



NORTH CAROLINA
ADMINISTRATIVE OFFICE
of the COURTS

2009 Annual Report on North Carolina's Drug Treatment Courts (N.C.G.S. §7A-801)

Sarah Parker, Chief Justice
Supreme Court of North Carolina

John W. Smith, Director
Administrative Office of the Courts

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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 affect 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, intensive addiction treatment and frequent drug testing.

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, juvenile, and family drug treatment courts through the State Drug Court Office in the Court Programs 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 2007-2008, 42 Drug Treatment Courts, recognized by the Administrative Office of the Courts, operated in 22 judicial districts in North Carolina.¹

- 25 Adult Drug Treatment Courts in district and superior criminal courts monitor sentenced offenders and/or deferred prosecution defendants on supervised probation,
- 5 Youth Drug Treatment Courts in district juvenile delinquency courts monitor adjudicated delinquents on supervised probation,
- 12 Family Drug Treatment Courts in district civil courts monitor 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 through public treatment system funds allocated to the Department of Health and Human Services. Case management for adult DTCs is provided by probation officers in the Division of Community Corrections (DCC), Department of Correction. 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 Departments of Social Services, with assistance from the FDTC coordinator.

Highlights of Management Information System (MIS) Improvements

The most significant database improvements continue to be those made to the statewide JWise data system. JWise is the official court index for all juvenile court proceedings (delinquency, abuse/neglect/dependency, emancipation and adoption). JWise is password protected for use by multiple users for specified purposes: juvenile clerks, guardian ad litem staff, family court and drug treatment court staff.

The system will produce detailed reports regarding: entry of orders due, compliance (or lack of compliance) with state-mandated time standards for children placed out of home, and outcomes of abuse/neglect/dependency cases. Creation of a shared automated information system for multiple stakeholders represents a significant step forward for the state.

In addition to these modifications, enhancements were also made to both the Adult/Family Drug Treatment Court MIS and Youth Treatment Court MIS. The changes

¹ In 2008, the National Association of Drug Court Professionals adopted a definition of drug court programs to ensure accurate and consistent counting of programs across the state. A "drug court program" is defined as (1) an identified team of staff members, (2) who are located in a single setting, typically a single courthouse, and (3) who serve an identified population of offenders from a particular community. The NC AOC adopted the definition which now counts the number of county DTCs rather than the number of district DTCs.

focused on improving the DTC MIS user's experience including: increasing the processing speed, alterations to the court report and reductions in data entry already collected by other database systems.

Highlights of Evaluation

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). Inclusion in the report 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 programs, intensive supervision and special probation. While the number of drug treatment court offenders included in the study was small (N=119), inclusion of drug treatment court offenders in this biannual recidivism report to the General Assembly is important. Drug treatment courts will be included in future recidivism studies conducted by the Sentencing Commission.

The DTC participants included in the study represent one of the highest-risk groups in the community with both an intermediate punishment sentencing level and a diagnosis of addiction. The recidivism rates found in the study are within the expected range – lower than the intermediate offender rate and higher than the community offender rate. Of interest is the substantially lower reincarceration rate of DTC participants in the one, two and three year follow-up – 29.4% for DTC participants versus 45.2% for intermediate offenders in the three-year follow-up.²

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.

They developed an NC DTC 101 curriculum to take the place of the national Drug Court Planning Initiative formerly funded and available through the National Drug Court Institute. This training curriculum prepares all DTC team members to learn together and understand the 10 Key Components of Drug Treatment Courts, each team member's role on the team and to share in the development of the court's Policy and Procedures. In preparation for initiating/expanding operational drug treatment courts in FY 2007-2008, the Rutherford, McDowell and Burke County Adult DTC teams participated in the first-ever NC DTC 101 training in July and September 2007. Robeson and Catawba Family DTC and High Point Adult DTC team members went through the second generation of this training in January and February 2008.

The State DTC office also hosted the Statewide Drug Treatment Court Training Conference in Winston-Salem, August 10-13, 2008. Over 350 DTC team members and stakeholders representing all operational North Carolina drug treatment court teams attended three days of cross-discipline and discipline-specific training.

² North Carolina Sentencing and Policy and Advisory Commission: Correctional Program Evaluation: Offenders Placed on Probation or Released from Prison in Fiscal Year 2003/04 : 159-161

Data Sources for this Report

Table 1 (page 5) provides a summary of Drug Treatment Courts' outcomes for fiscal year 2007-2008. Table 2 (pages 6 – 7) provides a list of operational adult, youth, and family drug treatment courts in North Carolina during FY 2007-2008. 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, Juvenile, and Family Drug Treatment Court participants who exited in FY 2007-2008, were drug tested over 33,800 times, and attended 7,282 court sessions. They participated in over 80,000 hours of treatment and two-thirds remained in treatment for over six months.

Once pilot programs, drug treatment courts in North Carolina and nationwide have stabilized to become an integral part of the court and community response to drug addiction and abuse. North Carolina continues to provide leadership in the development and operation of evidence-based treatment court practice. North Carolina's Drug Treatment Courts remain 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 2007-2008**

	ADULT COURTS	FAMILY COURTS	YOUTH COURTS
Referrals	1,793	476	105
New Admissions	781	275	91
Admissions: Males	68%	24%	81%
Admissions: Females	32%	76%	19%
Admissions: Caucasian	57%	43%	17%
Admissions: African American	40%	47%	75%
Admissions: Other Race	3%	10%	8%
Admissions: Hispanic Ethnicity	3%	3%	7%
Admissions: Ages 10-19	5%	1%	51% Age 15
Admissions: Ages 20-29	32%	47%	16% Age 14
Admissions: Ages 30-39	31%	34%	29% Age 16
Admissions: Ages 40-49	24%	15%	1% Age 13
Admissions: Ages 50-59	6%	3%	3% Age 17
Admissions: Single/Never Married	57%	47%	N/A
Admissions: Separated/Divorced/Widowed	27%	29%	N/A
Admissions: Married/Living as Married	15%	24%	N/A
Admissions: Less than High School Diploma/GED	30%	56%	N/A
Admissions: High School Diploma/GED	43%	24%	N/A
Admissions: Felony Crimes	67%	N/A	49%
Admissions: Misdemeanor/Traffic Crimes	33%	N/A	51%
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) Felony G, I, or D
Admissions: SASSI Screening of Admissions was "High Probability of Substance Abuse"	93%	74%	N/A
Active Participants During Year (active >= 1 day)	1,265	452	160
Active Participants Who Exited During Year	614	259	69
Actives Who Exited : Average Length of Stay	296 Days	229 Days	335 Days
Actives Who Exited by Completion/Graduation	38%	33%	49%
Actives Who Exited by Termination	62%	67%	51%
Most Frequent Type of Terminations:			
Non-compliance with Court/Treatment/Probation	60%	77%	40%
Positive Drug Tests	2%	1%	6%
New Arrest/Conviction/Adjud./Tech. Prob. Viol.	20%	3%	17%
Voluntary Withdrawal	3%	0%	14%
Neutral Discharge (i.e. medical, DTC transfer, other)	14%	19%	14%
Actives Who Exited: Rate Attended Courts Sessions	94%	92%	97%
Actives Who Exited: Treatment Retention > 6 months	63%	57%	78%
Actives Who Exited: Ever Positive for Drugs in DTC	62%	63%	78%
Actives Who Exited: Ever Served Jail/ <i>Detention</i> Time	31%	14%	45%
Actives Who Exited: Community Service Hours Done	3,345 Hours	618 Hours	1,462 Hours
Actives Who Exited: Employed While In Program	41%	15%	N/A
Actives Who Exited by Completion in Family DTC: Parent Regained Custody - Reunification of Family	N/A	89%	N/A

List of FY 2007-2008 Operational Drug Treatment Courts

Tables 2-4 list the FY 2007-2008 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 29 of North Carolina's counties and approximately 50% of North Carolina's judicial districts. Several new courts opened in FY 2007-2008 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 2007-2008

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
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
Rutherford/McDowell Counties Judicial District 29A	Superior Sentenced Offenders	September 2007
Wake County Judicial District 10	District Sentenced Offenders	May 1996

Table 3: N. C. FAMILY DRUG TREATMENT COURTS FY 2007-2008

COUNTY/DISTRICT	TYPE OF COURT AND PARTICIPANT	COURT IMPLEMENTATION DATE
Buncombe County Judicial District 28	District DSS Petition/Adjudicated Abuse, Neglect or Dependent (Parent)	November 2005
Cumberland County Judicial District 12	District DSS Petition/Adjudicated Abuse, Neglect or Dependent (Parent)	February 2005
Durham County Judicial District 14	District DSS Petition/Adjudicated Abuse, Neglect or Dependent (Parent)	May 2002
Gaston County Judicial District 27A	District DSS Petition/Adjudicated Abuse, Neglect or Dependent (Parent)	August 2006
Halifax County Judicial District 6A	District DSS Petition/Adjudicated Abuse, Neglect or Dependent (Parent)	March 2005
Mecklenburg County Judicial District 26	District DSS Petition/Adjudicated Abuse, Neglect or Dependent (Parent)	December 1999
Orange/Chatham Counties Judicial District 15B	District DSS Petition/Adjudicated Abuse, Neglect or Dependent (Parent)	February 2005/ January 2008
Robeson County Judicial District 16B	District DSS Petition/Adjudicated Abuse, Neglect or Dependent (Parent)	March 2008
Union County Judicial District 20B	District DSS Petition/Adjudicated Abuse, Neglect or Dependent (Parent)	August 2006
Wayne & Lenoir Counties Judicial District 8	District DSS Petition/Adjudicated Abuse, Neglect or Dependent (Parent)	August 2005/ February 2007

Table 4: N. C. JUVENILE DRUG TREATMENT COURTS FY 2007-2008

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, JUVENILE, AND FAMILY DRUG TREATMENT COURTS

Referrals to drug treatment courts, admissions and the number of participants served 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, FY 2006-2007 and FY 2007-2008.

There were 25 operational Adult Drug Treatment Courts during the fiscal year. Three new adult, Superior-level DTCs were implemented during FY 2007-2008. As seen in Table 5, during FY 2007-2008 there were 781 new admissions and 1,265 active participants in Adult DTCs. One new Family Drug Treatment Court was implemented bringing the total operational FDTCs to 12, with 275 new admissions and 452 active participants during the fiscal year. There were five (5) operational Juvenile Drug Treatment Courts, with 91 new admissions and 160 active participants during FY 2007-2008.

Adult DTCs experienced an increase in both the number referred, up 19%, and admitted, up 28%, over the previous year. The average length of stay remained about the same. Adult DTCs are becoming institutionalized in the districts in which they are located leading to the increase in referrals to the courts and to the improved targeting of appropriate referrals.

Family DTCs also showed increases in referrals and active participants. Admissions in FDTC dipped slightly this fiscal year. Family DTCs are dependent on policies and trends executed at the local County Departments of Social Services. Although most communities have adjusted to the state policy of the Multiple Response System (MRS), which mandates working with families in the home prior to bringing a petition into the courts, the number of petitions and the types of cases brought into court continue to result in low admission numbers in most FDTCs.

Juvenile DTCs across the five districts continue to be under-utilized. Juvenile DTCs are dependant on referrals from the Department of Juvenile Justice and Delinquency Prevention.

Table 5: Summary of DTC Participation by Court Type									
	Adult			Family			Juvenile		
	05-06	06-07	07-08	05-06	06-07	07-08	05-06	06-07	07-08
Referrals	1,241	1,509	1,793	178	410	476	98	134	105
New Admissions	487	608	781	105	293	275	58	88	91
Total Active During Fiscal Year	876	1,007	1,265	138	412	452	111	146	160
Avg. Length of Stay	323 days	299 days	296 days	199 days	202 days	229 days	309 days	311 days	335 days

Table 6 details court completion/graduation rates for adult, family, and juvenile DTCs for FY 2005-2006, FY 2006-2007 and FY 2007-2008. The rates vary for the different types of drug treatment courts due to the characteristics of the different target populations. All three types of courts experienced an increase in the rate of successful termination (graduation) this fiscal year.

Adult DTCs rebounded from lower graduation rates during FY 2006-2007 to a rate closer to previous years. Last year's reduction could be the result of working with the higher-risk, high-need, population dictated by statutory and policy changes. The improved graduation rate may point to adjustments made in court, treatment and supervision policies to better respond to the higher-risk, high-need population.

Family and Juvenile DTC graduation rates also increased this fiscal year. Family DTC graduation rates were expected to improve as those courts that implemented in 2005 – 2007 were operational long enough to generate successful graduates. The eight (8%) percent increase in successful graduations in Juvenile DTCs is significant given the simultaneous increase in the severity of crimes committed by JDTC participants.

Table 6: Summary of Exit Type of DTC Active Participants by Court Type									
	Adult			Family			Juvenile		
	05-06	06-07	07-08	05-06	06-07	07-08	05-06	06-07	07-08
Completions/ Graduations of Active Participants	43%	32%	38%	31%	29%	33%	35%	41%	49%
Terminations of Active Participants	57%	68%	62%	69%	71%	67%	65%	59%	51%
Total Exits	458	502	614	51	209	259	52	74	69

PART 2 ADULT DRUG TREATMENT COURTS

During FY 2007-2008, Adult Drug Treatment Courts operated in the following counties: Avery, Buncombe, Burke, Carteret, Caswell, Catawba, Craven, Cumberland, Durham, Forsyth, Guilford, McDowell, Mecklenburg (5 courts), New Hanover, Orange, Person, Pitt, Randolph, Rutherford, Wake, and Watauga.

In these courts, Drug Treatment Court Case Coordinators receive referrals for adult DTC 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. Two Mecklenburg DWI Treatment Courts, funded by the county, 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), requires 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.

Court 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), maintain employment and pay regularly towards his/her legal obligations (e.g., child support, restitution), comply with the terms of his/her probation or deferred prosecution and be nominated for graduation by the DTC team.

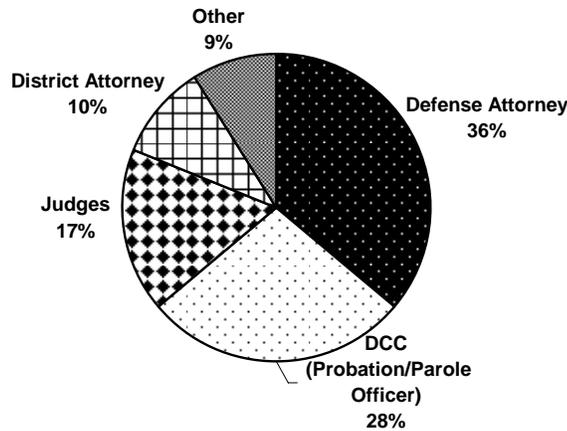
Participation During FY 2007-2008

During FY 2007-2008 there were 1,793 referrals to adult drug treatment courts. Based on the results of a screening, courts admitted 781 offenders, or 44% of those who were referred. The percentage of referred offenders who are admitted increased slightly from 40% in FY 2006-2007. Offenders are ineligible for admission for a variety of reasons. The most common reasons include: disqualifying pending offense, history of violent offenses, or DTC team determination of ineligibility. The total number of offenders served during the year was 1,265.

The total number of offenders served increased substantially in FY 2007-2008 by 26% over the previous year. With the addition of only two new adult DTCs, the existing courts continue to serve 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 several years. This is important as drug treatment courts nationwide continue to focus on increasing the utilization and capacity of the specialty courts.

As seen in Chart 1, of the offenders admitted to Adults DTCs during FY 2007-2008, the largest proportion were referred by Defense Attorneys (36%) followed by Division of Community Corrections (28%), Judges (17%) and the District Attorney's office (10%). The final 9% is composed of self referrals and those made by TASC, Pre-trial release and others. While the referral patterns did not change significantly, the increase in referrals from DCC, judges and the District Attorney's office may signal that DTCs are doing a better job of informing stakeholders about the program and appropriate target populations.

Adult Referral Sources for Clients Admitted in FY 07-08



Other includes referral sources such as TASC, pre-trial release programs, family, offender and Sentencing Services Program

Chart 1

Demographic Information

The demographics of those served by an Adult DTC experienced little change from the previous year. The only noteworthy change was an increase from 63% to 68% in the number of males served.

- 68% were male,
- 32% were female,
- 57% were Caucasian,
- 40% were African American,
- 3% listed Other as their Race,
- 3% listed Hispanic ethnicity,
- 32% reported ages between 20-29, 31% reported ages between 30-39, 24% reported ages between 40-49, 8% reported ages 50-59, 5% reported ages 16-19,
- 57% reported being single and never married, 27% reported being separated, divorced or widowed, 15% reported being married or living with someone as married,
- 43% reported having a high school diploma or GED, 30% reported having less than a high school diploma or GED, 26% reported some technical college or college, a 2-year degree, a 4-year degree, or a graduate or professional degree,
- Offenders reported having 411 minor children, and
- Seven drug free babies were born.

Criminal Justice Status

Of those admitted to Adult DTC, an estimated 78% were sentenced offenders and an estimated 22% were deferred prosecution defendants. For the third year in a row, there was an increase in the number of sentenced offenders served, in keeping with inclusion of Drug Treatment Courts as an Intermediate Punishment by the General Assembly in 2004.

As seen in Chart 2, 67% of all offenders admitted to adult DTCs were charged or convicted of felony crimes. Fifteen percent (15%) were charged or convicted of misdemeanors and 18% 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.

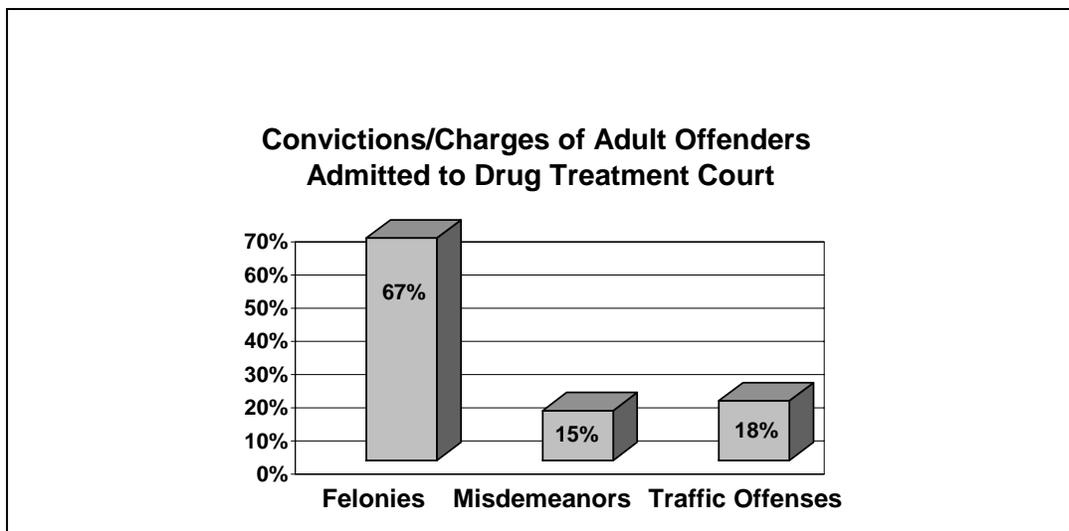


Chart 2

Crimes of Adult Drug Treatment Court Admissions

Tables 7 through 10 show the Structured Sentencing Class and Prior Record Level of Sentenced and Deferred Prosecution Offenders admitted to Adult Drug Treatment Courts during 2007-2008. The data represents the information entered into the DTC Management Information System, and some data is missing or not applicable.

Table 7 indicates that 85% of felony sentenced offenders were Class H (43%) and I (42%) offenders. Sixty-two percent (62%) were Prior Record Level I (24%) or Prior Record Level II (38%).

Table 7: STRUCTURED SENTENCING FELONY PUNISHMENT CHART Adult Drug Treatment Court Sentenced Entries FY 2007-2008								
PRIOR RECORD LEVEL								
OFFENSE CLASS	I	II	III	IV	V	VI	N/A or Missing	Total
C	0	0	1	1	0	1	0	3
D	0	0	0	0	0	0	1	1
E	1	0	0	0	0	0	1	2
F	0	3	1	0	0	0	0	4
G	6	6	3	1	0	1	0	17
H	29	60	42	9	4	2	5	151
I	44	53	31	16	2	0	3	149
N/A or Missing	4	13	7	0	2	0	1	27
Total	84	135	85	27	8	4	11	354

Table 8 indicates that 87% of misdemeanor sentenced offenders were Class 1 offenders. Data is missing on the Prior Record Level of the vast majority of sentenced misdemeanants.

Table 8: STRUCTURED SENTENCING MISDEMEANOR PUNISHMENT CHART Adult Drug Treatment Court Sentenced Entries FY 2007-2008					
PRIOR RECORD LEVEL					
OFFENSE CLASS	I	II	III	N/A or MISSING	Total
A1	0	0	1	5	6
1	11	9	4	90	114
2	0	0	1	4	5
3	1	0		2	3
N/A or MISSING	0	0	0	3	3
Total	12	9	6	104	131

Table 9 indicates that, for those offenders with data entered, 87% of sentenced DWI offenders were Level 1 and Level 2 offenders.

Table 9: DRIVING WHILE IMPAIRED SENTENCES Adult Drug Treatment Court Entries FY 2007-2008	
DWI LEVEL	NUMBER OF OFFENDERS
Level 1	30
Level 2	35
Level 3	4
Level 4	2
Level 5	4
N/A or Missing	0
Total	75

Table 10 indicates that 98% of deferred prosecution offenders were felonies; and that 100% of these deferred prosecution felonies were Class H (14%) and I (86%) felons. Seventy-two percent (72%) of deferred prosecution felons were Prior Record Level 1 (54%) and Prior Record Level II (18%).

Table 10: STRUCTURED SENTENCING FELONY PUNISHMENT CHART						
Adult Drug Treatment Court Deferred Prosecution Entries FY 2007-2008						
PRIOR RECORD LEVEL						
OFFENSE CLASS	I	II	III	IV	N/A or Missing	Total
H	10	2	1	0	2	15
I	47	17	0	1	25	90
Total	57	19	1	1	27	105

The most commonly occurring felony crime types included:

- Possession of Cocaine (26%),
- Breaking and/or Entering (11%), and
- Possession of a Schedule II drug (7%).

Of the offenders admitted to Adult Drug Treatment Courts during FY 2007-2008, for misdemeanor or traffic offenses; (either sentenced by the court or deferred prosecution). The most commonly occurring crime types included:

- Driving While Impaired related (44%),
- Possession of Drug Paraphernalia (16%),
- Misdemeanor Larceny (10%), and
- Driving While License Revoked (9%).

During the past year, the most common types of misdemeanors/traffic offenses did not change. The number of Driving While Impaired offenders continues to fluctuate. In FY 2005-2006, 57% of all misdemeanor/traffic offenses were DWI-related. This was reduced to 35% last year and has climbed again to 44% in FY 2007-2008. While DWI level 1 and 2 offenders can be viewed as high-risk and high-need, the primary target offenders for the Adult DTC target populations is intermediate offenders and community offenders at risk of revocation.

Treatment Process

In keeping with the National Institute of Drug Abuse'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. NC DHHS service definitions classify intensive outpatient treatment 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. Adult DTCs are required by statute to target offenders addicted to alcohol or other drugs (AOD). One hundred percent of those screened and admitted to an adult DTC in FY 2007-2008 were found to have a high likelihood of addiction based on the SASSI results or other information provided to the Court Coordinators.

- 93% were screened as having a “high probability of having a substance abuse disorder,” and
- 7% were screened as having a “low probability of having a substance abuse disorder, but other information indicates addiction.”

Of those admitted to an adult, criminal DTC, 80% reported at least one previous substance abuse treatment episode. Of the adult, criminal offenders admitted to the DTC in FY 2007-2008, 46% reported receiving previous mental health services. This is a significant increase from the 30% reported last year. It is unclear whether this jump is due to a change in practice, for instance the way Court Coordinators are asking the question, whether people are becoming more comfortable admitting previous mental health treatment or if the population being served is actually “higher-need.” 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 2007-2008 included the following:

- Crack cocaine (29%),
- Alcohol (23%),
- Marijuana (20%),
- Powder cocaine (12%), and
- Heroin (7%).

Drugs of choice did not change in 2007-2008. There was a slight increase in the choice of marijuana (20% from 18%) and powder cocaine (9% to 12%). Heroin use remained steady at 7%. The continued presence of heroin 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.

During FY 2007-2008, the most commonly occurring rewards and sanctions were:

Rewards (3,136)

- 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 (1,573)

- Jail for 24-48 hours
- Individualized sanction
- Community Service
- Judicial Directives
- Discharge from DTC

Research and Evaluation Related to Adult DTCs

In April 2008, the Sentencing Commission included Drug Treatment Court offenders sentenced to probation for Structured Sentencing offenses during FY 2003-2004 in the *Correctional Program Evaluation; Offenders Placed on Probation or Released from Prison FY 2003-2004*. Of the offenders ordered to participate in Drug Treatment Courts during FY 2003-2004, some entered due to an initial sentence under the Structured Sentencing Act, some entered as a result of a violation of probation, some entered due to a Driving While Impaired conviction, and some entered as a result of deferred prosecution. The Drug Treatment Court offenders included in the 2008 Sentencing Commission report represent only those with initial sentences under the Structured Sentencing Act, who were identified in the Department of Correction’s database as being ordered to Drug Treatment Court.

The North Carolina General Assembly directs the Sentencing Commission to measure the rates of recidivism of criminal offenders involved in various kinds of state-supported correctional programs. The legislation calling for these measurements makes it clear that recidivism means repeated criminal behavior, and implies that measuring recidivism is a way of evaluating correctional programs – that is, programs designed or used for sanctioning, and if possible, rehabilitating or deterring convicted criminal offenders.

In its studies of recidivism, the Sentencing Commission uses rearrests, for Structured Sentencing offenses, as the primary measure of recidivism, supplemented by information on reconvictions and incarcerations/reincarcerations to assess the extent of an offender’s repeat involvement in the criminal justice system. Therefore, Driving While Impaired (DWI) offenses are not captured in the recidivism rates.

The sample selected for the Sentencing Commission’s study included all offenders released from prison by the North Carolina Department of Correction or placed on probation during FY 2003-2004. The report provides information on the recidivism of the FY 2003-2004 sample of offenders with a fixed three-year follow-up period, with one year, two-year and three-year rates provided. Two automated data sources were utilized to collect information on the sample of offenders. The Department of

Correction's Offender Population Unified System (OPUS) provided demographic and prior record information, current convicted offense and sentence, correctional program assignment, type of punishment, and subsequent technical probation revocations and prison incarcerations. The Sentencing Commission included offenders who were identified in the Department of Correction's OPUS database as sentenced to Drug Treatment Court. This cohort may not represent all offenders who received an initial sentence to Drug Treatment court. The Department of Justice's (DOJ) data set was used to provide fingerprinted arrest records for prior and recidivist arrests, as well as recidivism convictions.

Multivariate analysis revealed that personal, offense-based, and criminal history factors were related to recidivism. Being black, being a youthful offender, having a greater number or prior arrests, or having a higher risk score all increased the probability of rearrest. In other words, pre-existing factors seem to play an important role in determining future criminal behavior.

Of the probationers sentenced to Drug Treatment Court, almost 85% received an intermediate punishment. Table 11 describes personal characteristics of Drug Treatment Court offenders, intermediate punishment offenders as a whole, and community punishment offenders as a whole. The Drug Treatment Court offender profile differs from the whole group of intermediate punishment offenders in that nearly half are female, nearly half are Caucasian, their median age is slightly higher, and a higher percentage have twelve years of education or more.

The most significant difference between the three groups is that over half of DTC offenders are identified in the OPUS database as having a substance abuse problem, a much higher percentage than intermediate punishment offenders as a whole. According to data in the DTC MIS, almost 90% of those who entered DTC during FY 2003-2004 had a high probability of substance abuse.

Type of Punishment	% Male	% Black	Mean Age	% Married	% With 12 Years of Education or More	% With Substance Use
Drug Treatment Court	59	47	34	15	55	54
Intermediate Punishment	83	83	31	14	41	37
Community Punishment	71	71	30	15	48	32

Table 12 describes the recidivism risk level of probationers sentenced to Drug Treatment Court versus other Intermediate Punishments.

Table 12: Recidivism Risk Level by Type of Punishment			
Type of Punishment	Low Risk Level	Medium Risk Level	High Risk Level
Drug Treatment Court	46%	45%	8%
Intensive Supervision Probation	36%	53%	10%
House Arrest with Electronic Monitoring	38%	52%	11%
All Intermediate Punishments	38%	52%	10%

Table 13 describes the rearrest rates for offenders placed on probation during FY 2003-2004 by type of intermediate punishment. The 3-year rearrest rate for probationers sentenced to Drug Treatment Court is 3% lower than the rearrest rate for Intensive Supervision Probation and all Intermediate Punishments combined.

Table 13: Rearrest Rates for Offenders Placed on Probation During FY 2003-2004			
Type of Punishment	1-Year Rate	2-Year Rate	3-Year Rate
Drug Treatment Court	27%	31%	38%
Intensive Supervision Probation	22%	34%	41%
House Arrest with Electronic Monitoring	19%	30%	36%
All Intermediate Punishments	22%	34%	41%

Table 14 describes one-year, two-year and three-year incarceration/reincarceration rates by type of punishment. The three-year incarceration/reincarceration rate for Drug Treatment Court offenders was much lower than the incarceration/reincarceration rate for any other intermediate punishment type and was 15% lower than that of intermediate punishment offenders as a whole.

Table 14: Incarceration/Reincarceration Rates for Offenders Placed on Probation During FY 2003-2004			
Type of Punishment	1-Year Rate	2-Year Rate	3-Year Rate
Drug Treatment Court	20%	24%	30%
Intensive Supervision Probation	30%	43%	49%
House Arrest with Electronic Monitoring	21%	36%	42%
All Intermediate Punishments	25%	39%	45%

Implications for Drug Treatment Court

The Sentencing Commission’s study indicates that preexisting personal and criminal history characteristics (risk level) predict the probability of recidivism, rather than the particular punishment type ordered by the court. One of the risk factors that predict recidivism is substance abuse, and all Drug Treatment Court offenders are substance abusers.

While the general profile of intermediate probationers more closely mimics that of prisoners than of community probationers, their rearrest rates are considerably and consistently lower than those of prisoners. This finding lends continued support to the use of intermediate sanctions, including Drug Treatment Court, as viable options to supervise certain offenders in the community in lieu of incarceration.

In this study, the three-year rearrest rates for Drug Treatment Court offenders were 3% lower than the rates for intermediate punishment offenders as a whole, and the reincarceration rates were 15% lower for Drug Treatment Court offenders than the rates for intermediate punishment offenders as a whole. It is likely that the intensity of court supervision and length of treatment in Drug Treatment Courts contribute to these outcomes.

PART 3

FAMILY DRUG TREATMENT COURTS

During FY 2007-2008, 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. 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, Lenoir, Mecklenburg, Union, and Wayne. In 2001 Family Drug Treatment Court was included in the Drug Treatment Court legislation N.C.G.S § 7A-790.

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.³ “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.”⁴ In 2007 NPC Research conducted a study entitled *Family Treatment Drug Court Evaluation; Final Report*. 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 a 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 Lenoir counties

³ National Center on Addiction and Substance Abuse 1999

⁴ 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

decided to operate an “integrated” FDTTC where the same judge has jurisdiction in the Juvenile A/N/D 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, in which one judge hears the drug treatment court issues and another hears the Juvenile A/N/D issues.

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 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. FDTTC staff refer the parent to the QPSA (Qualified Professional in Substance Abuse) assigned to the court for a substance abuse, mental health and domestic violence screening, and ensures 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 more intensive Family DTC.

Participation During FY 2007-2008

During FY 2007-2008 there were 476 referrals to traditional Family Drug Treatment Courts. Based on the results of a screening, courts admitted 275 parents, or 58% of those who were referred. The total number of active parents served during the year was 452.

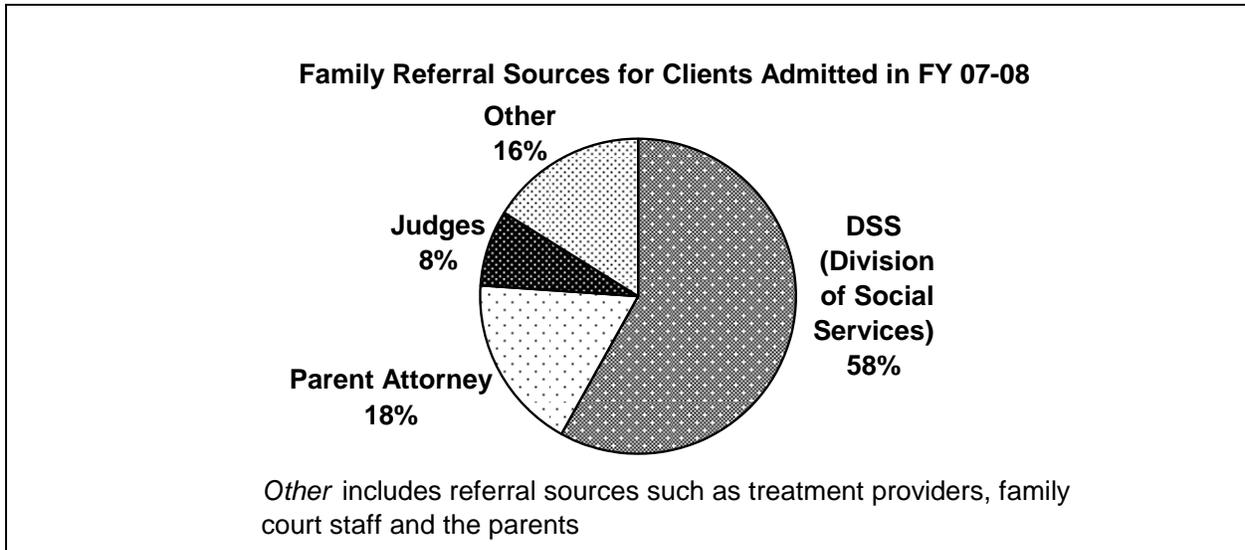


Chart 3

As seen in Chart 3, of the parents admitted to Family DTCs during FY 2007-2008, Departments of Social Services staff referred 58% of all participants, parent's attorneys referred 18% and judges referred 8%. Other referrals came from treatment staff, Family Court staff, and parents themselves. The continued increase in DSS referrals may indicate a growing understanding of and collaboration by DSS staff with Family DTCs.

Demographic Information

Of those parents who entered Family Drug Treatment Courts during FY 2007-2008 for whom data was entered into the MIS:

- 76% were female,
- 24% were male,
- 47% were African American,
- 43% were Caucasian,
- 10% listed Other as their race,
- 3% reported Hispanic ethnicity,
- 47% reported ages 20-29, 34% reported ages 30-39, 15% reported ages 40-49, 3% reported ages 50-59,
- 47% reported being single and never married, 29% reported being separated/divorced/widowed, and 24% reported being married,
- For those with information entered into the management information system, 56% reported having less than a high school diploma or GED, 24% reported having a high school diploma or GED, 20% reported some technical college or college, or a graduate or professional degree.
- Parents reported having 297 minor children and,
- Six drug free babies were born.

The number of young women served by a FDTC continues to trend upward. In 2005-2006, 37% of FDTC participants were aged 20-29. In 2006-2007, that number increased to 43% and then increased again to 47% in 2007-2008. The percentage of males and females remain roughly steady at three quarters women and one quarter males.

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 2007-2008, for which there was data recorded in the MIS, there were the following SASSI results:

- 74% were screened as having a “high probability of having a substance abuse disorder,”
- 17% 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.”

Forty percent (41%) of parents admitted to the FDTTC reported receiving mental health treatment prior to entering the treatment court. Only 38% 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 2007-2008, included the following:

- Marijuana (29%),
- Crack cocaine (25%),
- Alcohol (21%), and
- Powder cocaine (17%).

Reported alcohol or other drug use patterns shifted significantly. The use of crack cocaine as a “drug of choice” dropped from 34% in 2006-2007 to just 25% in 2007-2008. Marijuana increased from 21% to 29% and alcohol rose from 16% to 21%. Powder cocaine use remained steady. 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 2007-2008, the most commonly occurring rewards and sanctions were:

Rewards (644)

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

Sanctions (411)

- Jail Sentence for 24-48 hours
- AA/NA Attendance
- Community Service
- 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).

Brief jail sentences remain the most common sanction used in Family DTCs. Use of jail as a sanction remains controversial in North Carolina and across the nation as FDTC participants are in the court due to civil abuse/neglect/dependency allegations and these participants rarely have concurrent criminal charges. A broad group of stakeholders has been reviewing legal practice within the FDTC and have made recommendations that will be put into practice during early 2009.

PART 4

JUVENILE DRUG TREATMENT COURTS

During FY 2007-2008, Juvenile Drug Treatment Courts (JDTC) operated in the following counties: Durham, Forsyth, Mecklenburg, Rowan, and Wake.

North Carolina JDTCs 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. Juvenile Drug Treatment Court Coordinators receive the referral, meet with the youth and family and facilitate admission into the JDTC.

The goals of Juvenile 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 Juvenile 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. North Carolina targets high-risk and high-need juveniles who have been adjudicated delinquent and who have a diagnosis of alcohol and other drug abuse. In North Carolina, juvenile delinquents are less than sixteen years of age when they committed their offense(s).

Intervention and Supervision

The JDTC is designed to provide an immediate and continuous court intervention that includes requiring the youth 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 JDTC juveniles and their families in each jurisdiction. The court counselor is an integral part of the JDTC Core Team that includes a certified juvenile court judge, the JDTC case coordinator, a juvenile defense attorney, an assistant district attorney, and a variety of treatment professionals.

Treatment is provided differently in each court. Most JDTC participants and their families receive some form of in-home, intensive treatment such as multi-systemic treatment (MST). Some youth are assigned to treatment groups or an individual counselor trained to manage co-occurring disorders (adolescents with both a substance abuse diagnosis and another mental health diagnosis such as depression or conduct disorder). Another common treatment type is the Cannabis Youth Treatment program, a manualized treatment found to be effective with substance abusing juvenile offenders.

Each JDTC 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 JDTCs have been opened since January 2003. These courts have struggled with developing a clear target population and defining success. The concurrent challenge of adolescence, mental health disorders and/or substance abuse/addiction, and frequent family dysfunction makes success with this population difficult. Despite these continued challenges, the JDTCs demonstrated improved success in FY 2007-2008.

Participation During FY 2007-2008

During FY 2007-2008 there were 105 referrals to Juvenile Drug Treatment Courts. Based on the results of a screening, courts admitted 91 juveniles, or 87% of those who were referred. The total number of active juveniles served during the year was 160.

While fewer youth were referred to the courts in FY 2007-2008, more of those who were referred were admitted, increasing the admission rate to 87% from 66% the previous year.

All of the youth in Juvenile Drug Treatment Courts were referred by juvenile court judges or juvenile court staff.

Demographic Information

Of those youth who entered Juvenile Drug Treatment Court during FY 2007-2008, for whom there was data in the MIS:

- 81% were male,
- 19% were female,
- 17% were Caucasian,
- 75% were African American,
- 8% reported Other as their race,
- 7% reported Hispanic ethnicity,
- At the time of admission, 51% were age 15, 29% were age 16, 16% were age 14, 1% were age 13 or less and 3% reported age 17.
- 48% reported being in 9th grade in school, 36% reported being in 8th grade, 12% reported being in 10th grade, and 4% reported being in 7th grade.

The demographics of the youth served in the JDTCs began to shift in FY 2006-2007. In FY 2007-2008 the number of Caucasians again decreased from 40% in FY 2005-2006, to 27% in FY 2006-2007, and then to 17% in FY 2007-2008. This continued shift may signal that the JDTCs continue to become more representative of the juvenile probation population in North Carolina. In 2007, the Department of Juvenile Justice and Delinquency Prevention (DJJDP) reported that 75% of all youth on probation were African American and 18% were Caucasian. Forty-two percent (42%) of all probationary youth had evidence of substance abuse requiring further assessment or treatment.

There was a significant shift in the age of the youth participating in a JDTC. Eighty-three percent (83%) of youth admitted in FY 2007-2008 were aged 15 or older in comparison to 61% the previous year.

Crimes of Juvenile Drug Treatment Court Admissions

The crimes committed by youth newly admitted to a JDTC in FY 2007-2008 were more serious than those reported in FY 2006-2007. Based on the data that was reported, 51% of youth admitted committed a misdemeanor and 49% committed a felony. In FY 2006-2007 the data reflected that 33% committed felonies in comparison to 67% admitted for committing misdemeanors or traffic offenses.

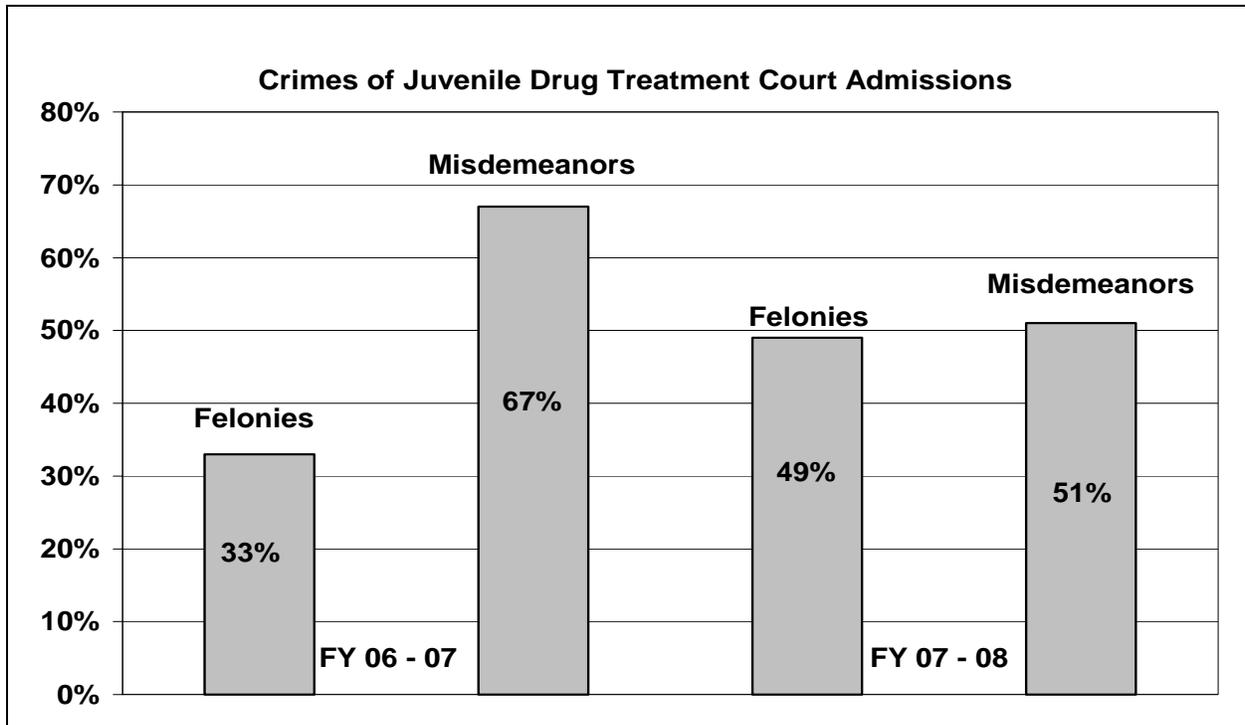


Chart 4

Of those who committed misdemeanors, the majority (31%) were adjudicated for Class 1 offenses. The most commonly occurring misdemeanors were:

- Unauthorized use of a motor vehicle (17%),
- Injury to personal property (8%),
- Possession of drug paraphernalia (8%), and
- Possession of marijuana (8%).

Of the felony offenses, 22% were Class H, 12% were Class G, 8% were Class I, and 4% were Class D adjudications. The most commonly occurring felonies were:

- Common Law Robbery (23%),
- Breaking and Entering/Robbery (19%), and
- Attempted Robbery (8%).

This data indicates that DTCs are serving higher risk level offenders. The type of felony offense is disconcerting with fewer Class H and I drug offenses and a shift to offenses committed with weapons.

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 2007-2008, the most commonly occurring rewards and sanctions in Juvenile Drug Treatment Courts were:

Rewards (317)

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

Sanctions (206)

- Juvenile Detention
- Community Service Increased
- Verbal Reprimand
- Warning from the Bench
- Written report/Essay

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 included adult Drug Treatment Courts for the first time in their 2008 recidivism report provided 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 614 active offenders who exited Adult Drug Treatment Courts during FY 2007-2008 were expected to attend court 5,868 times. They attended court 5,538 sessions or 94% of the time.
- ✓ The 259 active parent respondents who exited Family Drug Treatment Courts during FY 2007-2008 were expected to attend court 1009 times. They attended 932 court sessions or 92% of the time.
- ✓ The 69 juvenile offenders who exited Juvenile Drug Treatment Courts during FY 2007-2008 were expected to attend court 840 times. The juveniles and their parents/guardians attended 812 court sessions or 97% 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 15, during FY 2007-2008, 63% of adult offenders, 57% of parent respondents and 78% of juveniles who exited, remained in treatment for over six months.

Table 15: Retention Rate in Treatment for DTC Participants Discharged									
	Adult DTC			Youth DTC			Family DTC		
	05-06	06-07	07-08	05-06	06-07	07-08	05-06	06-07	07-08
Remained in Treatment 0-3 Months	18%	19%	19%	11%	8%	5%	10%	19%	16%
Remained in Treatment 3-6 Months	17%	16%	17%	23%	12%	11%	53%	21%	26%
Remained in Treatment 6-12 Months	20%	28%	21%	34%	40%	45%	25%	43%	42%
Remained in Treatment Over 12 Months	45%	37%	42%	33%	40%	38%	12%	17%	16%

- ✓ Adult DTC participants were required to attend 59,421 hours of treatment. The 614 adult offenders, who exited the program in FY 2007-2008, attended 51,756 hours of treatment. Factoring in excused absences, adult DTC offenders attended required treatment 89% of the time.
- ✓ Family DTC participants were required to attend 33,244 hours of treatment. The 259 parent respondents, who exited the program in 2007-2008, attended 25,171 hours of treatment. Factoring in excused absences, parent respondents attended required treatment 79% of the time.
- ✓ Juvenile DTC participants were required to attend 3,478 hours of treatment. The 69 delinquent juveniles, who exited the program in FY 2007-2008, attended 3,278 hours of treatment or attended required treatment 95% of the time.

AA/NA/Community Support Group Attendance

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

- ✓ The 614 offenders who exited Adult Drug Treatment Courts during FY 2007-2008 were required to attend 54,572 AA/NA meetings. They attended 41,862 AA/NA meetings. Factoring in excused absences, offenders attended 79% of their required community support group meetings.
- ✓ The 259 parents who exited Family Drug Treatment Courts during FY 2007-2008 were required to attend 11,270 AA/NA meetings. They attended 8,843 AA/NA meetings. Factoring in excused absences, parent respondents attended 81% of their required community support group meetings.

Parents involved in the FDTC were significantly less compliant (68%) with AA/NA meeting attendance in 2006-2007. The data in 2007-2008 reveals a return to the attendance rate of 83% experienced in 2005-2006. There is no obvious reason for these dramatic shifts.

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 at least twice per week.

- ✓ The 614 offenders who exited Adult Drug Treatment Courts during FY 2007-2008 were tested for drugs 25,215 times. Sixty-four percent (64%) of offenders who exited Adult Drug Treatment Courts tested positive for drugs and/or alcohol at least once. Adult offenders who exited during FY 2007-2008 had an average of 287 clean days between a negative and positive drug test.
- ✓ The 259 parents who exited Family Drug Treatment Courts during FY 2007-2008 were tested for drugs 7,546 times. Sixty-eight percent (68%) 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 2007-2008 had an average of 202 clean days between a negative and a positive drug tests.
- ✓ The 69 delinquents who exited Juvenile Drug Treatment Courts during FY 2007-2008 were tested for drugs 1,040 times. Eighty-three percent (83%) of juveniles, who exited Juvenile Drug Treatment Courts, tested positive for drugs and/or alcohol at least once. Delinquent juveniles who exited DTC during FY 2007-2008 had an average of 144 clean days between a negative and a positive drug test.

Table 16: Percentage of Participants Ever Testing Positive for Drugs			
	Adult	Juvenile	Family
FY 2007-2008	64%	83%	68%
FY 2006-2007	73%	61%	74%
FY 2005-2006	62%	83%	61%

North Carolina DTCs target high-risk, high-need individuals and It is expected that adult and family participants are addicted to drugs and/or alcohol and that juveniles will have a diagnosis of alcohol or other drug abuse. As such, it is anticipated that most DTC participants will test positive for alcohol or drugs at least once while in the program. This is not only a measure of appropriate targeting but also that the courts are drug testing frequently and randomly.

The period of clean time is an indication of the court's impact on the participant's decision to become and remain abstinent.

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 614 offenders who exited Adult DTCs during FY 2007-2008 were required to make 12,064 probation contacts. These mandatory probation contacts were met 80% of the time.

Probation compliance returned to the same level seen in FY 2005-2006, increasing from the drop experienced in FY 2006-2007 (71%).

Employment/School

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

- ✓ Of the offenders who exited Adult Drug Treatment Courts during FY 2007-2008, 41% were employed at the time of exit.
- ✓ Of the participants who exited Family Drug Treatment Courts during FY 2007-2008, for whom data was available, 15% were employed at the time of exit.

Employment for adult offenders and parent respondents remained roughly steady between FY 2006-2007 and FY 2007-2008 but continued to decline from the 2005-2006 high of 52% and 20% respectively.

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 Juvenile Drug Treatment Court conditions.

- ✓ Of offenders who exited Adult Drug Treatment Courts during FY 2007-2008, 31% served a total of 3,814 days in jail.
- ✓ Of participants who exited Family Drug Treatment Courts during FY 2007-2008, 14% served a total of 700 days in jail.
- ✓ Of juveniles who exited Juvenile Drug Treatment Courts during FY 2007-2008, 45% served a total of 788 days in detention.

There were some significant differences in the use of jail and detention in Family and Juvenile DTCs in FY 2007-2008.

The reported use of jail as a sanction in family DTC increased significantly from 4% to 14% with a 95% increase in the number of jail days served. These differences may be attributable to a change in data entry practices but are important to track as Family DTC participants do not generally have criminal charges and jail days can only be assigned through a finding of contempt of court.

The reported use of detention as a sanction in juvenile DTC returned to the FY 2005-2006 level (48%) from only 26% in FY 2006-2007. There was also a significant increase in the number of detention days served from 268 in FY 2007-2008. This

increase in the use and rate of detention is likely attributable to the increase in the risk level of the offenders admitted to the JDTC in FY 2007-2008.

Criminal Charges

While in Drug Treatment Court, adult and juvenile offenders are closely supervised in order to reduce the likelihood that they will commit new crimes.

- ✓ Of offenders who exited Adult Drug Treatment Courts during FY 2007-2008, 20% were terminated for new arrests or convictions.
- ✓ Of juveniles who exited Youth Drug Treatment Courts during FY 2007-2008, 11% were terminated for adjudications for new crimes.

Adult offenders experienced a rise in in-program recidivism, up from 17% in 2006-2007. Juvenile DTC had a significant reduction in their in-program recidivism during 2007-2008, down from 20% the previous year.

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 17, 18, and 19, 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 17: 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
2007-2008	60%	2%	20%	3%	7%
2006-2007	66%	6%	17%	3%	5%
2005-2006	67%	6%	17%	7%	6%

Table 18: 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
2007-2008	77%	1%	3%	0%	15%
2006-2007	82%	1%	3%	2%	12%
2005-2006	80%	9%	3%	3%	6%

Family DTC staff report using Neutral Discharge when parents are discharged from the FDTC because the parent's case plan changes from reunification to termination of parental rights or other permanent placement.

Table 19: Reasons for Terminations for Active Participants Who Exited Juvenile DTCs					
Fiscal Year	Non-Compliance with Court Orders	Positive Drug Tests	New Arrests or Convictions/ Technical Probation Violations	Voluntary Withdrawals	Dispositional Placement
2006-2007	40%	6%	11%	14%	6%
2006-2007	49%	2%	22%	9%	9%
2005-2006	53%	6%	24%	6%	6%

Of the juveniles who exited Youth Drug Treatment Courts during FY 2007-2008, 11% were terminated for adjudications for new crimes. Juvenile DTC had a significant reduction in their in-program recidivism during FY 2007-2008, down from 20% the previous year.

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.

Successful Termination from FDTC

Of the 46 parents who completed/graduated from Family DTC during FY 2007-2008 (Cumberland, Durham, Gaston, Halifax, Lenoir, Mecklenburg, Orange, and Wayne), Drug Treatment Court staff reported:

- ✓ Forty one (41) parents or 89% regained custody of at least one of their children (a total of 70 children or 86%),
- ✓ Two (2) parents or 4% graduated FDTC but still had their parental rights terminated for one or more of their children (a total of 2 children or 2%)
- ✓ Four (4) parents or 9% agreed to or were court ordered to place at least one of their children (a total of nine children or 11%) in a permanent placement other than with parents (e.g. custody with relative or guardian), and
- ✓ Three (3) parents or 7% and five (5) children were still awaiting final resolution of the case.

Unsuccessful Termination from FDTC

Of the 66 parents who did not successfully complete Family DTC during FY 2007-2008 (Cumberland, Durham, Halifax, Lenoir, Mecklenburg, Orange, Union and Wayne), Drug Treatment Court staff reported:

- ✓ Twenty six (26) parents or 39% agreed to or were court ordered termination of parental rights for at least one child (a total of 56 children or 51%);
- ✓ Twenty four (24) or 36% agreed to or were court ordered to place at least one of their children (a total of 46 children or 42%) in a permanent placement other than with themselves (e.g. custody with relative or guardian);
- ✓ Four (4) parents or 6% regained custody of at least one of their children (a total of 7 children or 6%); and
- ✓ Twelve (12) parents or 18% and twenty (20) children were still awaiting final resolution of the case.

Parents who successfully complete Family Drug Treatment Court are much more likely than those who do not successfully complete to have a favorable resolution of their case. Eighty nine percent (89%) of graduates versus 6% of unsuccessful terminations were reunified with their children. Thirty nine percent (39%) of parents who did not successfully complete FDTC had their parental rights terminated.

Mecklenburg County also operates a less intensive Family Drug Treatment Court called FIRST (Families in Recovery to Stay Together) Level I. These parents do not receive the intensive case management provided by a traditional FDTC and they only see the FDTC case coordinator once per month.

There was Abuse/Neglect/Dependency case completion data available for 80 parents who participated in FIRST Level I.

Successful Termination from FIRST Level I

Twenty three (23) or 29% of the parents successfully completed the program. Of these:

- ✓ Nineteen (19) parents were reunified with a total of 40 children;
- ✓ Three (3) parents were ordered to comply with an Other Permanent Plan for the custody of their 5 children; and
- ✓ One parent had parental rights terminated on his two (2) children.

Unsuccessful Termination from FIRST Level I

Fifty seven (57) or 71% of the parents were unsuccessfully terminated from the program. Of these:

- ✓ Two (2) parents were reunified with a total of three (3) children;
- ✓ Twenty one (21) parents had parental rights terminated on a total of 37 children; and
- ✓ Thirty four (34) parents were ordered to comply with an Other Permanent Plan for the custody of a total of 59 children.

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 structured FIRST Level I.

As seen in Table 20, in FY 2007-2008 Family Drug Treatment Courts experienced an increase in the number of successful completions and family reunifications.

Table 20: Family Drug Treatment Court Successful Graduates			
	2005-2006	2006-2007	2007-2008
Successful Completion of FDTC	31%	29%	33%
Reunification with one or more children	75%	83%	89%

Impact on Youth

Some of the most important outcome measures for youth served in a Juvenile 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 was a significant increase in the number of youth living at home with their parents in FY 2007-2008 (84%) over those living at home in FY 2006-2007 (62%). There was also a 12% rise in the number of youth attending traditional middle or high schools. These data would generally indicate a “stable” living situation, home and school life that would also be reflective of the improved graduation rate for JDTCs in FY 2007-2008.

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

- ✓ 84% (53) of the juveniles were living with their parents,
- ✓ 8% (5) were living with other relatives,
- ✓ 3% (2) were living in residential treatment,
- ✓ 3% (2) were reported in runaway status, and
- ✓ 2% (1) were reported placed in a youth development center.

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

- ✓ 66% (42) of the youth were attending a “traditional” middle or high school,
- ✓ 19% (12) had dropped out of school,
- ✓ 8% (5) attended an “alternative school” program,
- ✓ 5% (3) were engaged in a GED program,
- ✓ 2% (1) were being served in a residential treatment program, and
- ✓ 2% (1) were being home schooled.

Appendix I

State Advisory Committee Members

N. C. Drug Treatment Court Advisory Committee 2007-2008	
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	