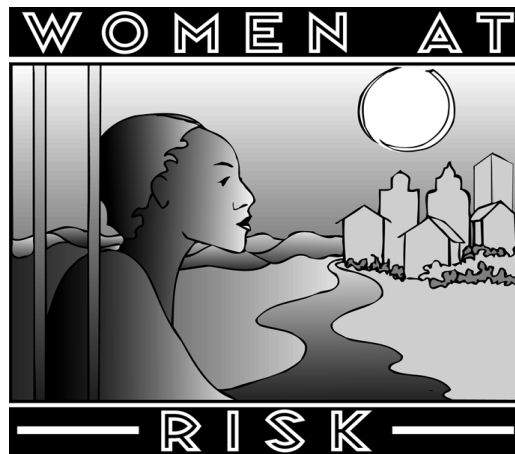


# The Women At Risk Program



*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, 2012**

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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

February 1, 2012

TO: Senator Harry Brown  
Senator Thomas Goolsby  
Representative James L. Boles, Jr.  
Representative N. Leo Daughtry  
Representative Shirley Randleman

FROM: Brenda Carleton, Executive Director, WCCJ/Women At Risk

SUBJECT: Annual Report to the NC General Assembly

Thank you for the opportunity to present the annual ***Report to the NC General Assembly*** from the Women At Risk Program. This report contains information about Program operations during Fiscal Year 2010-11. We have complied with all of the reporting requirements for non-state entities receiving state appropriations, including the submission of a "Program Activities and Accomplishments Report", which is attached. This report shows the following for FY 2010-11:

- For a fraction of the cost of a day in prison, the Women At Risk Program provides essential, out-patient treatment services for female offenders that reduce the need for state incarceration, lower criminal recidivism, and keep mothers and children together.
- The Women At Risk Program served a total of **127 WNC female offenders**. Graduates of Women At Risk stay in the program for an average of 183 days.
- 77 % of the participants (67 offenders) served by Women At Risk faced at least 6 months of state imprisonment with a potential cost to the NC taxpayer of \$886,579.
- **91% of Women At Risk graduates remain out of prison for at least three years.**
- Women At Risk serves participants all along the criminal justice continuum: pretrial; jail diversion; probation; court-ordered at sentencing; and upon re-entry from prison.
- 83% of Women At Risk participants struggle with addiction and 89% are parents. Most live in poverty, many are unemployed, and 55% are homeless or in tenuous housing situations.
- Women At Risk not only helps reduce the recidivism of female offenders, the Program also empowers offenders to improve their lives in many important ways. Additional measures of success include improved mental health functioning, reduced substance abuse, stabilized housing and employment, and improved parenting skills.

The Women At Risk Program is nationally accredited by CARF (the Commission on the Accreditation of Rehabilitation Facilities) for following best-practices in providing holistic, gender responsive mental health and substance abuse treatment for female offenders.

Thank you again for your support of the Women At Risk Program.

Cc Doug Holbrook, Justice & Public Safety Team  
John Poteat, Justice & Public Safety Team  
Fiscal Research Division  
NC General Assembly

# **The Women At Risk Program**

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

“As a judge for eighteen years, I believe a person's support structure is one of the most important factors to consider when deciding whether they should be confined in the Department of Corrections or allowed to remain in the local community. For persons burdened with mental health or substance abuse issues there may be no alternative to incarceration as many of these persons do not have the ability to function successfully in everyday life, let alone under supervised probation.

Programs such as Women at Risk give defendants support targeted to their specific needs to assist them in remaining in the community and resolving their problems. When Women At Risk becomes involved with a defendant there most likely will be one less person led out of the courtroom in handcuffs to be sent to prison.”

The Hon. Mark E. Powell, Senior Resident Superior Court Judge,  
Judicial District 29B (Henderson, Transylvania and Polk Counties)

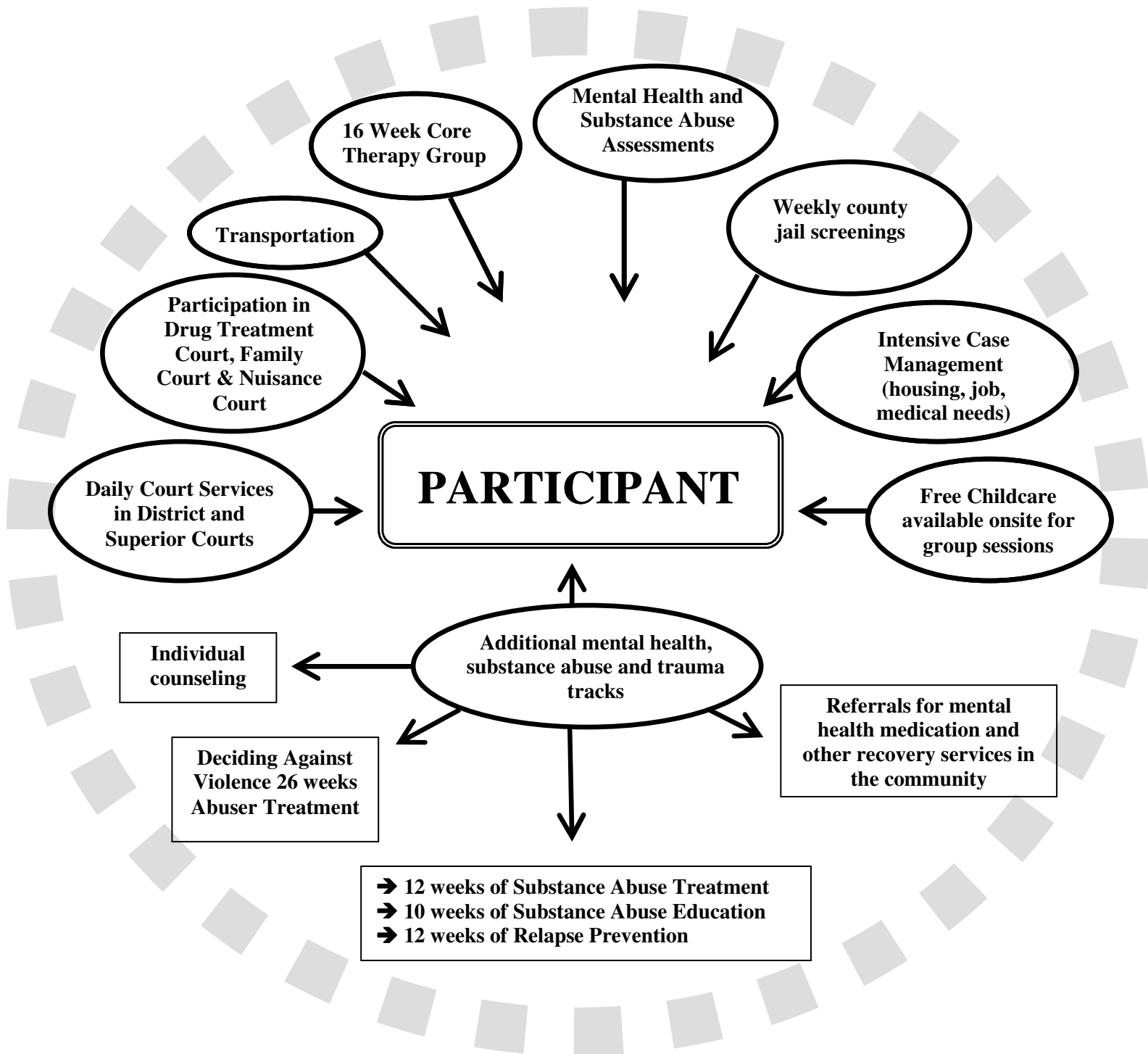
Women At Risk is a nationally accredited program that offers outpatient mental health and substance abuse treatment for women at risk of incarceration. The Women At Risk Program expands the state's capacity to treat this at-risk, offender population for a fraction of the daily cost of state incarceration.

Based on research conducted in the late 1980's at the North Carolina Correctional Institute for Women (NCCIW), the Women At Risk Program has developed into a cost-effective and successful treatment alternative for women by addressing such documented risk factors as childhood trauma, domestic violence, mental health and substance abuse.

Subsequent research by the National Institute of Correction corroborates the holistic, gender-responsive approach of the Women At Risk Program. Dr. Pauline Brennan, of the University of Nebraska, Omaha 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...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 coexist), 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 and create the possibility for permanent change and exit from the criminal justice system.

# WOMEN AT RISK



**WOMEN AT RISK ACTIVITY REPORT**  
**FISCAL YEAR 2010-11**

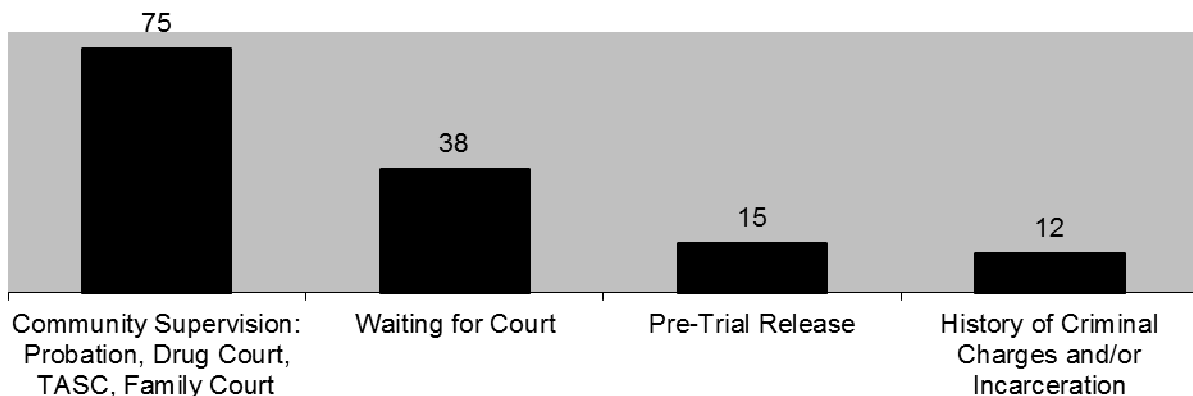
<b>JAIL SCREENINGS:</b> Number of female inmates in County Detention Centers screened weekly by Women At Risk staff who provide assessment, liaison and referral for these offenders to treatment resources, including Women At Risk.	<b>110</b>
<b>REFERRALS:</b> The number of women referred to our program, recorded at the time a potential client or referral source calls to schedule a Women At Risk Program intake assessment.	<b>148</b>
<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 a person centered plan for each client.	<b>88</b>
<b>TOTAL CLIENTS SERVED:</b> The number of clients served by the Women At Risk Program. This includes a carryover of 39 active clients continuing from FY 09-10 (continuing participants) plus the number of new cases opened in FY 10-11.	<b>127</b>
<b>GRADUATES:</b> The number of clients who successfully complete the Women At Risk Program by meeting the goals of their respective person centered plans.	<b>35</b>
<b>EARLY EXITS:</b> The number of clients who exited Women At Risk without successfully completing Program requirements. This number is further explored on pg. 13 of this report.	<b>37</b>
<b>CONTINUING PARTICIPANTS:</b> The number of clients who are actively complying with the Program requirements of their person centered plans on June 30, 2011 but have not yet graduated.	<b>56</b>
<b>PRISON RISK:</b> 77% of clients served faced at least 6 months incarceration at intake. Prison risk was determined by level of new criminal charge (37), probation status (23), and probation violation (7).	<b>67</b>

## WOMEN AT RISK: REFERRALS

“Women at Risk is a long time and valued component of our court system...Women At Risk provides us with a valuable and irreplaceable alternative to incarceration for women who are appropriate for their program. Providing substance abuse treatment and counseling among other things to this subset of defendants gives us a meaningful and appropriate alternative to incarcerating many female defendants, thus saving taxpayers the cost of keeping them housed in prisons or jails. This program is a vital part of our jail and prison diversion strategy...”

The Honorable J. Calvin Hill  
Chief District Court Judge  
28<sup>th</sup> Judicial District (Buncombe County)

Criminal Justice Continuum  
First Point of Contact and/or Referral to Women At Risk  
FY 2010-2011  
(\*N=148)



\*Chart does not reflect 8 referrals from DSS

Client data was collected at the time of referral or first point of contact. When clients maintained multiple positions on the continuum, we weighted supervision status.

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.

# The Women At Risk Program

## Client Demographics at Intake

July 1, 2010 - June 30, 2011

<b><u>DESCRIPTION</u></b>		
<b><u>Intakes</u></b>	88	
<b><u>*Principal Charge</u></b>		
Drugs	23	26%
Probation Violation	21	24%
Assault (including Child Abuse)	13	15%
Larceny, Embezzlement, Shoplifting	13	15%
Motor Vehicle Offenses (including DWLR/DWI)	9	10%
Prostitution, Crime Against Nature	4	5%
Breaking & Entering	2	2%
<i>*Principal Charge does not include 3 clients with DSS Involvement Only</i>		
<b><u>Race</u></b>		
White	54	61%
African American	31	35%
Native American	2	2%
Other	1	1%
<b><u>Employed</u></b>	18	20%
<b><u>Income Source</u></b>		
Food Stamps	59	67%
Wages	18	20%
Disability	15	17%
Receives Child Support	7	8%
Work First (Public Assistance)	4	5%
None	12	14%
<b><u>Highest Grade Completed (Average)</u></b>	11	
<b><u>Clients who are Mothers</u></b>	78	89%
<b><u>Clients with Children</u></b>		
Average Number per Client	2	
Average Age of Client (at Birth of 1st Child)	20	
Average Age of Client's Mother (at Birth of 1st Child)	20	
<b><u>Clients who are Pregnant At Intake</u></b>	5	6%



## MENTAL HEALTH:

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) At mid-year 2005, an estimated 73% of women in state prisons reported a mental health issue, compared to 55% of men (US Department of justice, September 2006). Women At Risk data for mental health issues are consistent with the national data.

### **Mental Health Status of Women At Risk Clients at Intake FY 2010-2011**

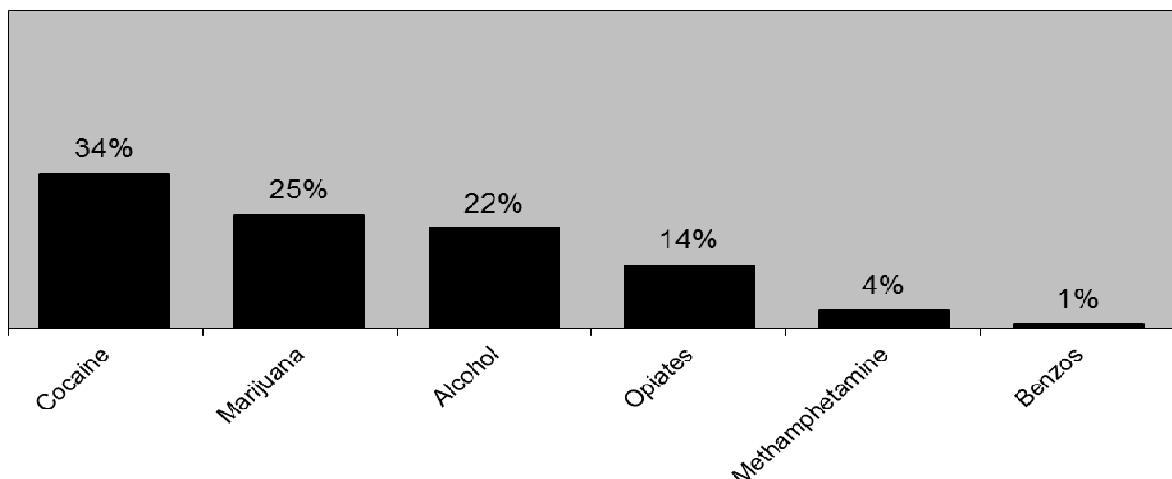
	<b>N=88</b>
<b>Addiction Diagnosis</b>	<b>83%</b>
<b>Mental Health Diagnosis</b>	<b>72%</b>
<b>Dual Diagnosis of Addiction and Mental Health</b>	<b>64%</b>

## SUBSTANCE ABUSE:

Research consistently indicates that women are more likely to be involved in crime if they are drug users. According to the Bureau of Justice Statistics, on every measure of drug use, women offenders in state prisons reported higher drug use than their male counterparts. In addition, 40% of women offenders and 32% of male offenders had been under the influence of drugs when they broke the law. (Bureau of Justice Statistics, 1999c)

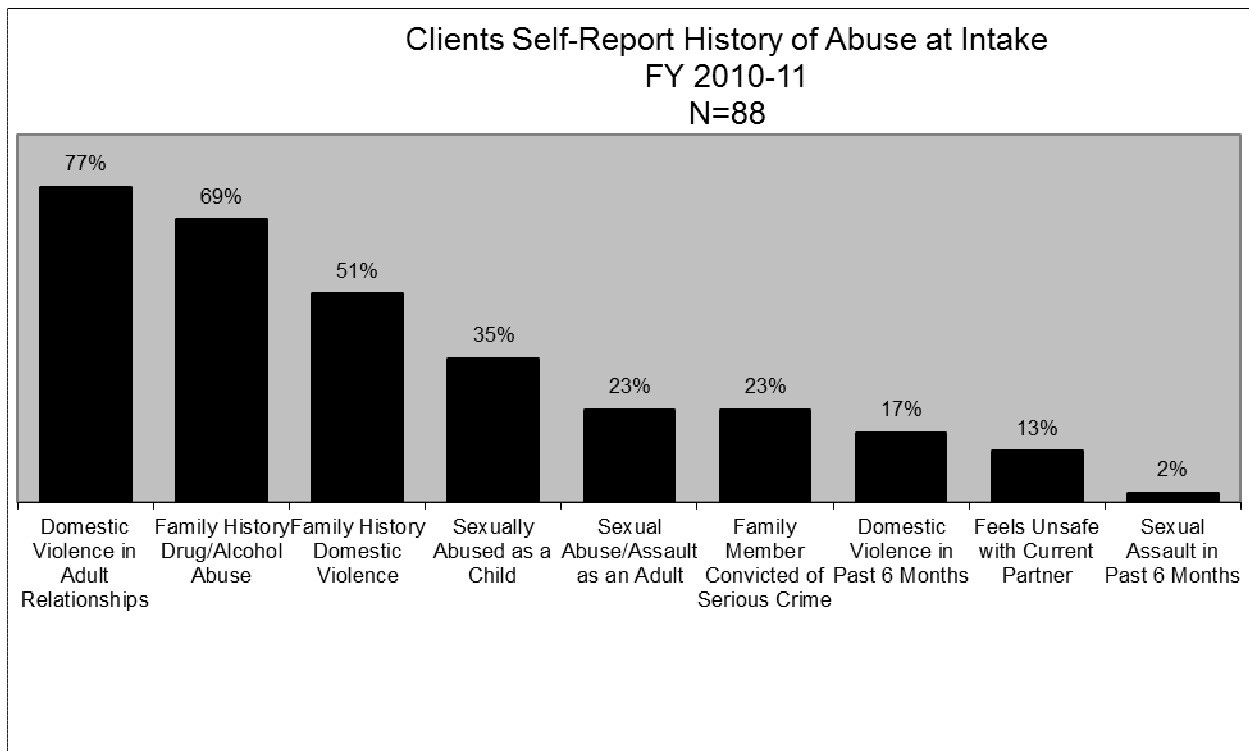
In 2006, a study published by the Bureau of Justice Statistics found that 60% of women in state prison had a history of drug dependence. Women At Risk clients exceed this number. In FY 2010-2011, 83% of Women At Risk clients met the criteria for an addiction diagnosis.

### **Analysis Addiction Diagnosis of Women At Risk Clients at Intake FY 2010-2011 N=73**



## TRAUMA:

Women in prison are three times more likely to have a history of abuse than men. (Bureau of Justice Statistics, 1999c). During FY 10-11, 51% of our clients reported growing up in violent homes and 77% reported having experienced domestic violence as an adult. In fact, 17% said they had experienced domestic violence in the 6 months prior to intake. In addition, over a third of our clients (35%) reported childhood sexual abuse, and nearly a quarter (23%) have been sexually assaulted as an adult.

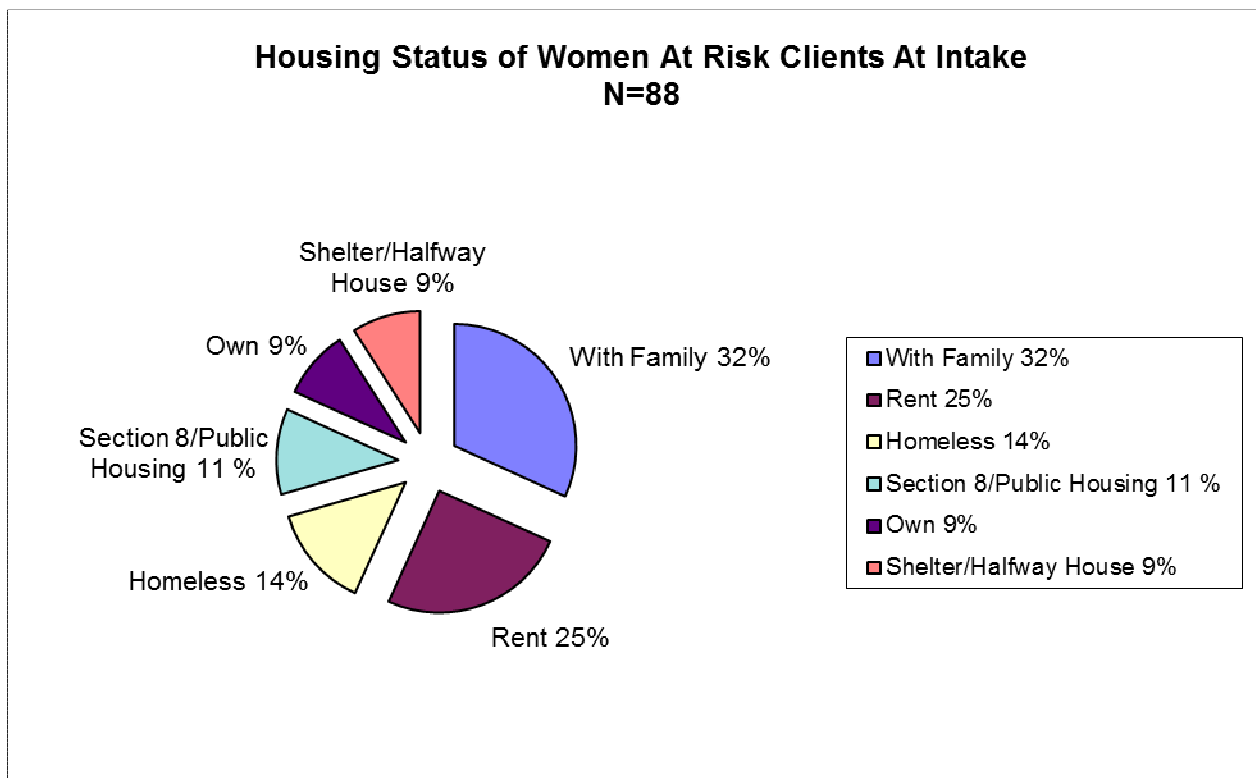


“Women At Risk gives women the tools and support to help them make more positive choices and permanent changes in their lives. The program helps these women want to change their lives for the better. I have had several probationers I supervised that have turned their lives around with the help of the Women At Risk Program. This program provides structure and motivation for these women in a safe and nurturing environment.”

Becky Kiesow, PPO II  
Buncombe County Probation

## HOUSING:

Again, we see this as a particular barrier for many Women At Risk participants. In fact, 23% of our clients are homeless or living in a shelter/halfway house and an additional 32% are relying on family members for their housing. The low percentage in public housing reflects the fact that many of our clients are not eligible for public housing due to their criminal history.



## CHILDREN:

89% of Women At Risk participants are mothers, and many are dealing with custody issues while they are in our program. An important goal of the Women At Risk Program is to assist our clients in improving their parenting skills and creating a stable home environment for their children.

## WOMEN AT RISK: CORE COMPONENTS OF THE MODEL

“When I think about how Women At Risk has helped me to defend my clients, I think about the women I have met at the jail who are feeling hopeless, afraid, and helpless. Many are victims of substance abuse, some are victims of domestic abuse, and many are homeless. One thing that all of these women have in common is their need for help and support. Unfortunately, North Carolina’s criminal justice system often does not provide the support that these women need. I know that as soon as I pick up the phone to refer a client to Women At Risk, she has a network of professionals ready to help her with mental health treatment, substance abuse treatment, and community support. Women At Risk is such a valuable program- it gives women the hope and support they need to address the issues that brought them to the legal system in the first place. Seeing a client succeed and become a productive member of our community is what keeps me going in a job that is too often filled with sorrow and disappointment. Women At Risk provides us with countless success stories, and for that I am thankful.”

Mary Bradford,  
Assistant Public Defender  
28<sup>th</sup> Judicial District (Buncombe County)

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

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 a Person Centered Plan. The PCP addresses treatment needs in areas such as: court requirements (Probation, Drug Treatment Court, Nuisance Court, Family Court); mental health; substance abuse; housing; employment; education; and health. Treatment staff then meet with each client to set goals and objectives that are measurable, attainable and time-specific.

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 anger, grief, cognitive skills, domestic violence, parenting, and trauma.

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. Women At Risk has responded to our clients’ unique mental health and substance abuse challenges.

## **II. Clinical Case Management**

The second component of the Women At Risk Model is clinical case management. Through development of the Person Centered 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. With regard to the effect of educational attainment, several research studies provide evidence that more education reduces the likelihood of recidivism.

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

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 probation 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.

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.

Weekly jail screenings 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.

## WOMEN AT RISK GRADUATES: THE STORY OF SUCCESS

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.

Subsequent review of Program outcome data supports Dr. Brennan's original conclusion that "Women At Risk Program graduates were less likely to recidivate, regardless of how the outcome was measured." (Brennan, February 2007)

### **FY 10-11 (N=72)**

#### **Recidivism Analysis of Graduates v. Early Exits July 1, 2010 – June 30, 2011**

	<u>Graduates (N=35)</u>		<u>Early Exits (N=37)</u>	
Arrest	10	29%	16	43%
Conviction	0	0%	6	16%
Incarceration	0	0%	5	14%

### **FY 07-08 (N = 127)**

#### **Recidivism Analysis of Graduates v. Early Exits 3 years after leaving the Program July 1, 2007 – June 30, 2011**

	<u>Graduates (N=47)</u>		<u>Early Exits (N=80)</u>	
Arrest	16	34%	58	73%
Conviction	10	21%	53	66%
Incarceration	4	9%	36	45%

## WOMEN AT RISK WORKS!

Women At Risk not only helps reduce the recidivism of female offenders, the Program also empowers participants to improve their lives in many important ways. Global Assessment of Functioning (GAF), as defined in the DSM-IV-TR, tracks clinical progress with respect to psychological, social, and occupational functioning. These scores are recorded in the client chart at the time each case is opened and at graduation.

**For program graduates, 94% had improved GAF scores and 6% of GAF scores remained stable.**

A higher GAF score indicates:

- Improved mental health
- Reduced substance use
- Increased stability
- Functioning well at work or school
- Positive relationships
- Interest and involvement in a wide range of activities
- Feeling satisfied
- No more than everyday problems and concerns

### **Women At Risk Graduates say it the best:**

“My gifts from you all has been a number of things: belonging, trust, peace, friendships, courage, motivation and many more. It has been a great reminder and lesson for me that I am not the only one out there in the world struggling. I am not alone anymore. When I first started, I never imagined all the courage and hope that I have received from you all. I wake up now with a whole new outlook on life. I thank you all.”

Christina

“I have received comfort in group ...There are other women going through the same things I do...Coming here has made me respect myself and look at life a little bit different. I can now hold myself up and accountable to keep myself safe...and know it's OK to ask for help when I need it...So, thank you all, you have helped me be me again!!!”

Bridget

## **WOMEN AT RISK: EARLY EXITS**

### **Analysis of Factors Leading to Early Exit from Program FY 10-11 N=37**

#### **Reason for Early Exit:**

Non-Compliant (ex. excessive absences, did not attend group)	21
Incarcerated	4
Conflict With Work Schedule	4
Transfer to More Appropriate Services	3
Not Required/Mandated to Program	1
Moved out of Service Area	1
Chose Another Provider	1
Illness	1
Deceased	1

As the chart shows, Women At Risk participants may exit the Program early for a variety of reasons. The most common reason for an early exit is non-compliance, which typically means that the client missed her scheduled start dates or had excessive absences. Other factors listed in the chart are more beyond her control, such as a transfer to more appropriate services, moving out of the area, conflict with a work schedule, illness or death. Although we actively address barriers to treatment, the women we serve often have significant problems with transportation, health, childcare, and on-going mental health and substance abuse issues.



# The Women At Risk Program

## FY 2010-11 Operating Budget

### Revenue July 1, 2010 - June 30, 2011

<u>Source</u>	<u>Actual</u>	<u>% of Total Revenue</u>
NC General Assembly	\$246,257.00	53.7%
Grants	\$87,358.00	19.1%
WCCJ Fundraisers	\$49,423.00	10.8%
County	\$35,000.00	7.6%
Client Fees & Billing	\$28,086.00	6.1%
Churches & Individual Contributions	\$10,369.00	2.3%
Miscellaneous	\$1,841.00	0.4%
 TOTAL	 \$458,334.00	

### Expenses July 1, 2010 - June 30, 2011

<u>Source</u>	<u>Actual</u>	<u>% of Total Expenses</u>
Personnel		
Salaries	\$276,861.00	
Benefits	\$78,096.00	
Total Personnel	<u>\$354,957.00</u>	77.2%
Operating Expenses		
Shared Services	\$43,901.00	
Occupancy	\$19,680.00	
Communications	\$5,311.00	
Insurance	\$3,698.00	
Miscellaneous	\$1,995.00	
Client Supplies	\$1,650.00	
Repairs & Maintenance	\$1,251.00	
Postage	\$537.00	
Printing	\$130.00	
Total Operating Expenses	<u>\$78,153.00</u>	17.0%
Contractual		
Professional Fees	\$18,653.00	
Supervision	\$1,620.00	
Client Services	\$1,233.00	
Total Contractual	<u>\$21,506.00</u>	4.7%
Supplies & Equipment	\$2,867.00	0.6%
Transportation & Training	\$2,537.00	0.6%
TOTAL	\$460,020.00	

# The Women At Risk Program

FY 2010-2011

## ACTIVITY

Referrals	148
Total Clients Served	127
Graduates	35
Early Exits	37

### 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)]

<b>Total Clients Served</b>	\$460,020.00	365	\$1,260.33	127	\$9.92
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[Total Operating Budget/365 days = Daily Basis/# Successful Progress Cases = Average Daily Cost(ADC)]

<b>Graduates/Successful Progress</b>	\$460,020.00	365	\$1,260.33	91	\$13.85
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### Average Daily Cost of Women At Risk Program

(Based on State Appropriation)

[State Appropriation/365 days = Daily Basis/# Clients Served = Average Daily Cost(ADC)]

<b>Total Clients Served</b>	\$246,257.00	365	\$674.68	127	\$5.31
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[State Appropriation/365 days = Daily Basis/# Successful Progress Cases = Average Daily Cost(ADC)]

<b>Graduates/Successful Progress</b>	\$246,257.00	365	\$674.68	91	\$7.41
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### Average Daily State Correctional Cost of Women At Risk Program and Probation

\*Women At Risk Participants (\$ 5.31) + Community/Intermediate Supervision (\$3.44) = **\$8.75**

\*Women At Risk Participants (\$ 5.31) + Electronic House Arrest (\$11.07) = **\$16.38**

\*Women At Risk Participants (\$ 5.31) + Intensive Probation (\$14.29) = **\$19.60**

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

**\$74.34**

Range \$64.59 - \$88.39

\*Total Clients Served

\*\*DOC Supervision costs for fiscal year ending 6/30/10.

This information should be completed and submitted online by each grantee receiving \$25,000 or more in total state grant funds.

## Program Activities and Accomplishments Report

All forms must be completed electronically by logging in to [www.ncgrants.gov](http://www.ncgrants.gov)

To log in users must have an NCID and password.

To create an NCID and password, visit this site:  
<https://ncid.nc.gov/login/accountTypeSelection.htm>

Each grantee receiving at least \$25,000 should complete the basic information requested here relative to the organization, and a description of activities and accomplishments undertaken by the grantee with the State funds.

Grantee Name:	Western Carolinians for Criminal Justice
Grantee Tax ID #	58-1491257
Program Name:	Women At Risk Program
Project/Activity Title:	Women At Risk
Grantee's Fiscal Year End: (mmddyyyy)	06/30/2011
Date of This Report:	12/1/11
Preparer of This Report:	Brenda Carleton

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.

**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.

**This information should be completed and submitted online by each grantee receiving \$25,000 or more in total state grant funds.**

**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, three levels of substance abuse treatment, 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 has a provider contract with Western Highlands Network Local Management Entity. In February 2009, the Women At Risk Program earned national accreditation from CARF (the Council on Accreditation of Rehabilitation Facilities) as an outpatient treatment program serving clients with mental health and substance abuse issues. This accreditation lasts until 12/31/11, and we have applied for re-accreditation.

**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 10-11, the Women At Risk Program processed **148 referrals**; opened **87 new cases**; **served 126 female offenders**; **graduated 35 clients** and **carried over 56 open cases** to FY 11-12. These offenders obtained various services from the Women At Risk Program: core psychotherapy treatment group; abuser treatment; substance abuse treatment groups; individual therapy; 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 Swannanoa Correctional Center for Women. New probation outcome and recidivism data on Women At Risk graduates vs. early exits will be included in the February 1, 2012 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 (including Sisters of Mercy and the Mission Foundation Community Benefits Program); funding from the United Way of Asheville and Buncombe County; grant funding from the Asheville ABC Board; contributions from area churches; individual gifts and contributions; agency fund-raisers and reimbursements via Medicaid and IPRS funding.

If there are any questions, please contact the state agency that provided your grant. If needed, you may contact the North Carolina Office of State Budget and Management:

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