Adair/Casey Counties Adult Drug Court Outcome Evaluation
Adair/Casey Counties
Adult Drug Court Outcome Evaluation

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Benefits of a Drug Court Model of Treatment

Research on both national and state levels has shown that drug courts are a beneficial addition to substance abuse treatment and criminal justice systems. Through the combined efforts of judges, public defenders, prosecutors, law enforcement agents, treatment and mental health professionals, Drug Court has become a successful and effective intervention. Drug courts provide, “closer, more comprehensive supervision and much more frequent drug testing and monitoring during the program than other forms of community supervision. More importantly, drug use and criminal behavior are substantially reduced while offenders are participating in drug court” (Belenko, 1998; 2001).

Drug Courts have been shown to not only lower recidivism rates but also lower state and taxpayer costs and increase client retention in substance abuse treatment. In 2003, the Center for Court Innovation released, to date, the largest statewide study on drug court programs. Results from the New York-based study showed that “the re-conviction rate among 2,135 defendants who participated in six of the state’s drug courts was, on average, 29 percent lower (13% to 47%) over three years than for the same types of offenders who did not enter the drug court.” (www.ndci.org, retrieved online 1-9-06; Rempel, et al., 2003). The same study also showed that by implementing a drug court system, New York saved approximately $254 million in incarceration costs.

Data has consistently shown that the longer amount of time a participant is engaged in treatment the more likely he is to receive benefits from that treatment (Simpson, et al., 1997). In 2003, Marlowe, DeMatteo, and Festinger reported that, “over two thirds of participants who
begin treatment through a drug court complete it a year or more later which represents a six-fold
increase in treatment retention over most previous efforts”.

**Drug Court in Kentucky**

In 2003, 36,551 arrests were made in Kentucky for drug violations. This figure increased
by 11.6% in 2004, resulting in 40,793 drug violation arrests. In response to this and other drug-
related criminal activity, Kentucky instituted the first Drug Court in 1993. Since that time,
Kentucky has worked to support, enhance, and advance the Drug Court system. At the time of
this report, Kentucky operates 38 adult drug court programs, 12 juvenile drug courts, and 3
family drug courts. The motto for Kentucky Drug Court, “A chance…a change,” reflects the
philosophy of therapeutic jurisprudence (Hora, 2002). The mission of Drug Courts in Kentucky
is to create a system which strives to eliminate illicit drug use and related criminal activity
while promoting recovery and reintegration into society. All adult drug courts in Kentucky
adhere to the 10 Key Components described in the publication *Defining Drug Courts: The Key
Components* (United States Department of Justice, 1997). These ten components were developed
by the Drug Court Standards Committee to ensure that a core set of standards were defined for
all drug court programs to follow. Drug Court programs in Kentucky represent a team-oriented
effort that unite professionals from the criminal justice system, treatment delivery network, and
members of the community who are dedicated to reducing crime and substance abuse. This
combination of intensive supervision and treatment provides an atmosphere that has been shown
to be effective in reducing recidivism and drug use and for improving employment rates among
Kentucky drug offenders (Logan, Hiller, Minton, & Leukefeld).
Need for the Adair/Casey Counties Adult Drug Court Program

Statistics for this section have been compiled from Kentucky State Police *Crime in Kentucky* reports. It is important to note that in a situation where multiple offenses have occurred the “hierarchy rule” applies. This means that the reported statistics only reflect the highest offense. For example, if an individual is arrested and charged with robbery, possession of a weapon, and possession of an illegal substance, only the robbery charge will be counted for statistical purposes as it is the highest ranked crime. This applies only to crime reporting and not to the number of charges for which the offender will be prosecuted in court (Kentucky State Police, 2004).

Also of significance, is that the following statistics only reflect the actual drug/alcohol charge and not other crimes which may be associated with the individual’s drug and alcohol abuse. For instance, forgery, assault, or stolen property offenses are often a result of the individual’s substance abuse issues. However, if illegal substances were not involved in the when the offender committed the crime, the individual may not receive drug- or alcohol-related charges, even though the individual’s substance abuse was a contributing factor.

Many of the crimes in the counties served by this program are drug or alcohol related. For example, in Adair County during 2004, 74 arrests were made for driving under the influence (DUI), 18 arrests were made for drunkenness, 80 arrests were made for narcotic drug law offenses, and 33 arrests were made for liquor law offenses, altogether accounting for 31% of Adair County arrests in 2004. In Casey County during 2004, 61 arrests were made for driving under the influence (DUI), 13 arrests were made for drunkenness, 27 arrests were made for narcotic drug offenses, and 10 arrests were made for liquor law offenses, which accounted for 42% of Casey County arrests in 2003 (Kentucky State Police, 2004).
The Kentucky State Police also break down drug-related charges into specific categories, which include opium or cocaine and their derivatives, marijuana, synthetic narcotics which can cause addiction, and other dangerous non-narcotic drugs. The following table reflects the drug arrests reported for 2003 and 2004 by the Kentucky State Police.

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adair County</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opium or Cocaine and Their Derivatives</td>
<td>17</td>
<td>12</td>
</tr>
<tr>
<td>Marijuana</td>
<td>32</td>
<td>33</td>
</tr>
<tr>
<td>Synthetic Narcotics Which Can Cause Drug Addiction</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Other Dangerous Non-Narcotic Drugs</td>
<td>29</td>
<td>31</td>
</tr>
<tr>
<td><strong>Total Drug Law Arrests</strong></td>
<td>79</td>
<td>80</td>
</tr>
<tr>
<td>Casey County</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opium or Cocaine and Their Derivatives</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Marijuana</td>
<td>21</td>
<td>15</td>
</tr>
<tr>
<td>Synthetic Narcotics Which Can Cause Drug Addiction</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other Dangerous Non-Narcotic Drugs</td>
<td>27</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total Drug Law Arrests</strong></td>
<td>48</td>
<td>27</td>
</tr>
</tbody>
</table>
Executive Summary

This report is the result of an evaluation conducted in the Adair/Casey Adult Drug Court program from May, 2004 through May, 2006. This evaluation utilized both qualitative and quantitative research methodologies. A process evaluation was conducted to update a process evaluation conducted during the 2004-2005 fiscal year. Process evaluation methodologies included administrative interviews, a focus group, staffing and court observations, and a review of participant files. The outcome research methodology included a recidivism analysis of all participants involved in the Adair/Casey Adult Drug Court program.

Results from the process evaluation of the Adair/Casey Drug Court program identified many strengths. While this program has not yet achieved their enrollment capacity, they have demonstrated the potential to recruit new participants, with the enrollment increasing 75% in the previous year. Further, the majority of participants in the Adair/Casey Adult Drug Court program are retained for at least three months, which has been found in prior research to be the minimum amount of time required for successful treatment outcomes. While the graduation rate has thus far been low (≈20%), the recent increase in the number of active participants should result in a greater number of graduates in the near future.

While the Adair/Casey Drug Court exhibits many strengths, the program should be continuing to strive to meet the treatment capacity requirements as discussed in their initial grant application. Additionally, the court should also be examining programmatic factors to determine ways in which to increase the number of graduates.

In summary, the Adair/Casey Adult Drug Court program is in compliance with the 10 Key Components issued by the Bureau of Justice Assistance. This program has successfully merged substance abuse treatment with criminal justice supervision and given continued support from the Kentucky Administrative Office of the Courts and their local community, this program should be sustainable.
PROCESS/OUTCOME EVALUATION METHODOLOGY

The research methodology utilized for this evaluation include both process and outcome components. A process evaluation methodology was employed for this study because it has several advantages. One advantage is that it allows the program to not only document, but also later revisit initial steps to determine what aspects of the program are successful and if aspects of the program need revision. A second advantage is that, in conjunction with an outcome evaluation, it may explain why participants are successful or not successful in completing the program. Finally, process evaluations are essential for replication of future programs.

The research team identified five methods of collecting data for the process evaluation. The first component involved face to face interviews with the Program Coordinator and the Drug Court Judge. The interview instruments were designed to collect both qualitative and quantitative data (see Logan, Lewis, Leukefeld, & Minton, 2000). The second component in the process evaluation was a staffing/courtroom observation. The staffing/court observation allowed the research team to extract observational data regarding the interaction (exchanges between the Judge, court staff, and participants) and environmental (physical characteristics of the setting) variables of the Drug Court session. Data were coded using a protocol developed by Satel (1998), which involves coding the session on 17 specific characteristics. The third component involved reviewing the monthly statistical reports submitted by Drug Court programs to the Administrative Office of the Courts. These records allow the researchers to track case processing and case flow through the Drug Court system. The fourth component involved reviewing the program documentation of the Drug Court. These data included copies of the grant application,
handbooks provided by the Drug Court to its participants, and the policy and procedure manual for the Drug Court program. Finally, the last component in the process evaluation was a researcher led focus group of all Drug Court team members. The goal of the focus group was to synthesize a comprehensive description of program elements using a “logic model” approach.

The outcome evaluation employed research methods to examine the effects of Drug Court treatment on participants. One source of information used to assess these outcomes included during-program treatment data from participant files. Specific variables extracted from files included urinalysis data, phase promotion/demotion data, sanction/reward data, and graduation/termination data. A second source of information used to assess program outcomes were Criminal History Records obtained from CourtNet. Information extracted from CourtNet files provided recidivism data on Drug Court participants.

**Geographic Location and Context of the Adair/Casey Counties Drug Court.**

The main office of the Adair/Casey Counties Adult Drug Court program is located in the 29th Judicial District. Columbia, KY (Adair County) also serves as the county seat. Adair County sits in the Pennyrile area of the state, covers approximately 407 square miles, and in 2000 reported an average of 42.4 people per square mile (Kentucky Atlas & Gazetteer). The 2000 US Census Bureau reported that the population for Adair County was 17,244 residents. US Census figures also indicate that 96% of Adair County’s population was Caucasian, 2.6% African-American, and 0.8% Hispanic.

According to data issued by the Appalachian Regional Commission (ARC), Adair County is classified as economically “at-risk.” The ARC applies the term “at-risk” to any county which has a “three-year average unemployment rate at least 1.25 times the national
average, per capita market income no greater than two-thirds of the national average, and poverty rates at least .25 times the national average; or they meet the criteria for two of the three distressed-level indicators” (Appalachian Regional Commission, 2004). It should be noted that last year Adair County was classified as economically transitional. This reflects an increase in the county’s need for economic assistance.

The per capita income reported for Adair County in 2002 was $19,192, only 62.1% of the national average per capita income for that year. The unemployment rate in that same year was 5.3%, and increased to 6.2% in 2003. In 2000, Adair County had 3,954 residents living below the poverty level. This reflects a 24% poverty rate which was much higher than the national average at 12.4%. Educational data regarding the population provides that in 2000, 60.17% of the county’s population had completed a high school degree, while only 10.9% had completed a college degree (ARC, retrieved online February, 2006).

Casey County is located in the Pennyrile and Outer Bluegrass regions of the state covering approximately 445.61 square miles. Statistics for 2000 reported approximately 34.7 people per square mile. (Kentucky Atlas & Gazetteer) The 2000 US Census Bureau reported that the population estimate for Casey County was 15,447 residents. US Census figures also indicate that 98.3% of Casey County’s population was Caucasian, 0.3% African-American, and 1.3% Hispanic. As of fiscal year 2002, the ARC had defined Adair County as economically “distressed.” Distressed counties are the most economically depressed counties. These areas have a three-year average unemployment rate of at least 1.5 times the national average, a per capita market income of 67% or less than the national average, and a poverty rate of at least 1.5 times the national average. An alternate criterion for economically distressed counties is at least twice the national poverty rate and one of the other distressed-level indicators. The per capita
income reported for Casey County in 2002 was $18,276, 59.1% of the national average per capita income for that year. The unemployment rate in that same year was 7.2% which is higher than the national rate of 5.8%. In 2000, Casey County had 3,885 residents living below the poverty level. This reflects a 25.5% poverty rate which was more than double the national average at 12.4%. Educational data regarding the population reports that in 2000, 57.4% of the county’s population had completed a high school degree, while only 7.4% had completed a college degree (ARC, retrieved online February, 2006).

Findings

The findings presented in this section are comprised of information gathered from the administrative interview, focus group, participant observation, and participant files. These data were examined and are presented within the context of the 10 Key Components (Drug Court Programs Office, 1997).

**Key Component #1. Drug Courts integrate alcohol and other drug treatment services with justice system case processing.**

The Adair/Casey Drug Court is a cohesive group of treatment and criminal justice professionals committed to the program and its participants. Since the last report, this team has experienced significant changes in staffing. The Program Coordinator who was hired at the beginning of this project left the program in October of 2005. During the search for a new Program Coordinator, a Regional Supervisor for the Administrative Office of the Courts oversaw the operation of the Adair/Casey Drug Court program. The current Program Coordinator was hired in February of 2006. Additionally, in March of 2006, the Adair/Casey Drug Court program hired a Case Specialist to assist with case management, drug testing, and court visits. Other members of the Drug Court team include the Judge, defense and prosecution attorneys, probation
and parole officers, and citizens from the area who volunteer their time and efforts to the program.

In order to fully incorporate the treatment aspect of the Drug Court philosophy, the team includes staff from The Adanta Group, Inc., a state-funded substance abuse treatment facility located in both Adair and Casey counties. Therapists from Adanta, as well as representatives from other local treatment agencies have been active in the Drug Court since its inception. Because the Adair/Casey counties Drug Court includes a broad representation of both treatment and criminal justice professionals, the team is able to provide a wide range of services to participants.

Monitoring of participant’s compliance with program rules takes on many forms. Participants are required to obtain and maintain suitable drug-free housing, maintain employment (or be enrolled in an educational program), as well as maintain a curfew of 11:00 pm. Verification of these requirements are completed by the Coordinator and Case Specialist. As reported by the Coordinator on the monthly statistics, they have conducted 460 employment verifications (39 site verifications, 43 phone verifications, and 378 pay stub verifications), 153 housing verifications (77 site verifications and 76 phone verifications), and 49 curfew verifications (3 site verifications and 46 phone verifications).

Key Component #2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants’ due process rights.

Participant observation findings from the court and staffing sessions indicate that the prosecutors and defense attorneys work together within their team to help in the participants’ recovery process and cessation of criminal activities. The team works closely together to develop a shared understanding of the values, goals, and operating procedures of both the treatment and
Key Component #3. Eligible participants are identified early and promptly placed in the Drug Court program.

Since its inception, the Adair/Casey counties Drug Court team has worked toward increasing participant enrollment. Team members continue to examine ways to more efficiently identify and assess potential Drug Court candidates. Although participant numbers fall short of the original target of 50 participants, participant enrollment is steadily increasing.

Referrals, eligibility, and admission procedures.

The Drug Court program in Adair and Casey counties is designed to accept candidates on either a diversion or probation track. When a participant successfully completes the program the case is dismissed or probation is completed. However, if a participant fails to graduate from the program, the original case is scheduled for final sentencing, or, if the participant is on a probation track, his/her case will be scheduled for a revocation hearing.

Most potential candidates are introduced to the program by their attorney or the Judge. Other individuals learn about Drug Court by word-of-mouth or through brochures. When the candidate is informed about Drug Court by his/her attorney they are given a list of program requirements. By reviewing Drug Court rules and regulations prior to entering Drug Court, participants are better able to assess their ability to actively engage in and complete the program.

In order to qualify for the Drug Court program, participants must meet certain inclusion criteria. Candidates must have a felony charge that is related to substance abuse issues. The Drug Court accepts both males and females over the age of 18. Participants with trafficking offenses are excluded from the program; however, individuals may be considered if they have sold drugs solely to fund their own drug use.
Capacity and Caseflow.

At the outset of the program the Drug Court team limited the number of active participants to 50. At the time of this report, the program has enrolled a total of 42 participants. As of June 1, 2006 there are 27 active participants in this program. The program has been successful in steadily increasing the number of participants in their program since its inception as seen in Figure 1 below.

Figure 1: Number of Active Participants per Month

The following table describes the demographic characteristics of the Adair/Casey Drug Court program to date. Approximately 57% of participants are female and 92% Caucasian (7% African-American). A high percentage of participants have completed high school or GED requirements (57%); however, the majority were also unemployed at intake (55%). The table below shows the demographic characteristics of participants in the Adair/Casey Drug Court program.
Table 2: Demographic Characteristics of Participants

<table>
<thead>
<tr>
<th>Gender</th>
<th>(N = 42)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>18</td>
</tr>
<tr>
<td>Female</td>
<td>24</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>39</td>
</tr>
<tr>
<td>African-American</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17-24</td>
<td>14</td>
</tr>
<tr>
<td>25-29</td>
<td>9</td>
</tr>
<tr>
<td>30-34</td>
<td>7</td>
</tr>
<tr>
<td>35-39</td>
<td>3</td>
</tr>
<tr>
<td>40 and older</td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-Time</td>
<td>10</td>
</tr>
<tr>
<td>Part-Time</td>
<td>8</td>
</tr>
<tr>
<td>Disabled</td>
<td>1</td>
</tr>
<tr>
<td>Unemployed</td>
<td>23</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than High School</td>
<td>14</td>
</tr>
<tr>
<td>High School/GED</td>
<td>24</td>
</tr>
<tr>
<td>Some College</td>
<td>4</td>
</tr>
</tbody>
</table>

After a participant is referred to the Drug Court, the treatment coordinator administers the Kentucky Addiction Severity Index (ASI) (Logan, et al. 2001). It is at this time the participant is asked to provide information regarding their substance use and/or abuse history. This includes age of onset of specific substance use and how often the substance has been used in the last 30 days. Consistent with other Drug Court self-report data, the majority of participants report first using alcohol (80%) and marijuana (73%) in their teenage years. Participants also reported beginning use of amphetamines and multiple substances in their teenage years. Participants report using other drugs, such as cocaine, crack, barbiturates, opiates, heron, and methadone when they were at least 18 years of age. Table 2, as seen below, illustrates the types of substances used by participants and at what age they report first use.
Table 3: Reported Drug Use by Age of First Use (N=42)

<table>
<thead>
<tr>
<th>Substance</th>
<th>Pre-teen to 17 years</th>
<th>18 - 29</th>
<th>30 and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used Alcohol</td>
<td>20</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Used Marijuana</td>
<td>17</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Used Cocaine</td>
<td>5</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>Used Crack Cocaine</td>
<td>2</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Used Amphetamine/methamphetamines</td>
<td>4</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Used Barbiturates</td>
<td>7</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Used Methadone</td>
<td>1</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Used Heroin</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Used Opiates (other than heroin)</td>
<td>6</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Multi-Substance</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

At intake, participants are asked about their recent drug use (i.e., the past 30 days). According to this data, the majority of participants entering the Adair/Casey Drug Court are still using substances upon program entry. The table below shows these results.

Table 4: Past 30-day Substance Use Reported at Intake

<table>
<thead>
<tr>
<th>Recent Substance Use (prior 30 days)</th>
<th># of Persons</th>
<th># of Days Using</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used Alcohol</td>
<td>25</td>
<td>140</td>
</tr>
<tr>
<td>Used Marijuana</td>
<td>25</td>
<td>260</td>
</tr>
<tr>
<td>Used Cocaine</td>
<td>15</td>
<td>47</td>
</tr>
<tr>
<td>Used Crack Cocaine</td>
<td>13</td>
<td>104</td>
</tr>
<tr>
<td>Used Amphetamine/methamphetamines</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Used Barbiturates</td>
<td>14</td>
<td>82</td>
</tr>
<tr>
<td>Used Methadone</td>
<td>3</td>
<td>21</td>
</tr>
<tr>
<td>Used Heroin</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Used Opiates (other than heroin)</td>
<td>14</td>
<td>120</td>
</tr>
</tbody>
</table>
Referring Offenses to Drug Court. Participants accepted into the Adair/Casey Drug Court program are most often referred on substance use related offenses. According to data obtained from participant files, approximately 59% of the referral offenses were substance-related, including possession of controlled substance, trafficking of controlled substance, cultivating of controlled substance, prescription not in proper container, possession of drug paraphernalia, alcohol intoxication, public intoxication, and driving under the influence. Other offenses cited as being offenses committed by Drug Court participants were theft by unlawful taking (TBUT), receiving stolen property, criminal mischief, criminal trespass, disorderly conduct, burglary, theft by deception, escape, endangering welfare of a minor, possession of forged instruments and traffic and court-related offenses. These offenses accounted for 41% of offenses committed by Drug Court participants. Additionally, a majority of these offenses are often crimes which are committed to support a substance abuse problem or occur while a person is intoxicated.

The majority of participants are being referred into the Adair/Casey Drug Court program on a single offense (52%). Approximately 45% of participants are being referred for committing two to five offenses. The figure below shows these results.
Key Component #4. Drug Courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.

In order to properly assess the treatment needs of each participant, the treatment coordinator completes an Individual Program Plan (IPP) at the outset of the participant’s involvement in the Drug Court program. Although substance abuse treatment is comprised of certain basic components, each participant’s treatment plan is individualized to better fit their own specific needs. Before a participant begins individual or group therapy sessions he/she meets with the treatment coordinator and participates in developing his/her IPP. During this session the treatment coordinator and participant discuss each treatment phase as well as personal goals of the individual.

Phase I of the program is a stabilization period. In Phase II the participant moves forward to focus on relapse prevention and in Phase III the participant learns how to apply the skills he/she has developed in the previous phases. The IPP is re-evaluated and modified at each phase change and during a phase if needed. Both the treatment coordinator and the participant are involved in the development, evaluation, and modification of the IPP. Other individuals who
may participate in this component of the program include other Drug Court team members and participant’s family members.

The Adair/Casey counties Drug Court program has partnered with The Adanta Group, Inc. in order to provide Drug Court participants with a wide range of substance abuse treatment services. All participants are required to attend group treatment sessions. During Phase I, participants must attend two group sessions per week. Phases II and III require participants to attend one group session per week. Group sessions cover a variety of topics which fall under one of two curriculums: educational and therapeutic. Educational sessions address such issues as the disease concept and relapse prevention skills. Therapeutic sessions help the participant to understand and work through current personal situations and recovery problems. Group sessions in each phase typically last 90 minutes. Individual treatment sessions are not required by the Drug Court program but are encouraged. These sessions can be requested by the participant or suggested by the treatment coordinator or therapist as needed. Individual sessions last approximately 60 minutes. During an individual treatment session a participant may work on applying recovery techniques to his/her own situation. These sessions are a place where the participant can develop, with the therapist, crisis management techniques and recovery plans which answer the question, “what do I do if….” Between May, 2004 and May 2006 a total of 334 individual treatment sessions were conducted, as well as 746 group contacts, and 25 family/support sessions. These figures were recorded on the Drug Court monthly statistics and can be seen in the figure below.
Key Component #5. Abstinence is monitored by frequent alcohol and other drug testing.

Abstinence is a core requirement of the Adair/Casey Drug Court program. In order to ensure that participants adhere to this requirement, frequent urine testing is employed from the outset of the program. The first drug test is administered at the time of assessment. Urine screens are conducted in the Drug Court office by the Treatment Coordinator. A 10-panel screen is used and tests the participants for the following substances: marijuana, cocaine, opiates, phencyclidine (PCP), benzodiazepines, methaqualone, propoxyphene, barbiturates, amphetamines, and methamphetamine. Participants are randomly tested a minimum of three times per week in Phase I, twice per week in Phase II, and once per week in Phase III. Participants are also randomly tested with a breathalyzer for alcohol use as well as before each court session via oral swab and whenever contact is made with program staff.
Positive Urine Screens:

During the current evaluation period, May, 2004 through May, 2006, the Drug Court conducted 2,259 drug screens for a total of 11,729 panels. These drug screens resulted in 166 positive results. The drugs participants tested positive for are consistent with those reportedly used by clients at intake. Participants tested positive for marijuana on 61 drug screens and cocaine on 49 drug screens. The figure below shows all positive drug screens by drug type.

Figure 4: Number of Positive Drug Screens by Drug Type

Key Component #6. A coordinated strategy governs Drug Court responses to participants’ compliance.

Adair/Casey Drug Court team members are committed to providing an intense level of supervision to each participant. As such, the program has been carefully developed to conform to state and national Drug Court standards. As mentioned earlier in this report, participants are
provided with a copy of the Drug Court requirements prior to program entry. After the participant is accepted into the Drug Court program they are given a copy of the Kentucky Drug Courts Participant Handbook and an Agreement of Participation. The treatment coordinator meets with each individual to explain the Drug Court requirements and discuss any questions the participant may have. A list of reminders regarding Drug Court sessions is also given to each participant (Table 5).

<table>
<thead>
<tr>
<th>Things to Remember for Drug Court Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2nd &amp; 4th Tuesdays of every month, Second Floor of Adair County Courthouse)</td>
</tr>
<tr>
<td>1. Bring your journal and your NA/AA verification forms with you.</td>
</tr>
<tr>
<td>2. Bring copies of your pay stubs.</td>
</tr>
<tr>
<td>3. Bring copies of receipts of any court-related payments that you have made, such as child support, court fines, jail fees, restitution, legal fees, etc.</td>
</tr>
<tr>
<td>4. If attending GED classes, bring verification of attendance signed by your instructor. These need to be signed weekly.</td>
</tr>
<tr>
<td>5. Be sure to show up promptly at 8:00 a.m.</td>
</tr>
<tr>
<td>6. Dress appropriately. (Refer to page 3 of your Handbook.)</td>
</tr>
</tbody>
</table>

Phase Structure.

Like most Drug Courts throughout the state, the Adair/Casey program is divided into three separate phases, each with a comprehensive set of requirements, goals, and strategies for reaching those goals. A general overview of these three phases can be seen in Table 5. The minimum expected duration of participation in Drug Court is 12 months, but participants may take longer than this to finish the program.
Table 6: Drug Court Phase Regulations

Based on your needs, an Individualized Program Plan is developed. The plan will outline goals you must achieve prior to advancing to the next phase. There are three phases of the program.

**Phase I: Stabilizing Period (Minimum Requirements)**
1. To attend one Drug Court session per week.
2. To provide all assigned drug screens each week which reflect no use of drugs or alcohol.
3. To attend and document required number of 12-step support meetings.
4. To attend all assigned group, family, and/or individual counseling sessions.
5. To begin to make necessary arrangements for payment of Court obligations.
6. To maintain Court-approved stable housing.
7. To maintain Court-approved employment, training, and/or education referrals.
8. To turn in journal assignments.
9. To comply with any necessary medical referrals.
10. To purchase a NA or AA text book, begin work on a 12-step recovery program, and obtain a sponsor.

**Phase II: Educational Period (Minimum Requirements)**
1. To attend one Drug Court session per week.
2. To provide all assigned drug screens each week which reflect no use of drugs or alcohol.
3. To attend and document required number of 12-step support meetings.
4. To attend all assigned group, family, and/or individual counseling sessions.
5. To begin payment of any restitution, court costs, etc.
6. To maintain Court-approved stable housing.
7. To maintain Court-approved employment, training, and/or education referrals.
8. To turn in journal assignments.
9. To complete assigned readings.
10. To maintain daily physical activity.
11. To do at least one good deed per court appearance.
12. To obtain/maintain an approved NA/AA Sponsor and continue work on a 12-step program.

**Phase III: Self-motivational Period (Minimum Requirements)**
1. To attend one Drug Court session every three weeks.
2. To provide all assigned drug screens each week which reflect no use of drugs or alcohol.
3. To attend and document required number of 12-step support meetings.
4. To attend all assigned group, family, and/or individual counseling sessions.
5. To pay a substantial amount of restitution, court costs, etc.
6. To maintain Court-approved stable housing.
7. To maintain Court-approved employment, training, and/or education referrals.
8. To turn in journal assignments.
9. To complete assigned readings.
10. To maintain daily physical activity.
11. To do at least one good deed per court appearance.
12. To obtain/maintain a full-time sponsor and continue work on a 12-step program.
13. To regularly mentor a new Drug Court participant and/or group session.
14. To complete an exit calendar; exit interview and plan for aftercare.
During Phase I participants must attend group substance abuse treatment sessions at least twice a week and individual treatment sessions as needed or deemed appropriate by Drug Court staff. Participants are also required to be present in court twice per month as well as meet with the treatment coordinator at least three times per week. Also during Phase I participants must show proof that they attended at least three AA/NA meetings per week in addition to submitting to a minimum of three random drug screens per week. A minimum of two months is required to complete Phase I.

Phase II includes similar treatment components; however, the level of supervision decreases. Participants are still required to appear in court twice per month, but contact with the treatment coordinator is reduced to twice per week. Group treatment sessions are reduced to one per week and individual and family counseling sessions remain on an as needed basis. Urine screens are decreased for Phase II participants from at least three per week to a minimum of two per week. Additionally, participants are required to attend at least three AA/NA meetings per week. A minimum of six months is required to complete Phase II.

Participants in Phase III are required to appear in court once per month and meet with the treatment coordinator at least once per week. At this point in the program urine screens, as well as group treatment sessions, have been decreased to once per week. As in the previous phases, participants are required to show proof of attendance to at least three AA/NA meetings per week. A minimum of four months is required to complete Phase III.

In addition to the requirements described above, participants must follow all rules and regulations outlined in the Kentucky Drug Courts Participant Handbook. This includes completing all assignments, homework, and journal entries. Participants are also expected to obtain full-time employment or, if enrolled in an educational program, obtain a part-time job.
Participants in Phase III are also required to obtain a sponsor and mentor newly enrolled Drug Court participants in addition to regularly attending NA/AA meetings.

Rewards and Sanctions

Team members of the Adair/Casey counties Drug Court believe that a swift and consistent system of rewards and sanctions are critical to a successful program. As such, they have developed a comprehensive system of rewards and sanctions that link specific behaviors to specific consequences in order to encourage compliance with program rules, goals and objectives. Rewards and incentives are provided when a participant continues to act in a manner that conforms to program rules, and achievements are regularly acknowledged during court sessions. Conversely, participants are sanctioned in a timely manner when they fail to act in a manner that is compliant with program regulations.

Rewards. Drug Court participants are given rewards when they meet treatment goals, consistently follow program regulations, or achieve success in a particular area of their personal lives. Although rewards follow a consistent pattern, they are tailored to fit the actions of the individual. Team members agree that what may constitute a reward for one person may not for another. Therefore, rewards can range from positive feedback from the team, verbal reinforcement from the Judge and the participant’s peers during a court session, or phase promotions.

Promotions to a higher phase indicate that the participant is performing successfully in the program. Therefore, examining the number of phase promotions is a valuable during-treatment performance measure that provides direct behavioral observation of participants’ level of compliance with the treatment plan. As shown in Figure 4, a total of 38 phase promotions were given during the time frame covered by this report.
Sanctions.

Sanctions are handed down when participant behaviors are not consistent with program rules and regulations. While each sanction is considered in the context of the individual participant, the Adair/Casey Drug Court has established a sanction algorithm so that individuals are made aware of the sanctioning process from the outset of their participation in the program. Table 6 below shows this sanctioning algorithm.
<table>
<thead>
<tr>
<th>Missed Drug Screen</th>
<th>Positive Drug Screen</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>10 hours community service</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>1 weekend in custody and Phase Demotion</td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>7 days in custody and Phase Demotion</td>
</tr>
<tr>
<td>4&lt;sup&gt;th&lt;/sup&gt; or more</td>
<td>2-4 weeks in jail and possible termination</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Failure to Produce Urine</th>
<th>Sanctioned same as positive screen</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Missed 12 Step Meeting</th>
<th>Make up meeting next week, failure to make up missed meeting 5 hours community service, second failure to make up meeting 10 hours community service</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Missed Treatment Session</th>
<th>5 hours community service</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>10 hours community service and possible weekend in jail</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>weekend in jail</td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Failure to Complete Assignments</th>
<th>Additional assignments and 5 hours community service</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Failure to Complete Ordered Community Service</th>
<th>1 weekend in custody</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Reporting Late to Custody</th>
<th>2 hours extra in custody for every one hour reported late</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Failure to Appear for Drug Court or Jail</th>
<th>Warrant issued</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Absconding from Drug Court</th>
<th>Warrant issued; after 2 week period, termination from program</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Loss of Employment</th>
<th>Given 2 weeks to find new employment, 20 hours of supervised community service each week until job is found and possible Phase demotion</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>New offense while in Drug Court</th>
<th>Reviewed by Judge on case-by-case basis; Judge will give recommendation and team will vote. Termination possible.</th>
</tr>
</thead>
</table>

***For any listed or unlisted offense Phase demotion is possible. If demoted on Phase you will spend no less than 30 days in that Phase before being considered for promotion.***

***The Drug Court team may utilize the above sanction list or may for any offense impose more harsh sanctions as the team deems necessary.***
In this way the team can remain consistent when conferring sanctions and participants are less likely to question the fairness of a specific sanction. Although the entire team is included when deciding on sanctions, the Judge retains the right to finalize the decision. Participants will receive a sanction for failing to meet program requirements or committing any acts of non-compliance such as testing positive for drugs, breaking curfew, or failing to complete homework assignments. Possible sanctions may include written essays, community service, increased supervision, jail time, phase demotion, and in extreme circumstances, termination. The figure below shows a break-down of sanctions which have be given to participants during the reporting timeframe.

**Figure 6: Sanctions Given to Participants May, 2004 through May, 2006**

![Sanctions Graph]

- Community Service: 5
- Detention: 72
- Phase Demotion: 2
- Other Sanctions: 12
Termination.

Participants may be terminated from the program for committing additional crimes, engaging in violent activities, drug trafficking, or consistently failing to comply with Drug Court rules and regulations. The participant is notified of his/her termination by the Judge during a regular court session. Participants who are on a diversion track will be returned to the regular court docket where their case will be set for final sentencing. Probation track participants who are terminated from the program will be scheduled for a probation revocation hearing.

To date, a total of 12 participants have been terminated from the Adair/Case Drug Court program. The most cited reason for termination from the program was non-compliance with Drug Court program rules. One participant absconded from the program.

Key Component #7. Ongoing judicial interaction with each Drug Court participant is essential.

The Judge in the Adair/Casey Drug Court is committed to having an active relationship with the participants. “Drug Courts require judges to step beyond their traditionally independent and objective arbiter roles and develop new expertise” (DCPO, 1997). The Drug Court team supports this idea and consistently depends on judicial interaction to reinforce the program’s supervision.

The Adair/Casey Drug Court Judge has served on the bench for six years. He states that he has worked with substance abusers in a defense capacity, but has also attended seminars and has some family experience with substance abuse issues. The Judge has served as the Drug Court Judge since its inception in 2001.

The Judge plays an active role in monitoring the progress of each participant. By attending all staffing meetings and providing input into the participants’ lives, the judge stays
abreast of their progress while in the Drug Court program. The Judge speaks with the treatment coordinator on a regular basis and also makes himself available to all other team members.

Drug Court evaluators from the University of Kentucky noted that the Judge took an active role during pre-court staffing sessions by inquiring into the status of each participant and providing information where appropriate. Staffing sessions are held in the conference room of the Adair County courthouse and begin approximately one hour before Drug Court begins. Before discussing the weekly status reports, the team discusses any new Drug Court business. The treatment coordinator then presents the cases of each participant who will be appearing in court that day. Team members appeared to be well acquainted with the personal and program-related situations of each participant and actively participated in the discussion. Possible sanctions are suggested and decided upon in response to acts of non-compliance. Conversely, decisions regarding possible rewards are discussed and decided upon by the entire team. Although the opinions of each member of the team are accepted and valued, final decisions rest with the Judge. Issues regarding the treatment and supervision of participants are also addressed. If any time remains at the end of the staffing session, the team discusses referrals to the Drug Court.

Immediately following the staffing session, the Drug Court session begins and participants are brought into the conference room individually to discuss their status in the program. The treatment coordinator addresses current issues and activities from the participant’s previous week which may require sanctions or rewards. All team members actively participate in the court session and interact with the participant; however, the Judge issues warnings, sanctions, rewards, or praise. Participants spent between 10 seconds to a minute and half with the Judge and
team. Researcher observations noted that the Judge communicated often with the participant and kept a sustained level of eye contact.

**Key Component # 8. Monitoring and evaluation measure the achievement or program goals and gauge effectiveness.**

This report is a result of an ongoing process evaluation that has been conducted by the University of Kentucky Center on Drug and Alcohol Research since the program became operational. This report is submitted per Bureau of Justice Assistance requirements for an externally-conducted process evaluation of all federally-funded Drug Courts.

One piece of this process evaluation is a researcher-led focus group consisting of the Drug Court team members. The focus group follows a Logic Model approach (adopted from Harrell, 1996) which allows the Drug Court team to participate in the description and evaluation of their program. The researcher asks the treatment team to brainstorm and identify various key components of their program and then allows them the opportunity to re-visit these components later in the evaluation to examine which components have changed or remained static, which methods did and did not succeed, and what obstacles they felt the program needed to overcome in the future. Program review and evaluation are integral parts of every new program’s development and are essential to program sustainability.

The end result of this focus group is a one-page graphic representation of important elements of the team’s mission. Team members were asked to identify their target population, discuss the short- and long-term goals for participants, therapeutic activities, community resources available to the program, background characteristics of their participants, factors that influenced the activities of both the participants and the team, and concerns regarding program operations. The following is a narrative of the focus group proceedings and the logic model diagram which evolved from the meeting. As a focus group was previously conducted during
the process evaluation, the current focus group concentrated on aspects of the program that have changed in the past year.

The group began by discussing the target population of the Drug Court. Many of the criteria for this category have remained consistent since the start of the program. Participants are adults with felony charges related to substance abuse. Team members agreed that candidates who have misdemeanor charges may be accepted into the program; this is determined on a case-by-case basis. In conjunction with federal guidelines, the Adair/Casey County Drug Court program does not accept individuals with prior felony convictions. As a rule, the program will not accept individuals with trafficking charges; however, if the team believes that the individual sells drugs as a means of supporting his/her drug use the individual may be accepted. Although many participants enrolled in Drug Court have co-occurring disorders, individuals who have serious chronic mental health issues are generally excluded from the program.

Drug Court participants throughout the state often present with similar background characteristics. Adair/Casey Drug Court participants are no different. Team members reported that participants generally entered the program with a history of abuse and low self-esteem. A history of criminal behavior is also prevalent among most participants. Team members also noted a generational pattern of drug use, criminal behavior, and dysfunctional family environments. Employment status among participants is varied with some working either full-time or part-time and some who are on permanent disability and unable to work. Participants, as is common in many Drug Courts, enter the program with poor medical and dental status.

Discussion of participants’ generally poor health lead the team to review the goals and outcomes for participants when they graduate from the program. Improved health is an important goal which team members believe will improve dramatically as drug use ceases. Drug Court
participants are also required to be employed on a full-time basis at graduation unless the individual is unable to work and/or is drawing disability. Team members also reported that participants must have ceased all criminal behavior. Individuals enrolled in the program must also be working toward obtaining a GED if they entered the program without a high-school diploma. Other goals include the payment of all fines, fees, and forms of restitution. One team member stated that if a participant has a particularly large amount of fines and fees and is unable to complete payment by graduation he/she must at least be making progress in repaying these costs. In some cases, participants who enter Drug Court have lost custody of their children. During the program, participants are encouraged to work on issues which will help them reunify with their children; certain aspects of treatment focus on these strategies. Team members agreed that, overall, participants should graduate the program with greater independence and higher self-esteem.

In order to achieve the aforementioned goals, participants are encouraged to take small steps towards achieving these goals. The first of these is to remain drug-free. The team stated that they recognize the possibility for relapse; however, theses instances are dealt with quickly so that the participant can continue on a drug-free path. Participants must also attend all court appearances, treatment sessions, and AA/NA meetings. Team members agreed that honesty is a critical component in the program. Participants are also required to address all outstanding court cases and current legal matters.

Focus group discussion moved next to the treatment activities involved in helping participants successfully reach their goals and eventually graduate. Group and/or individual substance abuse therapy is a crucial component in the Drug Court program. Participants in Phase I must attend at least two sessions per week, participants in Phases II and III must attend at least
one session per week, and Aftercare participants are required to attend at least two sessions per month. Group and individual treatment, along with other forms of treatment are described in detail elsewhere in this report. In the event that a participant may need more intense treatment, the Adair/Casey Drug Court refers to residential facilities. As there are no residential treatment programs in Adair and Casey counties the Drug Court program refers participants to Volunteers of America located in Louisville, Kentucky, as well as Lifeskills Park Place in Bowling Green, Kentucky. If necessary, the Drug Court program may refer to facilities in other counties.

Participants are also required to attend a minimum of three AA/NA sessions per week. In order to closely monitor the participants’ progress, random urine drug screens are required on a weekly basis. The Drug Court team also employs various forms of treatment such as journal and homework assignments and book reports. Case management services are also provided to participants to assist with housing, education, medical, financial, and psychiatric testing or referrals.

The Adair/Casey Drug Court program has developed strong ties with the community and is therefore able to offer numerous resources to its participants. The Adanta Group, the regional state-funded treatment facility, offers group and individual substance abuse therapy. Two therapists from The Adanta Group, one from each county, are active members of the Drug Court team. They attend staffings and court as well as provide a vast array of treatment services. The Drug Court program also receives support from regional law enforcement agencies such as the county jail system and the probation office. Other state and local services that contribute resources to the program are county social services offices and the local health department.

Participants who wish to obtain a GED or work to advance their education can access services
through vocational rehabilitation, Adult Learning Center, or Lindsey-Wilson College. The Drug Court team can also refer participants to various AA/NA groups throughout the area.

The team discussed various concerns they shared regarding participants and program operation. At the time the focus group was conducted, staffing was a major concern. The previous treatment coordinator had resigned and the regional supervisor was filling that position as well as keeping up with her usual responsibilities. Since that time a treatment coordinator has been hired and the team has advertised for a case specialist. Team members agreed that, although community support for the program is high, resources need to be expanded to include a larger number of community agencies. The team also believes that recruiting additional team members will improve the program’s effectiveness. Drug Court programs located in rural areas throughout the state often voice concerns regarding the lack of transportation. The Adair/Casey program team discussed this same challenge during the focus group. Without public transportation, it is difficult for many participants to attend court sessions and treatment activities. Team members also expressed their concern regarding the falsification of drug tests. Individuals with a long history of substance abuse may be adept at falsifying urine screens. This idea led team members to request additional training regarding current Drug Court issues including drug testing procedures. They believe that additional training would help them remain abreast of any new methods of falsifying drug tests.

Other concerns raised at the end of the focus group included aspects of the participants’ lives which were out of the program’s control. Lack of positive family support, for example, is a problem the team often encounters. Participants can also be negatively influenced by close friends who are still using drugs. Conversely, participants may receive positive feedback and support from friends and family which, the team believes, assists the participant in the recovery
process. Participants who fail to understand the importance of honesty in the program are another concern the team. Other concerns expressed by the team include employment. Participants may find it difficult to obtain employment for several reasons. For example, some employers are hesitant to hire individuals with a negative work history or previous felony convictions. Also, the rural nature of the two counties reduces the number of employment opportunities.
**Target Population**
- Adult felony offenders
- Charges must be substance abuse related
- No serious chronic mental health issues
- No violent offenders
- May accept misdemeanor charges

**Treatment Activities**
- Group and individual substance abuse therapy
- AA/NA meetings
- Residential treatment
- Random drug testing
- Case management services (housing, education, financial, legal, etc…)
- Journal assignments (weekly)

**Initial Goals**
- Remain drug-free
- Attend all court, AA/NA, and treatment sessions
- Practice honesty
- Work toward GED
- Address all outstanding court issues

**Goals/Outcomes**
- Cessation of substance use/abuse
- Must be employed
- Continue to work toward GED
- No new criminal behavior
- Payment of all fines, fees, and restitution
- Regain custody of children
- Improved health
- Greater independence and self-esteem

**Other Factors**
- Participants’ difficulty when obtaining employment due to negative work history
- Small community lacks the employment opportunities present in larger towns/cities
- Positive support from family members
- Negative influences of friends and family members
- Participants lack of honesty
- Lack of transportation (no public transportation and/or participants with no license)

**Program Concerns**
- Need for additional staff
- Increasing community support
- Lack of transportation
- Recruiting additional team members
- Participants’ ability to falsify drug screens
- Desire for additional training including current Drug Court issues and drug testing procedures

**Resources Available**
- The Adanta Group, Inc.
- Adair/Casey Probation Office
- Vocational Rehabilitation
- AA/NA community
- Adair/Casey county jails
- Social Services
- Medical personnel (public & private)
- Adult Learning Center

**Client Background Characteristics**
- Various levels of education
- History of criminal behavior
- Varied employment status
- Poor health conditions
- Some co-occurring disorders been previously undiagnosed
- Low self-esteem
- History of abuse
During Program Impact and Outcomes.

As with all Kentucky Drug Courts, the principal focus of the Adair/Casey Drug Court is to help participants become sober and cease criminal activities. In order to achieve this goal, the Adair/Casey counties Drug Court program has combined substance abuse treatment and intense supervision to most effectively serve the needs of all participants. Program retention is one measure that provides insight into the progress of participants during their stay in the program.

Retention in Drug Court. Keeping participants engaged in the Drug Court program is an essential element to the success of the program. Removal of a participant from the program is sometimes necessary to ensure the credibility of the program for participants who are adhering to the program requirements.

Graduation from the Adair/Casey Drug Court program occurs when participants have successfully completed all three Phases of the program which includes tasks such as remaining drug/alcohol free, secured drug-free, stable housing, and have become employed or are enrolled in a GED, vocational, or higher education program. At the time of this report, the Adair/Casey Drug Court has graduated a total of three participants, which corresponds to a graduation rate of 20%.

Length of retention in Drug Court, similar to other substance abuse treatment programs, has also been associated with positive long-term outcomes for participants (Peters, Haas, & Hunt, 2001). For outpatient substance abuse treatment programs, a minimum of three months of treatment is considered to have some therapeutic effect (Banks & Gorrfredsom, 2003: Joe, Simpson, & Broome, 1998; Hubbard, Craddock, Flynn, Anderson, & Etheridge, 1997).

Participants in Phase I of the program have been involved in the Adair/Casey Drug Court program for an average of 5 months (Range = two months to 11 months). Phase II participants
have been enrolled for an average of 5.5 months (Range = one month to 13 months), and Phase III participants have been enrolled for an average of 15 months (Range 10 months to 21 months). Graduates of the Adair/Casey Drug Court program have spent an average of 377 days (13 months) in the program. The range of days is 336 days (11 months) to 448 days (15 months). Even participants who have been terminated from the Adair/Casey Drug Court program tend to reach the desired three months of exposure to treatment before being terminated from the program. The average length of participation for terminated participants is 11 months (Range = 5 months to 23 months). The figure below shows these results.

**Figure 8: Average Months of Participation**

![Average Months of Participation](image)

**Employment.** Employment problems are a reliable predictor of early dropout from treatment among adults in community-based substance abuse treatment programs (Platt, 1995). The participants in the Adair/Casey Drug Court are required to obtain and maintain employment throughout their tenure in the program. A participant who is enrolled in school is allowed to work on a part-time basis; however, all other individuals not seeking to further their education must obtain full-time employment.
As mentioned previously, Adair County is considered an economically transitional area and Casey County is considered economically distressed. According to the Appalachian Regional Commission, Adair County had a three-year average unemployment rate of 6.56% between 1999 and 2001. This is 2.2% higher than the national unemployment rate of 4.3%. Casey County, which had a three-year average unemployment rate of 6.9%, is 2.6% higher than the national rate. Because unemployment is a critical factor affecting these two communities, it is significant to note the high employment rate among participants. As Figure 9 illustrates, the employment level of the program consistently increases with the intake of new participants. At the time of this report all participants but one were employed.

**Figure 9: Number of Employed Participants per Month**

![Employed Participants per Month](chart.png)

**Recidivism.**

Of the 42 participants in the Adair/Casey Drug Court, 6 (14.3%) were charged and 3 (7.1%) were convicted of a felony offense while enrolled in the program. Only 5 (11.9%) were charged and 2 (4.8%) were convicted of a misdemeanor. Among the 13 former participants for whom one year recidivism data were available, 2 (15.4%) were charged and convicted of felony offenses, while one former participant (7.7%) was charged and convicted of a misdemeanor offense. Two year recidivism data were only available for two former clients, neither of which had been charged with additional offenses.
Key Component # 9. Continuing interdisciplinary education promotes effective Drug Court planning, implementation, and operations.

The members of the Adair/Casey Drug Court team are in favor of continuing education and plan to attend future Drug Court trainings and workshops in order to further their knowledge of the process as well as new research related to substance abuse. Previously, the Judge has attended several Drug Court trainings provided by the Drug Court Planning Initiative (DCPI). The treatment coordinator has also attended several DCPI trainings and two national conferences as well as a number of regional workshops given by the Kentucky Administrative Office of the Courts. By attending future trainings, team members will broaden their knowledge of the interdisciplinary principles that are critical to maintaining a successful Drug Court program.

Key Component # 10. Forging partnerships among Drug Courts, public agencies, and community-based organizations generates local support and enhances Drug Court effectiveness.

Since the inception of the program, the team members of the Adair/Casey counties Drug Court have worked to create valuable relationships with community agencies in order to offer the best possible services to all participants. Social services organizations such as the health department and extension office provide participants with medical treatment, food stamps, and nutrition information. The Salvation Army and the local hospital indigent care facility also offer important services to the program. The Drug Court has partnered with numerous residential substance abuse treatment facilities including Volta, VOA, Lifeskills, Riverdale, Crossroads, Communicare, and Spectrum. The local police department and probation/parole office has worked with the Drug Court program and continues to provide valuable services including drug tests, curfew checks, and general information regarding current participants and potential candidates. The Drug Court has also involved several members of the community including a
local minister in order to forge partnerships as well as gain an additional source of community information and insight.

SUMMARY AND CONCLUSIONS

The Adair/Casey Drug Court program has successfully united professionals from the criminal justice and treatment communities to establish a program committed to the rehabilitation of substance abusing criminals. The Drug Court program is in compliance with the 10 Key Components and continues to work toward enhancing the goals of each element. Relationships within the community and with local agencies have been cultivated so as to develop a well-rounded approach to treating both substance abuse and criminal issues. In keeping with national and state guidelines, the Adair/Casey Drug Court has established regulations which govern both program structure and participant supervision. The following information discusses the individual strengths of the Drug Court program in Adair and Casey counties as well as provides recommendations for the continuation and improvement of the program.

Strengths.
The Adair/Casey Adult Drug Court program is composed of a wide range of professionals who are committed to developing an effective program. Team members are concerned with participants’ lives and remain active and interested in their progress throughout the program. Prosecution and defense attorneys work together and are open to various methods of confronting participants’ actions and consequences. The Judge is dedicated to the success of the program and has developed a non-adversarial relationship with each participant in order to better facilitate the individual’s treatment. Although this program has endured several Program Coordinator changes, this program continues to provide a level of services to their participants.
As with many newly funded Drug Courts, the Adair/Casey team continues to encounter difficulties such as participant enrollment and a lack of regional services. However, through the past year, they have increased their enrollment from 8% capacity last evaluation period, to 84% capacity this evaluation period.

**Recommendations.**

1. Continue operation of Drug Court Program in accordance with the ten Key Components.
2. Continue to develop strategies to increase enrollment of participants to reach target goal outlined in original grant application.
3. It is recommended that this court consider increasing the use of alternative sanctions such as phase demotion, curfew restrictions, written assignments, community service, etc. as opposed to jail.
4. Continue to build relationships with local agencies and community businesses in order to provide additional services and employment opportunities to participants.
5. Increase the number of graduates from the Adair/Casey Drug Court program.
References Cited


