



NORTH CAROLINA
ADMINISTRATIVE OFFICE
of the COURTS

2010 Annual Report on North Carolina's Drug Treatment Courts (N.C.G.S. §7A-801)

Sarah Parker, Chief Justice
Supreme Court of North Carolina

John W. Smith, Director
Administrative Office of the Courts

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EXECUTIVE SUMMARY

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

The purpose of these 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 adult, juvenile, and family drug treatment courts through the State Drug Treatment Court (DTC) Office in the Court Programs Division. The State DTC Office currently employs 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 were implemented in 1996. During FY 2008-2009, 44 Drug Treatment Courts, recognized by the NCAOC, operated in 22 judicial districts in North Carolina.¹

- 27 Adult DTCs in district and superior criminal courts monitor sentenced offenders and/or deferred prosecution defendants on supervised probation.
- 12 Family DTCs in district civil courts monitor parent respondents adjudicated for child abuse, neglect, and/or dependency who are seeking custody of their children.
- 5 Juvenile DTCs in district juvenile delinquency courts monitor adjudicated delinquents on supervised probation.

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 in the Division of Community Corrections (DCC), Department of Correction. Juvenile DTC participants receive case management services from juvenile court counselors in the Department of Juvenile Justice and Delinquency Prevention (DJJDP). Family DTC participants receive case management services from the local Departments of Social Services (DSS), with assistance from the Family DTC coordinator.

Highlights of Training

A federal Bureau of Justice Assistance grant for statewide training fund the continued development of in-state training capacity. A significant expansion of this capability included the successful pilot of a three-day training program for prospective DTC judges on "Therapeutic Jurisprudence." This workshop, taught by current and former DTC judges, School of Government faculty, DTC state staff and medical professionals prepares judges to preside in a treatment court. The class will be offered annually.

A new workshop new in FY 2008-2009 focused on the role of the Assistant District Attorney (ADA) in the operation of an adult DTC. This workshop is co-sponsored by 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. We anticipate offering this program annually.

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.

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.

Data Sources for this Report

Table 1 (page 4) provides a summary of Drug Treatment Courts' outcomes for July 1, 2008 to June 30, 2009 (FY 2008-2009). Table 2 (pages 5) provide a list of operational adult, juvenile, and family drug treatment courts in North Carolina during FY 2008-2009. Drug Treatment Court Coordinators in local courts enter data in an automated computer application (cjPartner). The data in this report correspond to what the users entered in the system, so figures may not be representative of all program activities during the fiscal year depending on the quality and quantity of data entered. Data is provided by fiscal year.

Conclusion

During FY 2008-2009, 1,153 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. Adult, Juvenile, and Family Drug Treatment Court participants who exited in FY 2008-2009, were drug tested over 42,000 times, and attended 7,282 court sessions. They participated in over 100,000 hours of treatment and two-thirds remained in treatment for over six months.

Once pilot programs, drug treatment courts in North Carolina and nationwide have stabilized to become an integral part of the court and community response to drug addiction and abuse. North Carolina continues to provide leadership in the development and operation of evidence-based treatment court practice. North Carolina's Drug Treatment Courts remain in the forefront of collaboration between the judiciary and partner agencies to improve outcomes for adult offenders, juvenile delinquents and parent respondents in abuse/neglect/dependency cases.

**Table 1: STATEWIDE SUMMARY OF N.C. DRUG TREATMENT COURT OUTCOMES FOR
FY 2008 - 2009**

	ADULT COURTS	FAMILY COURTS	YOUTH COURTS
Referrals	1,819	495	123
New Admissions	783	292	78
Admissions: Males	66%	23%	88%
Admissions: Females	34%	77%	12%
Admissions: Caucasian	62%	36%	21%
Admissions: African American	35%	56%	75%
Admissions: Other Race	4%	8%	4%
Admissions: Hispanic Ethnicity	4%	4%	3%
Admissions: Ages 10-19	5%	3%	38% Age 15
Admissions: Ages 20-29	36%	42%	34% Age 16
Admissions: Ages 30-39	28%	39%	20% Age 14
Admissions: Ages 40-49	24%	14%	5% Age 13
Admissions: Ages 50-59	7%	1%	3% Age 17
Admissions: Single/Never Married	57%	55%	N/A
Admissions: Separated/Divorced/Widowed	25%	23%	N/A
Admissions: Married/Living as Married	19%	23%	N/A
Admissions: Less than High School Diploma/GED	33%	50%	N/A
Admissions: High School Diploma/GED	41%	35%	N/A
Admissions: Felony Crimes	66%	N/A	44%
Admissions: Misdemeanor/Traffic Crimes	34%	N/A	54%
Admissions: Most Frequent Crime Class/Type	(1) Felony Class I (2) Felony Class H (3) Misd. Class 1	N/A	(1) Felony Class H (2) Misd. Class 1 (3) Misd. Class 2
Admissions: SASSI Screening of Admissions was "High Probability of Substance Abuse"	90%	72%	N/A
Active Participants During Year (active >= 1 day)	1,377	477	162
Active Participants Who Exited During Year	695	277	87
Actives Who Exited : Average Length of Stay	312 Days	250 Days	340 Days
Actives Who Exited by Completion/Graduation	38%	31%	40%
Actives Who Exited by Termination	62%	69%	60%
Most Frequent Type of Terminations:			
Non-compliance with Court/Treatment/Probation	59%	70%	37%
Positive Drug Tests	4%	0%	2%
New Arrest/Conviction/Adjud./Tech. Prob. Viol.	20%	3%	33%
Voluntary Withdrawal	3%	3%	8%
Neutral Discharge (i.e. medical, DTC transfer, other)	8%	17%	0%
Actives Who Exited: Rate Attended Courts Sessions	95%	86%	95%
Actives Who Exited: Treatment Retention > 6 months	69%	59%	74%
Actives Who Exited: Ever Positive for Drugs in DTC	68%	58%	79%
Actives Who Exited: Community Service Hours Done	6,407 Hours	525 Hours	492 Hours
Actives Who Exited: Employed While In Program	45%	17%	N/A
Actives Who Exited by Completion in Family DTC: Parent Regained Custody - Reunification of Family	N/A	79%	N/A

List of FY 2008-2009 Operational Drug Treatment Courts

Tables 2-4 list the FY 2008-2009 drug treatment courts recognized by the Administrative Office of the Courts by county/district, type of court and participants, and court implementation date. There were operational drug treatment courts in 30 of North Carolina's counties and 50% of North Carolina's judicial districts.

Table 2: N.C. ADULT DRUG TREATMENT COURTS FY 2008-2009		
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
Burke 25	District Court Sentenced Offenders	March 2007 (closed March 2009)
Carteret 3B	Superior Court Sentenced Offenders	October 2003
Caswell 9A	District Court Sentenced and Deferred Prosecution Offenders	July 1996 (closed November 2008)
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 1998
	District Court (A) Deferred Prosecution Offenders	February 1995
	District Court (B) Deferred Prosecution Offenders	March 1996
	District Court (C) Sentenced DWI Offenders	March 2000
	District Court (D) Sentenced DWI Offenders	April 2002
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 Offenders	July 2005

Table 3: N. C. FAMILY DRUG TREATMENT COURTS FY 2008-2009

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
Gaston 27A	District Court DSS Petitioned Parent Respondents	August 2006 (closed June 2009)
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
Orange 15B	District Court DSS Petitioned Parent Respondents	February 2005
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 4: N. C. JUVENILE DRUG TREATMENT COURTS FY 2008-2009

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
Rowan 19C	District Court Adjudicated Delinquents	May 2002 (closed April 2009)
Wake 10	District Court Adjudicated Delinquents	October 1998

PART I

ADULT, JUVENILE, AND FAMILY DRUG TREATMENT COURTS

Referrals to drug treatment courts, admissions and the number of participants served have increased since 1996 as new courts have been added and court operations have stabilized. Table 5 provides a summary of new admissions, active participants, and average length of stay in Adult, Juvenile and Family Drug Treatment Courts from FY 2005-2006 to FY 2008-2009.

There were 27 operational Adult Drug Treatment Courts during the fiscal year. One new adult, Superior Court DTC was implemented during FY 2008-2009 and one new District Court DTC was implemented. One adult DTC closed due to a variety of local factors impacting the court operations. As seen in Table 5, during FY 2008-2009 there were 783 new admissions and 1,377 active participants in Adult DTCs. There were 12 operational Family DTCs, with 92 new admissions and 77 active participants during the fiscal year. There were five (5) operational Juvenile DTCs, with 78 new admissions and 162 active participants during FY 2008-2009.

Adult DTC referrals and admissions did not increase significantly over the previous year. The average length of stay increased 5% which contributed to an 8% increase in the total number of active participants during the year. Adult DTCs are becoming institutionalized in the districts in which they are located leading to an increase in referrals to the courts and to the improved targeting of appropriate referrals.

Family DTCs showed a 4% increase in referrals and a 6% increase in active participants. This resulted in a 16% increase in active participants during the year. This increase resulted from a concentrated effort to increase utilization of these courts through collaboration with county departments of social services. One Family DTC closed during the year due to under utilization.

Juvenile DTCs received a higher number of referrals but a lower number of admissions. One Juvenile DTC closed during the year due to under-utilization and several struggled to reach capacity. The State DTC Office has asked for additional support from the Department of JJDP.

Table 5: Summary of DTC Participation by Court Type

	Adult				Family				Juvenile			
	05-06	06-07	07-08	08-09	05-06	06-07	07-08	08-09	05-06	06-07	07-08	08-09
Referrals	1,241	1,509	1,793	1,819	178	410	476	495	98	134	105	123
New Admissions	487	608	781	783	105	293	275	292	58	88	91	78
Total Active During Fiscal Year	876	1,007	1,265	1,377	138	412	452	477	111	146	160	162
Avg. Length of Stay	323 days	299 days	296 days	312 days	199 days	202 days	229 days	250 days	309 days	311 days	335 days	340 days

Table 6 details court completion/graduation rates for Adult, Family, and Juvenile DTCs from FY 2005-2006 through FY 2008-2009. The rates vary for the different types of drug treatment courts due to the characteristics of the different target populations.

Adult DTC graduation rates remained the same during FY 2008-2009. These courts serve high-risk, high-need offenders.

Family and Juvenile DTC graduation rates decreased this fiscal year. Family DTC graduation rates decreased 2%. Juvenile DTC graduation rates decreased 9%.

Table 6: Summary of Exit Type of DTC Active Participants by Court Type												
	Adult				Family				Juvenile			
	05-06	06-07	07-08	08-09	05-06	06-07	07-08	08-09	05-06	06-07	07-08	08-09
Completions/Graduations of Active Participants	43%	32%	38%	38%	31%	29%	33%	31%	35%	41%	49%	40%
Terminations of Active Participants	57%	68%	62%	62%	69%	71%	67%	69%	65%	59%	51%	60%
Total Exits	458	502	614	695	51	209	259	277	52	74	69	87

PART 2

ADULT DRUG TREATMENT COURTS

During FY 2008-2009, Adult Drug Treatment Courts operated in the following counties: Avery, Brunswick, Buncombe, Burke, Carteret, Caswell, Catawba, Craven, Cumberland, Durham, Forsyth, Guilford (Greensboro and High Point), McDowell, Mecklenburg (5 courts), New Hanover, Orange, Person, Pitt, Randolph, Rutherford, Wake, and Watauga. The Brunswick County Court in District 13B opened in July 2008 with federal funds. The High Point Court in District 18 opened in June 2008 with county funds. The Burke County Court in District 25 closed in March 2009 due to under-utilization and loss of treatment services.

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. To better match DTC eligibility to the public treatment available for offenders, Adult DTCs that are funded by the NCAOC target sentenced, intermediate-punishment offenders or community offenders at risk of revocation. Two Mecklenburg DWI Treatment Courts that are funded by the county target sentenced Level 1 and 2 DWI offenders (high risk).

Target Population

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

Court 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.

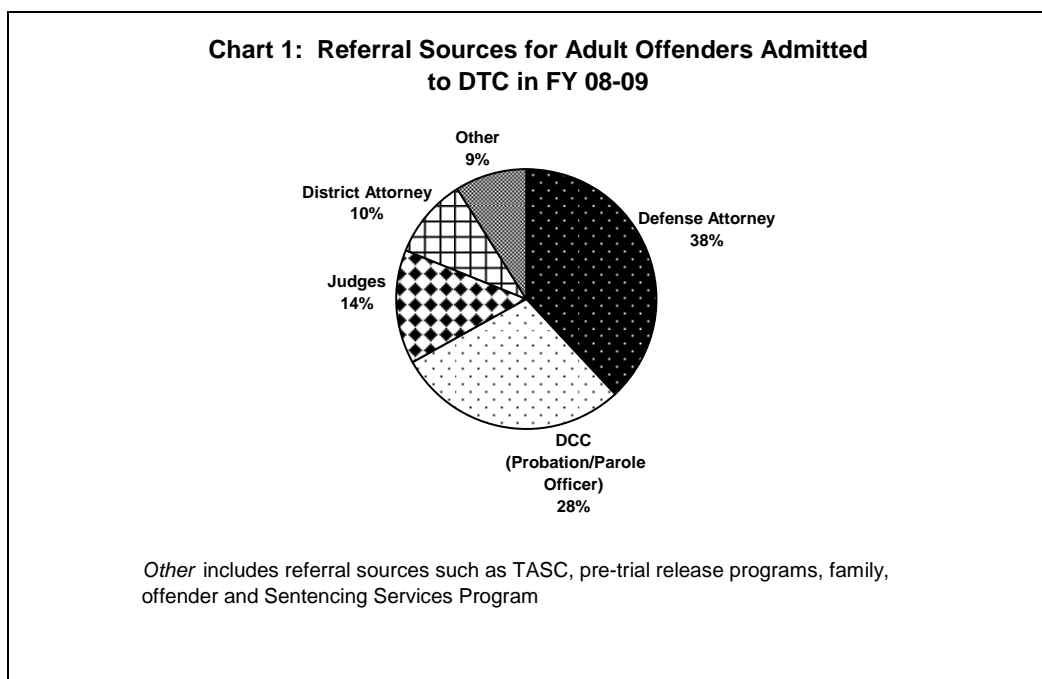
To complete Adult DTC, the offender must attend court as required, successfully complete all required clinical treatment, submit clean drug tests during the prior three to six months (varies by local court), maintain employment and pay regularly towards his/her legal obligations (e.g., child support,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

Client Participation

During FY 2008-2009 there were 1,819 referrals to adult drug treatment courts. Based on the results of a screening, courts admitted 783 offenders, or 43% 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 1,377.

The total number of offenders served did not change substantially in FY 2008-2009. During the economic short falls in North Carolina in FY 2008-2009, budgetary uncertainties likely affected the number of admissions to Adult DTCs.

As seen in Chart 1, of the offenders admitted to Adult DTCs during FY 2008-2009, the largest proportion were referred by Defense Attorneys (38%) followed by the Division of Community Corrections (29%), Judges (14%) and the District Attorney's office (10%). The final 9% is composed of self referrals and those made by TASC, Pre-trial release and others. The referral patterns did not change significantly from previous years.



Demographic Information

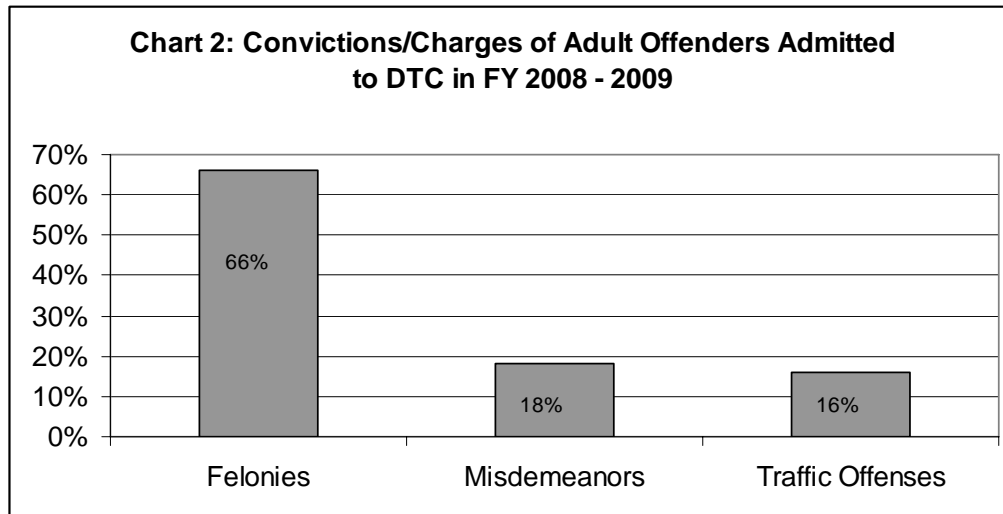
The demographics of those served by an Adult DTC experienced little change from the previous year.

- 66% were male.
- 34% were female.
- 62% were Caucasian.
- 35% were African American.
- 3% listed Other as their Race.
- 4% listed Hispanic ethnicity.
- 36% reported ages between 20-29, 28% reported ages between 30-39, 24% reported ages between 40-49, 7% reported ages 50-59, 5% reported ages 16-19.
- 57% reported being single and never married, 25% reported being separated, divorced or widowed, 19% reported being married or living with someone as married.
- 41% reported having a high school diploma or GED, 33% reported having less than a high school diploma or GED, 25% reported some technical college, or college, a 2-year degree, a 4-year degree, or a graduate or professional degree.
- Offenders reported having 209 minor children.
- Ten drug free babies were born.

Criminal Justice Status

Of those admitted to Adult DTC, an estimated 85% were sentenced offenders and an estimated 15% were deferred prosecution defendants. For the fourth year in a row, there was an increase in the number of sentenced offenders served, in keeping with the inclusion of Drug Treatment Courts as an Intermediate Punishment by the General Assembly in 2004.

As seen in Chart 2, 66% of all offenders admitted to Adult DTCs were charged or convicted of felony crimes. Eighteen percent (18%) were charged or convicted of misdemeanors and 16% were charged or convicted of traffic offenses. Eighty two percent (82%) of traffic offenses were DWI offenses. Thirty-six percent (36%) 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 7 through 10 show the Structured Sentencing Class and Prior Record Level of Sentenced and Deferred Prosecution Offenders admitted to Adult DTCs during FY2008-2009. The data represents the information entered into the DTC Management Information System, and some data is missing or not applicable.

Table 7 indicates that 90% of felony sentenced offenders were Class H (45%) and I (45%) offenders. Sixty-seven percent (67%) were Prior Record Level I (28%) or Prior Record Level II (39%).

Table 7: STRUCTURED SENTENCING FELONY PUNISHMENT CHART Adult Drug Treatment Court Sentenced Entries FY 2008-2009								
PRIOR RECORD LEVEL								
OFFENSE CLASS	I	II	III	IV	V	VI	N/A or Missing	Total
C	0	0	0	1	0	0	0	1
D	0	0	0	0	0	0	0	0
E	2	0	0	0	0	0	0	2
F	1	2	0	0	0	0	0	3
G	0	5	1	2	0	0	0	8
H	38	61	32	22	3	0	5	161
I	45	63	31	12	3	2	3	159
N/A or Missing	5	6	3	3	0	0	3	20
Total	91	137	67	40	6	2	11	354

Table 8 indicates that 83% of misdemeanor sentenced offenders were identified as Class 1 offenders. Data is missing on the Prior Record Level of the vast majority of sentenced misdemeanants.

Table 8: STRUCTURED SENTENCING MISDEMEANOR PUNISHMENT CHART Adult Drug Treatment Court Sentenced Entries FY 2008-2009							
PRIOR RECORD LEVEL							
OFFENSE CLASS	I	II	III	IV	V	N/A or MISSING	Total
A1	1	0	1	0	0	10	11
1	19	13	4	5	1	56	101
2	1	2	1	0	0	1	5
3	1	0	0	0	0	1	2
N/A or MISSING	2	0	0	0	0	5	7
Total	23	15	6	5	1	72	126

Table 9 indicates that, for those offenders with data entered, 68% of sentenced DWI offenders were identified as Level 1 and Level 2 offenders.

Table 9: DRIVING WHILE IMPAIRED SENTENCES Adult Drug Treatment Court Entries FY 2008-2009	
DWI LEVEL	NUMBER OF OFFENDERS
Level 1	40
Level 2	43
Level 3	5
Level 4	0
Level 5	3
Unspecified	31
Total	122

Table 10 indicates that 99% of deferred prosecution offenders were identified as felons of which 13% were Class H and 86% were Class I felons. Seventy-three percent (73%) of deferred prosecution felons were Prior Record Level 1 56% and Prior Record Level II (17%).

Table 10: STRUCTURED SENTENCING FELONY PUNISHMENT CHART Adult Drug Treatment Court Deferred Prosecution Entries FY 2008-2009						
PRIOR RECORD LEVEL						
OFFENSE CLASS	I	II	III	IV	N/A or Missing	Total
H	10	2	1	0	2	15
I	54	17	0	1	25	97
NA or Missing	0	0	0	0	1	1
Total	64	19	1	1	28	113

The most commonly occurring felony crime types included:

- Possession of Cocaine (21%), and
- Breaking and/or Entering (13%).

Of the offenders admitted to Adult DTCs during FY 2008-2009, for misdemeanor or traffic offenses (either sentenced by the court or deferred prosecution), the most commonly occurring crime types included:

- Driving While Impaired related (37%),
- Possession of Drug Paraphernalia (18%),
- Misdemeanor Larceny (18%), and
- Driving While License Revoked (6%).

During the past year, the most common types of misdemeanors/traffic offenses did not change. The number of Driving While Impaired (DWI) offenders declined from 44% in FY 2007-2008 to 37% in FY 2008-2009. While DWI level 1 and 2 offenders can be viewed as high-risk and high-need, the primary target offenders for the Adult DTC target populations is intermediate offenders and community offenders at risk of revocation.

Treatment Process

In keeping with the National Institute of Drug Abuse's 13 Principles of Effective Treatment, drug treatment court participants are expected to remain active in approximately twelve months of treatment based upon an individualized, person-centered-plan. In Adult 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). Ninety-nine percent (99%) of those screened and admitted to an Adult DTC in FY 2008-2009 were found to have a high likelihood of addiction based on the SASSI results or other information provided to the DTC Court Coordinators.

- 90% were screened as having a "high probability of having a substance abuse disorder."
- 9% were screened as having a "low probability of having a substance abuse disorder, but other information indicates addiction."
- 1% were screened as having "low probability of having a substance abuse disorder."

Of those admitted to an Adult DTC in FY 2008-2009, 68% reported at least one previous substance abuse treatment episode. Of the adult, criminal offenders admitted to the DTC in FY 2008-2009, 36% reported receiving previous mental health services.

The most frequent drugs of choice reported by offenders admitted to the Adult DTCs during FY 2008-2009 included the following:

- Crack cocaine (28%),
- Marijuana (21%),
- Alcohol (20%),
- Narcotics/Opiates other than heroin 10%, and
- Heroin (8%).

The top drugs of choice did not change in FY 2008-2009.

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 2008-2009, the most commonly used rewards and sanctions were:

Rewards (4,778)

1. Placed on "A List" for compliance with all conditions (44%),
2. Applause in the courtroom from the judge and other team members (23%),
3. Judicial Praise (14%),
4. Certificate of Completion/Graduation (13%), and
5. Individualized reward (8%).

Sanctions (2,339)

1. Jail for 24-48 hours (35%).
2. Individualized sanction (16%).
3. Community Service (11%).
4. Judicial Directives (6%).
5. Discharge from DTC (6%).

PART 3

FAMILY DRUG TREATMENT COURTS

During FY 2008-2009, Family Drug Treatment Courts (FDTC) operated in the following counties: Buncombe, Chatham, Cumberland, Durham, Gaston, Halifax, Lenoir, Mecklenburg, Orange, Robeson, Union, and Wayne. The Gaston County Court closed in June 2009 due to under-utilization.

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 FDTC pre-adjudication (at the day one or child planning conferences) or post-adjudication. In all cases, at the time of referral and admission to FDTC there must be a case plan for family reunification. Before being admitted to FDTC, 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, 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*. 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 DTC 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

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.

and/or change matters regarding the child such as visitation, most often matters involving visitation and custody are still dealt with in the Juvenile (AND) Court. Only Durham and Buncombe counties operate “parallel” courts, in which one judge hears the drug treatment court issues and another hears the Juvenile AND issues.

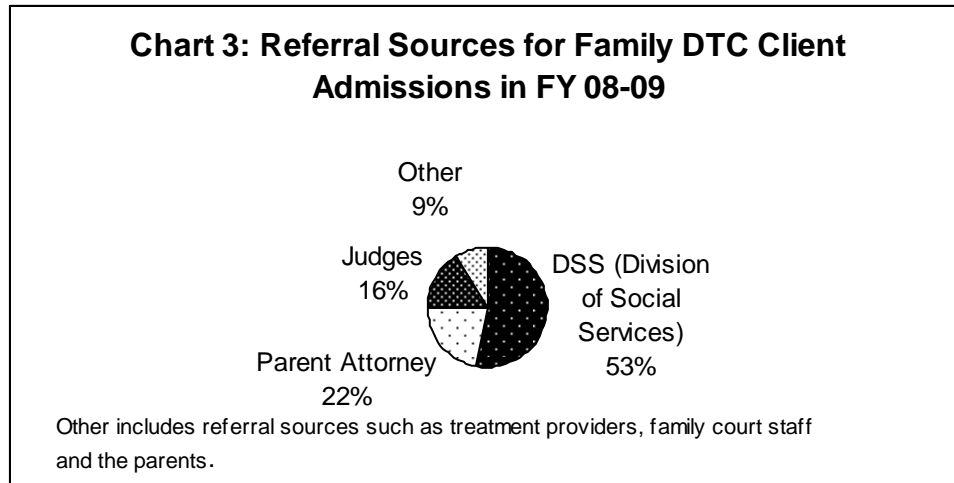
Family DTC is characterized by court-based collaboration among child welfare workers, substance abuse treatment providers, parents’ attorneys, DSS/county attorneys, guardians ad litem, and DTC case coordinators. The parents appear before the Family DTC team every two weeks. This intense monitoring and 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.

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

Client Participation

During FY 2008-2009 there were 495 referrals to traditional Family Drug Treatment Courts. Based on the results of a screening, courts admitted 292 parents, or 59% of those who were referred. The total number of active parents served during the year was 477.



As seen in Chart 3, of the parents admitted to Family DTCs during FY 2008-2009, Departments of Social Services (DSS) staff referred 53% of all participants, attorneys referred 22% and judges referred 16%. Other referrals came from treatment staff, Family Court staff, and parents themselves. The continued increase in DSS referrals may indicate a growing understanding of and collaboration by DSS staff with Family DTCs.

Demographic Information

Of those parents who entered Family Drug Treatment Courts during FY 2008-2009 for whom data was entered into the MIS:

- 77% were female,
- 23% were male,
- 56% were African American,
- 36% were Caucasian,
- 8% listed Other as their race,
- 4% reported Hispanic ethnicity,
- 42% reported ages 20-29, 39% reported ages 30-39, 14% reported ages 40-49, 1% reported ages 50-59, 1% reported ages over 60,
- 55% reported being single and never married, 23% reported being separated/divorced/widowed, and 23% reported being married,
- 50% reported having less than a high school diploma or GED, 35% reported having a high school diploma or GED, 15% reported some technical college or college, or a graduate or professional degree,
- Parents reported having 126 minor children, and
- Eight drug free babies were born.

The number of young African-American women served by a FDTC continues to trend upward. In 2007-2008, 47% of FDTC participants were African American. In 2008-2009, 59% were African American. The percentage of males and females remain roughly steady at three quarters females and one quarter males.

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. For admissions to Family DTCs during FY 2008-2009, for which there was data recorded in the MIS, there were the following SASSI results:

- 72% 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”, and
- 16% were screened as having a “low probability of having a substance abuse disorder”.

Twenty eight percent (28%) of parents admitted to the FDTC reported receiving mental health treatment prior to entering the treatment court. Only 20% 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 2008-2009, included the following:

- Marijuana (32%),
- Crack cocaine (19%),
- Alcohol (16%), and
- Powder cocaine (12%).

Reported alcohol or other drug use patterns shifted slightly. The use of crack cocaine as a “drug of choice” dropped from 25% in FY 2007-2008 to 19% in FY 2008-2009. Marijuana increased from 29% to 32%. Powder cocaine dropped from 17% to 12%. Parent respondents may have reported more than one drug of choice.

Imposition of Sanctions and Rewards

Drug treatment courts impose sanctions and rewards to shape the drug court participant’s behavior. Rewards are used to reinforce and reward desirable behavior while sanctions are used to help extinguish undesirable behavior. Treatment should never be viewed as a reward or sanction although the participant may view changes in treatment requirements as such.

During FY 2008-2009, the most commonly used rewards and sanctions were:

Rewards (825)

1. Placed on the "A-List" for Compliance with Conditions (28%),
2. Applause (20%),
3. Certificate of Completion/Graduation (16%), and
4. Gift Certificate (12%).

Sanctions (647)

1. Jail Sentence for 24-48 hours (31%).
2. Community Service (17%).
3. Individualized Sanction (13%).
4. Community Support Group Attendance (11%).
5. Written Report (9%).

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

Brief jail sentences remain the most common sanction used in Family DTCs. Use of jail as a sanction remains controversial in North Carolina and across the nation as FDTC participants are in the court due to substantiated civil abuse/neglect/dependency allegations and these participants rarely have concurrent criminal charges. A set of legal best practices was developed and put into practice in early 2009 which provides guidance on legal process in Family DTCs. A jail sanction most commonly arises from a criminal contempt proceeding.

PART 4

JUVENILE DRUG TREATMENT COURTS

During FY 2008-2009, Juvenile Drug Treatment Courts (JDTC) operated in the following counties: Durham, Forsyth, Mecklenburg, Rowan, and Wake. The Rowan County Court in District 19C closed in April 2009 due to under-utilization.

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

The goals of JDTCs 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 JDTCs include supporting youth to perform well in school, develop healthy family relationships, and connect to their communities.

Target Population

Most juveniles involved in drug treatment courts exhibit multiple risk and need factors. North Carolina targets high-risk and high-need juveniles who have been adjudicated delinquent and who have a diagnosis of alcohol and other drug abuse. In North Carolina, juvenile delinquents are less than sixteen years of age when they committed their offense(s).

Intervention and Supervision

The JDTC is designed to provide an immediate and continuous court intervention that includes requiring the youth and family to participate in treatment, submit to frequent drug testing, appear at frequent court status hearings, and comply with other court conditions geared to accountability, rehabilitation, long-term sobriety and cessation of criminal activity.

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

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

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

No new JDTCs have been opened since January 2003. These courts have struggled with developing a clear target population and defining success. The concurrent challenge of adolescence, mental health disorders and/or substance abuse/addiction, and frequent family dysfunction makes success with this population difficult.

Client Participation

During FY 2008-2009, there were 123 referrals to JDTCs. Based on the results of a screening, courts admitted 78 juveniles, or 63% of those who were referred. The total number of active juveniles served during the year was 162.

The decline in the admissions to JDTCs during FY 2008-2009 is reflective of the closing of one court due to under-utilization, struggle to reach capacity in other courts and vacancies in JDTC case coordinator positions.

All of the youth in JDTCs were referred by juvenile court judges or juvenile court staff.

Demographic Information

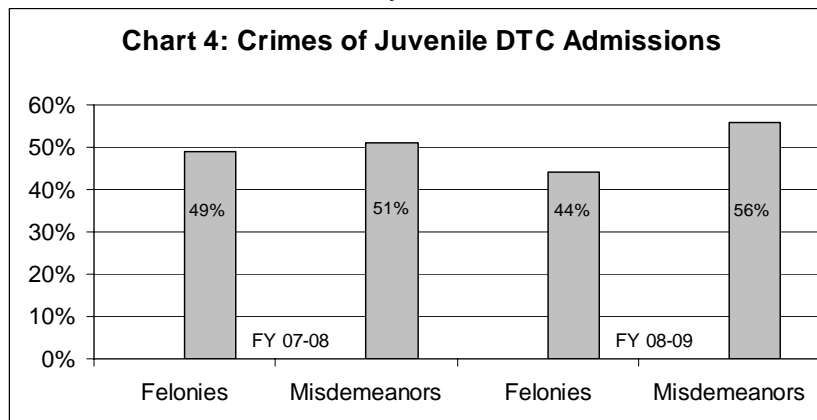
Of those youth who entered Juvenile Drug Treatment Court during FY 2008-2009, for whom there was data in the MIS:

- 88% were male,
- 12% were female,
- 21% were Caucasian,
- 75% were African American,
- 4% reported Other as their race,
- 3% reported Hispanic ethnicity,
- At the time of admission, 38% were age 15, 34% were age 16, 20% were age 14, 5% were age 13 or less and 3% reported age 17, and
- 40% reported being in 9th grade in school, 19% reported being in 8th grade, 8% reported being in 10th grade, and 3% reported being in 7th grade.

During FY 2008-2009, a higher percentage of admissions were male, age 16 and Caucasian.

Crimes of Juvenile Drug Treatment Court Admissions

Based on the data that was reported, 56% of youth admissions committed a misdemeanor and 44% committed a felony.



Of those who committed misdemeanors, the majority (44%) were adjudicated for Class 1 offenses. The most commonly occurring misdemeanors were:

- Simple Assault (24%),
- Misdemeanor Larceny (9%),
- Possession of marijuana (9%), and
- Injury to real property (6%).

Of the felony offenses, 70% were Class H, 15% were Class I, 7% were Class G, and 7% were not Structured Sentencing adjudications. The most commonly occurring felonies were:

- Breaking and/or entering crimes (37%),
- Breaking and/or entering a motor vehicle (11%),
- Breaking and/or entering larceny (7%),
- Larceny after breaking and/or entering (7%),
- Common law robbery (7%), and
- Possession with intent to manufacture, sell or distribute Schedule II Controlled Substances (7%).

Detention

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

- ✓ Of juveniles who exited Juvenile DTCs during FY 2008-2009, 22% served a total of 261 days in detention.

From FY 2007-2008 to FY 2008-2009, reported use of detention as a sanction in Juvenile DTC dropped from 45% to 22%. This decrease may be due to recommended best practices to the 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 2008-2009, the most commonly used rewards and sanctions in Juvenile Drug Treatment Courts were:

Rewards (201)

1. Placed on the "A List" for Compliance with Conditions (44%),
2. Applause in the Courtroom and/or Judicial Praise (29%), and
3. Certificate/Plaque of Graduation (9%).

Sanctions (235)

1. Juvenile Detention (70%).
2. Community Service Increased (9%).

PART 5

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 AOC has the capacity to monitor intermediate outcomes for Drug Treatment Courts, but not to conduct a scientific evaluation of the long-term impact of Drug Treatment Courts. The N.C. Sentencing and Policy Advisory Commission included adult Drug Treatment Courts in their 2008 recidivism report to the General Assembly in April 2008 and will include them 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 offender is under its supervision.

Court Attendance

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

- ✓ The 695 active offenders who exited Adult DTCs during FY 2008-2009 were expected to attend court 8,309 times. They attended court 7,923 sessions or 95% of the time.
- ✓ The 277 active parent respondents who exited Family DTCs during FY 2008-2009 were expected to attend court 1,474 times. They attended 1,268 court sessions or 86% of the time.
- ✓ The 87 juvenile offenders who exited Juvenile DTCs during FY 2008-2009 were expected to attend court 1,118 times. The juveniles and their parents/guardians attended 1,059 court sessions or 95% of the time.

Retention in Treatment

Retention in a treatment process for up to twelve months is a major objective of Drug Treatment Courts. Research indicates that the longer an addict is in treatment, the more likely he/she is to recover from addiction and live a legal, healthy life. As seen in Table 15, during FY 2008-2009, 69% of adult offenders, 59% of parent respondents and 74% of juveniles who exited, remained in treatment for over six months.

Table 11: Retention Rate in Treatment for DTC Participants Discharged												
	Adult DTC				JuvenileDTC				Family DTC			
	05-06	06-07	07-08	08-09	05-06	06-07	07-08	08-09	05-06	06-07	07-08	08-09
Remained in Treatment 0-3 Months	18%	19%	19%	13%	11%	8%	5%	5%	10%	19%	16%	16%
Remained in Treatment 3-6 Months	17%	16%	17%	16%	23%	12%	11%	15%	53%	21%	26%	24%
Remained in Treatment 6-12 Months	20%	28%	21%	26%	34%	40%	45%	37%	25%	43%	42%	42%
Remained in Treatment Over 12 Months	45%	37%	42%	45%	33%	40%	38%	43%	12%	17%	16%	19%

- ✓ Adult DTC participants were required to attend 83,277 hours of treatment. The 695 adult offenders, who exited the program in FY 2008-2009, attended 72,737 hours of treatment. Factoring in excused absences, adult DTC offenders attended required treatment 89% of the time.
- ✓ Family DTC participants were required to attend 33,146 hours of treatment. The 277 parent respondents, who exited the program in FY 2008-2009, attended 24,856 hours of treatment. Factoring in excused absences, parent respondents attended required treatment 75% of the time.
- ✓ Juvenile DTC participants were required to attend 3,582 hours of treatment. The 87 delinquent juveniles, who exited the program in FY 2008-2009, attended 3,220 hours of treatment or attended required treatment 90% of the time.

Community Support Group Attendance

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

- ✓ The 695 offenders who exited Adult DTCs during FY 2008-2009 were required to attend 67,879 community support meetings. They attended 55,400 community support meetings. Factoring in excused absences, offenders attended 84% of their required community support group meetings.
- ✓ The 277 parents who exited Family DTCs during FY 2008-2009 were required to attend 14,263 community support meetings. They attended 9,779 community support meetings. Factoring in excused absences, parent respondents attended 73% 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 695 offenders who exited Adult DTCs during FY 2008-2009 were tested for drugs 31,935 times. Sixty-eight percent (68%) of offenders who exited Adult DTCs tested positive for drugs and/or alcohol at least once. Adult offenders who exited during FY 2008-2009 had an average of 303 clean days between a negative and positive drug test.
- ✓ The 277 parents who exited Family DTCs during FY 2008-2009 were tested for drugs 8,759 times. Seventy-nine percent (79%) of parents who exited Family DTCs tested positive for drugs and/or alcohol at least once. Parents who exited Family DTCs during FY 2008-2009 had an average of 214 clean days between a negative and a positive drug tests.
- ✓ The 87 delinquents who exited Juvenile DTCs during FY 2008-2009 were tested for drugs 1,451 times. Seventy-nine percent (79%) of juveniles, who exited Juvenile DTCs, tested positive for drugs and/or alcohol at least once. Delinquent juveniles who exited DTC during FY 2008-2009 had an average of 169 clean days between a negative and a positive drug test.

Table 12: Percentage of Participants Ever Testing Positive for Drugs			
	Adult	Juvenile	Family
FY 2008-2009	68%	79%	58%
FY 2007-2008	64%	83%	68%
FY 2006-2007	73%	61%	74%
FY 2005-2006	62%	83%	61%

North Carolina DTCs target high-risk, high-need individuals therefore it is expected that adult and family participants are addicted to drugs and/or alcohol and that juveniles participants will have a diagnosis of alcohol or other drug abuse. As such, it is anticipated that most DTC participants will test positive for alcohol or drugs at least once while in the 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 695 offenders who exited Adult DTCs during FY 2008-2009 were required to make 15,010 probation contacts. Factoring in excused absences, these probation contacts were met 85% of the time.

Employment/School

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

- ✓ Of the offenders who exited Adult DTCs during FY 2008-2009, 45% were employed at the time of exit.
- ✓ Of the participants who exited Family DTCs during FY 2008-2009, for whom data was available, 17% were employed at the time of exit.

Employment for adult offenders and parent respondents remained roughly steady between FY 2007-2008 and FY 2008-2009 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 2008-2009, 20% were terminated for new arrests or convictions.
- ✓ Of juveniles who exited Juvenile DTCs during FY 2008-2009, 33% were terminated for adjudications for new crimes.

In-program recidivism for adults remains the same as in FY 2007-2008. Juvenile DTC had a significant increase in their in-court recidivism during FY 2008-2009, up to 33% as compared to 11% in FY 2007-2008.

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). As seen in Tables 13, 14, and 15, the vast majority of DTC participants who exited during FY 2008-2009 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 13: 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 or Other Reasons
2008-2009	59%	4%	20%	3%	8%
2007-2008	60%	2%	20%	3%	7%
2006-2007	66%	6%	17%	3%	5%
2005-2006	67%	6%	17%	7%	6%

Table 14: 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 or Other Reasons
2008-2009	70%	0%	3%	3%	17%
2007-2008	77%	1%	3%	0%	15%
2006-2007	82%	1%	3%	2%	12%
2005-2006	80%	9%	3%	3%	6%

Table 15: Reasons for Terminations for Active Participants Who Exited Juvenile DTCs					
Fiscal Year	Non-Compliance with Court Orders	Positive Drug Tests	New Arrests or Convictions/ Technical Probation Violations	Voluntary Withdrawals	Dispositional Placement
2008-2009	37%	2%	33%	8%	2%
2006-2007	40%	6%	11%	14%	6%
2006-2007	49%	2%	22%	9%	9%
2005-2006	53%	6%	24%	6%	6%

Impact on Families

An important objective of Family Drug Treatment Courts is reunification of the child with the family, or attainment of some other permanent plan for the child. Parent participants successfully completed Family DTC in the following counties: Buncombe, Cumberland, Durham, Gaston, Halifax, Lenoir, Mecklenburg, Orange, Union and Wayne. During FY 2008 – 2009:

Successful Termination from FDTC

- ✓ Fifty two (52) parents involving 95 children completed/graduated from Family DTC.
- ✓ A permanent custody plan has been entered for 84 children (89%).
- ✓ Thirty-six (36) parents or 79% regained custody of at least one of their children (a total of 64 children or 77%).
- ✓ Two (2) parents or 4% graduated FDTC but still had their parental rights terminated for one or more of their children (a total of 3 children or 3%).
- ✓ Six (6) parents or 13% agreed to or were court ordered to place at least one of their children (a total of ten children or 12%) in a permanent placement other than with parents (e.g. custody with relative or guardian).
- ✓ Six (6) parents or 12% and eleven (11) children were still awaiting final resolution of the case.

Unsuccessful Termination from FDTC

The following counties reported unsuccessful terminations during FY 2008-2009: Buncombe, Chatham, Cumberland, Durham, Gaston, Halifax, Lenoir, Mecklenburg, Orange, Robeson, Union and Wayne.

- ✓ Ninety-six (96) parents involving 198 children were unsuccessfully terminated from Family DTC.
- ✓ A permanent custody plan has been entered for 167 children (85%).
- ✓ Twenty-eight (28) parents or 35% agreed to or were court ordered termination of parental rights for at least one child (a total of 63 children or 38%).
- ✓ Forty-one (41) or 51% agreed to or were court ordered to place at least one of their children (a total of 72 children or 44%) in a permanent placement other than with themselves (e.g. custody with relative or guardian).
- ✓ Five (5) parents or 7% regained custody of at least one of their children (a total of 5 children or 3%).

- ✓ Fifteen (15) parents or 16% and thirty-one (31) children were still awaiting final resolution of the case.

Parents who successfully complete Family Drug Treatment Court are much more likely than those who do not successfully complete to have a favorable resolution of their case. Seventy-nine percent (79%) of graduates versus 7% of unsuccessful terminations were reunified with their children. Thirty-five percent (35%) of parents who did not successfully complete FDTC had their parental rights terminated.

The percentage of successful FDTC completions dropped slightly from FY 2007-2008 from 33% to 31% in FY 2008-2009. The percentage of parents who regained custody of their children after successfully completing FDTC also dropped from 89% in FY 2007-2008 to 79% in FY 2008-2009.

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

There was Abuse/Neglect/Dependency case completion data available for 120 parents who participated in FIRST Level I.

Successful Termination from FIRST Level I

Thirty-three (33) or 28% of the parents successfully completed the court. Of these:

- ✓ Twenty-two (22) parents or 26% were reunified with a total of 34 children,
- ✓ One parent was ordered to comply with an Other Permanent Plan for the custody of one child,
- ✓ Two parents had parental rights terminated for their seven (7) children, and
- ✓ Ten (10) parents and 14 children are awaiting decisions in their cases.

Unsuccessful Termination from FIRST Level I

Eighty-seven (87) or 73% of the parents were unsuccessfully terminated from the court. Of these:

- ✓ No parents were reunified with their children,
- ✓ Twenty-six (26) children were reunified with a parent other than the parent who was unsuccessfully terminated from FIRST Level I,
- ✓ Twenty-nine (29) parents had parental rights terminated on a total of 52 children,
- ✓ Thirteen (13) parents were ordered to comply with an Other Permanent Plan for the custody of a total of 23 children, and
- ✓ Twenty-nine (29) parents and 53 children are still awaiting decisions in their cases.

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

Impact on Youth

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

There was a decrease in the number of youth who exited Juvenile DTC who lived at home with their parents in FY 2008-2009 (73%) over those living at home in FY 2007-2008 (84%)

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

- ✓ 73% (58) of the juveniles were living with their parents,
- ✓ 8% (6) were living with other relatives,
- ✓ 8% (7) were living in residential treatment,
- ✓ 5% (4) were reported in runaway status,
- ✓ 3% (3) were reported placed in a youth development center, and
- ✓ 1% (1) was reported in DSS foster care.

There was a decrease in the number of youth attending traditional schools. Of those who exited in FY 2008-2009, 61% were in traditional schools compared to 66% in FY 2007-2008.

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

- ✓ 44% (38) of the youth were attending a “traditional” middle or high school,
- ✓ 27% (17) had dropped out of school,
- ✓ 13% (8) attended an “alternative school” program,
- ✓ 16% (10) were engaged in a GED program, and
- ✓ 6% (4) were being served in a residential treatment program.

Appendix I

State Advisory Committee Members

Drug Treatment Court Advisory Committee 2009 – 2010	
<p style="text-align: center;">Chair of the DTC Advisory Committee Honorable James Faison 316 Princess Street, Suite 328 Wilmington, NC 28401 james.h.faison@nccourts.org 910/341-1120 Expires June 30, 2011</p>	
<p>Mr. Thomas J. Andrews 1705 St. Marys Street Raleigh, NC 27608 tandrews@nc.rr.com 919/833-3757 Expires June 30, 2010</p>	<p>Honorable Ralph A. Walker 1645 Village Glen Drive Raleigh, NC 27612 rcwalker4@aol.com 919/781-1538 Expires June 30, 2011</p>
<p>Ms. Sonya Brown Department of Health & Human Services DMHDDSAS 325 N. Salisbury Street Raleigh, NC 27699 Sonya.brown@ncmail.net 919/715-2771 Expires June 30, 2011</p>	<p>Mr. Daniel Potter Criminal and Family Law Defense Attorney 233 Middle Street, Suite 212 New Bern, NC 28563 dan@dpotterlaw.com 252/635-1286 Expires June 30, 2010</p>
<p>Ms. 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</p>	<p>Ms. Flo Stein Department of Health & Human Services DMH/DD/SAS 325 N. Salisbury Street Raleigh, NC 27699 Flo.stein@ncmail.net 919/733-4670 Expires June 30, 2011</p>
<p>Mr. Tim Moose Director Division of Community Corrections 2020 Yonkers Road Raleigh, North Carolina 27604 tmoose@doc.state.nc.us 919/716-3101 Expires June 30, 2010</p>	<p>Dr. Martin Pharr Deputy Secretary DJJDP 1801 Mail Services Center Raleigh, NC 27699-1801 martin.pharr@djjdp.nc.gov 919/743-8187 Expires June 30, 2010</p>
<p>Honorable Beverly Scarlett Adult/Family DTC Judge Orange County Courthouse 106 E. Margaret Lane/P. O. Box 1088 Hillsborough, NC 27278 bscarlett716@msn.com 919/644-4700 x5 Expires June 30, 2011</p>	<p>Ms. Virginia Price Division of Alcohol & Chemical Dependency DACDP 100 E. Six Forks Road Raleigh, NC 27609 Pvn02@doc.state.nc.us 919/420-7933 Expires June 30, 2011</p>

Drug Treatment Court Advisory Committee 2009 – 2010	
Charisse Johnson NC DHHS-Division of Social Services Albemarle Building 8 th Floor 325 N. Salisbury Street Raleigh, NC 27601 Charisse.johnson@ncmail.net 919/733-3055 Expires June 30, 2011	Honorable Yvonne Evans Superior Court DTC Judge Mecklenburg County Criminal Courts Bldg. 832 East 4 th Street, Suite 4351 Charlotte, NC 28202 Yvonne.m.evans@nccourts.org 704/686-0400 Expires June 30, 2010
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
Mr. McKinley Wooten Deputy Director mckinley.wooten@aoc.nccourts.org 919/890-1221	Ms. Kirstin Frescoln Drug Treatment Court Manager kirstin.frescoln@aoc.nccourts.org 919/890-1207
Ms. Sandy Pearce Court Programs Administrator sandy.pearce@aoc.nccourts.org 919/890-1201	Ms. Alexia Stith Drug Treatment Court Specialist alexia.stith@aoc.nccourts.org 919/890-1216
Ms. Deana K. Schwatka Associate Counsel Deana.Schwatka@aoc.nccourts.org 919/890-1322	Ms. Yolonda Woodhouse Drug Treatment Court Specialist yolonda.m.woodhouse@aoc.nccourts.org 919/890-1202
Ms. Alisa Huffman Family Court Manager alisa.huffman@aoc.nccourts.org 919/890-1203	Ms. Lori Cole Family Court Specialist lori.cole@aoc.nccourts.org 919/890-1204
Ms. DeShield Smith Family Court Specialist deshield.smith@aoc.nccourts.org 919/890-1211	Ms. Barbara Inabinett Administrative Assistant barbara.inabinett@aoc.nccourts.org 919/890-1209