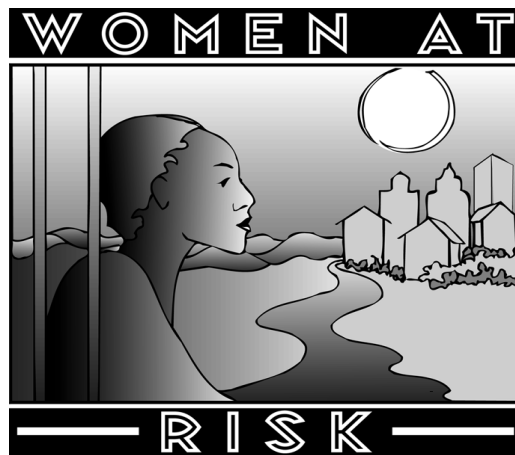


# The Women At Risk Program



*Women At Risk is a community-based treatment alternative  
for women at risk of going to jail or prison.*

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## ***Report to the NC General Assembly***

**February 1, 2008**

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**Western Carolinians for Criminal Justice, Inc.**

[www.wccj.org](http://www.wccj.org)

WESTERN CAROLINIANS FOR CRIMINAL JUSTICE, INC.  
**The Women At Risk Program**  
PO Box 7472, Asheville, NC 28802 [www.wccj.org](http://www.wccj.org)

February 1, 2008

TO: Rep. Alice Bordsen  
Sen. Ed Jones  
Sen. Ellie Kinnaird  
Rep. Jimmy Love  
Sen. John Snow

FROM: Ellen Clarke, Executive Director, WCCJ/Women At Risk

SUBJECT: Report to the NC General Assembly

Thank you for the opportunity to present the *Report to the NC General Assembly* from the Women At Risk Program, sponsored by Western Carolinians for Criminal Justice, Inc. This report contains information about Women At Risk Program operations from our Buncombe and Henderson County sites during Fiscal Year 2006-07. We have complied with all of the reporting requirements on non-state entities receiving state appropriations, including the submission of a "Program Activities and Accomplishments Report" which is also attached.

The Women At Risk Program is the only state-licensed outpatient treatment alternative developed exclusively for female offenders in North Carolina. Since 1987, Women At Risk has provided gender-responsive treatment to help participants break the cycle of abuse and wrong choices that lead to criminal behavior. The Women At Risk Program works collaboratively with the criminal justice system, providing attorneys, judges and probation officers with an effective out-patient alternative to incarceration for female offenders. The primary goal of Women At Risk is to empower women to successfully complete court requirements and make the changes necessary to reduce recidivism and permanently exit the criminal justice system.

This report will show the following:

- The Women At Risk Program follows best-practice research to provide mental health and substance abuse treatment for female offenders.
- The core components of the Women at Risk Program illustrate the holistic, gender-responsive nature of the treatment model, with a focus on the increased needs participants have as a result of "Mental Health Reform".
- Graduation data attests to the positive impact the Program has on female offenders. Through various measures and recidivism studies, this report shows that Women At Risk graduates are less likely to be rearrested, convicted and incarcerated than offenders who exit early from the Program.
- Successful completion of the Women At Risk Program also means that graduates have improved mental health functioning, reduced substance abuse, stabilized housing and employment, and improved parenting skills.

# The Women At Risk Program

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## WOMEN AT RISK TREATMENT MODEL: BEST PRACTICE FOR FEMALE OFFENDERS

“The Women At Risk Program has been an invaluable resource for our indigent clients. Women At Risk focuses on providing support and services to women who otherwise may not have known how to get help for their problems. Women At Risk provides assistance for issues dealing with mental illness, substance abuse, and abusive relationships. The program has had and continues to have a tremendous impact on the lives of women in Buncombe County by addressing the issues that brought our female indigent clients to the court system. The program has given and continues to equip these women with the tools they need to turn their lives around.”

LeAnn Melton, Chief Public Defender for Buncombe County

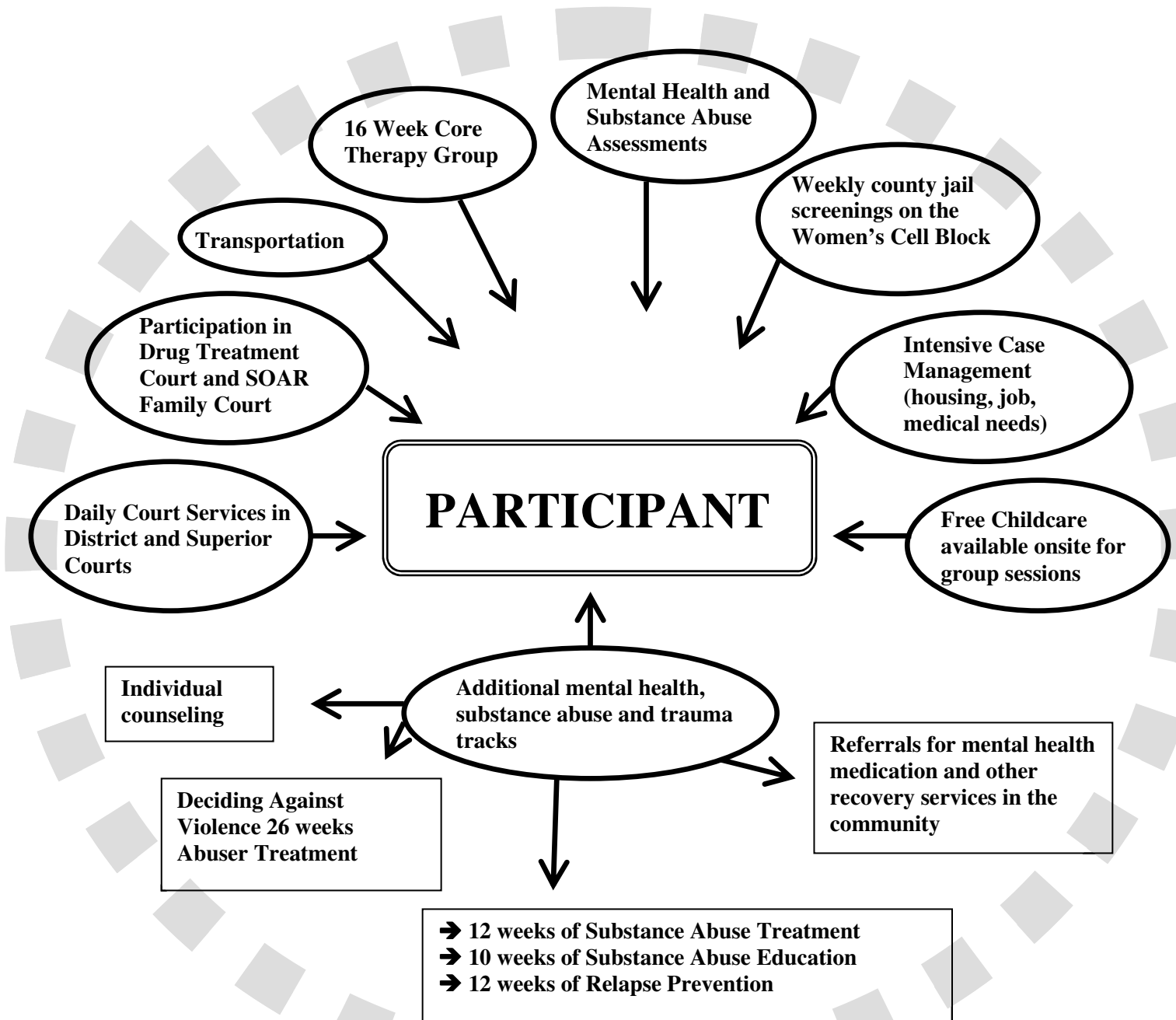
Women At Risk is a unique program that offers gender-specific mental health and substance abuse treatment for women involved in the criminal justice system. In the wake of “Mental Health Reform”, the Women At Risk Program is rising to the challenge to fill an important gap in services for this at-risk, indigent population.

In 1987, Faye Sultan, Ph.D., conducted research at the North Carolina Correctional Institute for Women (NCCIW) that examined the specific factors influencing female criminal behavior and recidivism. Her studies indicated that women have unique risk factors, including childhood trauma, domestic violence, mental health and substance abuse that lead to their criminal justice involvement. Following up on this research in 1989, Dr. Sultan collaborated with the leadership of Western Carolinians for Criminal Justice, Inc. to help create the Women At Risk Program to address these specific needs.

Subsequent research in the field corroborates the holistic, gender-responsive approach of the Women At Risk Program. Dr. Pauline Brennan, of the University of Nebraska, Omaha, in her scholarly review of gender responsive approaches offers further support for this idea: “Extant research on ‘best practice’ programs consistently indicates that ideal correctional interventions for women are delivered in a gender-responsive manner; this means that gender matters. It matters because men and women differ in terms of the pathways that brought them into the criminal justice system, the risk they pose, and the nature and extent of their treatment needs. Specific problem areas that must be addressed include substance abuse, physical and sexual abuse, intimate relationships, and mental-health issues. And, because these treatment needs are overlapping in nature (i.e., they co-exist), a holistic approach to treatment is mandated. (Brennan, 2007).

The Women At Risk treatment model embodies this “best practice” care. As illustrated by the graphic on the next page, Program clients receive individualized, wrap-around treatment to address their unique needs, thus improving their chances for permanent change and exit from the criminal justice system.

# WOMEN AT RISK



WOMEN AT RISK ACTIVITY REPORT  
FISCAL YEAR 2006-2007

	<u>Buncombe County</u>	<u>Henderson County</u>	<u>TOTAL</u>
<p><b>JAIL SCREENINGS:</b> Number of female inmates in County Detention Centers screened weekly by Women At Risk staff who provide assessment, liaison and referral for these offenders to treatment resources, including Women At Risk.</p>	<b>189</b>	<b>116</b>	<b>305</b>
<p><b>REFERRALS:</b> The number of women referred to our program, recorded at the time a potential client or referral source calls to schedule a Women At Risk Program intake assessment.</p>	<b>259</b>	<b>54</b>	<b>313</b>
<p><b>CASES OPENED:</b> The number of clients who completed the Program's intake process: this includes a comprehensive mental health and substance abuse assessment, an assessment of case management needs and the creation of an individualized service plan for each client.</p>	<b>135</b>	<b>31</b>	<b>166</b>
<p><b>TOTAL CLIENTS SERVED:</b> The number of clients served by the Women At Risk Program. This includes a carryover of active clients continuing from FY 05-06 (continuing participants) plus the number of new cases opened in FY 2006-2007.</p>	<b>187</b>	<b>31</b>	<b>218</b>
<p><b>GRADUATES:</b> The number of clients who successfully complete the Women At Risk Program by meeting the goals of their respective individualized service plans.</p>	<b>47</b>	<b>3*</b>	<b>50</b>
<p><b>EARLY EXITS:</b> The number of clients who exit Women At Risk without successfully completing Program requirements. This number is further explored on pg. 17 of this report.</p>	<b>84</b>	<b>10</b>	<b>94</b>
<p><b>CONTINUING PARTICIPANTS:</b> The number of clients who are actively complying with the Program requirements of their individualized service plans on June 30, 2007, but have not yet graduated.</p>	<b>68</b>	<b>18</b>	<b>86</b>

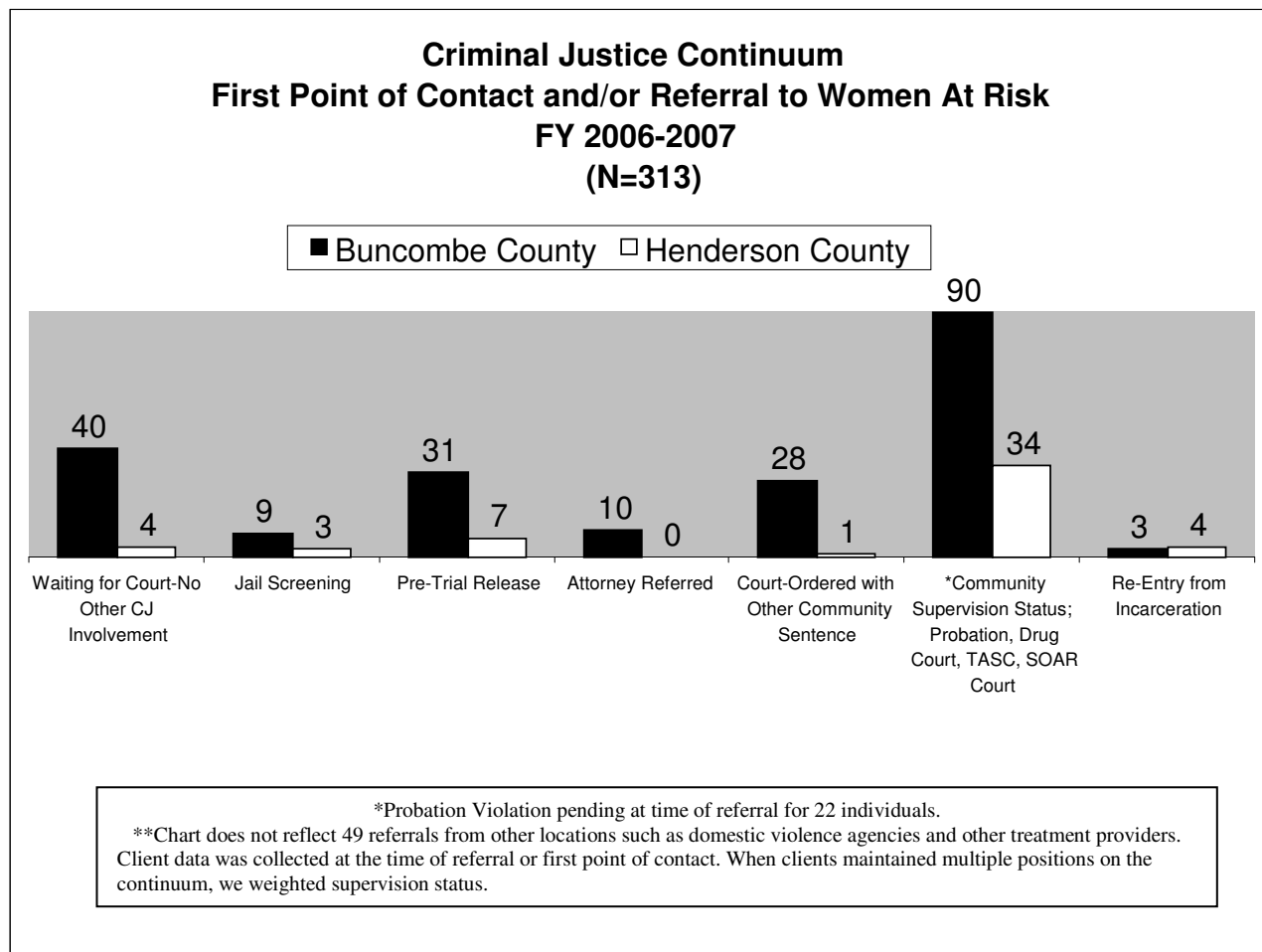
\* The Henderson County Women At Risk Program began its initial core treatment group January in 2007. From January 2007-January 2008, 11 clients have graduated from the Henderson County program.

## WOMEN AT RISK: REFERRALS

The first time that “Nancy” learned about the Women At Risk Program, she was in the Henderson County Detention Center. At the weekly jail screening, she hesitantly presented her situation to the staff. Upon release, Nancy was mandated to the Henderson County Program as a condition of pre-trial release, then as part of her intensive probation.

Women At Risk clients can enter the Program at any point in their criminal justice involvement: with pending charges, as a condition of release from jail, as a condition of probation, etc. Often, clients have more than one point of contact with the system at a time. For instance, a woman on probation who gets new charges may begin our program as part of her probation and to address the current criminal court case.

The Women At Risk Program works closely with our criminal justice system. Court officials rely on the Program as an effective treatment alternative to incarceration.



## WOMEN AT RISK: CLIENT DEMOGRAPHICS

*Nancy came to the Henderson County Women At Risk Program and began her assessment stating, “I don’t want to talk about it. I was sexually abused. I ain’t goin’ to talk about that.” She also revealed a history with domestic violence as an adult that included having her skull fractured. As a result of her significant trauma history, Nancy suffered from many mental health problems, including anxiety and depression. She met the criteria for Post Traumatic Stress Disorder (PTSD), but had never sought treatment. “Maybe that’s why I’ve always used [drugs],” she surmised. She began using alcohol and marijuana by age 15. In her mid-twenties she was using over \$100 p/day of crack cocaine and by age 32, Nancy was smoking and shooting methamphetamine, which was her primary drug of choice until her recent incarceration.*

Nancy reflects many traits shared by the majority of the Women At Risk clients. The prominent issues facing female offenders are delineated in sections below.

### MENTAL HEALTH:

<b><u>Mental Health Status of Women At Risk Clients at Intake</u></b>		
<b>FY 2006-2007</b>		
	<b>Buncombe N-135</b>	<b>Henderson N=31</b>
<b>Mental Health Diagnosis at Intake</b>	<b>73%</b>	<b>81%</b>
<b>Addiction Diagnosis at Intake</b>	<b>76%</b>	<b>84%</b>
<b>Dual Diagnosis of Addiction and Mental Health at Intake</b>	<b>54%</b>	<b>68%</b>

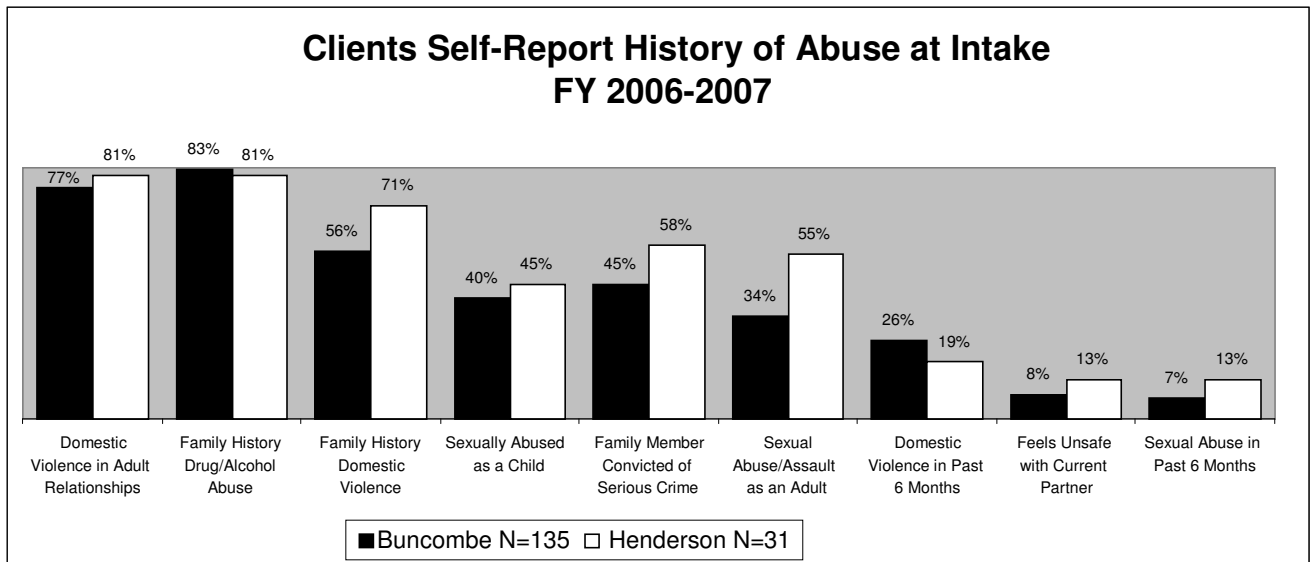
Women At Risk clients are presenting with more severe and persistent mental illness than in the past. Since “Mental Health Reform” and, most recently, the closure of New Vistas-Mountain Laurel, Inc. (serving 8 WNC counties) in the fall of 2006, the female offenders referred to our program have shown a significant increase in both the number who have a mental health diagnosis and the severity of the illness.

Women At Risk data for mental health issues are consistent with those recently reported for female inmates. At mid-year 2005, an estimated 73 percent of females in state prisons reported a mental-health issue (U.S. Department of Justice, September 2006). According to Pauline Brennan, PhD, “The extent of mental-illness among Women At Risk participants, and other female offenders, is noteworthy because it highlights the importance of mental-health treatment for this population.” (Brennan, 2007).

TRAUMA:

*“Bess” was referred to the Buncombe County Women At Risk Program by the Department of Social Services. At the time of intake, she had a pending criminal charge for drug paraphernalia and was at risk of losing custody of her daughter. Bess was abused by her stepfather as a child. She became pregnant at 19 and the baby’s father gave her money to leave him alone. A few months later, her baby died of a seizure. At this time Bess “went crazy” and began using drugs “to forget.” At the time of intake, Bess had been using crack everyday for a year.*

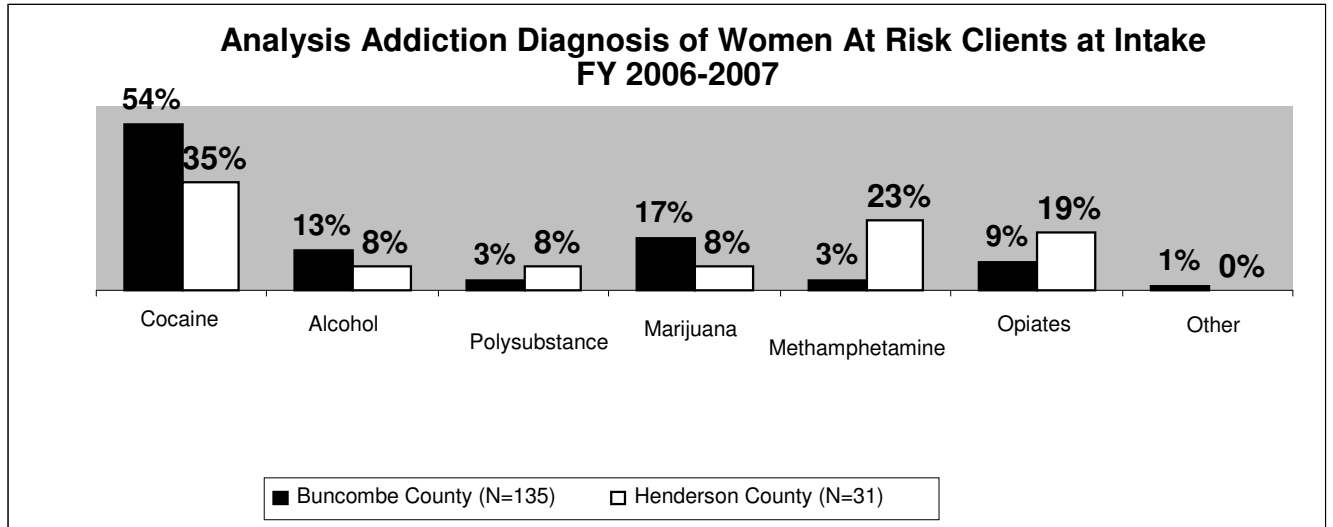
Women At Risk participants share Nancy and Bess’s experiences with abuse. For example, during FY 06-07, 40-45% of new clients report at intake having endured sexual abuse as a child. And, at intake 77-81% of them report having been physically abused by an intimate partner as an adult. These numbers resonate with national data that found 57% of incarcerated women had been abused at some point during their lives, and 39% had been sexually abused (U.S. Department of Justice, April 1999).



SUBSTANCE ABUSE:

Nancy’s and Bess’s stories of substance addiction is common among Women At Risk participants. At intake, 76% of Buncombe clients and 84% of Henderson clients met criteria for, and were given, an addiction diagnosis. These high percentages of addiction disorder among Women At Risk clients actually exceed the most recent criminal justice figures, where 68% of female jail inmates were found to have a substance dependence diagnosis (U.S. Department of Justice, July 2005).

The Henderson County data reflect some interesting trends. For example, 23% of Women At Risk Henderson County clients met criteria for chemical dependence of methamphetamine versus only 3% of Buncombe County clients.



**HOUSING:**

*When we met Nancy, she was staying in a condemned trailer outside of Hendersonville. She could not apply for housing because of her previous drug charges, so much of her energy was spent in trying to locate a suitable place to stay. Having stable housing is important for many reasons, but it is also a requirement for probation, therefore she was at risk of returning to jail if she could not find a home.*

Again, we see this as a particular barrier for many Women At Risk participants. Many of our clients are homeless or would be homeless if it were not for a family member.

**CHILDREN:**

*At the time of intake, Bess had lost one child to an early death and one child had been adopted. She was working very hard towards reunification with her youngest child by meeting Child Protective Services requirements. Her graduation of the Women At Risk program and Parenting Classes along with weekly supervised visits with her child bring her that much closer to her goal.*

83% of Women At Risk participants are mothers, but, according to Dr. Brennan’s research, 43% of them have lost custody of at least one child by the time female offenders enter our Program. An important goal of the Women at Risk Program is to assist those clients who do have custody to improve their parenting skills and create a stable home environment for their children, thereby breaking the intergenerational cycle of criminal justice involvement.

# The Women At Risk Program

## Client Demographics at Intake

July 1, 2006 - June 30, 2007

	Buncombe County <u>N=135</u>	Henderson County <u>N=31</u>	Total <u>N=166</u>
<b><u>DESCRIPTION</u></b>			
<b><u>Intakes</u></b>	135	31	166
<b><u>Principal Charge</u></b>			
Drugs	51	6	57
Fraud, Forgery (including Worthless Checks, Forgery & Uttering)	8	10	18
Probation Violation	28	12	40
Larceny, Embezzlement, Shoplifting	13	2	15
Assault (including Child Abuse)	11	0	11
Prostitution, Crime Against Nature	1	0	1
Burglary and Breaking & Entering	2	0	2
Motor Vehicle Offenses (including DWLR/DWI)	13	1	14
DSS Involvement Only	8	0	8
<b><u>Race</u></b>			
White	99	28	127
African American	32	2	34
Hispanic/Latino	0	1	1
Native American	2	0	2
Multi-racial	2	0	2
<b><u>Employed</u></b>	42	5	47
<b><u>Income Source</u></b>			
Wages	42	5	47
Work First (Public Assistance)	5	0	5
Food Stamps	56	3	59
Disability	11	5	16
Receives Child Support	6	1	7
<b><u>Highest Grade Completed (Average)</u></b>	10	11	10.5
<b><u>Clients who are Mothers</u></b>	115	23	138
<b><u>Clients with Children</u></b>			
Average Number per Client	2	2	2
Average Age of Client (at Birth of 1st Child)	20	20	20
Average Age of Client's Mother (at Birth of 1st)	19	20	19.5
<b><u>Clients who are Pregnant At Intake</u></b>	10	2	12

## WOMEN AT RISK : CORE COMPONENTS OF THE MODEL

### **I. Mental Health and Substance Abuse Treatment**

*Nancy began attending the Women At Risk Program core treatment group. Slowly, as the weeks progressed, she opened up and began to address her addiction and mental health problems. Over time she grew to trust her treatment providers and the group, and her healing began to show in her face and her actions. She was able to sleep through the night without nightmares. She donated a coffee table for the group room. She stood up to a man that was taking advantage of her.*

To begin the Women At Risk program, clients complete an extensive mental health and substance abuse assessment where they work collaboratively with a treatment team to complete an Individualized Service Plan (ISP). The ISP addresses eight different areas: Court Requirements, Mental Health, Substance Abuse, Housing, Employment, Education, Health, and Other. Treatment staff then work over time with each client to set goals and objectives that are measurable, attainable and time-specific for her.

A primary component of the Women At Risk Model is a continuum of care that addresses the participant's unique mental health, substance abuse and trauma issues. The core therapy group empowers women to make healthy choices, acquire new coping skills and improve daily functioning. This weekly, two hour group is co-facilitated by two licensed clinical therapists. Participants learn about issues, such as domestic violence, grief, goal-setting and safety.

As shown in the illustration at the beginning of this report, Women at Risk has expanded over the years, to include more groups and individual counseling.

*In addition to the core treatment group, Bess' individualized service plan also included two additional substance abuse groups: a 10-week Substance Abuse Education program where she learned about different substances and their effects, and a 12-week Substance Abuse Treatment group that focuses more on the client's addiction and recovery issues.*

In Buncombe County, the Women At Risk Program offers three additional substance abuse treatment groups on-site for women who are chemically dependent. Additionally, a 26-week Deciding Against Violence group focuses on abuser treatment and offers women important information on healthy relationships. Individual counseling is available as needed for more intensive trauma work. These programs have proven critical during this volatile time in "Mental Health Reform". As other agencies are constantly restructuring services, Women At Risk has responded to our clients' unique mental health and substance abuse challenges.

## **II. Clinical Case Management**

“Women At Risk provides a service for women in Henderson County that has traditionally not been met by other providers. It is a valuable tool in assessing the needs of the women on my caseload and linking them to needed services. Through these services these women are given opportunities to become productive members of the community and improve their lives and the lives of their families.”

Tracy Howell, Henderson County Probation Officer II

*As Nancy’s ability to trust grew, she was able to work with the case manager to meet her housing and employment goals. She allowed the case manager to drive her home one day and she accepted information about affordable housing in the community. After struggling to work odd jobs for several months, she finally sat down with the case manager and came up with a plan to obtain full-time employment. Within a week, she secured a full-time job.*

The second component of the Women At Risk Model is clinical case management. Through development of the individualized service plan, clients learn to create attainable goals and objectives for their lives. Clients then work with their case managers to meet those goals in areas such as housing, employment, education and physical health.

Current research supports the need to provide comprehensive case management. Many studies have shown that having a job or having a history of employment reduces the likelihood of recidivism (Belenko et al., 2004; Burdon, Messina, & Prendergast, 2004; Jones, 1995; McKenzie, Shaw, & Souryal, 1992; Morgan, 1994; Seiter, 2001; Sims & Jones, 1997). With regard to the effect of educational attainment, several research studies provide evidence that more education reduces the likelihood of recidivism (Burdon, Messina, & Prendergast, 2004; Roundtree, Edwards, & Parker, 1984; Sung & Belenko, 2005).

## **III. Court Liaison and Jail Screening Programs**

“The dynamics of S.O.A.R. Court, including the intensive supervision provided to our participants, requires treatment providers to meet with the S.O.A.R. Court Team twice a month at staffing and attend Court proceedings. The success of S.O.A.R. Court depends on providers like Women At Risk who dedicate their time above the traditional requirements of substance abuse treatment. S.O.A.R. Court could not provide the services necessary in assisting our participants in their recovery and reunification efforts with their children without the collaborative efforts from Women At Risk and their dedicated treatment providers.” Patricia Kaufmann Young, District Court Judge (Buncombe County)

*Because Bess came to Women At Risk on a first offense, she was eligible for the Deferred Prosecution program. After completion of Community Service hours and Program requirements, she was able to obtain a dismissal for her possession of drug paraphernalia charge. At her one year court review, a Women At Risk court liaison reported Bess’ successful completion and*

*continued participation after graduation. The Judge dismissed her charges and Bess has begun steps to expunge her record.*

The third program component of Women At Risk is court liaison services. Our court liaison works closely with clients to help them comply with probation, court, and custody mandates. For example, the Program accompanies clients to court, provides monthly progress reports to probation officers and attends team meetings as needed.

It is important to recognize that many Women At Risk participants have been involved in the criminal justice system for years. Often, they spend time in jail or prison simply because they have not been able to comply with probation requirements. For this reason, the Program focuses on teaching clients time management skills, how to appropriately communicate with corrections officers, and how to successfully create a payment plan for their fees. Our primary goal is to help clients understand the complexities of the system so that they can successfully meet all of their requirements, thus reducing the likelihood of incarceration in the future.

Weekly jail screenings in the Buncombe and Henderson County Detention Center provide a unique continuum of care for Women At Risk clients. Through assessment, advocacy and referrals, staff are able to pinpoint particular services for female offenders. For instance, a client may be able to work with Women At Risk to secure placement at a long-term residential treatment facility that could begin as soon as her court case is completed. Women At Risk often collaborates with probation officers, attorneys and the criminal court to implement complex treatment plans that can be incorporated into a sentencing agreement.

*Nancy received multiple forms of court services from the Women At Risk Program. She participated in our jail screening program, was ordered to participate with us as part of pre-trial release, and continued to be ordered through her intensive probation. Women At Risk staff provided letters to her attorney and probation officer updating them on her compliance with the program. This communication was vital for Nancy at the beginning of probation when she was not in a stable living environment. Nancy also learned to track and complete her court requirements. She attended all of her appointments with her probation officer. Through working with the case manager, she made a plan to pay her fines and within two months of acquiring a full-time job, she had completed her all her court payments.*

## WOMEN AT RISK GRADUATES: THE STORY OF SUCCESS

*Nancy completed the Women At Risk Program after attending six months of treatment. At graduation, Nancy had remained free from methamphetamine for ten months. Her PTSD symptoms had abated and she was sleeping without nightmares and living without depression. She was employed and had acquired stable housing. She could see a different kind of future for herself. During her last group she wrote her fellow group members a note, stating in part: "There is hope for life without drugs and Women At Risk is the best place for a new life to start."*

*Bess also successfully graduated from her treatment requirements in Buncombe County. She continues to work towards her goal of reunification with her child. She is still involved as an active graduate with the Women At Risk Program, receiving ongoing support in her new recovery.*

As shown by the comprehensive study of Pauline Brennan, PhD, the Women At Risk Program effectively reduces recidivism for female offenders. Here's what she says:

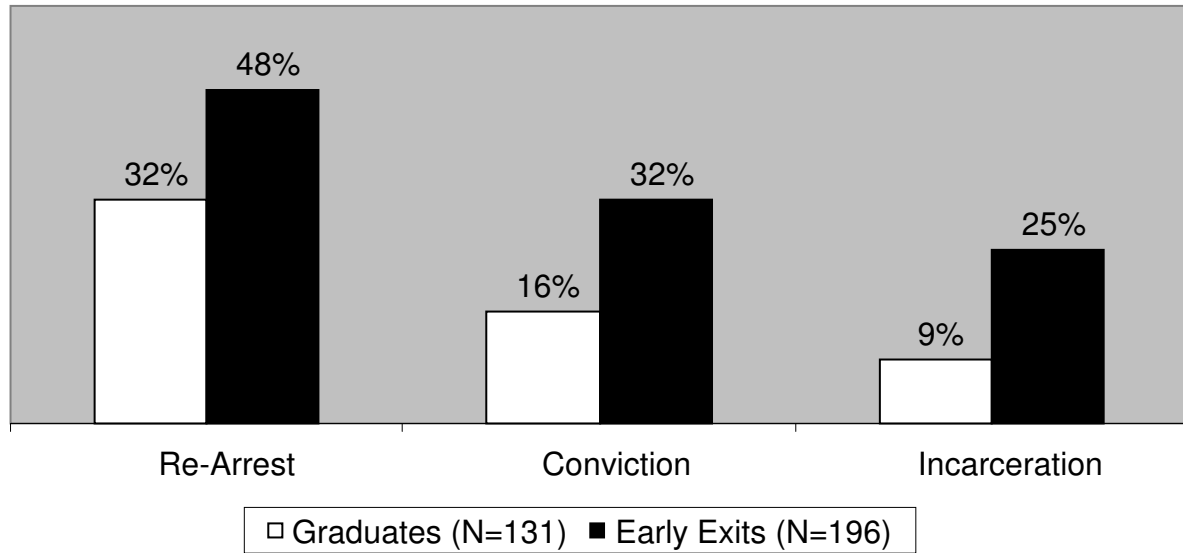
"This community-based Program utilizes a holistic-approach to treatment; months of structured therapeutic sessions are provided to address issues of substance abuse, mental illness, and victimization. And, child care is provided on site. Given the Program's gender-responsive design, reductions in recidivism should be evident for Program graduates when compared with participants who do not successfully complete the Program...With that hypothesis in mind, I examined three measures of recidivism—re-arrest, re-conviction, and re-incarceration. For all three outcomes, Program graduates were less likely to recidivate. Importantly, the multivariate equations also considered the effects of variables considered relevant for female offenders, including measures of substance abuse, mental-status, and previous victimization." (Brennan, 2007).

Year after year, Women At Risk is able to report that our graduates are less likely to recidivate, thus showing the benefits of the Program treatment model.

In her research study, funded by the National Institute of Correction, that addressed Women At Risk outcomes, Dr. Pauline Brennan examined three measures of recidivism: post-exit arrest, post-exit conviction, and post-exit incarceration (hereafter referred to as re-arrest, re-conviction, and re-incarceration).

Her data, captured in the table below, show that "Women At Risk Program graduates were less likely to recidivate, regardless of how the outcome was measured. To elaborate...(this data) shows that 48 percent of Program drops (early exits) were re-arrested, compared to 32 percent of Program graduates... Graduates were also less likely to be re-convicted (16% versus 32%). And, a higher percentage of those dropped from the Program (early exits) were re-incarcerated (25% versus 9%)." (Brennan, February 2007)

**Recidivism Data July 1, 2003-June 30, 2006**



	Graduates (N=131)		Early Exits (N=196)	
<b>Re-Arrest</b>	42	32%	94	48%
<b>Conviction</b>	21	16%	63	32%
<b>Incarceration</b>	12	9%	49	25%

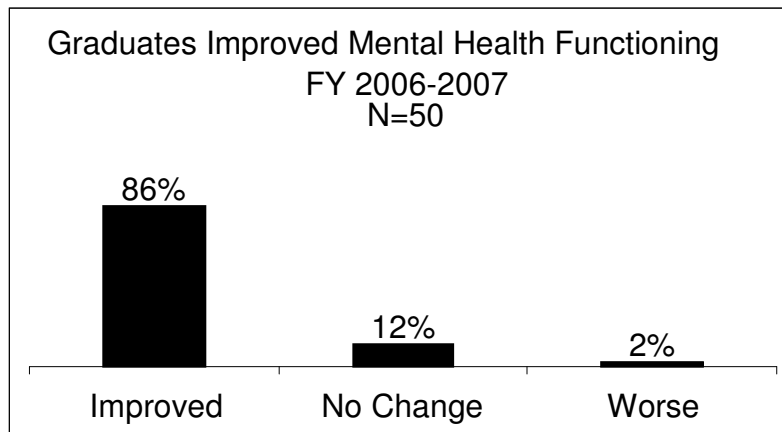
From Brennan, Pauline (February 2007). The Women At Risk Program of Asheville, North Carolina: A Study of Recidivism Outcomes.

## WOMEN AT RISK WORKS!

Women At Risk not only helps reduce the recidivism of female offenders, but the Program also empowers participants to improve their lives in many important ways. Below are five indicators of improved daily functioning for Women At Risk participants that were captured at time of intake and at graduation. Improvement is measured by the Program staff's clinical judgment combined with collateral information, such as urinalysis drug screens, and the client's own identification of goals obtained.

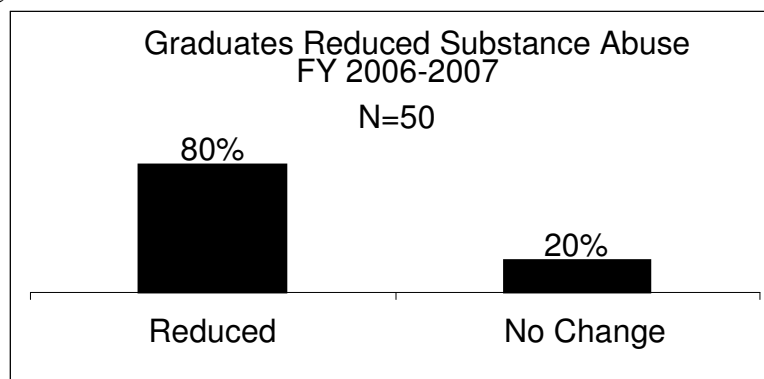
### Improved Mental Health Functioning

Women At Risk clinicians assess the mental health of each client at intake and at graduation. The graph below shows an overwhelming majority of graduates who experience an improvement in mental health functioning as measured by the Global Assessment of Functioning (GAF) score. The GAF is a numeric scale (0 through 100) used by mental health clinicians and doctors to rate the social, occupational and psychological functioning of adults.



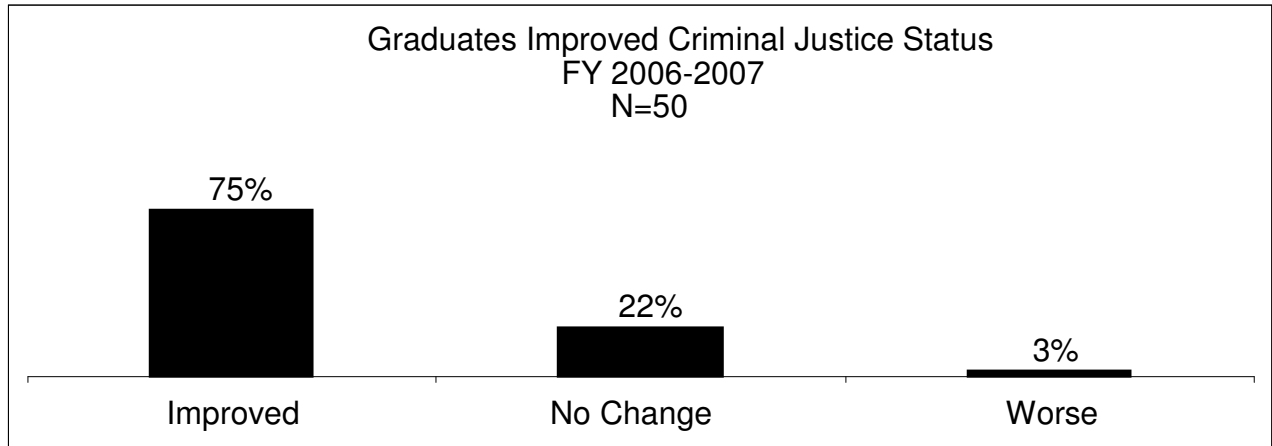
### Reduced Substance Abuse

An overwhelming majority of Women At Risk participants enter the program with substance abuse issues. The graph below shows the percentage of graduates who showed improvement as measured by clinical assessment, abstinence from all substances, urinalysis drug screens, collateral information from other sources, such as probation officers, and client self-report. As illustrated in the graph, 80% of graduates showed reduced substance abuse.



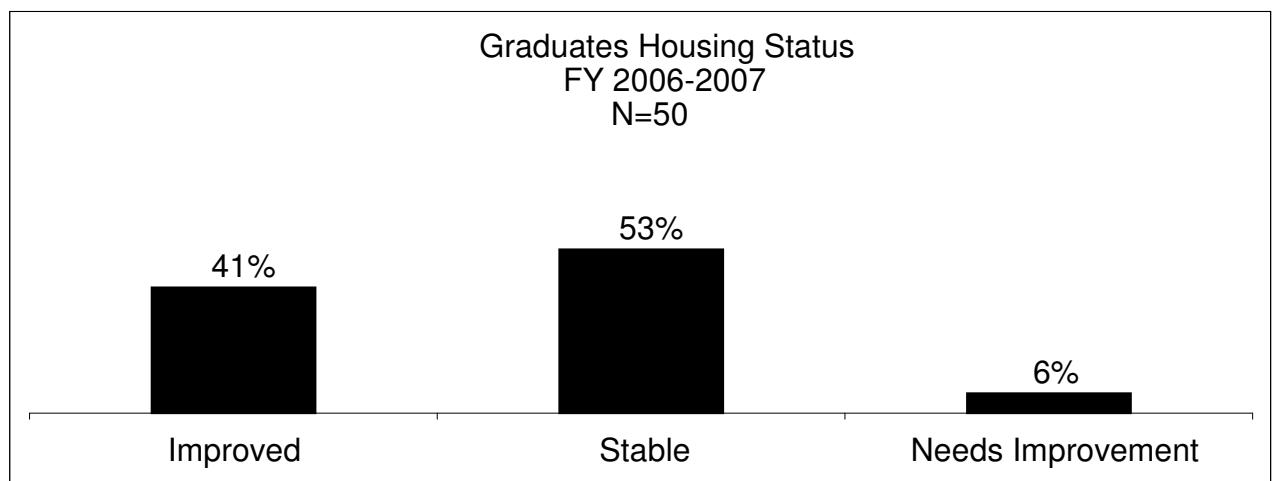
### Improved Criminal Justice Status

The overwhelming majority of Women At Risk graduates have improved their criminal justice status by the time they complete the Program. This could mean that they successfully completed probation, that their deferred prosecution was positively resolved, or that their pending charges terminated with an acceptable probation sentence with which they were complying at the time of graduation.



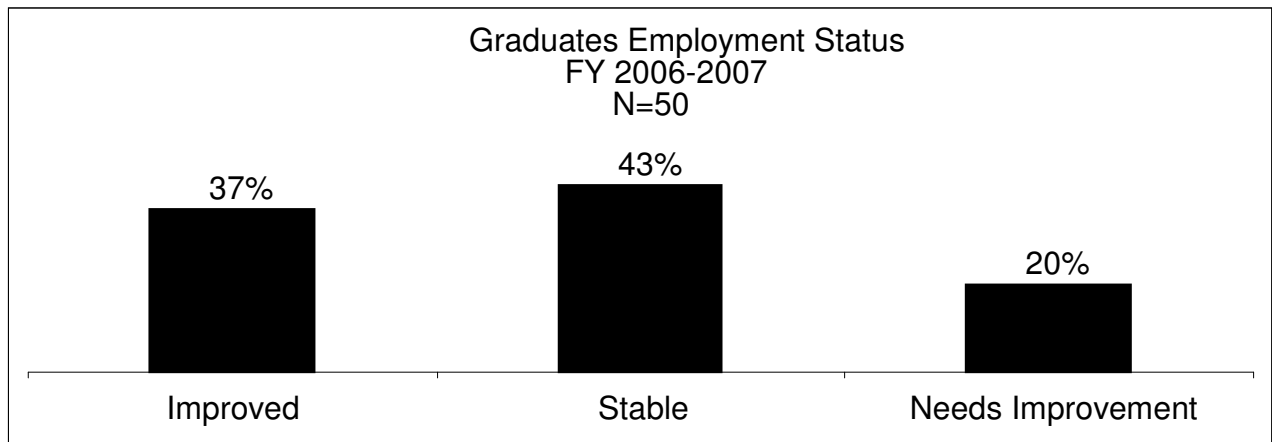
### Improved Housing

Housing is a major obstacle for many Women At Risk participants. Improvement in housing is defined as a move to more stable housing. For instance, a woman who was homeless and is now renting her own apartment would consider that her housing had improved. Notably, many clients' housing was stable at intake and they experienced no change in their housing situation. This is reflected in the "Stable" bar on the graph below.



Improved Employment

As shown in the graph below, by the time they complete Women At Risk, many graduates experience an improved employment situation. Improvement is defined as a positive shift from unemployed to employed, or from part-time to fulltime employment. Again, this graph reflects a substantial number of clients who were able to maintain adequate employment throughout the Program. This signifies that they were satisfactorily employed at intake and that their situation did not change by graduation.



## WOMEN AT RISK: EARLY EXITS

This year, Women At Risk examined the data related to participants who did not complete the program (early exits) and some interesting trends were revealed.

<b>Analysis of Factors Leading to Early Exit from Program: Early Exits Compared to Graduates</b>		
	<b>Early Exits N=94</b>	<b>Graduates N=50</b>
Complex Clients: Women At Risk defines “complex clients” as those who have a severe mental illness, a substance abuse diagnosis and at least one of the following problems: homelessness, recent trauma (domestic violence or rape), or major medical condition that interferes with daily functioning	26	18
Not Required/Mandated to Program	18	3
Met DSS Requirements & Chose not to Complete Program	2	0
Transferred to More Appropriate Services	10	0
Moved out of Service Area	3	1
Lived out of County Without Transportation	1	0
Incarcerated	3	1
Relapse	10	6
Completed Intake Only	12	0
Non-Compliant	7	0
Unknown	2	0

As the graph shows, Women At Risk participants leave the program early for a variety of reasons. Interestingly, clients who are not mandated are significantly less likely to complete the Program. Often, they realize they are in need of other services. Other times, non-mandated clients’ needs,

such as housing or employment, are met before completing the other requirements of the Program and so they exit early.

Another trend is the number of “complex clients” who do not complete the Program. Women At Risk defines “complex clients” as those who have a severe mental illness, a substance abuse diagnosis and at least one of the following problems: homelessness, recent trauma (domestic violence or rape), or major medical condition that interferes with daily functioning.

Women At Risk is designed to meet the multiple needs of our clients, and, as shown by the graduate figures, many of our clients who successfully complete the Program are also “complex clients”. However, the increased number of clients with severe and persistent mental illness combined with reduced service provision has made serving these complex clients more challenging.

Dr. Brennan’s research offers some insight into other possible causes of early exit and increased likelihood of recidivism. She and others have found that offenders with more serious prior criminal records have higher recidivism rates than those with less serious criminal histories. The type of offense may also predict the chances of a subsequent offense. A number of researchers have found that property offenders were more likely to re-offend than those charged with other offenses. (Brennan, 2007).

In her review of Women At Risk participants, Dr. Brennan found that those “who were first arrested when they were 17 years old or younger were more likely to be subsequently arrested, convicted, and incarcerated. And, related to age at first arrest, the women who reported juvenile court involvement were likewise more likely to be re-arrested and re-convicted. Previous probation also predicted recidivism; women who reported never having been placed on probation were the least likely to recidivate, however measured. This was also true for participants who reported no previous experience in jail. Those who reported past prison experience were more likely to be re-arrested and re-convicted.” (Brennan, 2007).

Brennan examined other variables to indicate likelihood of Program completion. She found that high school graduates were twice as likely than their less educated counterparts to graduate. However, she found that women who reported previous probation sentences were less likely to complete the Program. Additionally, the odds that a participant would complete the Program were 65.7 percent lower if she had pending charges at intake. (Brennan, 2007).

Finally, it is worth noting that relapse is another factor in early exits from the Program, although some of our graduates who also experienced a relapse during their association with Women At Risk were able to remain in treatment and successfully complete the Program. These figures are consistent, if not lower than the data of other substance abuse treatment facilities in the country.

A. Thomas McClellan, Ph.D., completed a comprehensive literature review of substance addiction treatment compliance and effectiveness in 2000. His conclusions are that “only about 40% to 60% of discharged patients are continuously abstinent” at one year follow-up studies. (McClellan et. al., 2000). They showed that “problems of low socioeconomic status, co-morbid psychiatric conditions, and lack of family and social supports are among the most important predictors of poor adherence during addiction treatment and of relapse following treatment.” (McClellan, et al, 2000). Women At

Risk participants struggle with all of these factors, and it is not surprising that a percentage drop out of the Program due to relapse.

Interestingly, McClellan's study also discusses the similar treatment responses to other chronic illnesses:

“Hypertension, diabetes, and asthma are also chronic disorders, requiring continuing care throughout a patient's life. Treatments for these illnesses are effective but heavily dependent on adherence to the medical regimen for that effectiveness. Unfortunately, studies have shown that less than 60% of adult patients with type 1 diabetes mellitus fully comply with their medication schedule, and less than 40% of patients with hypertension or asthma adhere fully to their medication regimens. The problem is even worse for the behavioral and diet changes that are so important for the maintenance of gains in these chronic illnesses. Again, studies indicate that less than 30% of patients with adult-onset asthma, hypertension, or diabetes comply with prescribed diet and/or behavioral changes that are designed to increase functional status and to reduce risk factors for recurrence of the disorders. Across all 3 of these chronic medical illnesses, compliance and ultimately outcome are poorest among patients with low socioeconomic status, lack of family and social supports, or significant psychiatric co-morbidity. (McClellan et al, 2000).

WOMEN AT RISK LOOKS TO THE FUTURE:  
SUSTAINING GROWTH OF HENDERSONVILLE PROGRAM SITE

Good News: Due to the generous increase in our state appropriation for FY 07-08, the Women At Risk Program has been able to expand services at our Hendersonville site, reaching out to female offenders in three rural WNC counties (Henderson, Transylvania and Polk). By matching state funding with private grants, we now maintain a Program office at 512 N. Grove Street; we have hired and trained experienced staff; we have obtained state licensure from DHHS/Division of Health Service Regulation and provide much needed mental health and substance abuse treatment. Moreover, Women At Risk in Buncombe County continues to thrive and operate at full capacity with expanded services and treatment groups.

Challenge: Because of a dearth of treatment services in WNC, Women At Risk in Henderson County has been overrun with referrals and has had to use a waiting list since we began serving clients in January 2007. Currently, we have one full-time case manager and one part-time program manager running the Henderson County site and contract with a licensed clinical therapist who co-facilitates our treatment groups there. Because of staffing limitations, Women At Risk in Henderson County only offers one treatment group per week, as opposed to the multiple treatment services in the Asheville-based program. Childcare cannot be provided on site at the Hendersonville location due to space concerns. Even as the Hendersonville staff has worked with Transylvania and Polk County probation officers to assist with case management and treatment referral needs, the Program has had to severely limit these activities.

Request: For Women At Risk to expand our Hendersonville-based program into the role that the community would like it to play for female offenders (and to maintain the excellent level of treatment currently available at both program sites), we respectfully request that the General Assembly make the FY07-08 increase of \$70,000 to the Women At Risk Program a recurring increase in our state grant. We submit that the increased demand throughout this state for offender treatment, the success of the Women At Risk treatment model and the cost effectiveness of our community-based interventions taken together support this request for sustaining, if not exceeding, this fiscal year's state appropriation.

# The Women At Risk Program

## FY 2006-07 Operating Budget

### Revenue July 1, 2006 - June 30, 2007

<u>Source</u>	<u>Actual</u>	<u>% of Total Revenue</u>
NC General Assembly	\$350,000.00	72.5%
Grants	\$92,000.00	19.1%
WCCJ Fundraisers	\$16,786.00	3.5%
Churches	\$13,845.00	2.9%
218 Patton Ave. Rentals & Misc	\$8,928.00	1.8%
Client Fees	\$1,151.00	0.2%
TOTAL	\$482,710.00	

### Expenses July 1, 2006 - June 30, 2007

<u>Source</u>	<u>Actual</u>	<u>% of Total Expenses</u>
Personnel		
Salaries	\$287,138.00	
Benefits	\$79,863.00	
Total Personnel	\$367,001.00	75.7%
Operating Expenses		
Occupancy	\$25,920.00	
Communications	\$7,197.00	
Postage	\$818.00	
Printing	\$730.00	
Repairs & Maintenance	\$844.00	
Insurance	\$10,109.00	
Shared Services	\$14,620.00	
Client Supplies	\$4,487.00	
Miscellaneous	\$2,957.00	
Total Operating Expenses	\$67,682.00	14.0%
Contractual		
Supervision	\$4,460.00	
Client Services	\$18,236.00	
Professional Fees	\$6,795.00	
Total Contractual	\$29,491.00	6.1%
Supplies & Equipment	\$11,737.00	2.4%
Transportation & Training	\$8,906.00	1.8%
TOTAL	\$484,817.00	

# The Women At Risk Program

FY 2006-2007

## ACTIVITY

(See Women At Risk Glossary of Terms)

	<u>Buncombe</u>	<u>Henderson</u>	<u>Total</u>
Referrals	259	54	313
Total Clients Served	187	31	218
Graduates	47	3	50
Early Exits	84	10	94

### Average Daily Cost of Women At Risk Program

(Based on Total Operating Budget)

[Total Operating Budget/365 days = Daily Basis/# Clients Served = Average Daily Cost(ADC)]	\$484,817.00	365	\$1,328.27	218	\$6.09
[Total Operating Budget/365 days = Daily Basis/# Successful Progress Cases = Average Daily Cost(ADC)]	\$484,817.00	365	\$1,328.27	50	\$26.57

**Total Clients Served**

**Graduates**

### Average Daily Cost of Women At Risk Program

(Based on State Appropriation)

[State Appropriation/365 days = Daily Basis/# Clients Served = Average Daily Cost(ADC)]	\$350,000.00	365	\$958.90	218	\$4.40
[State Appropriation/365 days = Daily Basis/# Successful Progress Cases = Average Daily Cost(ADC)]	\$350,000.00	365	\$958.90	50	\$19.18

**Total Clients Served**

**Graduates**

### Average Daily State Correctional Cost of Women At Risk Program and Probation

\*WAR Participants (\$ 4.40) + Community/Intermediate Supervision (\$2.09) =

**\$6.49**

\*WAR Participants (\$ 4.40) + Electronic House Arrest (\$7.52) =

**\$11.92**

\*WAR Participants (\$ 4.40) + Intensive Probation (\$16.53) =

**\$20.93**

### \*Average Daily State Cost of Prison Incarceration

Range \$57.48 - \$88.93

**\$73.71**

\*Total Clients Served

22

\*\*DOC Supervision costs for fiscal year ending 6/30/07.

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## Program Activities and Accomplishments Report

**Instructions:**

**>\$25,000 but <\$500,000** A certification, a financial accounting of the State funds received, used, or expended, and a description of the activities and accomplishments undertaken by the grant recipient must be completed by grantees that receive at least \$25,000 but not more than \$500,000 for each program. The completed forms should be submitted to the funding agency.

**>\$500,000** A certification, an audit including schedule of awards, and a description of the activities and accomplishments undertaken for each program by the grant recipient must be completed by grantees that receive \$500,000 or more. The completed forms and audit should be submitted to both the granting agency and the Office of the State Auditor, 20601 Mail Service Center, Raleigh, NC 27699-0601, Attn. Grants Reporting.

<b>Grantee Name:</b>	Western Carolinians for Criminal Justice, Inc.
<b>Grantee Tax ID #</b>	58-1491257
<b>Program Name:</b>	Women At Risk Program
<b>Project/Activity Title:</b>	Women At Risk
<b>Grantee's Fiscal Year End: (mmdyyy)</b>	July 1, 2006 – June 30, 2007
<b>Date of This Report:</b>	December 19, 2007
<b>Preparer of This Report:</b>	Ellen Clarke

In compliance with the requirements of G.S. 143-6.2, *Use of State Funds by Non-State Entities*, (repealed June 30, 2007) and G.S. 143C-6-23, *State grant funds: administration, oversight and reporting requirements*, (effective July 1, 2007), the following is a description of activities and accomplishments undertaken by our organization using the provided state funding: Complete this report for each different program funded.

1. What were the original goals and expectations for the activity supported by this grant?  
 The purpose of Women At Risk is to reduce recidivism among female offenders, as well as the necessity to imprison them, by providing a comprehensive treatment alternative to prison

## Program Activities and Accomplishments Report

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2. If applicable, how have those goals and expectations been revised or refined during the course of the project?

Over the years, WCCJ/Women At Risk has expanded our original treatment model to include on-site psychotherapy groups, a three-tier substance abuse treatment group, and an abuser treatment group, all of which are co-facilitated by masters' level clinicians. The Women At Risk treatment team continues to develop new ways to match the treatment needs of our dual-diagnosed clients with our various program components, including individual and group treatment, clinical case management and court advocacy. The Women At Risk Program is licensed by the NC Department of Health and Human Services/Division of Health Service Regulation as an outpatient mental health program and operates from sites in Buncombe County and Henderson County. Given the serious substance abuse problems presented by our clients, it has become an agency requirement that all Women At Risk Program staff have, or be working on, certification in substance abuse counseling.

3. What has the activity accomplished with these grant funds? Please include specific information including facts and statistics to support conclusions and judgments about the activity's impact.

During FY 06-07, the Women At Risk Program processed **312 referrals**; opened **165 new cases**; **served 217 female offenders**; **graduated 50 clients** and **carried over 86 open cases** to FY 07-08. These offenders obtained various services from the Women At Risk Program: core psychotherapy treatment group; abuser treatment (anger management) group; substance abuse treatment groups; individual therapy; psychiatric consultation; and clinical case management. Off-site, Women At Risk staff worked with clients in criminal and civil court, Drug Treatment Court, SOAR Family Court and with inmates at the Buncombe County Detention Center, the Henderson County Detention Facility, and the Black Mountain Correctional Center for Women. New probation outcome and recidivism data on Women At Risk graduates vs. terminations will be included in the February 1, 2008 Women At Risk Report to the NC General Assembly.

4. If the activity is a continuing one, briefly summarize future plans and funding prospects.

The Women At Risk Program is supported by a mix of public and private funds, including a grant from the NC General Assembly; grants from private foundations; funding from the United Way of Asheville and Buncombe County and the United Way of Henderson County; grant funding from the Asheville ABC Board; contributions from area churches; individual gifts and contributions; agency fund-raisers and client fees.

If there are any questions, please contact the North Carolina Office of the State Auditor:  
Leigh Ann Kerr @ (919) 807-7535 or  
Harriet Abraham @ (919) 807-7673.