



NORTH CAROLINA
ADMINISTRATIVE OFFICE
of the COURTS

2011 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 special court sessions 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, frequent drug testing, and close probation supervision for adult and juvenile offenders.

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 (NCAOC) facilitates the development, implementation and monitoring of local drug treatment courts through the State Drug Treatment Court (DTC) Office in the Court Programs and Management Services Division. During FY 2009-2010, the State DTC Office employed four fulltime staff: one State DTC Manager, two DTC Field Specialists, and one Administrative Secretary. The State DTC Advisory Committee, appointed by the Director of the NCAOC, 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 in North Carolina were implemented in 1996. During FY 2009-2010, 45 Drug Treatment Courts, recognized by the NCAOC, operated in 21 judicial districts in North Carolina.¹

- 21 Adult DTCs in district and superior criminal courts (sentenced offenders on supervised probation).
- 2 Adult Pilot DWI Treatment Courts (sentenced offenders on supervised probation).
- 2 Deferred Prosecution Treatment Courts (deferred prosecution offenders on supervised probation).
- 12 Family DTCs in district civil courts (parent respondents adjudicated for child abuse, neglect, and/or dependency who are seeking custody of their children).
- 4 Juvenile DTCs in district juvenile delinquency courts (adjudicated delinquents on supervised probation).

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" 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 NCAOC adopted the definition which now counts the number of county DTCs rather than the number of district DTCs.

State Funding for Drug Treatment Courts

North Carolina's Drug Treatment Courts (DTCs) operate under a funding strategy implemented in FY 2005-2006 to move the DTCs toward sustainable operation and funding. The NCAOC 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 (DHHS). Case management for adult DTCs is provided by probation officers funded by the Division of Community Corrections (DCC), Department of Correction. Juvenile DTC participants receive case management services from juvenile court counselors funded by the Department of Juvenile Justice and Delinquency Prevention (DJJDP). Family DTC participants receive case management services from locally funded Departments of Social Services (DSS), with assistance from the Family DTC coordinator.

Major Initiatives

In FY 2009-2010 the DTC State Staff, DTC State Advisory Committee and local Drug Treatment Courts continued to focus on memorializing and implementing best practices, policies and procedures. This has been an on-going process over the past five years and is the result of improved DTC evaluation reports and shared state policies that are driving improved local practice.

- *NC DCC Risk and Needs Assessment and Evidence Based Practice Training* – The North Carolina Division of Community Corrections had been undergoing a major shift in how they assign probation officers and supervise offenders. A new Risk and Needs assessment process is supporting improved matching of offenders to community based programs. The assessment also helps ensure that the high-risk, high-need individuals best served by a DTC are targeted and admitted to the courts. An analysis of offenders previously assigned to a DTC found that the courts were accurately assigning high-risk, high-need individuals in most cases. The implementation of the DCC Evidence-Based Practices training has supported the development of comprehensive, needs and strengths-based case planning for offenders. This approach is complementary to drug treatment court expectations.
- *Revised Minimum Standards for North Carolina Drug Treatment Courts* – The State DTC Advisory Committee completed revision of the NC DTC Guidelines or Minimum Standards to more accurately reflect current policies, procedures and best practices. The Revised Minimum Standards were effective January 1, 2011.
- *FDTC Legal Practice* – A subcommittee of FDTC judges, coordinators, parent attorneys, DSS/county attorneys, NCAOC staff and DTC Advisory Committee Members worked over several years to develop and determine family drug treatment court legal best practices, procedures and forms. Forms were made available to practitioners for use. FDTC legal best practices remains an area of continued discussion but the policies, procedures and forms developed by the committee provide local FDTC practitioners with solid guidance.
- *Pilot Adult DWI Treatment Courts* – The implementation and operation of DWI treatment courts is a major initiative of the Federal Government and the National Highway Traffic Safety Administration. Two DWI treatment courts have been operational in Mecklenburg County since 2000 and 2002 respectively. The DTC Advisory Committee agreed to work with local, federally-funded DWI Treatment Courts to develop and refine a set of guidelines for the operation of DWI treatment courts in North Carolina. This report includes a separate DWI Treatment Court section for the first time.
- *Best Practices for North Carolina Drug Treatment Courts* - Based on experience and outcomes in North Carolina's drug treatment courts and evidence-based research, this document presents a set of best practices and procedures for implementing and operating effective drug treatment courts specific to North Carolina. The full document can be found at: <http://www.nccourts.org/Citizens/CPrograms/DTC>

The eight best practices for North Carolina Drug Treatment Courts are:

1. Judicial Leadership
2. Court Team Committed to Participant Recovery from Addiction and Shared Decision making
3. Target High-Risk and High-Need Participants
4. Comprehensive Case Planning Based on Evidence-Based Treatment

5. Intensive Monitoring and Use of Individualized, Graduated Incentives and Sanctions
6. Protection of Due Process Rights of Drug Treatment Court Participants
7. Specialized Training for Court Team Members
8. Active Local Management Committee

Highlights of Training

A federal Bureau of Justice Assistance grant for statewide training continues to fund the development of in-state training capacity.

- *DTC for ADAs* is a four hour workshop for Assistant District Attorneys (ADA) working in or contemplating the implementation of an adult DTC. This workshop is sponsored by the NCAOC and the NC Conference of District Attorneys and is taught by current and former DTC ADAs, School of Government faculty, DTC state staff and medical professionals. The focus of the course is understanding the role of the District Attorney's staff in appropriate targeting and sentencing of DTC participants and working within a non-adversarial DTC team. This course is held annually.
- *DTC 101* is a four day workshop for the entire DTC team sponsored by the NCAOC. Team members learn the fundamentals of treatment, legal practice, targeting and court process. The process encourages team members to learn how to work as a team and to develop consensus decisions. The team leaves with a completed Local Memorandum of Understanding outlining their court operation. Three Family DTC teams participated in the DTC 101 workshops in May and June 2009. DTC 101 is scheduled as needed to support the successful implementation of new DTCs.
- *Substance Abuse for Judges* is a two day workshop sponsored by the NC School of Government and Judicial College. The course is designed to better prepare District and Superior Court Judges to manage the many cases involving drugs and alcohol that are brought before them.
- *Motivational Interviewing for Judges* is a one day highly interactive workshop sponsored by the NCAOC to teach judges the fundamentals of motivational interviewing techniques.
- *Sanctions and Incentives Tune-Up* is a one day team-based workshop sponsored by the NCAOC that focuses on the psychology of behavior modification culminating in an opportunity to develop an entirely new set of "response guidelines."
- *Assessing the Benefits and Risks of Prescription Drugs in a Drug Court Setting* is sponsored by the NCAOC and provides factual information about assessing for and treating prescription drug addiction/abuse as well as information on the neuroscience of medication assisted therapies. Delivered by a physician specializing in the treatment of addiction, the one day, team-based training guides the courts through a series of policy and practice decisions related to the abuse and legitimate prescription of controlled substances within the drug court population. This workshop was designed in collaboration with the Governor's Institute on Alcohol and Substance Abuse.
- *Statewide Drug Treatment Court Conference* – The Statewide Drug Treatment Court Conference is held bi-annually. It was held August 29 – September 1, 2010 in Winston-Salem, NC. The conference featured 43 plenary and concurrent sessions for 412 registered attendees and presenters from 47 adult, DWI, mental health, family and juvenile Drug Treatment Court teams.

Data Sources for this Report

Table 1 (page 5) provides a summary of outcomes for July 1, 2009 to June 30, 2010 (FY 2009-2010). Tables 2 through 5 (pages 6 through 8) provides a list of operational drug treatment courts in North Carolina during FY 2009-2010. 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.

The report has been substantially revised to clarify the differences in data and outcomes related to different drug treatment court populations. In particular, the Adult DTC chapter now consists of separate chapters for Adult Sentenced Drug Treatment Courts, Adult Deferred Prosecution Drug Treatment Courts and Adult DWI Treatment Courts. The Family Drug Treatment Court data reported does not include data from the Mecklenburg FIRST Level I program.

Conclusion

During FY 2009-2010, 1,881 people participated in Drug Treatment Courts in North Carolina. The cornerstones of Drug Treatment Courts are intensive court supervision by judges, frequent drug testing, close probation supervision, and intensive outpatient treatment. Drug Treatment Court participants who exited in FY 2009-2010, were drug tested over 48,000 times, and attended 12,171 court sessions. They participated in over 100,000 hours of treatment and two-thirds remained in treatment for over six months.

The data contained within this report provides an indication of the continued stabilization and maturation of drug treatment courts in North Carolina. Almost all DTCs operated at capacity year-round and most experienced a steady or improved graduation rate. The rate of treatment retention continues to climb. Courts are targeting the high-risk, high-need participants most likely to benefit from the highly structured, treatment based intervention. Drug Treatment Courts are the most intensive, most invasive, community-based sanction available. It is critical that our stakeholder partners continue to refine their targeting and referral practices to ensure those participants, most likely to benefit from the intervention of a DTC, are admitted resulting in improved outcomes and cost savings. It remains critical that drug treatment court team members continue to improve their practices and procedures and should use the Best Practices for North Carolina Drug Treatment Courts as a basis for assessing their work. Drug treatment courts are now a part of the fabric of their communities. After 15 years of operation, drug treatment court graduates are remaining drug and alcohol free, raising healthy children, participating in their communities, attending and completing school, working, paying taxes and not recidivating. The demand for new drug treatment courts in new counties and judicial districts continues and the many years of experimentation and good practice will pave the way for new jurisdictions to efficiently implement effective treatment courts.

Table 1: Statewide Summary of NC Drug Treatment Court Outcomes for FY 2009-2010

	Adult DTC	Adult DWI Treatment Court	Juvenile DTC	Family DTC	Deferred Prosecution Adult DTC
Referrals	1,418	185	146	333	190
New Admissions	582	106	89	183	60
Males	64%	75%	92%	14%	80%
Females	36%	25%	8%	86%	20%
Caucasian	61%	57%	16%	38%	35%
African American	36%	31%	68%	46%	62%
Other Race	3%	12%	16%	16%	3%
Hispanic Ethnicity	4%	12%	15%	2%	0%
Age 19 or Under	4%	1%	Age 13 or less: 6%	3%	2%
Ages 20-29	40%	26%	Age 14: 22%	44%	27%
Ages 30-39	27%	30%	Age 15: 44%	38%	27%
Ages 40-49	21%	20%	Age 16: 27%	10%	25%
Ages 50-59	7%	14%	Age 17: 1%	4%	10%
Single/Never Married	59%	53%	N/A	61%	72%
Separated/Divorced/Widowed	23%	25%	N/A	19%	13%
Married/Living as Married	17%	23%	N/A	20%	15%
Less than High School Diploma/GED	36%	20%	N/A	52%	32%
High School Diploma/GED	28%	40%	N/A	35%	40%
Felony Crimes	75%	N/A	44%	N/A	98%
Misdemeanor/Traffic Crimes	25%	N/A	54%	N/A	2%
Most Frequent Crime Class/Type	Felony Class I, Felony Class H, Misd. Class 1	Traffic, Misd. Class 2	Misd. Class 1, Felony Class H, Misd. Class 2	N/A	Felony Class I, Felony Class H, Misd. Class 1
SASSI Indication of Addiction	100%	95%	N/A	97%	98%
Active Participants (active >= 1 day)	1,093	169	156	323	140
Active Participants Who Exited	544	64	75	185	79
Average Length of Stay	335 Days	320 Days	290 Days	288 Days	352 Days
Exited by Completion/Graduation	40%	70%	36%	38%	52%
Exited by Termination	60%	30%	64%	62%	48%
Most Frequent Type of Terminations:					
Non-compliance with Court/Treatment/Probation	58%	35%	42%	60%	82%
Positive Drug Tests	6%	10%	15%	3%	N/A
New Arrest/Conviction/Adjud./Tech. Prob. Viol.	20%	20%	23%	7%	8%
Voluntary Withdrawal	2%	5%	12%	8%	3%
Neutral Discharge (i.e. medical, DTC transfer, other)	8%	30%	N/A	22%	8%
Rate Attended Courts Sessions	94%	99%	96%	91%	96%
Treatment Retention > 6 months	72%	83%	72%	71%	80%
Ever Positive for Drugs in DTC	69%	53%	84%	71%	72%
Ever Served Jail/Detention Time	60%	27%	20%	55%	39%
Community Service Hours Completed	6,831	N/A	721 Hours	1,025	N/A
Employed While In Program	43%	72%	N/A	16%	51%
Exited by Completion in Family DTC: Parent Regained Custody	N/A	N/A	N/A	73%	N/A

List of FY 2009-2010 Operational Drug Treatment Courts

Tables 2-5 list the FY 2009-2010 drug treatment courts recognized by the NC Administrative Office of the Courts by county/district, type of court and participants, and court implementation date. There were operational drug treatment courts in 27 of North Carolina's counties and 50% of North Carolina's judicial districts.

Table 2: NC Adult Drug Treatment Courts FY 2009-2010		
County Judicial District	Type of Court Participants	Court Implementation Date
Avery 24	District Court Sentenced Offenders	July 2005
Brunswick 13	Superior Court Sentenced Offenders	July 2008
Buncombe 28	Superior Court Sentenced Offenders	December 2000
Carteret 3B	Superior Court Sentenced Offenders	October 2003
Catawba 25	District Court Sentenced Offenders	May 2001
Craven 3B	Superior Court Sentenced Offenders	December 2000
Cumberland 12	District Court Sentenced Offenders	January 2005
Durham 14	District Court Sentenced Offenders	November 1999
Forsyth 21	District Court Sentenced Offenders	June 1996
Guilford (Greensboro) 18	District Court Sentenced and Deferred Prosecution Offenders	December 2002
Guilford (High Point) 18	District Court Sentenced and Deferred Prosecution Offenders	June 2008
McDowell 29A	Superior Court Sentenced Offenders	September 2007
Mecklenburg 26	Superior Court Sentenced Offenders	July 1999
New Hanover 5	District Court Sentenced Offenders	May 1997
Orange 15B	District Court Sentenced Offenders	August 2002
Person 9A	District Court Sentenced and Deferred Prosecution Offenders	July 1996
Pitt 3A	District Court Sentenced Offenders	August 2005
Randolph 19B	District Court Sentenced Offenders	March 2002
Rutherford 29A	Superior Court Sentenced Offenders	September 2007
Wake 10	District Court Sentenced Offenders	May 1996
Watauga 24	District Court Sentenced	July 2005

Table 3: NC DWI Treatment Courts FY 2009-2010

County Judicial District	Type of Court Participants	Court Implementation Date
Mecklenburg 26	District Court (C) Sentenced DWI Offenders District Court (D) Sentenced DWI Offenders	March 2000 April 2002

Table 4: NC Family Drug Treatment Courts FY 2009-2010

County Judicial District	Type of Court Participants	Court Implementation Date
Buncombe 28	District Court DSS Petitioned Parent Respondents	November 2005
Chatham 15B	District Court DSS Petitioned Parent Respondents	January 2008
Cumberland 12	District Court DSS Petitioned Parent Respondents	February 2005
Durham 14	District Court DSS Petitioned Parent Respondents	May 2002
Halifax 6A	District Court DSS Petitioned Parent Respondents	March 2005
Lenoir 8	District Court DSS Petitioned Parent Respondents	February 2007
Mecklenburg 26	District Court DSS Petitioned Parent Respondents	December 1999
New Hanover 5	District Court DSS Petitioned Parent Respondents	April 2010
Orange 15B	District Court DSS Petitioned Parent Respondents	February 2005
Pitt 3A	District Court DSS Petitioned Parent Respondents	April 2010
Robeson 16B	District Court DSS Petitioned Parent Respondents	March 2008
Union 20B	District Court DSS Petitioned Parent Respondents	August 2006
Wayne 8	District Court DSS Petitioned Parent Respondents	August 2005

Table 5: NC Juvenile Drug Treatment Courts FY 2009-2010

County Judicial District	Type of Court Participants	Court Implementation Date
Durham 14	District Court Adjudicated Delinquents	November 2000
Forsyth 21	District Court Adjudicated Delinquents	January 2003
Mecklenburg 26	District Court Adjudicated Delinquents	January 2003
Wake 10	District Court Adjudicated Delinquents	October 1998

Table 6: NC Deferred Prosecution Drug Treatment Courts FY 2009-2010

County Judicial District	Type of Court Participants	Court Implementation Date
Mecklenburg 26	District Court (A) Deferred Prosecution Offenders	February 1995
	District Court (B) Deferred Prosecution Offenders	March 1996

PART 1 DRUG AND DWI TREATMENT COURTS

Referrals to drug and DWI treatment courts, admissions and the number of participants served have increased since 1996 as new courts have been added and court operations have stabilized. Tables 7 and 8 provides a summary of new admissions, active participants, and average length of stay in Drug and DWI Treatment Courts from FY 2007-2008 to FY 2009-2010.

There were 21 operational Adult Drug and DWI Treatment Courts during the fiscal year. As seen in Tables 7 and 8, during FY 2009-2010 there were 582 new admissions and 1,093 active participants in Adult DTCs. Mecklenburg County's two (2) DWI Treatment Courts saw 106 admissions and 169 active participants. Mecklenburg County's two (2) Deferred Prosecution Adult Drug Treatment Courts had 60 admissions and 140 active participants. There were 12 operational Family DTCs, with 183 new admissions and 323 active participants during the fiscal year. There were four (4) operational Juvenile DTCs, with 89 new admissions and 156 active participants during FY 2009-2010.

Sentenced Adult DTC referrals and admissions declined 7% and 5% respectively over the previous year. The average length of stay increased 6% which contributed to a 3% increase in the total number of active participants during the year. This data is reflective of the stabilization and improved targeting of Sentenced Adult DTCs.

Sentenced Adult DWI Treatment Court referrals increased 86% and admissions increased 47% in FY 2009-2010, however active participation only increased 17%.

Deferred Prosecution Adult Drug Treatment Court referrals held constant in FY 2009-2010, however admissions fell by 34% since FY 2008-2009 and 41% since FY 2007-2008. Active participants declined 11% in FY 2009-2010. The average length of stay increased each of the three years.

Family DTCs showed a 15% decrease in referrals but only a 3% decrease in admissions. This resulted in a 3% increase in active participants during the year.

Juvenile DTCs received a higher number of referrals (19% increase) and a lower number of admissions (14% increase).

Fiscal Year	Sentenced Adult DTC			Sentenced Adult DWI Treatment Court			Deferred Prosecution DTC		
	07-08	08-09	09-10	07-08	08-09	09-10	07-08	08-09	09-10
Referrals	1,505	1,528	1,418	116	99	185	175	189	190
New Admissions	581	614	582	76	72	106	102	91	60
Total Active During Fiscal Year	931	1,059	1,093	146	145	169	160	158	140
Avg. Length of Stay	301	315	335	365	335	320	229	274	352

	Family			Juvenile		
Fiscal Year	07-08	08-09	09-10	07-08	08-09	09-10
Referrals	388	391	333	105	123	146
New Admissions	166	189	183	89	78	89
Total Active During Fiscal Year	283	313	323	160	162	156
Avg. Length of Stay	266	298	288	316	337	290

Table 9 details court completion/graduation rates for Drug and DWI Treatment Courts from FY 2007-2008 through FY 2009-2010. The rates vary for the different types of courts due to the different characteristics of the target populations.

Sentenced Adult DTC graduation rates increased from 33% in FY 2008-2009 to 40% during FY 2009-2010. These courts serve high-risk, high-need offenders.

Sentenced Adult DWI Treatment Court graduation rates remained the same at 70% in FY 2008-2009 and FY 2009-2010.

Deferred Prosecution Adult DTC graduation rates have steadily increased from 31% of the active participants graduating in FY 2007-2008 to 40% in FY 2008-2009 to 52% graduating in FY 2009-2010.

As seen in Table 10, Family and Juvenile DTC graduation rates saw minimal change this fiscal year. Family DTC graduation rates increased by 4% from 34% to 38% and Juvenile DTC graduation rates decreased 5% from 41% to 36%. The reduction in the graduation rate in JDTC is also reflected in the reduced average length of stay.

	Sentenced Adult DTC			Sentenced Adult DWI Treatment Court			Deferred Prosecution Adult DTC		
Fiscal Year	07-08	08-09	09-10	07-08	08-09	09-10	07-08	08-09	09-10
Completions/Graduations of Active Participants	35%	33%	40%	68%	70%	70%	31%	40%	52%
Terminations of Active Participants	65%	67%	60%	32%	30%	30%	69%	60%	48%
Total Exits	437	513	544	73	82	64	91	80	79

Table 10: Summary of Exit Type of Family and Juvenile DTC Active Participants by Court Type						
	Family			Juvenile		
Fiscal Year	07-08	08-09	09-10	07-08	08-09	09-10
Completions/Graduations of Active Participants	37%	34%	38%	45%	41%	36%
Terminations of Active Participants	63%	66%	62%	55%	59%	64%
Total Exits	158	158	185	77	88	75

PART 2

SENTENCED ADULT DRUG TREATMENT COURTS

During FY 2009-2010, Sentenced Adult Drug Treatment Courts operated in the following counties: Avery, Brunswick, Buncombe, Carteret, Catawba, Craven, Cumberland, Durham, Forsyth, Guilford (Greensboro and High Point), McDowell, Mecklenburg, New Hanover, Orange, Person, Pitt, Randolph, Rutherford, Wake and Watauga.

In these courts, DTC 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 (SASSI). All Adult DTCs define eligibility as individuals addicted to alcohol and/or other drugs. Adult DTCs that are funded by the NCAOC target sentenced, intermediate-punishment offenders or community offenders at risk of revocation to better match DTC eligibility to the public treatment and supervision available for offenders.

Target Population

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

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

Intervention and Supervision

As part of the intensive intervention and supervision provided by Adult DTC, offenders appear before a specially trained judge, 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 individual's progress in treatment and movement through the treatment court process. While the offender is involved in DTC, specialized probation officers provide close supervision, TASC coordinators provide care management including referrals to needed services, treatment specialists provide intensive outpatient treatment and after-care services, and drug court coordinators facilitate core team decision-making at regular case staffings while managing the court docket and court sessions.

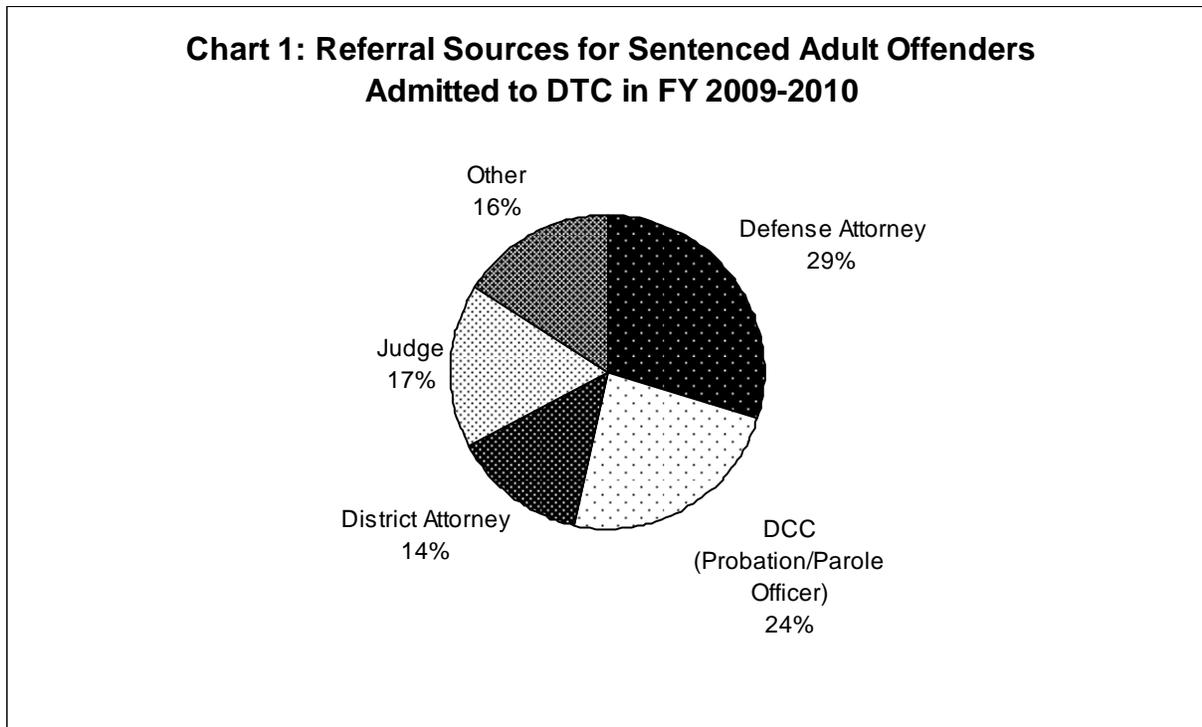
To complete Adult DTC, the offender must attend court as required, successfully complete all required clinical treatment, submit clean drug tests during the prior three to six months (varies by local court), maintain employment and pay regularly towards his/her legal obligations (e.g., child support, restitution), comply with the terms of his/her probation and be nominated for graduation by the DTC team.

Client Participation

During FY 2009-2010 there were 1,418 referrals to adult drug treatment courts. Based on the results of a screening, courts admitted 582 offenders, or 41% of those who were referred. Offenders are ineligible for admission for a variety of reasons. Common reasons include: DTC team determination of ineligibility or inappropriateness, disqualifying pending offense, or history of violent offenses. The total number of offenders served during the year was 1,093.

The total number of offenders served did not change substantially in FY 2009-2010. No new adult DTCs were opened in FY 2009-2010. The court population has stabilized allowing most adult drug treatment courts to operate at capacity resulting in a stable number served.

As seen in Chart 1, of the offenders admitted to Adult DTCs during FY 2009-2010, the largest proportion were referred by Defense Attorneys (29%) followed by the Division of Community Corrections (24%), Judges (17%) and the District Attorney's office (14%). The final 16% is composed of self referrals and those made by TASC, Pre-trial release and others.



Demographic Information

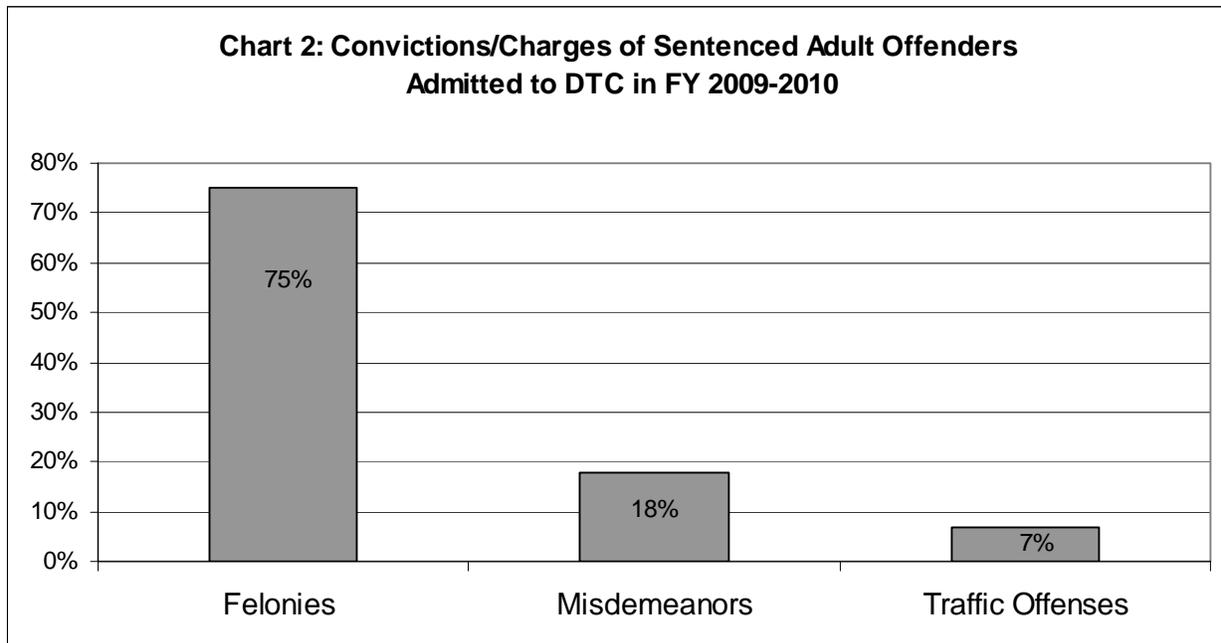
The demographics of those served by a Sentenced Adult DTC experienced little change from the previous year.

- 64% were male.
- 36% were female.
- 61% were Caucasian.
- 36% were African American.
- 3% listed Other as their Race.
- 4% listed Hispanic ethnicity.
- 40% reported ages between 20-29, 27% reported ages between 30-39, 21% reported ages between 40-49, 7% reported ages 50-59, 4% reported ages 19 and under.
- 59% reported being single and never married, 23% reported being separated, divorced or widowed, 17% reported being married or living with someone as married.
- 38% reported having a high school diploma or GED, 36% reported having less than a high school diploma or GED, 27% reported some technical college, or college, a 2-year degree, a 4-year degree, or a graduate or professional degree.
- Offenders reported having 286 minor children.
- Five drug free babies were born.

Criminal Justice Status

Of those admitted to Adult DTC, an estimated 94% were sentenced offenders and an estimated 6% were deferred prosecution defendants.

As seen in Chart 2, 75% of all offenders admitted to Adult DTCs were charged or convicted of felony crimes. Eighteen percent (18%) were charged or convicted of misdemeanors and 7% were charged or convicted of traffic offenses. Ninety nine percent (99%) of traffic offenses were DWI offenses. Sixty-one percent (61%) of the traffic offenses were Level 1 and 2 DWI offenses. The balance of the traffic offenses were predominantly driving while impaired (non-specified) and driving while license revoked.



Crimes of Adult Drug Treatment Court Admissions

Tables 11 through 14 show the Structured Sentencing Class and Prior Record Level of Sentenced Offenders admitted to Adult DTCs during FY 2009-2010. The data represents the information entered into the DTC Management Information System, and some data is missing or not applicable.

While the target population for adult DTCs is clearly set out in statute as Intermediate Level offenders (most commonly H and I felony offenders), some adult DTCs admit a small number of misdemeanants, DWI offenders, and deferred prosecution offenders. Recent research indicates that treatment courts may be more effective if drug offenders are separated from DWI offenders. The NCAOC has adopted the model of separating court populations rather than a hybrid model of mixing drug and DWI offenders or mixing deferred prosecution and sentenced offenders. The demographics and crime characteristics of these groups are the basis for the separation of types of drug treatment courts.

Table 11 indicates that 90% of felony sentenced offenders were Class H (42%) and I (48%) offenders. Sixty-seven percent (63%) were Prior Record Level I (27%) or Prior Record Level II (36%).

Table 11: Structured Sentencing Felony Punishment Chart Sentenced Adult DTC Entries FY 2009-2010								
Prior Record Level								
Offense Class	I	II	III	IV	V	VI	N/A or Missing	Total
C	0	1	0	1	0	0	0	2
D	0	0	0	0	0	0	0	0
E	0	1	1	0	0	0	0	2
F	2	0	3	0	0	0	0	5
G	5	5	4	4	0	0	2	20
H	36	42	20	19	5	0	4	126
I	32	46	34	10	0	0	20	142
N/A or Missing	1	6	3	0	0	0	3	13
Total	76	101	65	34	5	0	29	310

Table 12 indicates that 78% of misdemeanor sentenced offenders were identified as Class 1 offenders.

Table 12: Structured Sentencing Misdemeanor Punishment Chart Sentenced Adult DTC Entries FY 2009-2010							
Prior Record Level							
Offense Class	I	II	III	IV	V	N/A or Missing	Total
A1	0	4	3	0	0	0	7
1	6	28	31	1	0	6	72
2	1	2	1	0	0	0	4
3	0	1	0	0	0	0	1
N/A or Missing	4	6	5	0	0	6	21
Total	11	41	40	1	0	12	105

Table 13 indicates that, for those offenders with data entered, 61% of sentenced DWI offenders were identified as Level 1 and Level 2 offenders.

Table 13: Driving While Impaired Sentences Sentenced Adult DTC Entries FY 2009-2010	
DWI Level	Number of Offenders
Level 1	6
Level 2	5
Level 3	1
Level 4	1
Level 5	1
Unspecified	4
Total	18

Table 14 indicates that 92% of deferred prosecution offenders were identified as felons of which 41% were Class H and 59% were Class I felons. Sixty-four percent (64%) of deferred prosecution felons were Prior Record Level I and 18% were Prior Record Level II.

Table 14: Structured Sentencing Felony Punishment Chart Deferred Prosecution Adult DTC Entries FY 2009-2010						
Prior Record Level						
Offense Class	I	II	III	IV	N/A or Missing	Total
H	7	2	0	0	0	9
I	7	2	0	0	4	13
NA or Missing	0	0	0	0	0	1
Total	14	4	0	0	4	22

The most commonly occurring felony crime types included:

- Possession of Cocaine (14%)
- Breaking and/or Entering (14%)

Of the offenders admitted to Sentenced Adult DTCs during FY 2009-2010, for misdemeanor or traffic offenses (either sentenced by the court or deferred prosecution), the most commonly occurring crime types included:

- Possession of Drug Paraphernalia (26%)
- Driving While Impaired related (14%)
- Misdemeanor Larceny (7%)
- Driving While License Revoked (6%)

During the past year, the most common types of misdemeanors/traffic offenses did not change. While DWI level 1 and 2 offenders can be viewed as high-risk and high-need, the primary target offenders for the Sentenced 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 DTCs, 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 DTC 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 (100%) of those screened and admitted to an Adult DTC in FY 2009-2010 were found to have a high likelihood of addiction based on the SASSI results or other information provided to the DTC Court Coordinators.

Of those admitted to an Adult DTC in FY 2009-2010, 70% reported at least one previous substance abuse treatment episode and 36% percent reported receiving previous mental health treatment services.

The most frequent drugs of choice reported by offenders admitted to the Sentenced Adult DTCs during FY 2009-2010 included the following:

- Crack cocaine (33%)
- Marijuana (23%)

- Alcohol (14%)
- Narcotics/Opiates other than heroin (11%)
- Heroin (10%)

Although the top drugs of choice did not change in FY 2009-2010 there were some differences that may be worth noting. Both narcotics/opiates and heroin increased slightly. National and state wide data indicate that abuse of and addiction to prescription opiates and heroin are on the rise. This has led to an increase in accidental overdoses.

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 2009-2010, the most commonly used rewards and sanctions were:

Rewards (4,591)

- Applause in the courtroom from the judge and other team members (31%)
- Judicial Praise (19%)
- Placed on "A List" for compliance with all conditions (15%)
- Certificate of Completion/Graduation (12%)
- Gifts (12%)

Sanctions (2,225)

- Jail for 24-48 hours (38%)
- Community Service (14%)
- Individualized sanction (12%)
- Discharge from DTC (8%)
- Judicial Directives (7%)

PART 3

SENTENCED ADULT DWI TREATMENT COURTS

During FY 2009-2010, Sentenced Adult DWI Treatment Courts were operational only in Mecklenburg County (2 courts). The Mecklenburg County DWI Treatment Courts are funded by the county.

Target Population

The target population for the Mecklenburg DWI Treatment Courts is chemically addicted, DWI Level One or Level Two punishment offenders, sentenced to supervised probation, with a finding by the court of at least one of the following aggravating factors: (1) driving while license revoked as a result of DWI, (2) causing serious injury to another person as a result of DWI, (3) DWI with a child under the age of 16 who was in the vehicle. This target population focuses on the highest risk and highest need, repeat DWI offender who is a serious risk to community safety. This target population is the same as that adopted by the State DTC Advisory Committee for several, newly grant funded Pilot DWI Treatment Courts.

Intervention and Supervision

A specially selected probation officer is assigned by the Division of Community Corrections to supervise a caseload of 40 DWI Treatment Court offenders. The level of probation supervision is determined by the risk and needs assessment conducted by the probation officer. It is critical that the probation officer extend supervision into the home and community, and perform at least two alcohol/drug tests per week. Treatment specialists provide intensive outpatient treatment and after-care services and all DWI Treatment Court participants are required to attend recovery support meetings such as Alcoholics Anonymous. Participants meet with their assigned Treatment Court case coordinator weekly who provides care management including referrals to needed services.

As part of the intensive intervention and supervision provided by the DWI Treatment Court, offenders appear before a specially trained judge one time per month unless ordered to appear more often based on his or her supervision needs. This practice differs from the bi-monthly court review procedures proposed by the NCAOC for the Pilot DWI Treatment Courts implemented in FY 2010-2011. Prior to the status hearing, the DWI Treatment Court core team (i.e., judge, assistant district attorney, defense attorney, specialized probation officer, treatment provider, and case coordinator) 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 individual's progress in treatment and movement through the treatment court process.

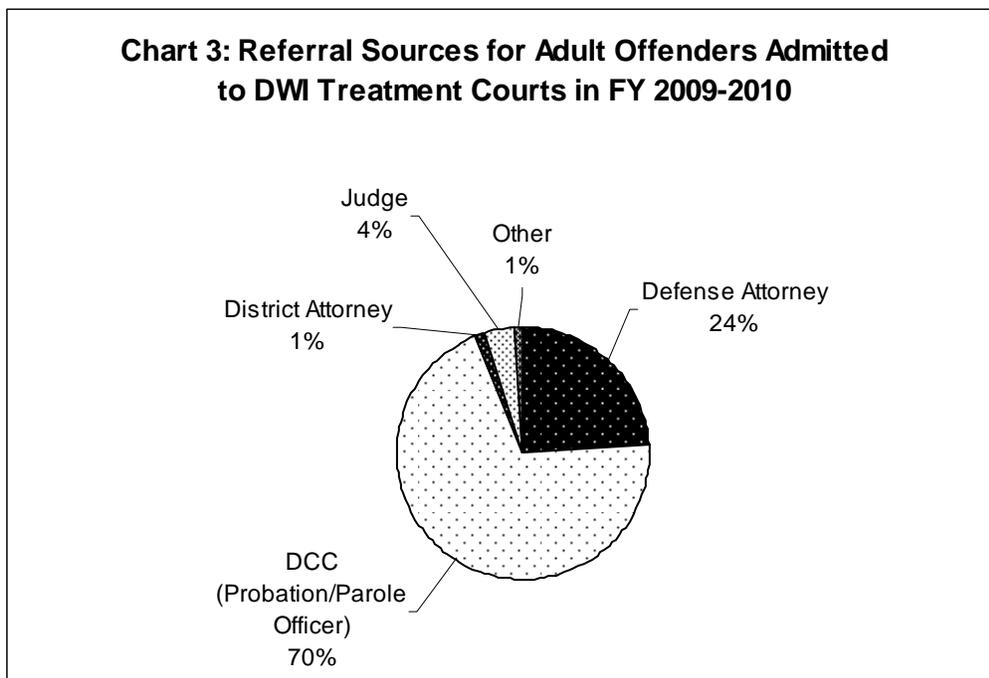
To complete the Mecklenburg County DWI Treatment Court, the offender must attend court as required, successfully complete all required clinical treatment, submit substance-free drug tests during the prior four months, pay all program costs, serve all statutory jail time associated with the DWI conviction, and be nominated for graduation by the DWI Treatment Court team.

Client Participation

During FY 2009-2010 there were 185 referrals to the Mecklenburg County DWI Treatment courts. Based on the results of a screening, courts admitted 106 offenders, or 57% of those who were referred. The total number of offenders served during the year was 169. The total number of offenders served did not change substantially in FY 2009-2010.

As seen in Chart 3, of the offenders admitted to the Mecklenburg County DWI Treatment Courts during FY 2009-2010, the largest proportion were referred by the Division of Community Corrections (70%), followed by Defense Attorneys (24%), Judges (4%), and the District Attorney's office (1%). The final 1% is composed of self referrals and those made by TASC, Pre-trial release and others.

All Adult DWI Treatment Court participants are court ordered to be screened for admission by the DWI Treatment Court staff and, if found eligible, to complete the program. This judgment is managed by the assigned probation officer who will then complete a referral to the Mecklenburg DWI Treatment Court thus explaining the unusually high percentage of probation referrals.



Demographic Information

The demographics of those served by the Mecklenburg County DWI Treatment Courts experienced little change from the previous year.

- 75% were male.
- 25% were female.
- 57% were Caucasian.
- 31% were African American.
- 12% listed Other as their Race.
- 12% listed Hispanic ethnicity.
- 26% reported ages between 20-29, 30% reported ages between 30-39, 20% reported ages between 40-49, 14% reported ages 50-59, 1% reported ages 19 and under.
- 53% reported being single and never married, 25% reported being separated, divorced or widowed, 23% reported being married or living with someone as married.
- 40% reported having a high school diploma or GED, 20% reported having less than a high school diploma or GED, 39% reported some technical college, or college, a 2-year degree, a 4-year degree, or a graduate or professional degree.
- Offenders reported having 42 minor children.
- Two drug free babies were born.

Criminal Justice Status

Of those admitted to DWI Treatment Courts, an estimated 92% of all offenders admitted to DWI Treatment Courts were charged or convicted of felony crimes and 2% were charged or convicted of traffic offenses. One hundred percent (100%) of those admitted to a DWI Treatment Court were sentenced offenders.

Crimes of DWI Treatment Court Admissions

Table 15 indicates that, for those offenders with data entered, 97% of sentenced DWI offenders were identified as Level 1 and Level 2 offenders.

Table 15: Driving While Impaired Sentences Mecklenburg County DWI Treatment Court Entries FY 2009-2010	
DWI Level	Number of Offenders
Level 1	44
Level 2	56
Level 3	0
Level 4	0
Level 5	0
Unspecified	3
Total	103

Treatment Process

DWI Treatment Court is appropriate for offenders whose primary drug of choice is alcohol. Clinically trained professionals, who work for agencies authorized by DMHDDSAS to perform DWI assessments and make treatment recommendations as per 122C-142.1, assess the severity of the alcohol addiction. The assessment determines the level of treatment recommendation, including whether there is a co-occurring drug addiction or mental health condition. Due to the high-risk and high-need characteristics of the target population for DWI Treatment Court, the lowest level of treatment is usually intensive outpatient treatment.

Treatment Needs

DWI 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 the DWI Treatment Courts. Adult Drug and DWI Treatment Courts are required by statute to target offenders addicted to alcohol or other drugs (AOD). Ninety-five percent (95%) of those screened and admitted to a Mecklenburg County DWI Treatment Court in FY 2009-2010 were found to have a high likelihood of addiction based on the SASSI results or other information provided to the DWI Court Coordinators.

- 65% were screened as having a “high probability of having a substance abuse disorder.”
- 30% were screened as having a “low probability of having a substance abuse disorder, but other information indicates addiction.”
- 5% were screened as having “low probability of having a substance abuse disorder.”

Of those admitted to Mecklenburg County’s DWI Treatment Courts in FY 2009-2010, 71% reported at least one previous substance abuse treatment episode. Thirteen percent (13%) reported receiving previous mental health services.

The most frequent drugs of choice reported by offenders admitted to the Mecklenburg County DWI Treatment Courts during FY 2009-2010 included the following:

- Alcohol (96%)
- Marijuana (2%)
- Crack cocaine (>1%)

The top drugs of choice did not change in FY 2009-2010.

Imposition of Sanctions and Rewards

DWI Treatment Courts impose sanctions and rewards to shape the treatment 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 2009-2010, the most commonly used rewards and sanctions were:

Rewards (489)

- Placed on "A List" for compliance with all conditions (53%)
- Applause in the courtroom from the judge and other team members (19%)
- Court Attendance (19%)
- Certificate of Completion/Graduation (5%)

Sanctions (100)

- Jail for 24-48 hours (28%)
- Judicial Directives (25%)
- Other Sanctions (15%)
- Verbal Reprimand (13%)

PART 4

DEFERRED PROSECUTION ADULT DRUG TREATMENT COURTS

During FY 2009-2010 two (2) Mecklenburg County operated two (2) Deferred Prosecution Drug Treatment Courts. These courts are funded by the county.

Target Population

In Mecklenburg County, all Deferred Prosecution DTC referrals originate at the Probable Cause Hearing during which the assigned Assistant District Attorney identifies cases that may be appropriate for deferred prosecution and participation in the Deferred Prosecution Drug Treatment Court. The defendant's defense attorney is notified and the attorney and his or her client discuss what would be expected to successfully complete the Deferred Prosecution DTC. If the offender agrees to be screened for the treatment court, the defense attorney completes the referral form to the court, it is signed by the Assistant District Attorney and the Deferred Prosecution DTC case coordinator immediately screens the offender for participation in the court. If found eligible, the case is brought back before the judge and the case is continued for two to three weeks to allow the defendant to complete a full substance abuse assessment. If the offender is able to complete this process and returns to the court, he or she is then admitted to the Deferred Prosecution DTC.

The Mecklenburg County Deferred Prosecution DTCs target high-risk, high-need offenders whose offense class and prior conviction level is more conducive to dismissal of a felony charge upon successful completion of the Deferred Prosecution Drug Treatment Court. These offenders are more likely to have a history of misdemeanors but may not have a previous felony charge. They are often charged with Class I felonies which are predominately drug possession offenses and are less likely to include charges such as felony breaking and entering or larceny, both of which are common in a sentenced Adult DTC.

Intervention and Supervision

As part of the intensive intervention and supervision provided by Deferred Prosecution DTC, offenders appear before a specially trained judge, 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, specialized probation officer, treatment provider, and case coordinator) 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 individual's progress in treatment and movement through the treatment court process. While the offender is involved in DTC, specialized probation officers provide close supervision, treatment specialists provide intensive outpatient treatment and after-care services, and drug court coordinators provide care management including referrals to needed services, facilitate core team decision-making at regular case staffings while managing the court docket and court sessions.

To complete Deferred Prosecution DTC, the offender must attend court as required, successfully complete all required clinical treatment, submit substance-free drug tests during the prior four months, 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.

If the offender is successfully terminated from the court, the Assistant District Attorney dismisses the pending felony, files all appropriate paperwork and awards the dismissal to the participant with his or her graduation certificate. If the offender is unsuccessfully terminated, the individual is returned to the same Probable Cause courtroom and judge where further disposition of the case is determined. Depending on the individual's particular situation and behavior during Deferred Prosecution DTC, he or she may be

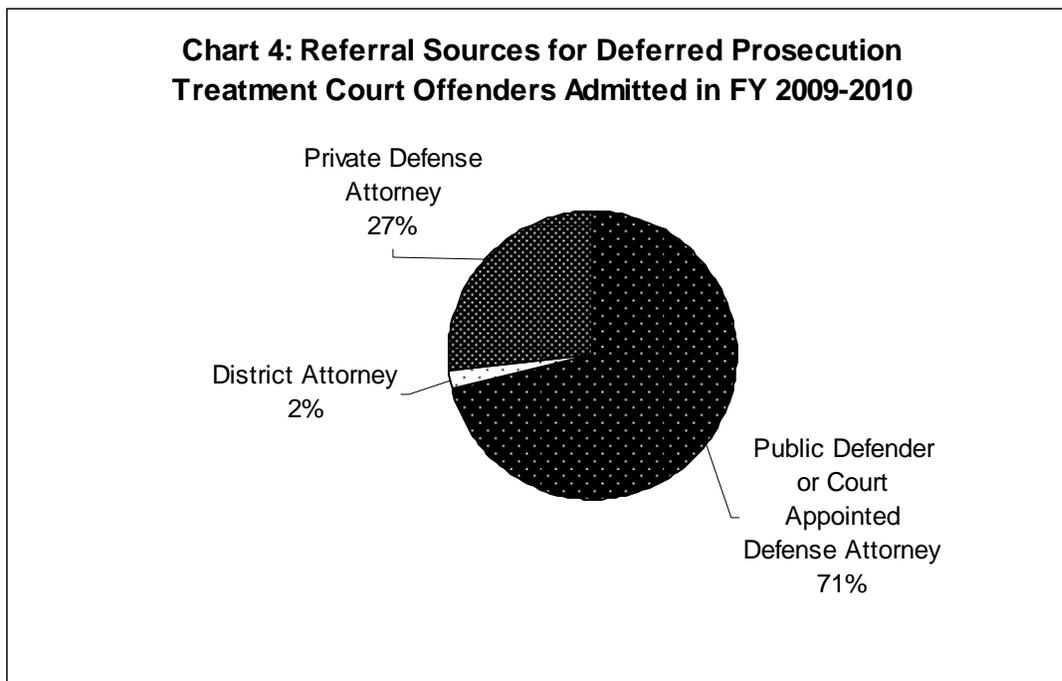
found guilty of a misdemeanor charge(s) and remain on supervised probation or the case may be sent to Superior Court to handle the felony charge. The Superior Court is informed of the participant's failure to successfully complete the Deferred Prosecution DTC. Some offenders are then ordered to prison or jail to serve an active sentence but others may be ordered into the Superior Court Drug Treatment Court.

Client Participation

During FY 2009-2010 there were 190 referrals to Mecklenburg County's Deferred Prosecution Drug Treatment Courts. Based on the results of a screening, courts admitted 60 offenders, or 32% of those who were referred. The total number of offenders served during the year was 140.

The total number of offenders served did not change substantially in FY 2009-2010.

As seen in Chart 4, of the offenders admitted to the Mecklenburg County Deferred Prosecution Drug Treatment Courts during FY 2009-2010, the largest proportion were referred by Public Defenders and Court Appointed Defense Attorneys (72%) followed by private Defense Attorneys (27%), and the District Attorney's office (2%).



Demographic Information

The demographics of those served by the Deferred Prosecution Drug Treatment Court experienced little change from the previous year.

- 80% were male.
- 20% were female.
- 35% were Caucasian.
- 62% were African American.
- 3% listed Other as their Race.
- 0% listed Hispanic ethnicity.
- 37% reported ages between 20-29, 27% reported ages between 30-39, 25% reported ages between 40-49, 10% reported ages 50-59, 2% reported ages 19 and under.
- 72% reported being single and never married, 13% reported being separated, divorced or widowed, 15% reported being married or living with someone as married.

- 40% reported having a high school diploma or GED, 32% 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 49 minor children.

Crimes of Adult Deferred Prosecution Drug Treatment Court Admissions

Table 16 shows the Structured Sentencing Class and Prior Record Level of Sentenced and Deferred Prosecution Offenders admitted to the Mecklenburg County Deferred Prosecution Drug Treatment Courts during FY 2009-2010. The data represents the information entered into the DTC Management Information System, and some data is missing or not applicable.

One hundred percent (100%) of deferred prosecution offenders were identified as felons of which 17% were Class H and 82% were Class I felons. Forty percent (40%) of deferred prosecution felons were Felony Prior Record Level I and 57% were Felony Prior Record Level II.

Table 16: Structured Sentencing Felony Punishment Chart Mecklenburg County Deferred Prosecution DTC Entries FY 2009-2010						
Prior Record Level						
Offense Class	I	II	III	IV	N/A or Missing	Total
H	5	5	0	0	0	10
I	18	29	1	0	1	49
NA or Missing	1	0	0	0	0	1
Total	24	34	1	0	1	60

Many of the deferred prosecution offenders also had multiple prior misdemeanor convictions.

The most commonly occurring felony crime types included:

- Possession of Cocaine (50%)
- Possession with Intent to Sell or Distribute - Cocaine (15%)
- Felony Possession of Schedule I Controlled Substance (12%)

Treatment Process

In keeping with the National Institute of Drug Abuse's 13 Principles of Effective Treatment, all drug treatment court participants are expected to remain active in approximately twelve months of treatment based upon an individualized, person-centered-plan. In Mecklenburg County's Deferred Prosecution DTCs, Drug Court Case 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

Mecklenburg County's Deferred Prosecution 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 Court. Deferred Prosecution Drug Treatment Courts are required by statute to target offenders addicted to alcohol or other drugs (AOD). Ninety-eight percent (98%) of those screened and admitted to a Mecklenburg County Deferred Prosecution Drug Treatment Court in FY 2009-2010 were found to have a high likelihood of addiction based on the SASSI results or other information provided to the Deferred Prosecution Drug Treatment court coordinators.

- 86% were screened as having a "high probability of having a substance abuse disorder."
- 12% were screened as having a "low probability of having a substance abuse disorder, but other information indicates addiction."
- 2% were screened as having "low probability of having a substance abuse disorder."

Of those admitted to Mecklenburg County's Deferred Prosecution Drug Treatment Courts in FY 2009-2010, 53% reported at least one previous substance abuse treatment episode and 8% reported receiving previous mental health services.

The most frequent drugs of choice reported by offenders admitted to the Mecklenburg County Deferred Prosecution Drug Treatment Courts during FY 2009-2010 included the following:

- Marijuana (47%)
- Alcohol (18%)
- Crack cocaine (17%)
- Narcotics/Opiates other than heroin (8%)
- Cocaine (7%)

As a drug of choice, crack cocaine dropped from 32% in FY 2008-2009 to 17% in FY 2009-2010.

Imposition of Sanctions and Rewards

Mecklenburg County's Deferred Prosecution 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 2009-2010, the most commonly used rewards and sanctions were:

Rewards (607)

- Placed on "A List" for compliance with all conditions (66%)
- Certificate of Completion/Graduation (15%)
- Applause in the courtroom from the judge and other team members (6%)
- Judicial Praise (3%)
- Gifts (3%)

Sanctions (264)

- Other (21%)
- Jail for 24-48 hours (19%)
- Court Attendance Increased (14%)
- Verbal Reprimand (13%)
- AA/NA Meeting Requirement Increased (9%)

PART 5

FAMILY DRUG TREATMENT COURTS

During FY 2009-2010, Family Drug Treatment Courts operated in the following counties: Buncombe, Chatham, Cumberland, Durham, Halifax, Lenoir, Mecklenburg, New Hanover, Orange, Pitt, Robeson, Union, and Wayne.

Of the thirteen (13) counties operating Family DTCs, six (6) judicial districts (Buncombe, Cumberland, Durham, Mecklenburg, Robeson, and Wayne/Lenoir) have full time staff dedicated to the court. Orange/Chatham employs a part-time staff person. In Halifax, New Hanover, Pitt, and Union Counties a trial court staff person coordinates the small number of cases managed by the court. Judges in counties that do not employ full time, dedicated DTC staff have determined that the Family DTC provides an important service to parent respondents and their children but feel that the county manages too few Juvenile A/N/D cases to justify full time or dedicated staff. In several cases, the district has not yet received funds to support a dedicated position and is operating the small court in an effort to gain experience in anticipation of a funded position in the future. This unusual staffing pattern explains, in part, the small number of participants served by Family DTCs statewide. No outcome data is included for New Hanover or Pitt counties as these courts were only operational for the last two months of the fiscal year.

Data in FY 2009-2010 does not include participants served by the Mecklenburg Level I FIRST program. The Mecklenburg Level I FIRST program is designed to work with all parent respondents requiring substance abuse treatment and provides a much less intensive level of supervision and support than a drug treatment court. If a parent is unable to follow his or her treatment plan in Level I, he or she is automatically moved to Level II Family DTC. The nature of this court process skewed the statewide Family DTC data. Beginning this year, this report will only include data from the traditional Family drug treatment courts. The exclusion of Level I program data may explain some of the data differences seen in the report.

Family DTCs 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 Family DTC pre-adjudication (at the day one or child planning conferences) or post-adjudication. In all cases, at the time of referral and admission to Family DTC, there must be a case plan for family reunification. Before being admitted to Family DTC, 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 DTC is co-sited with Family Courts in the following counties: Buncombe, Cumberland, Durham, Halifax, Lenoir, Mecklenburg, Pitt, New Hanover, Union, and Wayne. In 2001, Family DTC 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.² "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."³ In 2007 NPC Research conducted a study entitled *Family Treatment Drug Court Evaluation; Final Report*.

² National Center on Addiction and Substance Abuse 1999

³ Green, Beth, Carrie Furrer, Sonia Worcel, Scott Burus, and Michael Finigan. "How Effective Are Family Treatment Courts? Outcomes From a Four-Site National Study" 2007 Child Maltreatment, Vol. 12, No.1.

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 DTCs 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

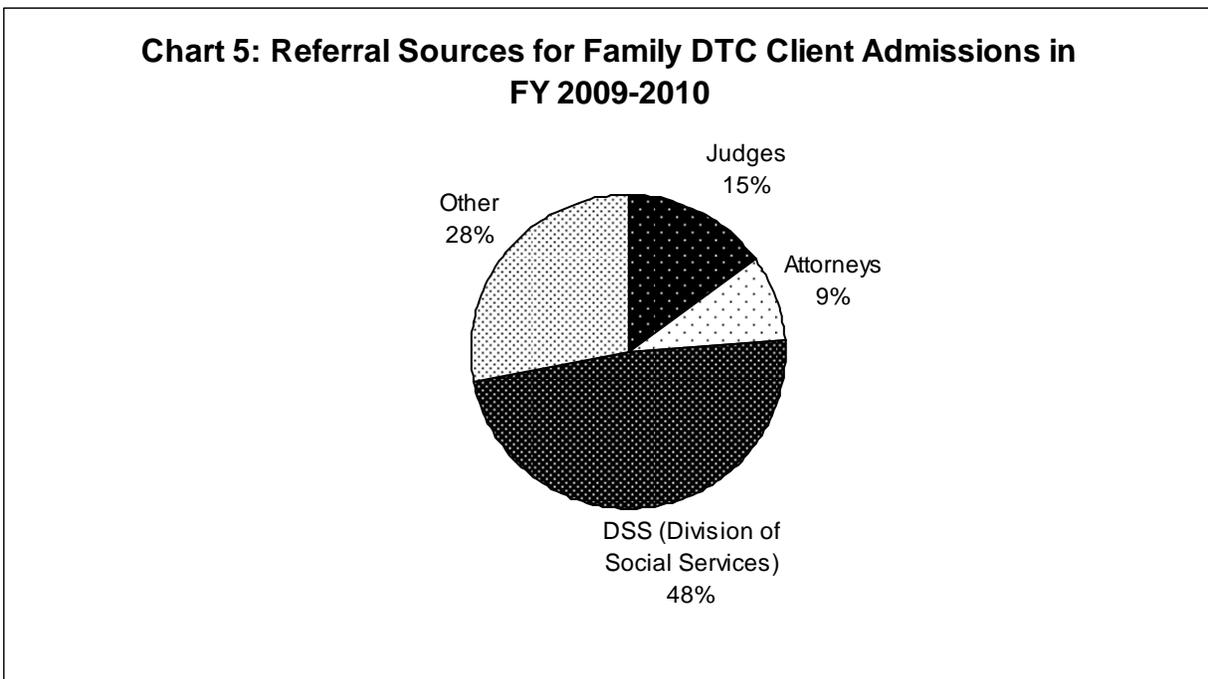
Family DTC judges require participants to attend court every two weeks, to participate in treatment, and to submit to frequent drug testing (on average twice per week). There has been a shift in recent years towards the FDTC judge also serving as the Juvenile Abuse/Neglect/Dependency (A/N/D) judge. While the FDTC judge could determine and/or change matters regarding the child such as visitation, most often matters involving visitation and custody are still dealt with in the Juvenile (A/N/D) Court. Only Durham and Buncombe counties operate “parallel” courts, in which one judge hears the drug treatment court issues and another hears the Juvenile A/N/D issues.

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.

Client Participation

During FY 2009-2010 there were 333 referrals to Family DTCs. Based on the results of a screening, courts admitted 183 parents, or 45% of those who were referred. The total number of active parents served during the year was 323.



As seen in Chart 5, of the parents admitted to Family DTCs during FY 2009-2010, Departments of Social Services (DSS) staff referred 48% of all participants, judges referred 15%, and attorneys referred 9%. Other referrals came from treatment staff, Family Court staff, and parents themselves.

Demographic Information

Of those parents who entered Family Drug Treatment Courts during FY 2009-2010 for whom data was entered into the MIS:

- 86% were female.
- 14% were male.
- 46% were African American.
- 38% were Caucasian.
- 16% listed "Other" as their race.
- 2% reported Hispanic ethnicity.
- 44% reported ages 20-29, 38% reported ages 30-39, 10% reported ages 40-49, 4% reported ages 50-59, 1% reported ages over 60, 3% reported ages 19 and under.
- 61% reported being single and never married, 19% reported being separated/divorced/widowed, and 20% reported being married or living with someone as married.
- 52% reported having less than a high school diploma or GED, 35% reported having a high school diploma or GED, 12% reported some technical college or college, or a graduate or professional degree.
- Parent participants reported having 324 minor children.
- Eighteen (18) drug free babies were born.

As expected in Family DTC, most participants are women. The number of women participating in a Family DTC increased from 77% to 86%. The reduction in the number of men served is likely explained by the removal of Mecklenburg Level I participants. The number of African-Americans served by the court decreased by 10% but there was a significant rise in the number of participants reported as "Other Race." This is largely explained by the Robeson Family DTC. Sixty-seven percent (67%) of Robeson FDTTC participants identify themselves as American Indian from the Lumbee Tribe.

Treatment Needs

Family DTC 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. Ninety-seven percent (97%) of those screened and admitted to a Family Drug Treatment Court in FY 2009-2010 were found to have a high likelihood of addiction based on the SASSI results or other information provided to the Case Coordinators.

Thirty-two (32%) of parents admitted to the Family DTC reported receiving mental health treatment prior to entering the treatment court and 44% 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 2009-2010, included the following:

- Marijuana (36%)
- Crack cocaine (26%)
- Alcohol (13%)
- Powder cocaine (7%)

The most common drug of choice for parent respondents has not changed over the course of the past three years although the percentages reported has changed slightly from year to year. It is important to note that parent respondents are not reporting heroin or narcotics/opiates other than heroin, including prescription drugs, as their drug of choice. Given the statewide and national trends, this may change in the coming years. 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 2009-2010, the most commonly used rewards and sanctions were:

Rewards (1,316)

- Placed on the "A-List" for Compliance with Conditions (30%)
- Applause (27%)
- Certificate of Completion/Graduation (10%)
- Judicial Praise (10%)

Sanctions (667)

- Jail Sentence for 24-48 hours (31%)
- Written Report (14%)
- Community Service (13%)
- Individualized Sanction (13%)
- Community Support Group Attendance (9%)

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 FDTTC participants are in the court due to substantiated civil abuse/neglect/dependency allegations and these participants rarely have concurrent criminal charges. The NC Drug Treatment Court Advisory Committee adopted a set of legal best practices in early 2009 which provides guidance on legal process in Family DTCs. A criminal contempt proceeding most commonly results in a jail sanction.

PART 6

JUVENILE DRUG TREATMENT COURTS

During FY 2009-2010, Juvenile Drug Treatment Courts operated in the following counties: Durham, Forsyth, Mecklenburg, and Wake. No new Juvenile DTCs have been opened since January 2003. The Wake Juvenile DTC closed at the end of the fiscal year.

North Carolina's Juvenile DTCs 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 DTC Coordinators receive the referral, meet with the juvenile and family and facilitate admission into the Juvenile DTC.

The goals of Juvenile DTCs 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 DTCs 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 or other drug abuse. In North Carolina, juvenile delinquents are less than sixteen years of age when they committed their offense(s), which presents challenges to successful completion due to lack of maturity and incentives for participation in this intensive intervention.

Intervention and Supervision

The Juvenile DTC 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 Juvenile DTC participants and their families in each jurisdiction. The court counselor is an integral part of the Juvenile DTC Core Team that includes a certified juvenile court judge, the Juvenile DTC case coordinator, a juvenile defense attorney, an assistant district attorney, and a variety of treatment professionals.

Treatment is provided differently in each court. Most Juvenile DTC 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 Seven Challenges Program, a manualized treatment found to be effective with substance abusing juvenile offenders that focuses on harm reduction.

Each Juvenile DTC 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. National research data has shown that parental involvement is the number one predictor of juvenile success.

Traditional Juvenile Court is intended to be a therapeutic intervention. Juvenile DTCs 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.

Research and Evaluation Related to JDTC

National research related to Juvenile DTCs has lagged behind that of other drug court research. *The Drug Court Review, Volume VII, Issue 1 Special Issue on Juvenile Drug Courts*, released in 2010, includes recent research providing guidance on JDTC effectiveness and operation. This research indicates that, to be effective in reducing drug and alcohol use and criminal behavior, a Juvenile DTC must adhere stringently to the drug court model. It is particularly critical that every drug treatment court team member be highly competent in his or her work and that the juvenile and family must appear before the same specially trained judge and JDTC team a minimum of twice per month. Further, “when JDTCs have made substantial efforts to incorporate evidence-based treatments into their curricula and reached out to caregivers in the youths’ natural social environments, reductions in delinquency and substance abuse have been reported as high as 15 to 40 percent.”⁴

Client Participation

During FY 2009-2010, there were 146 referrals to Juvenile DTCs. Based on the results of a screening, courts admitted 89 juveniles, or 61% of those who were referred. The total number of active juveniles served during the year was 156. All of the youth in Juvenile DTCs were referred by juvenile court judges or juvenile court staff.

Demographic Information

Of those juveniles who entered Juvenile Drug Treatment Court during FY 2009-2010, for whom there was data in the MIS:

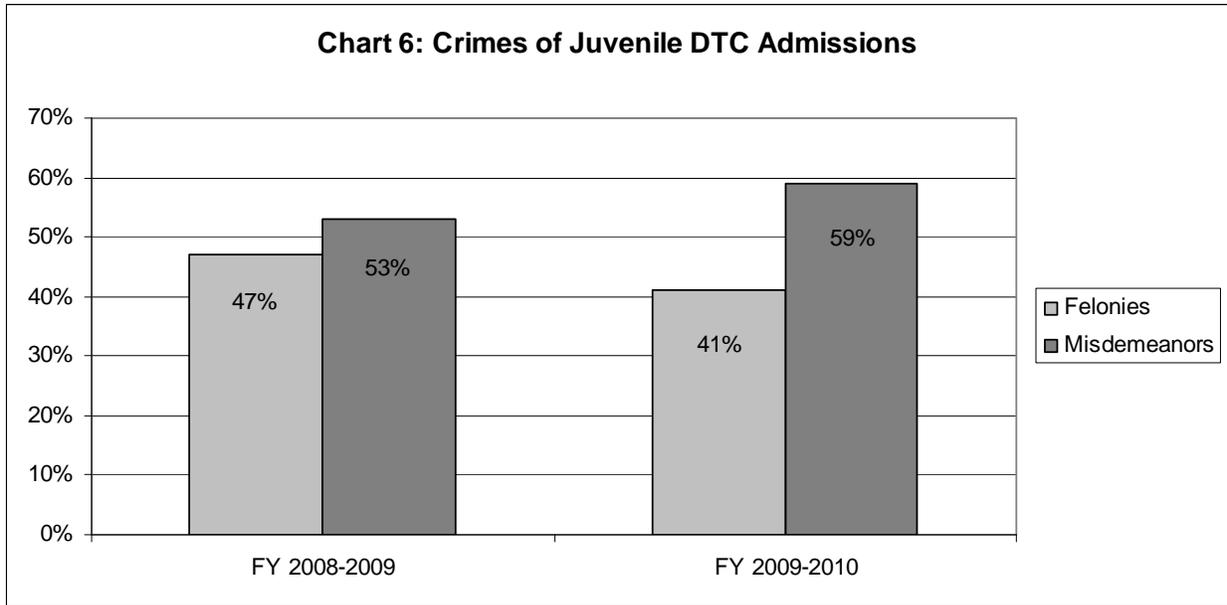
- 92% were male.
- 8% were female.
- 16% were Caucasian.
- 68% were African American.
- 16% reported Other as their Race.
- 15% reported Hispanic ethnicity.
- At the time of admission, 6% were age 13 or less, 22% were age 14, 44% were age 15, 27% were age 16, and 1% reported age 17.
- At the time of admission, 9% reported being in 7th grade, 14% reported being in 8th grade, 61% reported being in 9th grade in school, and 16% reported being in 10th grade.

The number of males served by a Juvenile DTC has continued to trend upward from 81% in FY 2008-2009 to 92% in FY 2009-2010. The number of participants identifying themselves as Hispanic increased significantly from 3% in FY 2008-2009 to 15% in FY 2009-2010. The shift is likely explained by a court management decision in Mecklenburg County that involved assigning judges by geo districts. The assigned Juvenile DTC judge was located in a predominately Hispanic area of the city.

Crimes of Juvenile Drug Treatment Court Admissions

Based on the data that was reported, 59% of juvenile admissions to drug treatment courts committed a misdemeanor and 41% committed a felony.

⁴ Henggeler, Scott W. and Douglas B. Marlowe, “Introduction to Special Issue on Juvenile Drug Treatment Courts” *The Drug Court Review* 2010 Volume VII, Issue 1 p.1



Of those who committed misdemeanors, the majority (64%) were adjudicated for Class 1 offenses. The most commonly occurring misdemeanors were:

- Simple Assault (13%)
- Possession of marijuana (11%)
- Resisting a Public Officer (11%)
- Breaking and Entering (11%)

Of the felony offenses, 60% were Class H, 16% were Class I, and 6% were Class G. The most commonly occurring felonies were:

- Breaking and/or entering crimes (38%)
- Possession of stolen motor vehicle (9%)
- Larceny of motor vehicle (6%)
- Breaking and/or entering a motor vehicle (6%)
- Possession with intent to manufacture, sell marijuana (6%)

Detention

Detention is used as a sanction for serious non-compliance with Juvenile DTC conditions.

- Of juveniles who exited Juvenile DTCs during FY 2009-2010, 20% served a total of 79 days in detention.

From FY 2008-2009 to FY 2009-2010, reported use of detention as a sanction in Juvenile DTC dropped from 60% of all administered sanctions to 39%. This decrease may be due to the application of recommended best practices within the Juvenile Drug Treatment Courts.

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 2009-2010, the most commonly used rewards and sanctions in Juvenile Drug Treatment Courts were:

Rewards (151)

- Placed on the “A List” for Compliance with Conditions (54%)
- Applause in the Courtroom and/or Judicial Praise (15%)
- Curfew reduced or lifted (11%)

Sanctions (221)

- Juvenile Detention (39%)
- Community Service Increased (14%)

PART 7

EVALUATION OF DRUG TREATMENT COURTS

N. C. General Statute 7A-801 requires the North Carolina Administrative Office of the Courts (NCAOC) to conduct ongoing evaluations of Drug Treatment Courts. Currently, the NCAOC 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 in their 2010 recidivism report.

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 participant 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 544 active offenders who exited Adult DTCs during FY 2009-2010 were expected to attend court 8,074 times. They attended court 7,566 sessions or 94% of the time.
- The 64 active offenders who exited Mecklenburg DWI Treatment Courts during FY 2009-2010 were expected to attend court 579 times. They attended court 576 sessions or 99% of the time. (Most are expected to report once per month.)
- The 79 active offenders who exited the Mecklenburg Deferred Prosecution Drug Treatment Courts during FY 2009-2010 were expected to attend court 1,585 times. They attended court 1,522 sessions or 96% of the time.
- The 185 active parent respondents who exited Family DTCs during FY 2009-2010 were expected to attend court 2,010 times. They attended 1,825 court sessions or 91% of the time.
- The 75 juvenile offenders who exited Juvenile DTCs during FY 2009-2010 were expected to attend court 711 times. The juveniles and their parents/guardians attended 682 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 remains in treatment, the more likely he/she is to recover from addiction and live a legal, healthy life. As seen in Tables 18 and 19, during FY 2009-2010, 74% of adult DTC offenders, 82% of Mecklenburg County DWI Treatment Court offenders, 79% of Deferred Prosecution Drug Treatment Courts offenders, 71% of parent respondents in Family DTC and 84% of juveniles in Juvenile DTC who exited, remained in treatment for over six months.

Retention in treatment for 12 months or more has increased over the past three years in both Adult DTC and Deferred Prosecution DTC. Mecklenburg County DWI Treatment Court, Family DTC and Juvenile DTC participants are more likely to stop treatment (by completion or unsuccessful termination) in the six to twelve month time frame. Data pertaining to Mecklenburg County DWI participants may be explained by the specific systems in place for delivering DWI assessments and treatment that differ from those provided to criminal offenders. DWI offenders are likely to have already initiated treatment prior to entering the DWI Treatment Court. DWI offenders may also be more compliant and therefore better able

to satisfactorily complete treatment in fewer months. It is harder to determine why Family and Juvenile DTC participants are leaving treatment sooner, but it is of concern as these individuals are within complex family systems that would likely benefit from a longer treatment duration. The ASFA timeline restrictions may be impacting length of time in treatment as part of the FDTC with intentions that treatment continue outside the court setting.

Table 17: Retention Rate in Treatment for Adult, DWI, and Deferred Prosecution DTC Participants Discharged									
	Adult DTC			DWI Treatment Court			Deferred Prosecution DTC		
Fiscal Year	07-08	08-09	09-10	07-08	08-09	09-10	07-08	08-09	09-10
Remained in Treatment 0-3 Months	18%	13%	14%	11%	10%	8%	31%	18%	9%
Remained in Treatment 3-6 Months	17%	16%	12%	7%	6%	9%	23%	21%	11%
Remained in Treatment 6-12 Months	21%	16%	26%	26%	34%	59%	16%	19%	20%
Remained in Treatment Over 12 Months	44%	45%	48%	56%	48%	23%	30%	43%	59%

Table 18: Retention Rate in Treatment for Family and Juvenile DTC Participants Discharged						
	Family DTC			Juvenile DTC		
Fiscal Year	07-08	08-09	09-10	07-08	08-09	09-10
Remained in Treatment 0-3 Months	11%	8%	12%	7%	5%	8%
Remained in Treatment 3-6 Months	21%	19%	17%	11%	14%	8%
Remained in Treatment 6-12 Months	46%	46%	40%	44%	39%	60%
Remained in Treatment Over 12 Months	22%	28%	31%	39%	43%	24%

- Adult DTC participants were required to attend 64,568 hours of treatment. The 544 adult offenders, who exited the program in FY 2009-2010, attended 60,439 hours of treatment. Factoring in excused absences, Adult DTC offenders attended required treatment 94% of the time.
- Mecklenburg County DWI Treatment Court participants were required to attend 7,934 hours of treatment. The 64 adult offenders, who exited the program in FY 2009-2010, attended 6,445

hours of treatment. Factoring in excused absences, DWI offenders attended required treatment 85% of the time.

- Mecklenburg County Deferred Prosecution Drug Treatment Court participants were required to attend 9,848 hours of treatment. The 79 adult offenders, who exited the program in FY 2009-2010, attended 8,113 hours of treatment. Factoring in excused absences, Deferred Prosecution Drug Treatment Court offenders attended required treatment 85% of the time.
- Family DTC participants were required to attend 36,879 hours of treatment. The 185 parent respondents, who exited the program in FY 2009-2010, attended 28,629 hours of treatment. Factoring in excused absences, parent respondents attended required treatment 81% of the time.
- Juvenile DTC participants were required to attend 1,543 hours of treatment. The 75 delinquent juveniles, who exited the program in FY 2009-2010, attended 1,368 hours of treatment or attended required treatment 89% of the time.

Recovery Support Group Attendance

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

- The 544 offenders who exited Adult DTCs during FY 2009-2010 were required to attend 53,528 community support meetings. They attended 48,080 community support meetings. Factoring in excused absences, offenders attended 92% of their required community support group meetings.
- The 64 offenders who exited Mecklenburg County DWI Treatment Courts during FY 2009-2010 were required to attend 11,175 community support meetings. They attended 9,822 community support meetings. Factoring in excused absences, offenders attended 90% of their required community support group meetings.
- The 79 offenders who exited Mecklenburg County Deferred Prosecution Drug Treatment Courts during FY 2009-2010 were required to attend 16,203 community support meetings. They attended 12,404 community support meetings. Factoring in excused absences, offenders attended 80% of their required community support group meetings.
- The 185 parents who exited Family DTCs during FY 2009-2010 were required to attend 18,425 community support meetings. They attended 13,739 community support meetings. Factoring in excused absences, parent respondents attended 78% of their required community support group 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 at least twice per week.

- The 544 offenders who exited Adult DTCs during FY 2009-2010 were tested for drugs 30,895 times. Sixty-nine percent (69%) of offenders who exited Adult DTCs tested positive for drugs and/or alcohol at least once. Adult offenders who exited during FY 2009-2010 had an average of 344 clean days between a negative and positive drug test.
- The 544 offenders who exited Mecklenburg County DWI Treatment Courts during FY 2009-2010 were tested for drugs 2,836 times. Fifty-three percent (53%) of offenders who exited tested positive for drugs and/or alcohol at least once. Mecklenburg County DWI Treatment Court offenders who exited during FY 2009-2010 had an average of 327 clean days between a negative and positive drug test.
- The 79 offenders who exited Mecklenburg County Deferred Prosecution DTCs during FY 2009-2010 were tested for drugs 3,315 times. Seventy-two percent (72%) of offenders who exited

Deferred Prosecution DTCs tested positive for drugs and/or alcohol at least once. Deferred Prosecution DTC offenders who exited during FY 2009-2010 had an average of 384 clean days between a negative and positive drug test.

- The 185 parents who exited Family DTCs during FY 2009-2010 were tested for drugs 9,890 times. Seventy-one percent (71%) of parents who exited Family DTCs tested positive for drugs and/or alcohol at least once. Parents who exited Family DTCs during FY 2009-2010 had an average of 265 clean days between a negative and a positive drug tests.
- The 75 delinquents who exited Juvenile DTCs during FY 2009-2010 were tested for drugs 1,154 times. Eight-four percent (84%) of juveniles, who exited Juvenile DTCs, tested positive for drugs and/or alcohol at least once. Delinquent juveniles who exited DTC during FY 2009-2010 had an average of 129 clean days between a negative and a positive drug test.

Table 19: Percentage of Participants Ever Testing Positive for Drugs					
	Adult DTC	DWI Treatment Court	Deferred Prosecution DTC	Family DTC	Juvenile DTC
FY 2009-2010	69%	53%	72%	71%	84%
FY 2008-2009	73%	44%	65%	70%	73%
FY 2007-2008	67%	44%	62%	68%	67%

North Carolina's DTCs target high-risk, high-need individuals therefore it is expected that adult and family participants are addicted to drugs and/or alcohol and that juveniles participants 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 court. 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 544 offenders who exited Adult DTCs during FY 2009-2010 were required to make 13,923 probation contacts. Factoring in excused absences, these probation contacts were met 89% of the time.
- The 64 offenders who exited Mecklenburg County DWI Treatment Courts during FY 2009-2010 were required to make 1,493 probation contacts. Factoring in excused absences, these probation contacts were met 94% of the time.
- The 79 offenders who exited Mecklenburg County Deferred Prosecution DTCs during FY 2009-2010 were required to make 1,971 probation contacts. Factoring in excused absences, these probation contacts were met 79% of the time.

Community Service

Adult, Family, and Juvenile DTC participants may be required to perform community service as part of their DTC involvement. In 2009-2010, a total of 8,577 hours of community service was completed throughout all DTC programs.

- The 544 offenders who exited Adult DTC during FY 2009-2010 completed 6,831 hours of community service.
- The 185 parent respondents who exited Family DTC during FY 2009-2010 completed 1,025 hours of community service.

- The 75 juveniles who exited Juvenile DTC during FY 2009-2010 completed 721 hours of community service.

Employment/School

While in Adult, DWI, Deferred Prosecution, or Family DTCs, participants are expected to obtain/maintain employment.

- Of the offenders who exited Adult DTCs during FY 2009-2010, 43% were employed at the time of exit.
- Of the offenders who exited DWI DTC during FY 2009-2010, 72% were employed at the time of exit.
- Of the offenders who exited Deferred Prosecution DTC during FY 2009-2010, 51% were employed at the time of exit.
- Of the participants who exited Family DTCs during FY 2009-2010, for whom data was available, 16% were employed at the time of exit.

Employment for adult offenders and parent respondents remained relatively steady between FY 2008-2009 and FY 2009-2010 despite the economic crisis.

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 DTCs during FY 2009-2010, 20% were terminated for new arrests, convictions or technical probation violations.
- Of offenders who exited DWI DTC during FY 2009-2010, 20% were terminated for new arrests, convictions or technical probation violations.
- Of offenders who exited Deferred Prosecution DTC during FY 2009-2010, 8% were terminated for new arrests, convictions, or technical probation violations.
- Of juveniles who exited Juvenile DTCs during FY 2009-2010, 23% were terminated for adjudications for new crimes or technical violations.

In-program recidivism for Sentenced Adult and DWI Treatment Court participants remains roughly the same as in FY 2008-2009. The in-program recidivism for Deferred Prosecution Adult offenders fluctuated from 13% in FY 2007-2008 down to 2% in FY 2008-2009 and then increasing to 8% in FY 2009-2010. Juvenile DTC had a significant decrease in their in-court recidivism down from 33% during FY 2008-2009 to 23% in FY 2009-2010.

Reasons for Unsuccessful Terminations

Participants can be terminated from Drug Treatment Courts for a variety of reasons including non-compliance with court requirements (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 or transfer to another DTC or into a long-term residential program such as TROSA). As seen in Tables 20 through 24, the vast majority of DTC participants who exited during FY 2009-2010 were terminated for not complying with the court conditions including missing court dates, treatment, or appointments with probation or court coordinators. Family DTC staff report using Neutral Discharge when compliant 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 20: Most Frequent 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	Successful
2009-2010	58%	6%	20%	2%	12%	40%
2008-2009	56%	5%	23%	3%	9%	33%
2007-2008	56%	3%	22%	3%	8%	35%

Table 21: Most Frequent Reasons for Terminations for Active Participants Who Exited Mecklenburg County DWI Treatment Courts						
Fiscal Year	Non-Compliance with Court Orders	Positive Drug Tests	New Arrests or Convictions/ Technical Probation Violations	Voluntary Withdrawals	Neutral or Other Reasons	Successful
2009-2010	35%	10%	20%	5%	30%	70%
2008-2009	60%	0%	20%	0%	20%	70%
2007-2008	65%	0%	22%	0%	9%	68%

Table 22: Most Frequent Reasons for Terminations for Active Participants Who Exited Mecklenburg County Deferred Prosecution DTCs						
Fiscal Year	Non-Compliance with Court Orders	Positive Drug Tests	New Arrests or Convictions/ Technical Probation Violations	Voluntary Withdrawals	Neutral	Successful
2009-2010	82%	0%	8%	3%	8%	52%
2008-2009	85%	0%	2%	2%	10%	40%
2007-2008	71%	2%	13%	5%	8%	31%

Table 23: Most Frequent 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	Successful
2009-2010	60%	3%	7%	8%	22%	38%
2008-2009	74%	0%	6%	5%	15%	34%
2007-2008	74%	2%	5%	2%	15%	37%

Table 24: Most Frequent Reasons for Termination for Active Participants Who Exited Juvenile DTCs							
Fiscal Year	Non-Compliance with Court Orders	Positive Drug Tests	Adjudications, Technical Probation Violations	Voluntary Withdrawals	Dispositional Placement	Neutral	Successful
2009-2010	42%	15%	23%	12%	0%	0%	36%
2008-2009	37%	2%	33%	8%	2%	11%	41%
2007-2008	36%	5%	14%	12%	5%	16%	45%

Impact on Families

An important objective of Family DTC is reunification of the child with the family, or attainment of some other permanent plan for the child.

Successful Termination from Family DTC

During FY 2009-2010 parent participants successfully completed Family DTC in the following counties: Buncombe, Chatham, Cumberland, Durham, Halifax, Lenoir, Mecklenburg, Orange, Robeson, Union and Wayne.

- Seventy (70) parents involving 147 children completed/graduated from Family DTC.
- A permanent custody plan has been entered for 121 children (93%).
- Fifty-one (51) parents or 73% regained custody of at least one of their children (a total of 93 children or 72%).
- Five (5) parents or 8% graduated FDTC but still had their parental rights terminated for one or more of their children (a total of 11 children or 9%).
- Nine (9) parents or 13% agreed to or were court ordered to place at least one of their children (a total of 17 children or 13%) in a permanent placement other than with parents (e.g. custody with relative or guardian).
- Five (5) parents or 8% and nine (9) children were still awaiting final resolution of the case.

Unsuccessful Termination from Family DTC

The following counties reported unsuccessful terminations during FY 2009-2010: Buncombe, Chatham, Cumberland, Durham, Halifax, Lenoir, Mecklenburg, Orange, Robeson, Union and Wayne.

- One hundred and five (105) parents involving 188 children were unsuccessfully terminated from Family DTC.
- A permanent custody plan has been entered for 156 children (83%).
- Twenty-five (25) parents or 24% agreed to or were court ordered termination of parental rights for at least one child (a total of 41 children or 22%).
- Fifty-six (56) or 54% agreed to or were court ordered to place at least one of their children (a total of 98 children or 53%) in a permanent placement other than with themselves (e.g. custody with relative or guardian).
- Ten (10) parents or 10% regained custody of at least one of their children (a total of 15 children or 8%).
- Fourteen (14) parents or 14% and thirty-three (34) children (18%) were still awaiting final resolution of the case.
- One (1) parent was neutrally terminated after it was determined the child was not his.

Parents who successfully complete Family DTC are much more likely than those who do not successfully complete to have a favorable resolution of their case. Seventy-three percent (73%) of graduates versus 10% of unsuccessful terminations were reunified with their children. Thirty-five percent (24%) of parents who did not successfully complete Family DTC had their parental rights terminated.

The percentage of successful Family DTC completions increased from 31% in FY 2008-2009 to 38% in FY 2009-2010. The percentage of parents who regained custody of their children after successfully completing Family DTC also dropped from 79% in FY 2008-2009 to 73% in FY 2009-2010.

Impact on Juveniles

Some of the most important outcome measures for youth served in a Juvenile DTC revolve around home and school. It is the goal of the courts that the juvenile is able to live successfully in the community with his/her family and be actively engaged in an educational program.

The number of youth living at home with their parents and attending a traditional middle or high school both increased in FY 2009-2010. Seventy-three percent (73%) were reported to be living at home in FY 2008-2009 versus 81% in FY 2009-2010. Forty-four percent (44%) were attending a traditional middle or high school in FY 2008-2009 versus 67% in FY 2009-2010.

At the time of discharge from Juvenile DTCs for whom data was available:

- 81% (58) of the juveniles were living with their parents.
- 7% (5) were living with other relatives.
- 4% (3) was reported in DSS foster care.
- 3% (2) were living in residential treatment.
- 3% (2) were reported in runaway status.
- 3% (2) were reported placed in a youth development center.

- 67% (41) of the youth were attending a “traditional” middle or high school,
- 28% (17) attended an “alternative school” program,
- 3% (2) had dropped out of school,
- 2% (1) were engaged in a GED program.

Appendix I

Drug Treatment Court Advisory Committee 2010 – 2011	
Chair of the DTC Advisory Committee James Faison, II District Court Judge Judicial District 5, New Hanover County 316 Princess Street, Suite 328 Wilmington, NC 28401 james.h.faison@nccourts.org 910/341-1120 Expires June 30, 2011	
Thomas J. Andrews Legal Council, Retired Administrative Office of the Courts 1705 St. Marys Street Raleigh, NC 27608 tandrews@nc.rr.com 919/833-3757 Expires June 30, 2012	Ralph A. Walker Director, Retired Administrative Office of the Courts 1645 Village Glen Drive Raleigh, NC 27612 rcwalker4@aol.com 919/781-1538 Expires June 30, 2011
Sonya Brown Team Leader, Justice Systems Innovations DHHS, Division of Mental Health, Developmental Disabilities & Substance Abuse Services 325 N. Salisbury Street Raleigh, NC 27699 Sonya.brown@ncmail.net 919/715-2771 Expires June 30, 2011	Charles Caldwell Assistant Public Defender Judicial District 10, Wake County 227 Fayetteville Street Mall Raleigh, NC 27601 charles.f.caldwell@nccourts.org (919) 715-1514 Expires June 30, 2012
Kimberly Overton Chief Resource Prosecutor NC Conference of District Attorneys Post Office Box 3159 Cary, NC 27519 kimberly.n.overton@nccourts.org 919/890-1500 Expires June 30, 2011	Flo Stein Chief, Community Policy Management DHHS, Division of Mental Health, Developmental Disabilities and Substance Abuse Services 325 N. Salisbury Street Raleigh, NC 27699 Flo.stein@ncmail.net 919/733-4670 Expires June 30, 2011
Tim Moose Director DOC, Division of Community Corrections 2020 Yonkers Road Raleigh, North Carolina 27604 tmoose@doc.state.nc.us 919/716-3101 Expires June 30, 2012	Martin Pharr Deputy Secretary Department of Juvenile Justice and Delinquency Prevention 1801 Mail Services Center Raleigh, NC 27699-1801 martin.pharr@djjdp.nc.gov 919/743-8187 Expires June 30, 2012
Beverly Scarlett District Court Judge Judicial District 15B, Orange & Chatham Counties Orange County Courthouse	Virginia Price Assistant Secretary DOC, Division of Alcoholism & Chemical Dependency Programs

Drug Treatment Court Advisory Committee 2010 – 2011	
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North Carolina Administrative Office of the Courts 901 Corporate Center Drive Post Office Box 2448 Raleigh, NC 27602	
Honorable John W. Smith Director john.smith@aoc.nccourts.org 919/890-1391	Mr. Gregg Stahl Senior Deputy Director gregg.stahl@aoc.nccourts.org 919/890-1392 or 919/218-0349
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