

Johnson/Lawrence/Martin Counties
Adult Drug Court
Implementation/Outcome
Evaluation

Johnson/Lawrence/Martin Counties Adult Drug Court Implementation/Outcome Evaluation

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PREFACE

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.,

Johnson/Lawrence/Martin Counties Adult Drug Court Implementation/Outcome Evaluation 1997). “Nationally, drug courts report retention rates between 67 and 71 percent (American University). 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

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effective in reducing recidivism and drug use and for improving employment rates among Kentucky drug offenders (Logan, Hiller, Minton, & Leukefeld).

Need for the Johnson/Lawrence/Martin Counties Adult Drug Court Program

Many of the crimes in the counties served by this program are drug or alcohol related. According to the Kentucky State Police (2005), drug/alcohol related offenses, including narcotic drug laws, DUI, liquor law violations, and drunkenness, in Johnson, Lawrence, and Martin counties accounted for 40% of all criminal activity. By county, drug/alcohol related offenses accounted for 43% of the total crimes committed in Johnson County, 48% in Lawrence County, and 28% in Martin County. These percentages do not include the number of offenses that are committed by persons who commit crimes to support their drug/alcohol habits, including crimes of forgery, theft by unlawful taking, and disorderly conduct. Given the apparent need for intervention as indicated by these drug and alcohol-related crime statistics, this jurisdiction and received a three-year implementation grant in 2004 from the Bureau of Justice Assistance to establish an Adult Drug Court program to serve the Kentucky counties of Johnson, Lawrence, and Martin.

Executive Summary

This report is the result of an evaluation conducted in the Johnson/Lawrence/Martin Adult Drug Court program from June, 2004 through April, 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 Johnson/Lawrence/Martin Adult Drug Court program.

Results from the process and outcome evaluations demonstrate that the Johnson/Lawrence/Martin Adult Drug Court program has many strengths. This program accepts participants who report abusing a multitude of drugs, opiates, marijuana, benzodiazepines and barbiturates. This program has succeeded in retaining participants in excess of recommended length of time for outpatient substance abuse treatment programs, often in excess of 17 months. Additionally, program data indicate that this program has a graduation rate of 60%, well above the national average for Drug Court programs. Finally, this program is striving to adhere to the Drug Court premise of removing participants from the penal system by its use of alternative sanctions.

This program does experience challenges in operation, given the rural, multi-county jurisdiction in which it serves. Transportation remains a constant challenge for this program. The Program Coordinator and the Program Specialist face the difficult challenge of working with participants who reside in three rural communities; and they are meeting this challenge with coordinated teamwork.

Overall, this team has achieved great success in implementing the Johnson/Lawrence/Martin Adult Drug Court program. They are in compliance with the 10 Key Components issued by the Bureau of Justice Assistance and with continued support from the Administrative Office of the Courts and their local communities, they will continue to provide effective substance abuse treatment to drug involved offenders.

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 interactional (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.

LOCATION AND SOCIODEMOGRAPHIC CONTEXT

The Johnson/Lawrence/Martin Counties Adult Drug Court program is located in the Eastern Coal Field region of the state with its main program office in Paintsville, the county seat of Johnson County (Kentucky Atlas and Gazetteer). Drug Court sessions are held in the three county courthouses in Paintsville (Johnson County), Inez (Martin County), and Louisa (Lawrence County).

The 2004 population estimate for Johnson County was 23,856, 12,328 for Martin County, and 16,048 for Lawrence County (US Census Bureau). US Census figures for 2000 indicate that 98.6% of Johnson County’s population was Caucasian, 0.3% African American, 0.3% Asian, and 0.6% Hispanic. Lawrence County’s demographic composition

in 2000 was 98.9% Caucasian, 0.3% Native American, 0.1% African American, and 0.4% Hispanic. The US Census reported that Martin County's demographic composition was 99.3% Caucasian, and 0.1% Asian, Native American, and Native American, with 0.6% of the county reporting Hispanic or Latino heritage (United States Census Bureau, 2004).

Johnson, Lawrence and Martin counties are all located within the Central Subregion of Appalachia, and within the Eastern Coal Field region of the Commonwealth (Appalachian Regional Commission, undated; Kentucky Atlas and Gazetteer, undated).

Johnson County borders Lawrence County to the north, Floyd County to the south, Martin County to the east, and Magoffin and Morgan counties to the west. Martin County borders West Virginia to the east, Pike and Floyd counties to the south, Lawrence County to the north and Johnson County to the west. Lawrence County borders West Virginia to the east, Boyd, Carter, and Elliott counties to the north and northwest, Martin and Johnson counties to the south, and Morgan County to the west. All three counties have been classified as "non-metropolitan" by the Census Bureau, indicating their low population density and large distance from metropolitan regions (Census Bureau, 2004). Also, all three counties have been defined by the Appalachian Regional Commission (ARC) in 2005 as economically "distressed," which by ARC's definition designates the regions that are the most economically depressed¹. The per capita income for Johnson County in 2002 was \$20,159 65.2% of the national average per capita income for the same year. In 2003, Johnson County's unemployment rate was 6.2%, with 8,990 individuals in that county unemployed. In 2000, only 63.8% of the county's residents had completed high school, and only 9.3% of

¹ Distressed counties are the most economically depressed counties. These counties have a three-year average unemployment rate that is at least 1.5 times the national average; a per capita market income that is two-thirds or less of the national average; and a poverty rate that is at least 1.5 times the national average; OR they have 2 times the national poverty rate and qualify on the unemployment or income indicator. (Appalachian Regional Commission)

the residents in Johnson County had obtained a college degree. Johnson County's poverty rate in 2000 was 26.6%, over twice that of the United States (ARC, undated).

Lawrence County's per capita income in 2002 was \$16,853, 54.5% of the US per capita income in the same year. In 2003, Lawrence County's unemployment rate was 9.3%, with 5,016 individual unemployed in Lawrence County. Only 58.2 % of residents had completed high school in 2000, and 6.6% had obtained a college degree. Lawrence County's 2000 poverty rate was 30.7%, compared to the nation's 12.4% average poverty rate in 2000 (ARC, undated).

Martin County's per capita income in 2002 was \$17,152 only 55.5% of the nation's per capita income for the same year. In 2003, Martin County's unemployment rate was 8.4% with 3,389 individuals unemployed in Martin County. Only 54% of the county's residents had completed high school in 2000, and only 9% of residents had achieved a college degree. In 2000, 37% of Martin County's residents lived in poverty, compared to 12.4% of the U.S. population (ARC, undated).

FINDINGS: DURING PROGRAM IMPACT AND OUTCOMES

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 Johnson/Lawrence/Martin Counties Adult Drug Court successfully incorporates substance abuse treatment with criminal justice-based case management as evidenced by the composition of their Drug Court team, which includes professionals from both the criminal justice and treatment systems. The broad representation of both systems and perspectives among the members of the team help integrate the public safety and public health goals of Drug Court. In addition, the Individual Program Plan (IPP) for each participant includes services focused on intensive supervision through random and frequent urine drug testing with regular contact with the Judge, Drug Court coordinator, case specialist, and outpatient-based substance abuse treatment services through group and individual therapy at one of the two local treatment providers.

The Johnson/Lawrence/Martin Counties Adult Drug Court employs a full time Drug Court coordinator and a case specialist. The coordinator's primary responsibility is to oversee the Drug Court program by conducting assessments, providing and ensuring quality treatment, updating each participant's individual plan, providing random drug screens, and verifying employment and housing stability. The Drug Court hired a full time case specialist to assist the Drug Court coordinator with identifying participant needs and case management. The two Drug Court judges volunteer their time to the Drug Court program.

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The Drug Court team also includes a public defender, Mountain Comprehensive Care Center treatment providers, a representative from the sheriff's department, and the county attorney.

The Johnson/Lawrence/Martin Counties Adult Drug Court seeks to provide offenders the opportunity to access the treatment they need but may not otherwise receive. While the counseling sessions follow a general protocol, there is freedom to modify treatment sessions in order to address the individual needs of the participants in the most effective manner. Group treatment sessions are held two times per week during Phases I and II and vary by individual participant needs in Phase III. Participants attend one individual treatment session per week in Phase I, and attend individual treatment sessions as assigned in their IPP in Phases II and III. Individual sessions are utilized to address the specific needs of participants, and therefore issues addressed during individual sessions vary from participant to participant. In addition to scheduled group and individual treatment sessions, the case specialist and Drug Court coordinator provide additional informal or unscheduled counseling.

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, 375 employment verifications (52 site verifications, 57 phone verifications, and 266 pay stub verifications), 492 housing verifications (47 site verifications and 445 phone verifications), and 320 curfew verifications (44 site verifications and 276 phone verifications) have been conducted. The high number of phone verifications is due to the fact that the

Johnson/Lawrence/Martin Drug Court is a multi-county, rural program, it is more difficult to conduct site verifications.

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

During the observed staffing, the judge, prosecutor, Drug Court coordinator and public defender carefully considered each participant's current circumstances to evaluate individual progress, to make recommendations for phase changes and respond to situations requiring sanctions. Respect for each others' viewpoints and ideas were evidenced by the cooperative effort observed and the judge's willingness to rely upon the team's viewpoints for guidance in the decisions needing to be made.

Key Component #3. Eligible participants are identified early and promptly placed in the Drug Court program.

The Johnson/Lawrence/Martin Counties Adult Drug Court follows a plan that is designed to identify, assess, and place eligible participants into the program as quickly as possible. The team follows established inclusion and exclusion criteria to determine which adult offenders may be eligible to participate in Drug Court.

Referrals, Eligibility, and Admission Procedures

The Drug Court team is active in pursuing new participants for their program. The team regularly monitors each county's court dockets and attends court to personally interview potential drug court candidates. The typical avenue for new referrals is for the defense attorney to make a motion to refer their client to the Drug Court program. Once a referral is made to the Drug Court, an assessment is conducted by the Coordinator within a

Johnson/Lawrence/Martin Counties Adult Drug Court Implementation/Outcome Evaluation week. The team discusses referrals at their weekly staffing meetings to determine whether each referral is appropriate for admittance to the program.

To be eligible for the Johnson/Lawrence/Martin Counties Adult Drug Court, candidates must be a resident of the 24th Judicial District and must demonstrate a history of drug use/abuse or legal problems related to drug use/abuse. Additionally, the Johnson/Lawrence/Martin Drug Court team notes that potential participants must also demonstrate motivation to actively participate in and complete the Drug Court Program.

Consistent with the federal guidelines of the Bureau of Justice Assistance, no violent felony offenders are allowed in the Johnson/Lawrence/Martin Adult Drug Court program, including offenders with weapons and/or sexual offenses. Also, this Drug Court will only accept trafficking offenses if they are processed on Diversion Track (which means in most instances, the County Attorney will amend the charge down from trafficking). Additionally, this Drug Court team will not accept participants who are prescribed prescription narcotics for health reasons or those who are physically or mentally unable to fully participate in the program.

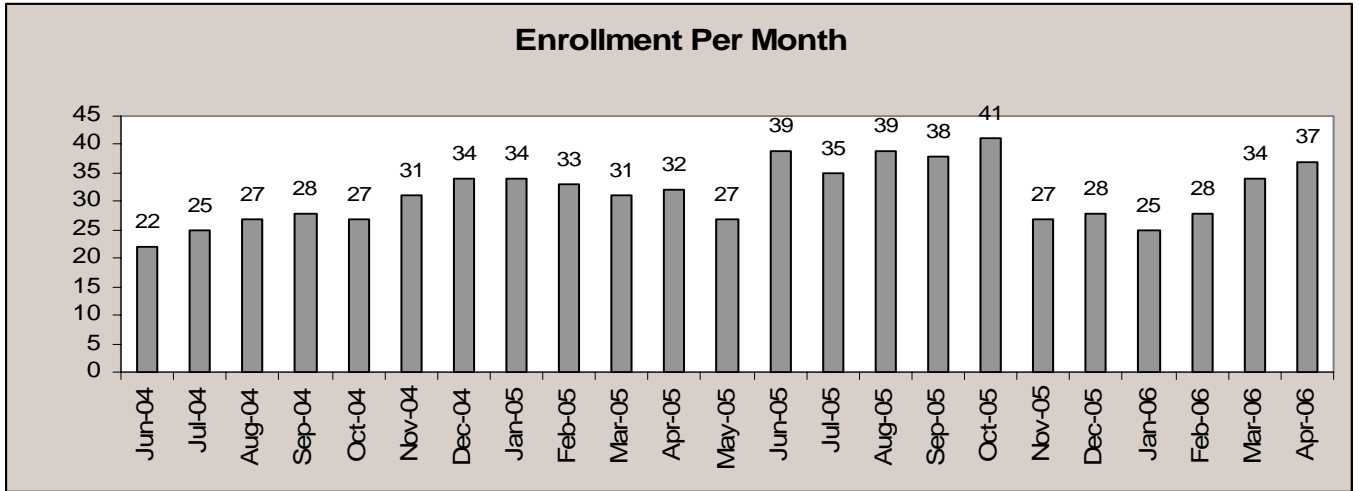
Offenders who are considered eligible for the Drug Court program are carefully informed of the program's design, purpose, and rules, given a copy of the Drug Court handbook published by the Administrative Office of the Courts, and are required to sign a written agreement of participation.

Capacity and Case flow

The Johnson/Lawrence/Martin Counties Adult Drug Court has treatment slots for up to 52 participants from the three counties combined (15 slots in Lawrence County, 12 slots in Martin County, and 25 slots in Johnson County). During the evaluation period examined

by this report (June 2004 through April 2006), there has been a total of 69 participants active in the program for at least a part of this time frame. As shown in Figure 1, the Johnson/Lawrence/Martin Counties Adult Drug Court has been able to maintain consistent enrollment in their program.

Figure 1: Number of Participants by Month: June 2004 – April 2006



The following table describes the demographic characteristics of the Johnson/Lawrence/Martin Counties Adult Drug Court participants to date. All of the participants have been Caucasian, and approximately 58% of participants have been male (41% female). Approximately 77% of participants are between the ages of 17 and 29 years old. Additionally, 70% of participants have an education level of 12th grade or above.

Table 1. Participant Characteristics at Program Entry

Characteristic	Total (N = 69)
Gender	
Male	40
Female	28
(Missing Data)	1
Race/Ethnicity	
White/Caucasian	68
(Missing Data)	1
Age at Drug Court Entry	
17-24	32
25-29	21
30-34	9
35-39	6
40 and older	1
Education Level	
9 th Grade	4
10 th Grade	5
11 th Grade	12
12 th Grade	27
College or University (2 nd year completed)	3
Voc/Tech Program, but no diploma	9
Voc/Tech Diploma	9

Examination of the participants’ drug use data showed that at least 75% of participants reported ever using alcohol, marijuana, cocaine, opiates, and multi-substances. Additionally, 72% reported ever using barbiturates. The table below shows these findings.

Table 2. Substance Use Characteristics of Drug Court Participants

Characteristic	(N = 69)
Substance Use History	
Ever Used Alcohol	65
Ever Used Marijuana	66
Ever Used Cocaine	54
Ever Used Crack Cocaine	22
Ever Used Amphetamines/Methamphetamine	35
Ever Used Barbiturates	50
Ever Used Methadone	35
Ever Used Inhalants	6
Ever Used Hallucinogens	20
Ever Used Heroin	5
Ever Used Opiates (other than heroin)	64
Ever Used Multi-Substances (more than one at a time)	54

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 Johnson/Lawrence/Martin Drug Court are still using substances upon program entry. The table below shows these results.

Table 3: Recent Substance Abuse Reported at Intake

Recent Substance Use (prior 30 days)	# of Persons	# of Days of Use
Used Alcohol	16	52
Used Marijuana	23	227
Used Cocaine	4	57
Used Crack Cocaine	3	27
Used Amphetamine/methamphetamines	6	11
Used Barbiturates	27	329
Used Methadone	9	99
Used Inhalants	0	0
Used Hallucinogens	1	1
Used Heroin	1	1
Used Opiates (other than heroin)	37	440

Participants are also asked at what age they initiated drug use. Between the ages of 12 and 17 years of age is when the majority of participants reported first using alcohol (70%), marijuana (63%), inhalants (100%), and barbiturates (50%). Between the ages of 18 and 29 years of age is when most participants revealed trying cocaine (63%), crack (73%), amphetamines (68%), opiates (56%), hallucinogens (65%), heroin (100%), and methadone (80%). The table below shows these results.

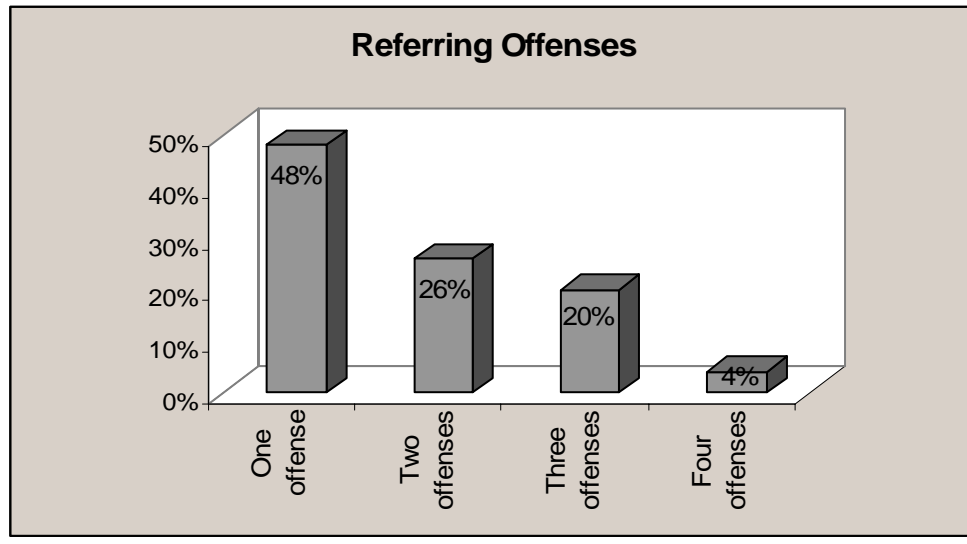
Table 4: Reported Age of First Use by Substance

Substance	Pre-teen to		
	17 years	18 – 29 Years	30 and older
Used Alcohol	11	45	8
Used Marijuana	12	41	11
Used Cocaine	19	33	0
Used Crack Cocaine	6	16	0
Used Amphetamine/methamphetamines	7	23	4
Used Barbiturates	25	23	2
Used Methadone	4	28	3
Used Inhalants	6	0	0
Used Hallucinogens	7	13	0
Used Heroin	0	5	0
Used Opiates (other than heroin)	27	35	0
Multi-Substance	3	29	15

Referring Offenses to Drug Court. The majority of participants being accepted into the Drug Court program are being referred on substance use related offenses. According to data obtained from participant files, approximately 65% of the offenses cited as being referral offenses into the Johnson/Lawrence/Martin Drug Court program 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), wanton endangerment, forgery, receiving stolen property, criminal mischief, criminal trespass, disorderly conduct, burglary, theft by deception, escape, and possession of forged instruments. These offenses accounted for 35% 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 were referred into the program on multiple offenses; anywhere from two to four. The figure below shows these results.

Figure 2: Number of Referring Offenses



Key Component #4. Drug Courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.

The Drug Court utilizes the services of Pathways, Inc., and two chapters of Mountain Comprehensive Care Centers for individual and group treatment sessions. Residential treatment is provided by the Layne House (a Comprehensive Care Center service provider) in Prestonsburg when participants are in need of detoxification or intensive treatment. The Drug Court coordinator provides supportive counseling, available 24 hours a day, and responds to crises, family emergencies, and relapses.

As learned during the administrative interview, the number of individual and group counseling sessions gradually decrease in frequency over the course of the program, though on average most participants attend three individual counseling sessions and two group sessions per week in both phases 1 and 2. Figure 2 shows the number of individual treatment contacts and Figure 3 shows the number of group treatment contacts provided per month.

Figure 3. Individual Counseling Contacts per Month: June 2004 – April 2006

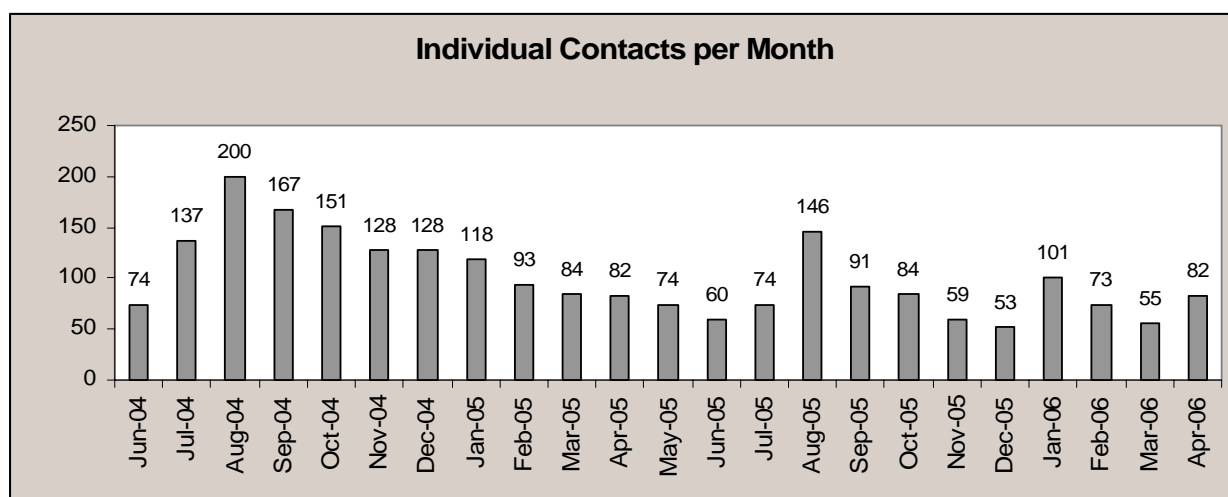
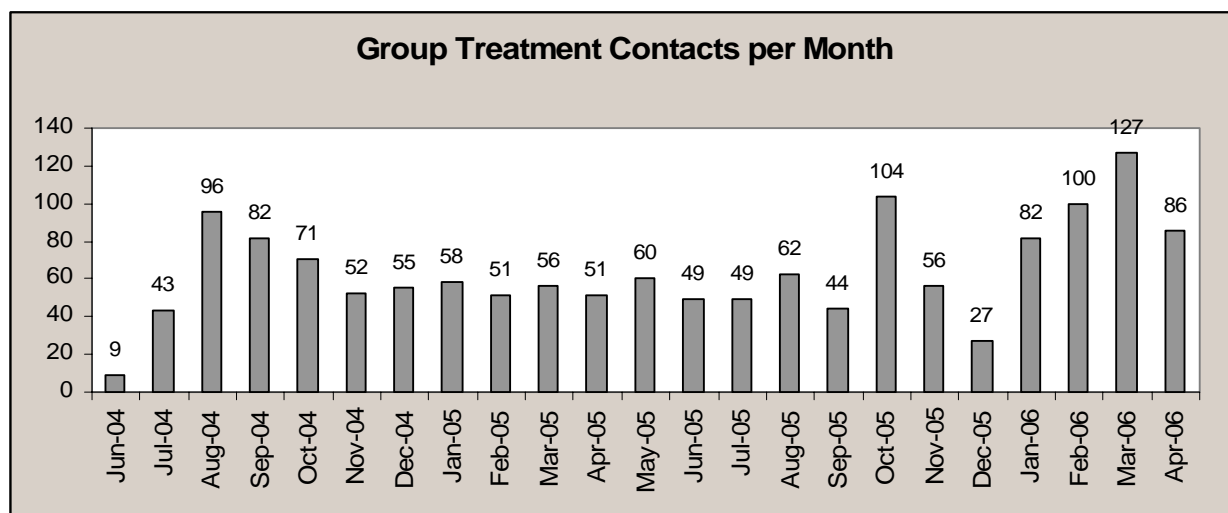


Figure 4: Group Counseling Contacts per Month: June 2004 – April 2006



Key Component #5. Abstinence is monitored by frequent alcohol and other drug testing.

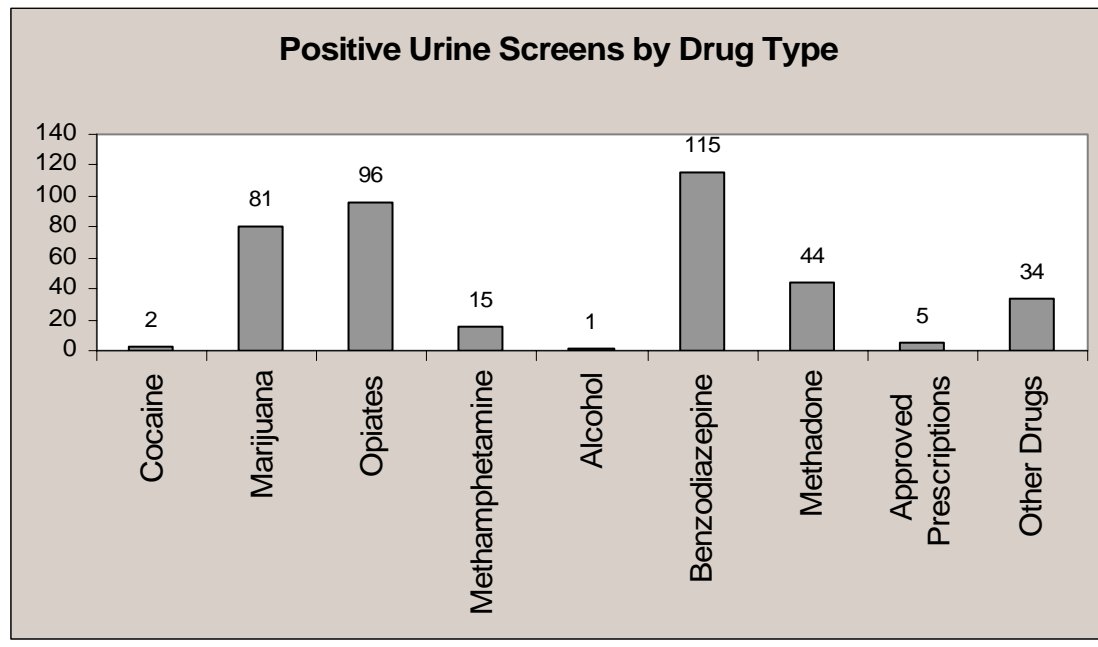
Substance abuse treatment and supervision of participants through urine screens are two of the essential features of Drug Court. The combination of these two aspects of the Drug Court intervention has been repeatedly shown to be effective for offenders in criminal justice-based treatment (Nurco, Hanlon, Bateman, & Kinlock, 1995). Many of the resources of the Johnson/Lawrence/Martin Counties Adult Drug Court are focused upon reducing the use of alcohol and other illicit drugs among its participants. Drug Court staff employ frequent urine testing for illicit drugs to determine participant progress and to identify relapse. The Johnson/Lawrence/Martin County Drug Court hired two urine specimen technicians to collect the urine. Participants are required to call a toll free number every morning to see if their phase is being tested. Testing times are established in all three counties and if a participant misses testing in his/her county, they are able to attend a testing session in one of the other counties. The urine panels are usually mixed; however, the program often tests for the participant's drug of choice. The minimum number of times an individual is required to provide a urine specimen is phase dependent, with participants in Phase I and II submitting at least two screens per week, and participants in Phase III submitting to at least one screen per week.

In addition to providing scheduled urine specimens, participants are required to provide an oral swab sample at any time they are in contact with Drug Court personnel. The swabs generally test for marijuana, cocaine, opiates, benzodiazepines, and methamphetamines.

Review of monthly statistics found that a total of 393 positive urine screens were detected during the evaluation period of June 2004 through April of 2006. The majority of

positive screens were for benzodiazepines (N = 115), followed by opiates (N = 96) and marijuana (N = 81). Other positive drug screens were produced for methadone (N = 44), Oxycotin® (N = 34), methamphetamine (N =15), cocaine (N =2), and alcohol (N =1). These findings are summarized Figure 5.

Figure 5: Urine Screens Results June 2004 through April 2006



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

Each new Drug Court participant is given a Johnson/Lawrence/Martin Counties Adult Drug Court Handbook at program entry that details the operations of the program, policies and procedures, rules, and what each participant can expect from program participation. These rules are important given they impose a structure upon the lives of the participant, ensure the safety of the staff and participants, and promote programmatic consistency, predictability and fair treatment of all participants.

Phase Structure

Like all Kentucky Drug Courts, the Johnson/Lawrence/Martin Counties Adult Drug Court is divided into three distinct phases, each with a separate set of goals, procedures, and strategies for reaching these goals. A general overview of these three phases (including Drug Court sessions, treatment activity, and supervision level) is presented in Appendix E as it is provided to participants in the Kentucky Administrative Office of the Courts Drug Court Participant Handbook. The Drug Courts' multi-jurisdictional structure prevents the team from holding drug court sessions every week in each county. Drug Court treatment is often completed within 12 to 24 months (Logan, Williams, Leukefeld, & Minton, 2000), but generally, the longer one is retained in treatment, the better the outcome (Huddleston, Freeman-Wilson, & Boone, 2004). The Johnson/Lawrence/Martin Counties Adult Drug Court considers the minimum length of intervention to be eighteen months.

As participants progress through the Drug Court phases, the supervision components of the program decrease. In Phases I and II, participants are under the most intensive supervision, meeting with the judge in a Drug Court session twice per month, and meeting with the drug court coordinator once per week. During Phase III, drug court supervision is decreased to one Drug Court session per month.

Supervision also is accomplished through regular, random, and observed urine drug testing for illicit drugs and alcohol, and treatment session attendance is mandated as a part of the program. During Phases I and II, a participant is expected to submit at least two urinalyses per week. During Phase III, participants provide urine screens one time per week. Participants must attend individual and group substance abuse counseling sessions once per week in Phase I. Once participants reach Phase II, this requirement decreases to

one group session per week. In Phase III, counseling and treatment sessions are dependent upon individual counseling needs. Though these are the minimum phase requirements for successful progression through the program, individual program plans (IPPs) may require more individual treatment sessions, more group sessions, or more contacts with the Drug Court coordinator.

Participant Goals

The goals that participants are expected to work toward while in the program are also provided in the Administrative Office of the Courts Drug Court Participant Handbook. Each of these goals (see Appendix F) is designed to teach the participant that he/she is accountable for his/her behaviors, and to help connect them with a variety of rehabilitative services intended to improve social stability and promote long-term recovery. It should be noted that this set of goals is expected of all participants, and additional individualized goals are also included in each participant's IPP. Participants must agree to these goals and sign a participation agreement after having reviewed the program requirements with their defense attorneys in order to be accepted into the program.

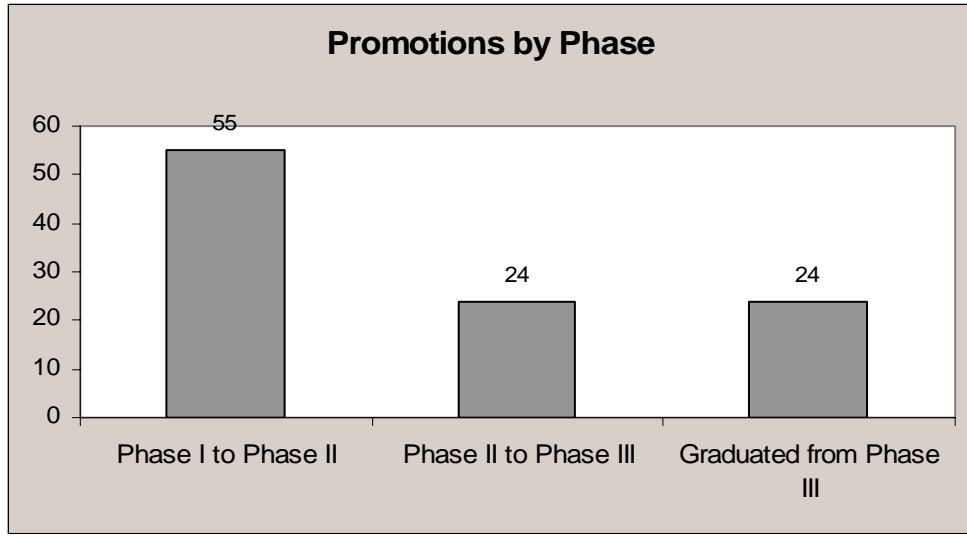
The Johnson/Lawrence/Martin Counties Adult Drug Court program follows a clear system of rewards and sanctions that ties specific behaviors to predictable consequences in order to encourage compliance among program participants. Rewards and incentives are provided when a participant acts in a manner that conforms to program rules and shows substantial progress toward treatment goals. These achievements are regularly acknowledged during court sessions. Participants are sanctioned when they fail to act in a manner that is in compliance with the program rules and objectives.

Rewards

Examples of behaviors warranting rewards include negative drug screens, journals, attendance, and no probation violations. Rewards that are frequently given to the participants include coffee mugs, T-shirts, Wal-Mart gift cards, phase promotion and reduced contact with the Drug Court coordinator. Additionally, participants' achievements may be rewarded through recognition by the judge and Drug Court team, who praise and applaud successes during Drug Court sessions.

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. As shown in Figure 6, a total of 103 phase promotions (55 to phase II, 24 to phase III and 24 to Aftercare) were given during the time frame covered by this evaluation. A total of 13 participants have officially graduated the Johnson/Lawrence/Martin Counties Adult Drug Court program during the evaluation period; however, a total of 11 participants are currently in aftercare. Johnson/Lawrence/Martin currently holds two graduation ceremonies a year, so participants who complete Phase III are entered into aftercare status, and await the next graduation ceremony. In essence, a total of 24 participants have completed the Johnson/Lawrence/Martin Drug Court program, which corresponds to a graduation rate of 73%.

Figure 6:. Phase Promotions June 2004 through April 2006



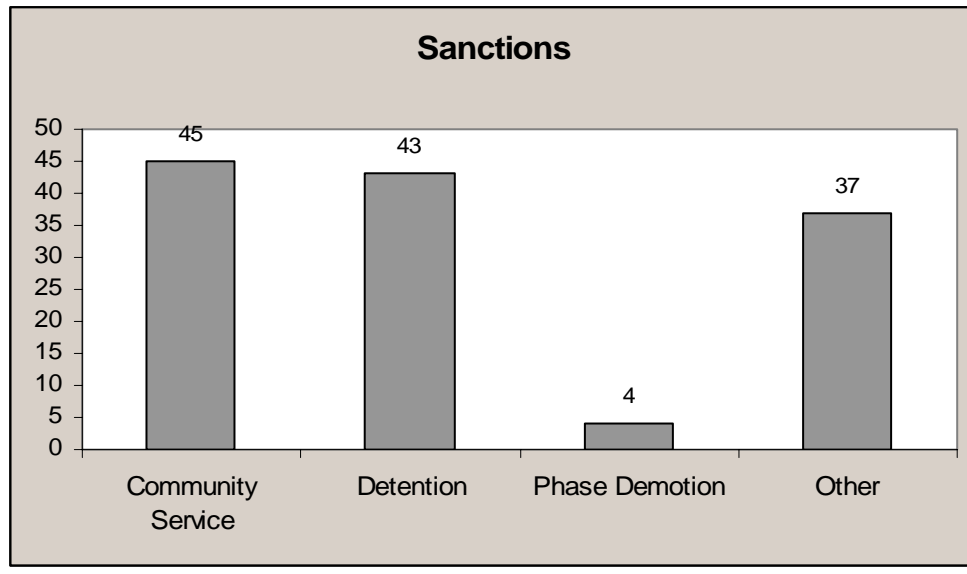
Sanctions

Sanctions are applied by taking into consideration individual participants’ program performance history and current circumstances, and are specific to the individual’s situation. The entire Drug Court team has input into sanctions; however the judge makes the final determination of which sanction will be used. Positive urine screens, missing counseling sessions, not completing community service or other assignments, and general noncompliance with the Drug Court program are all grounds for use of sanctions. During the administrative interview, the Coordinator outlined the graduated sanction system they utilize for issuing sanctions. For positive urine screens, the first offense is sanctioned with eight hours of community service and 48 hours jail time probated, the second offense is sanctioned with serving the 48 probated hours and adding another seven days jail time probated, and the third sanction requires serving the seven days probated time and an examination into residential treatment options. Missing treatment sessions or meetings with

the case specialist, participants are usually sanctioned with increased treatment sessions and/or community service hours.

According to the monthly statistics, the most frequently used sanctions are community service (35%) and detention (33%). The team also uses other sanctions (27%), such as writing assignments, probated jail, and suspension from the program. An available sanction used less frequently by this drug court team is phase demotion (3%). Figure 7 illustrates the number and type of sanctions most often assigned to participants.

Figure 7: Number of Participants Receiving Sanctions, Overall and by Type: June 2004 through April 2006



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

Judicial supervision of each participant is an essential element of the success of Drug Courts. Judge Johnson has sat on the bench for 14 years. She has served as Judge for the Drug Court program since its inception in Johnson/Lawrence/Martin counties two years ago. She said she believes that Drug Court provides a viable alternative to jail in the face of a drug abuse epidemic in Eastern Kentucky. She believes that the services the Drug Court is

able to provide can be successful in treating the addiction that often involves people in the criminal justice system. Judge Johnson stated that the Drug Court Planning Initiative (DCPI) trainings she attended “was a life changing experience for me. The training changed my attitude—quitting drugs is not simple. I did not appreciate how hard of a struggle it is for these people. I admire these folks—I see how they struggle” (personal communication). She said from the bench, she is able to visually gauge success in the participants from their attitude and demeanor in court, as well as from their personal appearance.

Prior to each Drug Court session, the staff meets in courthouse offices or the Drug Court office for “staffing”. During staffing, the Drug Court team reviews and discusses the progress of the participants who will be appearing in court that day. Staffing sessions are informal in nature and include all available members of the Drug Court team. Staffing sessions vary in length depending on the number of participants on the Drug Court docket. Staffing begins typically at 10:30 am on the days when Drug Court sessions are held. Drug Court is held at either 11:00 am or 1:00 pm, depending on which county is holding the hearing. Sessions are held every other Tuesday in either Johnson County or Martin County, and every other Wednesday in Lawrence County.

Court was observed in February of 2006 in Johnson County with Judge Johnson sitting on the bench. Before the court session, each participant arrived early to provide a drug screen via oral swab. After the swabs were completed, the staff met in Judge Johnson’s chambers to conduct staffing.

At staffing, the Coordinator updated the Judge on the progress of each participant, including urine screens, employment and education status updates, and any participant in need of sanctions and/or rewards. The Coordinator also provided the Judge with personal

information about the participants which was often utilized to speak about the participant during the court session. The Judge indicated during her interview that these personal snippets of information allow her to form a more personal relationship with the clients. Present at staffing were the treatment providers, law enforcement, and case specialist—all of whom provided input on the progress of each participant.

During Court participants were called up to the bench individually. The Judge talked with them about their progress and asked what was going on in their lives. The Judge expressed to each individual participant that she admired their strength and courage. She told them she did not personally know addiction, but she knew the science of it and appreciated their struggle and battle to become drug-free. She also asked each participant if there was anything they needed from the Drug Court team. The participants seemed to respond to Judge Johnson.

There were three participants who appeared that day who had positive urine screens, and it had been discovered that they had been using together. While initially it was seen as positive that these individuals had formed friendships because one of the participants was able to provide transportation to the other two participants, the team decided that part of their sanction had to be that they could not interact with each other outside their treatment. During her interview, Judge Johnson stated that it was a double-edged sword having these participants forge relationships. On one hand, they understand what each other are going through and can become a great source of strength and support for each other, but on the other hand, they could also be negative influences on one another.

Key Component # 8. Monitoring and evaluation measure the achievement of 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 element of this process evaluation is a researcher-led focus group consisting of the Drug Court treatment team members. This focus group follows a logic model approach (adapted from Harrell, 1996) which allows the Drug Court to participate in its own program development and evaluation. The focus group is initially conducted during the process evaluation, with a follow-up focus group conducted approximately one year later.

The researcher asked the treatment team to discuss the key components of their program using open-ended questions. This self-evaluation is an integral part of the program's development process and is 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. What follows are the findings from this focus group held in February, 2006.

Target Population

The Johnson/Lawrence/Martin Counties Adult Drug Court team states that their target population has not changed since their initial focus group session a year ago. The team described their target population as non-violent "drug-addicted individuals", who meet the clinical criteria for substance abuse/dependence. The team stated that they try to target those who have prescription drug dependency issues. The Drug Court accepts

misdemeanants, felony referrals, and driving under the influence (DUI) cases. Participants must be over eighteen years old and a resident of Johnson, Lawrence or Martin County.

Short-Term Goals

The Johnson/Lawrence/Martin Counties Adult Drug Court team recognized that the identification and completion of various short-term objectives is necessary for an individual to realize their long-term goals. Again, the teams' short-term goals have not altered since their initial focus group session in 2005. The team identified the reduction in substance use early in Phase 1 as their primary short-term objective. The team also stated that participants must demonstrate responsible participation in the program by following and adhering to all program requirements.

Programmatically, a team member indicated that even in the short term, a successful Drug Court program should be able to achieve a reduction in the cost to the criminal justice system and to the taxpayers that support it by providing effective services that help keep offenders out of jails and institutions through alternative sentencing.

Long-Term Goals

The Drug Court's long-term goals closely mirrored the short-term goals they have established for their program. In the long-term, the team hopes to improve the education level of it's participants as well as participants employability in the community.

Programmatically, the team again mirrors the short-term goals they have identified. The team hopes through their use of alternative sentencing, to remove drug offenders from the criminal justice system thereby reducing the cost to the community of traditional processing through the system. Additionally, the court hopes to have more graduations.

They currently have two graduations per year, in May and November. One new goal for this Drug Court team is to seek out long term funding options.

Therapeutic Activities

The team was next asked to identify what activities the Johnson/Lawrence/Martin Adult Drug Court conducts that assists the participants with their efforts to recover from substance abuse and dependence, and further progress toward participants' long-term goals. The team discussed two changes in their therapeutic activities from last year's focus group. First, since AA/NA meetings are not available in all three counties, participants can now attend SAVE (Stopping Addiction through Values Education) meetings. A second change is that the Johnson/Lawrence/Martin Counties Drug Court has hired two Urine Specimen Technicians who are responsible for conducting scheduled urine screens for participants.

The therapeutic activities identified last year, including random, frequent drug screens, drug court meetings, individual and group counseling sessions, GED/education programs, community service requirements for unemployed participants, and family sessions remain integral components of the Johnson/Lawrence/Martin Drug Court program.

Community Resources

The Johnson/Lawrence/Martin Counties Adult Drug Court recognized several community resources that assist the program in providing participants with a range of services. The team appreciated the assistance and support of their local Kentucky Agency for Substance Abuse Policy (ASAP) board, which helped to fund the initial pilot program in 2003 and continues to provide assistance to the Drug Court program. Educational opportunities for participants are offered by Adult Education in Martin and Lawrence counties, while Kentucky Community Technical College in Johnson County provides

similar adult education services and technical certification programs. Vocational Rehabilitation assists the Drug Court by working with participants to seek and acquire paid employment. The Layne House in Prestonsburg is available for the Drug Court participants who require inpatient services. Sheriff's departments in these counties provide valuable assistance to the program by making home visits and providing the necessary community supervision. Finally, the Martin County Fiscal Court and county jailers offer community service opportunities for Drug Court participants.

In addition to these community resources, the Johnson/Lawrence/Martin Drug Court team identified some new services available to their participants. One new resource is the SAVE (Stopping Addiction through Values Education) program. This is a faith-based ministry which provides similar services that traditional AA/NA meetings provide. They hold meetings the first three Tuesdays of every month for one and half hours each session. Participants may attend these SAVE meetings in lieu of traditional AA/NA meetings. The SAVE program also provides mentoring services for Drug Court participants. The mentors are comprised of both addicts and non-addicts alike.

Other new community resources identified by the Drug Court team are Point of Hope, which provides space for AA/NA meetings, transportation services, and housing services when requested. Pathways provides mental health counseling and a 14-day detox program for Drug Court participants. Participants attend Pathways at least once a week for group counseling as well as individual counseling sessions every other week for approximately one hour. Westcare provides Drug Court participants with a 90-day residential treatment program.

Individual Characteristics

The team was asked to identify background characteristics of the Drug Court population. These traits help to define the unique nature of services needed and resources required for Drug Court participants. The team noted that the majority of participants are undereducated, and the Drug Court serves a high proportion of individuals who receive Supplemental Security Income (SSI) for a disability. Another characteristic common among many participants is that family members are often also substance dependent. Most participants in the program are young, approximately 25 years old. One team member said, “Many lack a sense of responsibility,” and it was observed that many also lack motivation and are undisciplined when first entering Drug Court. The participants (and residents in the communities) are geographically isolated, and their primary social groups consist of their families. Family bonds remain strong in this region and one team member noted, “Families are central to participants’ lives.” This was viewed as a potentially positive or negative trait, depending on how well a participant’s family functioned, and if they were supportive of the Drug Court participant’s recovery process.

Other Influences

The team was asked about influences outside of the Drug Court’s control that impact their capability to meet participant and program goals. A key factor immediately identified was the lack of consistent transportation. Johnson, Lawrence and Martin counties are rural areas; some program components are not located in close proximity to one another, which poses transportation issues. In the winter months, transportation to and from activities can be a formidable challenge for everyone, including staff, because of the mountainous terrain of the region.

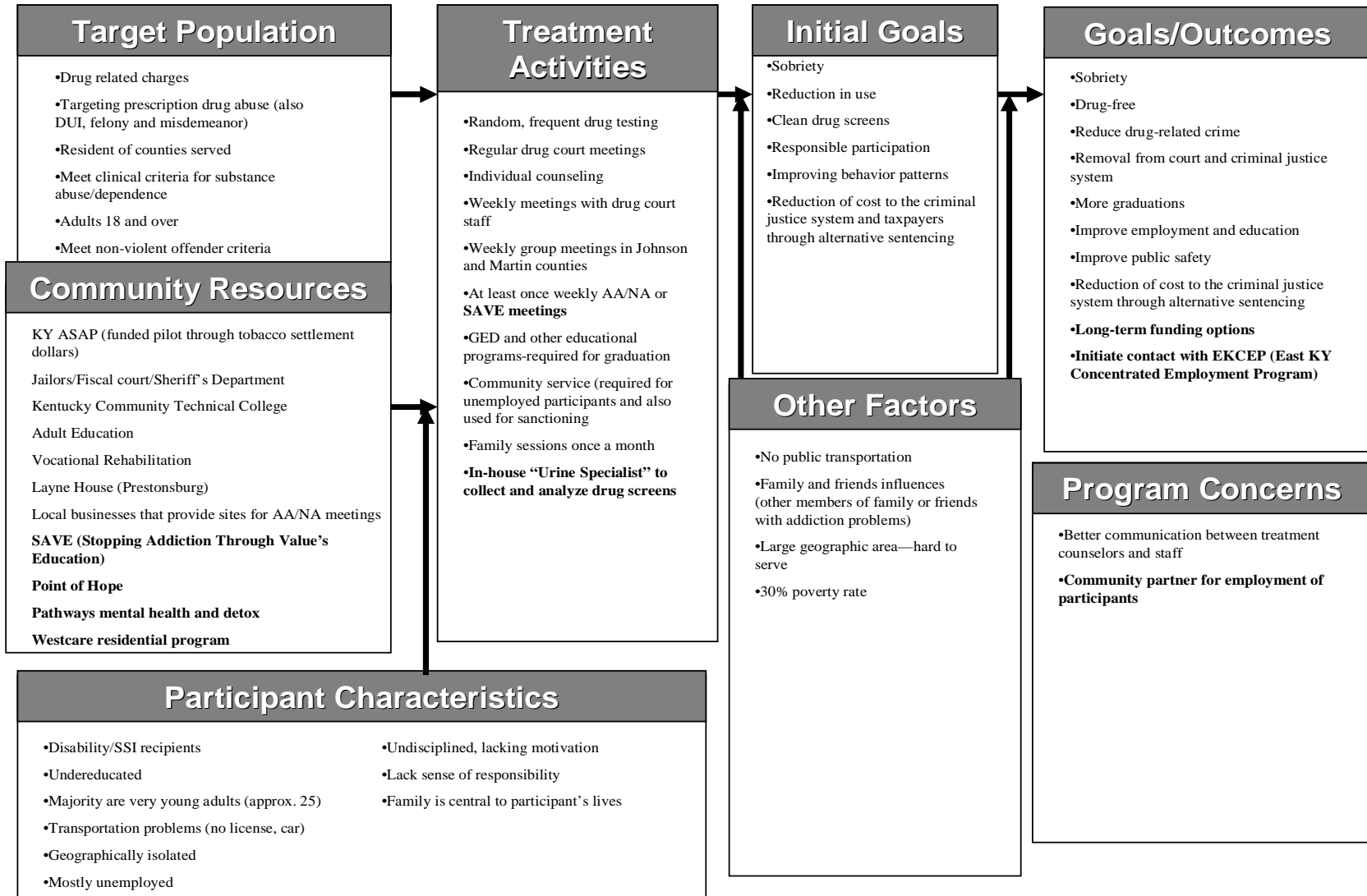
Other influences that were identified by the team as negatively impacting the capability of the Drug Court to successfully realize its goals are the local economy and the daunting level of poverty in the region. This rural jurisdiction has limited employment opportunities, which was viewed by the team as essential to the participants' success. Also, the large geographical area comprising this court's jurisdiction makes supervision of participants difficult. Another concern presented by the team was the challenge of helping individuals to develop healthier social networks in these sparsely populated communities, where it is more difficult to break ties with friends who use and to cultivate relationships with non-users.

Program Concerns

The Johnson/Lawrence/Martin Counties Adult Drug Court team also was asked to identify what concerned them most about the program as it is currently functioning. The primary concern first noted was a lack of treatment in Lawrence County in particular, where the treatment provider, Pathways, Inc., was understaffed. Because of this, participants in Lawrence County were not seen as regularly or frequently as participants in the other two counties served by the Drug Court. The team expressed hope that this was a temporary circumstance.

Figure 8, following page, summarizes the focus group findings in the logic model format.

Figure 8: Logic Model



Program Progress Indicators and Outcomes

The primary emphasis of the Johnson/Lawrence/Martin Counties Adult Drug Court is to help its participants to learn to live drug-free and crime-free lives. Participants are held accountable for their maladaptive behaviors through therapeutic sanctions and are rewarded for their successes. Three indicators which provide insight into the progress achieved by the Johnson/Lawrence/Martin Counties Adult Drug Court program are program retention, employment status during treatment, and recidivism.

Retention in and graduation from Drug Court. Retaining participants in the Drug Court program is an essential and crucial element of the program's success. If the participant is removed from the program, they will likely not continue to receive treatment, therefore reducing the likelihood that they will experience long-term recovery. Nevertheless, participants cannot be allowed to have indefinitely long stays in the program. Some participants need to be terminated to restore a therapeutic atmosphere, and to provide an example to the remaining participants that they will be held accountable for criminal or noncompliant behavior.

Generally, the team recommends participants for graduation when they have been in the program for a minimum of 18 months; have been actively participating (e.g., attending all scheduled treatment sessions) in the program; have successfully completed all of the requirements for each of the three Drug Court phases; have maintained supportive, stable living arrangements throughout their program involvement; have either obtained employment or enrolled in an educational program unless they are disabled; have obtained a General Equivalency Diploma (GED) if they are not high school graduates; and have provided drug-free urine screens for at least two of the most recent months.

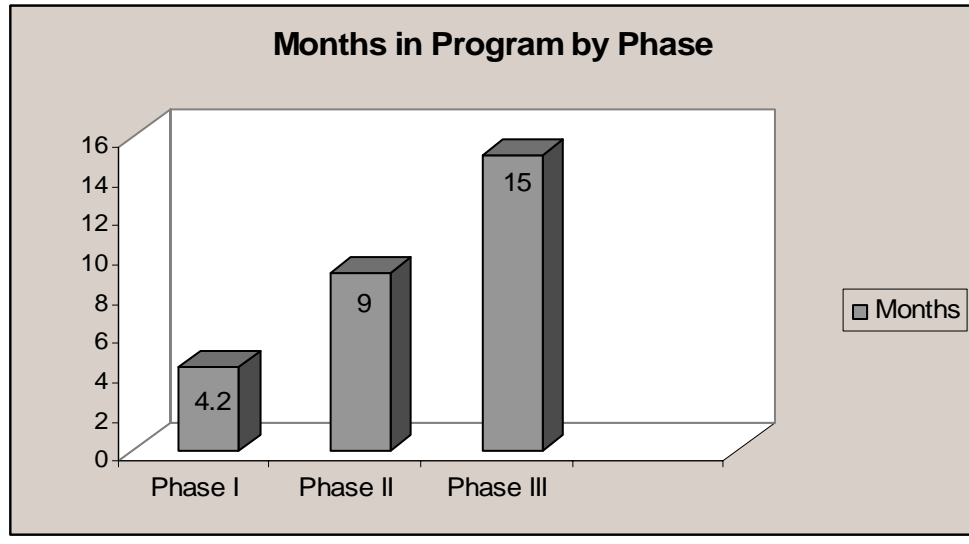
At the time of the preparation of this evaluation, the Johnson/Lawrence/Martin Drug Court program graduated a total of 13 participants (8 male and 5 female). Six participants graduated in November of 2005 (the program's first graduation) and seven participants graduated in May of 2006. Graduates spent a range of 358 days (11 months) to 748 days (24 months) in the program, with an average of 514 days (17 months). This length of time in the program is on target with the time allotted by the Johnson/Lawrence/Martin Drug Court program in their participant handbook for completion of the program (specified as a minimum of 18 months in the participant handbook).

The Johnson/Lawrence/Martin Adult Drug Court lowers felony charges to misdemeanors so that they may be expunged for those graduates on the diversion track, and places probationer graduates on unsupervised probation or release from probation in exchange for successful completion of the program.

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; see related substance abuse literature including Zhang, Friedmann, & Gerstein, 2003; and Simpson, Joe, & Rowan-Szal, 1997). The Johnson/Lawrence/Martin Counties Adult Drug Court has succeeded in establishing an average retention rate in the program greater than the recommended therapeutic levels, often considered to be a minimum of three months for outpatient programs (Banks & Gottfredson, 2003; Joe, Simpson, & Broome, 1998; Hubbard, Craddock, Flynn, Anderson & Etheridge, 1997). As of June 1, 2006 (date of data collection), participants in Phase I have been active in the drug court program for an average of 4.2 months, Phase II participants have been

active for an average of 9 months, and Phase III participants have been active for an average of 15 months. The figure below shows these results.

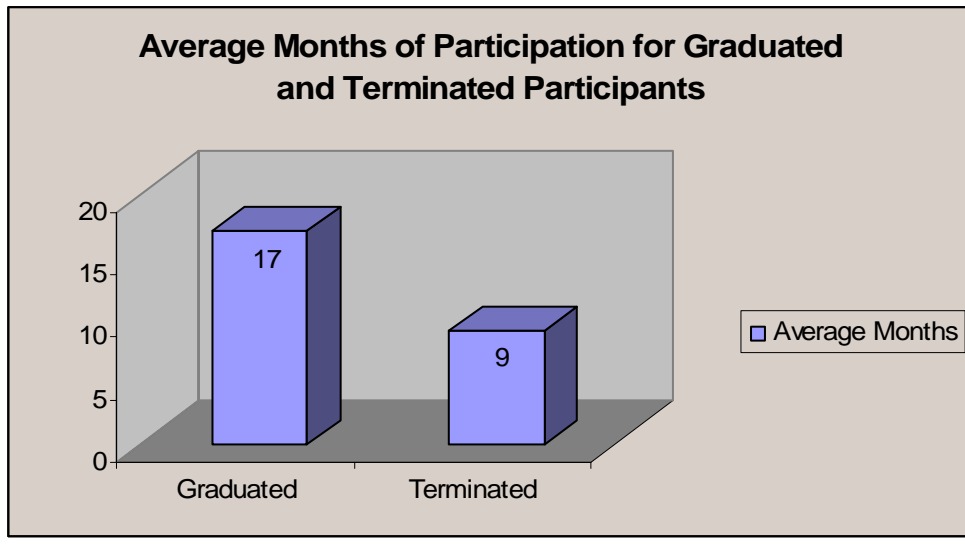
Figure 9: Months in Treatment by Phase



While the above displays the average period of time participants have been active, these do vary per participant, providing ranges of active time periods. For Phase I, the range of participation time as of June 1, 2006 was from 8 days active to 617 days active (20 months), Phase II participants ranged from 71 days (2 months) to 702 days (23 months), and Phase III participants ranged from 455 days (15 months) to 457 days (15 months).

Even participants who are terminated from the program receive a high level of attempted intervention before they are ultimately terminated from the program. Data extracted from the participant files show that terminated participants remain in the program anywhere from three months to 19 months (with an average of nine months) before eventually being terminated from the drug court program. The figure below shows these results.

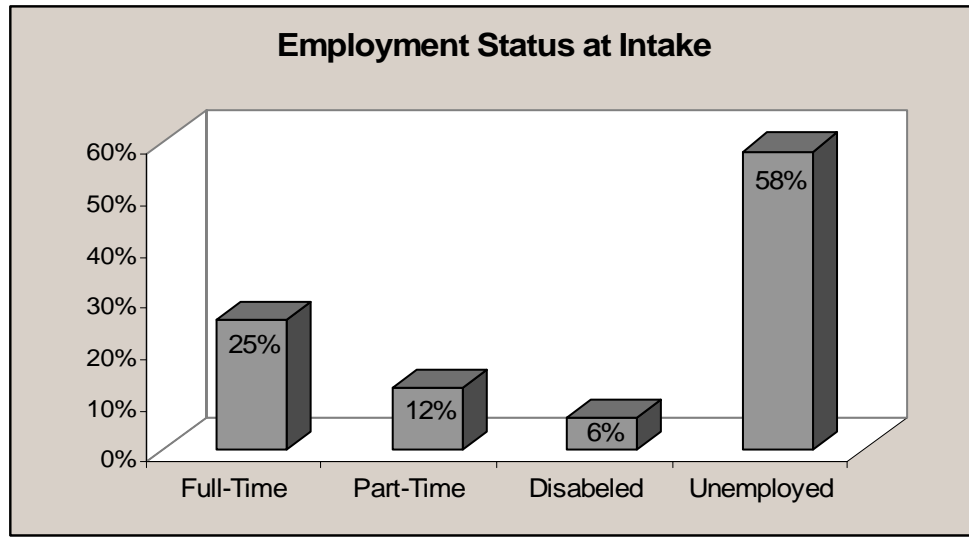
Figure 10 : Average Months of Participation for Graduated and Terminated Participants



As of June 1, 2006, the Johnson/Lawrence/Martin Drug Court program has terminated a total of nine participants. Six participants were terminated for non-compliance with program rules, two participants absconded from the program, and one participant was terminated for receiving new criminal charges.

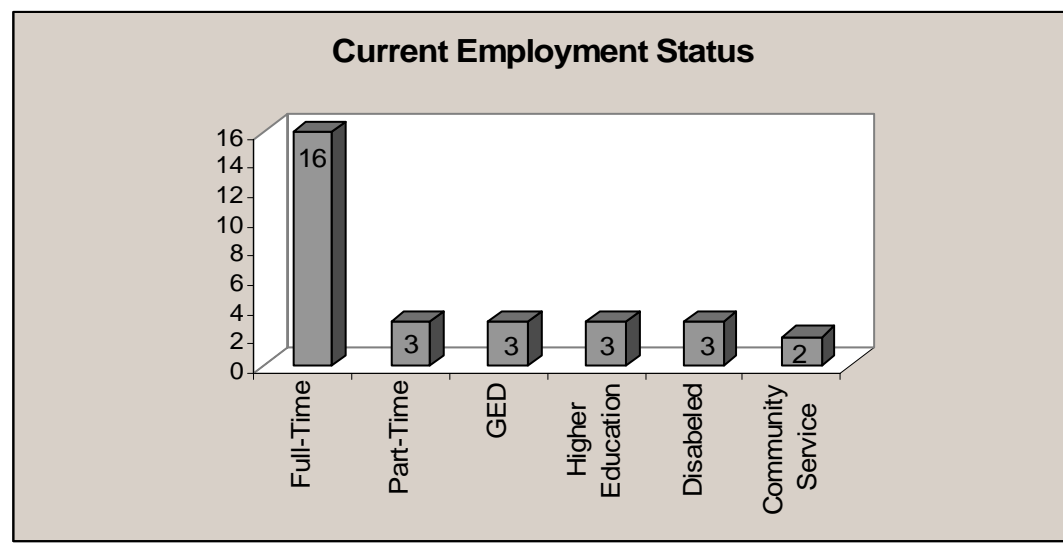
Employment. Employment problems are a reliable predictor of early dropout from treatment among adults in community-based substance abuse treatment programs (Platt, 1995). Obtaining employment not only facilitates positive changes in social functioning, but also improves program retention, which has been found to positively impact long-term recovery. At intake, approximately 58% of participants reported being unemployed, 25% reported being employed full-time, 12 % reported being employed part-time, and 6 % reported being disabled. The figure below shows the employment status of participants at intake.

Figure 11: Employment Status of Participants at Intake



Employment or active employment-seeking is expected of every Drug Court participant unless they are a full-time student or have been determined disabled; whenever possible, participants are expected to contribute to the community through community service work when they are unable to secure paid employment. The figure below shows the current employment status of participants as reported by the Coordinator.

Figure 11: Current Employment Status



Currently, 65% of Johnson/Lawrence/Martin County Drug Court's 47 active participants are employed, enrolled in educational programs, disabled and unable to work, or participating in community service projects. The Coordinator indicated that they currently have a few participants who have either recently had children or are close to delivering and are therefore unable to be working. He also indicated that they are working with Vocational Rehabilitation to assist their disabled participants become enrolled in educational programs.

Recidivism. Recidivism (often defined as re-arrests) is a fundamental outcome indicator used to judge the effectiveness of criminal justice-based programs (Peters & Murrin, 2000; Banks & Gottfredson, 2003). Data from the Johnson/Lawrence/Martin Drug Court indicate that a relatively small proportion of participants were rearrested on felony charges during their tenure in Drug Court. A total of five of the 65 (7.7%) participants were charged and four (6.2%) were convicted of a felony offense and 20% (n=13) were charged and only one convicted (1.5%) on misdemeanor offenses. The majority of misdemeanor charges were drug law violations. A total of 20 participants had either graduated or were dismissed from the program for at least one year and therefore had recidivism data available for analysis. Among the 20 former participants, four (25%) were charged and three were convicted of a felony offense. One charge is still pending. Three clients were also charged with misdemeanor offenses, two of which were dismissed. There were no new charges in the two years since Drug Court participation among the five clients for whom data was available.

Key Component #9. Continuing interdisciplinary education promotes effective Drug Court planning, implementation, and operations.

The Johnson/Lawrence/Martin Counties Adult Drug Court has recognized the importance and value of ongoing professional education and training in substance abuse intervention and the best practice approaches in the Drug Court setting. The Drug Court coordinator has been preparing to receive his certification as a Certified Alcohol and Drug Counselor (CADC); he is scheduled to take his exams in August of 2006. Drug court team members have attended national and regional conferences and trainings on Drug Court treatment and program administration in Phoenix, Arizona, Albuquerque, New Mexico, Virginia Beach, Virginia, and at the National Association of Drug Court Professionals' annual conference in Milwaukee, Wisconsin and Orlando, Florida.

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

Findings from the participant observations, Drug Court coordinator interview, and focus group demonstrated that the Johnson/Lawrence/Martin Counties Adult Drug Court program has developed a series of partnerships with several local agencies and community organizations. The Drug Court program has formed relationships with private and nonprofit treatment providers, and with community resources such as businesses, vocational rehabilitation, and adult education programs.

The Johnson/Lawrence/Martin Drug Court program has aligned itself with many partners in the community who are working to provide comprehensive services to their participants. Based on discussions at the focus group, this Drug Court program has maintained relationships with community services such as Kentucky Community Technical

College, adult education and vocational rehabilitation agencies, and their treatment providers. However, Johnson/Lawrence/Martin Drug Court has also sought out and forged new relationships with community resources to add to the services they can provide their participants. For instance, Point of Hope provides transportation and housing services as well as AA/NA meeting space; Westcare provides a 90 day residential program; SAVE (Stopping Addiction through Values Education) provides a faith-based alternative to AA/NA meetings in areas where AA/NA meetings are not always available. One relationship that the Drug Court hopes to foster is the East Kentucky Concentrated Employment Program (EKCEP) in which employers and employees are matched. This program can also help the Drug Court program form relationships with potential employers in their communities. This Drug Court program has not remained stagnant in their pursuit of new opportunities for their participants.

SUMMARY AND CONCLUSIONS

The Johnson/Lawrence/Martin Counties Adult Drug Court is firmly grounded in the Ten Key Components that define effective strategies for Drug Courts nationwide. The following is a discussion of the programs many strengths as well recommendations that could help improve their current program.

Strengths. As evidenced by information received during intake assessments, this Drug Court program is accepting and treating participants with acute drug use/abuse problems. The participants have a history of drug-use as well as high levels of experimentation with multiple drugs as evidenced by their self-report of use at intake. Additionally, these participants are committing criminal offenses either directly or indirectly related to substance use and/or abuse.

This program has developed community-wide support networks in each of their three counties to provide comprehensive services to participants in their program and they continue to reach out to additional resources to expand this network of services. They have a dedicated and supportive staff and treatment team who strive to continue to make the Johnson/Lawrence/Martin Drug Court program a viable alternative to jail in their communities.

This program retains participants in their program for an average of 17 months, which the literature suggests, is needed to be successful in outpatient treatment programs. To date, this program has graduated a total of 13 participants

Recommendations. Based upon information collected from Drug Court team members and the data reviewed for this evaluation period, the following recommendations are offered:

- (1) Continue implementation of Drug Court program operations in accordance with the Ten Key Components.
- (2) Continue program operations and recruitment efforts that will allow the program to reach its expected capacity of 50 participants across the three-county jurisdiction.
- (3) Continue to cultivate and enhance community networks supportive of Drug Court in order to expand volunteer, vocational, educational and therapeutic opportunities for participants.
- (4) Continue to support the efforts of the Drug Court coordinator to complete CADC certification, so that his capability to provide on-site clinical substance abuse intervention will be expanded in this resource-deprived region of the state.
- (5) Continue brainstorming efforts with the Drug Court team to consider expansion of the range of sanctions and rewards that may be offered to participants to improve the capability of the Drug Court to employ successful behavior modification strategies.

- (6) Internally employ efforts to track the successes and program developments in this rural Drug Court, as early findings indicate that the Johnson/Lawrence/Martin Counties Adult Drug Court has established a solid foundation for treatment, and little is known about how to best transfer this treatment delivery system to the rural setting (Cooper, 2004). Other jurisdictions can benefit from the knowledge gained through this program's efforts.

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