal of the courts that the youth is able to live successfully in the community with his/her family and be actively engaged in an educational program. There were no significant differences between FY 2005-2006 and FY 2006-2007 in living situation and school outcomes for the youth.

At the time of discharge from Youth Drug Treatment Courts for whom data was available:

- ✓ 62% (39) of the juveniles were living with their parents,
- ✓ 11% (7) were living in residential treatment,
- ✓ 11% (7) were reported placed in a youth development center,

- ✓ 9% (6) were living with other relatives,
- ✓ 3% (2) were living in regular foster care, and
- ✓ 3% (2) were reported in runaway status.

At the time of discharge from Youth Drug Treatment Courts for whom data was available:

- ✓ 52% (35) of the youth were attending a “traditional” middle or high school,
- ✓ 15% (10) were engaged in a GED program,
- ✓ 15% (10) had dropped out of school,
- ✓ 3% (2) were being served in a residential treatment program, and
- ✓ 3% (2) were being home schooled.

Of those youth engaged in a traditional or alternative school:

- ✓ 38% (17) were in 10th grade,
- ✓ 33% (15) were in 9th grade,
- ✓ 16% (7) were in 8th grade,
- ✓ 7% (3) were in 11th grade,
- ✓ 2% (1) were in 12th grade, and
- ✓ 2% (1) were in 7th grade.

Appendix I

State Advisory Committee Members

N. C. Drug Treatment Court Advisory Committee 2006-2007	
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
Ms. Flo Stein Chief of Community Policy Management Department of Health & Human Services	