Laurel/Knox Counties Adult Drug Court Implementation Evaluation
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Center on Drug and Alcohol Research
University of Kentucky
335 Bowman Hall
Lexington, KY 40506-0059

859-257-9062
mhiller@uky.edu

Project Staff

University of Kentucky Center on Drug and Alcohol Research

Principal Investigator
Matthew Hiller, Ph.D.
Drug Court Liaison
Danielle Malluche
Senior Data Coordinator
Barbara Patterson
Graduate Research Assistant
Valerie Bryan
Administrative Assistant
Louise Dupont
Senior Data Coordinator
Becca Abensur

For an electronic version of this report, please email requests to Barbara Patterson at bipatt@uky.edu or visit the Kentucky Drug Court website at www.kycourts.net
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EXECUTIVE SUMMARY

The current evaluation report describes the implementation of the Laurel/Knox Adult Drug Court Program which was established initially as a pilot program in March 2000. It received a grant from the Bureau of Justice Assistance (BJA) to become fully implemented in September 2001. During this evaluation, data were collected on drug court operations and drug court participants in order to determine how effectively the 10 Key Components (OJP, 2001), a set of national standards defining effective Drug Court operations, were being implemented within this program. Process evaluation methods included interviews with Drug Court team members, a participant observation, and a focus group. The conclusion of this report is that the Laurel/Knox Counties Adult Drug Court is in compliance with the 10 Key Components, specifically:

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

Findings from the focus group and participant observation showed that the Laurel/Knox Drug Court includes persons representing all aspects of the criminal justice system and the local treatment delivery system in order to develop a shared understanding of the values, goals, and operating procedures of both the treatment and justice system components. Specifically, active members of drug court team include representatives of the court (judge, commonwealth attorney, and defense attorney), corrections (probation), and treatment (counselors from the treatment provider).

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

Results from the focus group and the participant observation indicated that the prosecutors and defense attorneys in both counties work together within their team to help in the participants’ recovery process and cessation of criminal activities. By working together, the attorneys help to guarantee that the due process rights of the participant are protected and the public safety needs are served concurrently.

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

Findings from the focus group and staff/team interviews revealed that the Laurel/Knox Drug Court strives to target, assess and place eligible participants into the program as quickly as possible. After the participant is referred to Drug Court an assessment is completed as soon as possible and drug testing begins. An Individualized Program Plan is developed for the participant, contact with a treatment specialist is established, and the participant begins the program. Although the judge has the authority to make the final approval for a participant to be admitted into the program, all members of the team contribute collaboratively to the decision making process.

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

Results from the focus group and staff/team interviews showed that the Drug Court team has successfully established a relationship with Cumberland River Comprehensive Care, the local substance abuse treatment provider. Team members work together with treatment counselors to provide the participant with intensive outpatient substance abuse treatment. Drug Court participants are required to attend group and individual treatment sessions throughout the duration of the program. Drug Court staff also provides case management and make additional referrals to outside residential treatment programs such as Independence House and Crossroads.
Key Component #5. Abstinence is monitored by frequent alcohol and other drug testing.

Findings from the focus group and the staff/team interviews showed that the Drug Court participants are required to submit to a drug test when the initial assessment is completed. Frequent and random drug tests are required of the participant throughout the duration of the program in order to detect any illicit substances being used by the participant. Participants in the program agree to provide a urine sample when required. This sample is randomly tested for substances which include but are not limited to marijuana, cocaine, opiates, benzodiazepines, and methamphetamines. Breathalyzer tests are conducted randomly to test for alcohol use. Participants are tested a minimum of three times per week in Phase I, two times per week in Phase II, and one time per week in Phase III. A review of monthly status reports showed, a total of 1136 urine screens were collected between July 2001 and July 2002.

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

Findings from the participant observation, records examination, and staff/team interviews showed that the Laurel/Knox Drug Court program uses a system of rewards and sanctions to encourage behavioral compliance among program participants. Rewards and incentives are prompted by the participant’s (non)compliance with the program rules and any achievement the participant accomplishes. Rewards may include such things as applause by the team, praise from the judge, certificates, and phase promotions. Sanctions, like incentives, are dispensed swiftly and in accordance with the offense. The range of sanctions employed includes verbal reprimands, community service, and possible jail time.

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

Findings from the participant observations and judge’s interview indicated that the Drug Court team realizes the importance of judicial interaction with the participants and uses this interaction as an effective tool in the program. Observation of a court session in each county by researchers from the University of Kentucky showed that each judge paid careful attention to all participants appearing in court. The judge encouraged the participant to be open and honest while maintaining eye contact and showing approval for positive actions and behaviors. The judge also monitors participants’ current activities through frequent communication with other members of the Drug Court team.

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

An ongoing evaluation is being conducted by a research team at the University of Kentucky Center on Drug and Alcohol Research. This report is a part of this on-going comprehensive evaluation effort.

Key Component #9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

Findings from staff interviews showed that several members of the Laurel/Knox Drug Court team have attended a variety of educational workshops and trainings. The Commonwealth Attorney case specialist, treatment coordinator, and judges have attended trainings conducted by The National Drug Court Institute as well as other local and state workshops. In November of 2002, the Drug Court treatment coordinator attended a training for treatment providers in Dallas. By attending these educational training sessions, members of the Drug Court team are exposed to interdisciplinary perspectives and help to maintain a high level of professionalism, commitment, and collaboration among team members.
Key Component # 10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court effectiveness.

Findings from a participant observation and staff interview showed that the Laurel/Knox Drug Court program has successfully forged partnerships with many essential agencies and community organizations. The Drug Court team consists of representatives from the court, prosecution, defense, treatment providers, social service agencies, and law enforcement. The Drug Court program has not only formed a relationship with Cumberland River Comprehensive Care Center, the local state-funded substance abuse treatment facility, but also has partnered with other counseling services such as Independence House and Crossroads to promote a comprehensive treatment program for all participants. Relationships also have been formed between the Drug Court program and valuable community resources such as job development services and adult education programs.

Recommendations. Based on information collected from Drug Court team members, the four following recommendations were made:

1. Continue implementation in accordance with the 10 Drug Court Key Components.
2. Enhance the aftercare component of the program by beginning an alumni group that will help support Drug Court graduates and provide positive peer support on a daily basis.
3. Continue to examine and resolve specific issues; for example, increasing awareness of the drug problems present in the community, and building relationships among key community representatives.
4. Continue efforts to sustain programming by fostering additional community relationships to help the program continue beyond the initial three-year funding provided by Federal sources. Contact should be established with more local agencies and foundations, and the Drug Court may wish to consider participating in advocacy groups that support funding addiction treatment and criminal justice programs.

Strengths. The Laurel/Knox Drug Court program has many strengths, which include a dedicated team who want to help participants work toward drug-free, crime-free lives. The program offers a structured environment that provides accountability and promotes responsibility. Other strengths include timely and appropriate sanctions, strong case management services, and frequent, random drug tests. Findings showed that participants remain almost crime-free (i.e., only 4 misdemeanor arrests were received by participants) and drug-free (i.e., only 7.1% of the 1136 urine screens tested positive for a drug). Most participants were employed full-time, many phase promotions were given, and eight participants graduated from the program. All of these during program indicators showed the Drug Court has a significant influence on the lives of the participants while they are in the program, helping them to lead more pro-social and productive lives.
BACKGROUND AND SIGNIFICANCE

Need for Adult Drug Court

Kentucky is similar to the nation with respect to rising rates of incarcerated drug offenders. For example, 5,936 inmates were released in 1995 from adult institutions in Kentucky and 33.1% of them returned to prison within two years (Kentucky Department of Corrections, 1999). The overall recidivism rate increased from 30.8% in 1989 to 33.1% in 1995. Although recidivism is highest among violent offenders, the rate of recidivism for drug offenders is climbing rapidly. In addition, Leukefeld et al. (1999) found that 59% of Kentucky inmates were dependent on substances and that inmate illicit drug use one month prior to incarceration was 20 times higher than the general population. In response to the rising costs of incarceration and increased drug related arrests, Kentucky’s Administrative Office of the Courts (AOC) established a Drug Courts division in July 1996, to provide fiscal and administrative oversight to all Drug Court programs in the State to help to intervene in the drugs-and-crime cycle evident in among offenders in Kentucky.

Drug Court in Kentucky

The motto for Kentucky Drug Court is “A chance...a change.” Kentucky Drug Court is aligned with more than 1000 Drug Courts across the United States. The mission of Kentucky Drug Court is to create a criminal justice environment that stops illicit drug use and related criminal activity and promotes recovery and re-socialization. Accordingly, Adult Drug Court programs in Kentucky are grounded in the Key Components described in the publication Defining Drug Courts: The Key Components (Drug Court Programs Office, 1997). These Key Components were developed by the Drug Court Standards Committee to ensure that a core set of standards were defined for all Drug Court programs (see Table 1) to follow. In exchange for
successful completion of the Drug Court program, the judge may choose to dismiss the participant’s original charge, reduce or set aside a sentence, offer a lesser penalty, or use a combination of these rewards. Drug Court transforms the roles of both criminal justice practitioners and Alcohol and Other Drug (AOD) treatment providers as they collaborate with each other in an attempt to help the offender to learn to live drug-free, crime-free, pro-social lives. A balance is stricken between the need for intensive supervision (ensuring public safety and offender accountability) and focused treatment on the many treatment needs evident in the population of adults who abuse drugs. Family therapy, substance abuse, relapse prevention, anger management, stress management, education, employment, life skills, structure, responsibility, accountability, and impulse control are only a few of the areas that Adult Drug Court must address in order to have a favorable impact on the offender, and the community as a whole. The judge is the central figure in the Drug Court, which is a team effort that focuses upon participant sobriety and accountability as its primary goals. As the central authority figure for the team, the judge acts as both advocate and instructor. This fundamentally shifts the role of the Judge from being an adversary and punisher to being a mentor and a socializing agent for the participants. In exchange for successful completion of the Drug Court program, the Judge may choose to dismiss the participant’s original charge, reduce or set aside a sentence, offer a lesser penalty, or use a combination of these.

**History and Development of the Laurel/Knox Counties Drug Court Program**

In Laurel County, during Fiscal Year 1999, 940 arrests were made for driving under the influence (DUI), 525 arrests were made for drunkenness, 274 arrests were made for narcotic drug law offenses, 20 arrests were made for liquor law offenses, and 299 arrests were made for other drug and alcohol related offenses. In Knox County, during Fiscal Year 1999, 492 arrests were made...
made for driving under the influence (DUI), 253 arrests were made for drunkenness, 152 arrests were made for narcotic drug law offenses, 13 arrests were made for liquor law offenses, and 161 arrests were made for other drug and alcohol related offenses. (Crime in Kentucky – Commonwealth of Kentucky 1999 Crime Report) Therefore, the court sought and received a three-year implementation grant form the Drug Court Program Office to establish an intensive program for drug offenders in these counties.

The purpose of this report is to provide the results of a process evaluation for the Laurel/Knox Drug Court Program, in particular to fulfill the mandated evaluation of all federally funded Drug Court program grants. The data for this report is for the period from July 2001 to July 2002. The Laurel/Knox Drug Court Program began their pilot program in August 2000. The grant for the program was approved September 1, 2001. In July, 2002 there were 21 drug court participants in the program.

Table 1. Drug Court Key Components

1. Drug Courts integrate alcohol and other drug treatment services with justice system case processing.
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants’ Drug Courts integrate alcohol and other drug treatment services with justice system case processing.
3. Eligible participants are identified early and promptly placed in the Drug Court program.
4. Drug Courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs Drug Court responses to participants’ compliance.
7. Ongoing judicial interaction with each Drug Court participant is essential.
8. Monitoring and evaluation measure the achievement of program goals and gage effectiveness.
9. Continuing interdisciplinary education promotes effective Drug Court planning, implementation, and operations.
10. Forging partnerships among Drug Courts, public agencies, and community-based organizations generates local support and enhances Drug Court effectiveness.
The Laurel/Knox Drug Court Program is grounded appropriately in the key components described in the 1997 publication *Defining Drug Courts: The Key Components*. Therefore, the current evaluation focuses on describing the level of the program’s compliance with the standards set out in the Key Components. To this end, a variety of established systematic research activities and methods were used to document the implementations of this program, including interviews with Drug Court staff, review of program records, focus group, and participant observations. Together these data showed that the Laurel/Knox Adult Drug Court closely adheres to the standards established in the 10 Key Components.

Interview assessed level of prior experience with the target population, the perceived potential impact of the drug court on the community and judicial system, who determined program eligibility, overall capacity, the consequences for failing the program, the services needed, the planned level of supervision, and the types of graduated sanctions and rewards used. The Drug Court Administrator Interview is a comprehensive questionnaire which was completed with the drug court coordinator and detailed the specific operational characteristics of the drug court program. Specific sections highlighted the target population, program goals, program organization and function (e.g., recruitment, capacity, assessment, services), supervision practices, staff characteristics, and community organization involvement. The Drug Court Staff Interview gathered detailed data about the roles and treatment orientation of the drug court staff members. The Prosecution, Defense, and Law Enforcement/Corrections: Interviews focused on perceived benefits, level of understanding of what the new program will include, level of commitment to help make it work, and perceived problems it might cause. The External Treatment: Interview helped to pinpoint what types of treatment services were offered and through what avenues.
Court Observation

Two researchers from the University of Kentucky observed one Laurel and one Knox County Drug Court Sessions, providing two unique observations of the operations of these courts. Data were
coded using a protocol developed by Satel (1998) during a national study of 15 adult Drug Court programs. This protocol facilitated for a systematic description of the interactional (exchanges between the judge, court staff, and participants) and environmental (physical characteristics of the setting) variables of the drug court session. The method involved coding the session on 17 specific characteristics that focused upon the interaction between the Drug Court judge and participants (including eye contact, physical proximity of the judge to the participant, who the judge first addresses, whether each participant remains present in the court room throughout the entire session, and time spent with each participant) and the court room setting (including seating arrangements and ambient noise level). In addition, Drug Court staff were asked to indicate how typical the observed session was for regular Drug Court operations. The court session which was observed by the researchers was described as being a typical session by the Drug Court Coordinator. A copy of the observation code sheet is included in Appendix A.

Participant Records Review

Information resources used during the current evaluation included monthly statistical reports, observations of court sessions, and interviews with court and treatment staff. No personal identifiers were coded at any time during the course of this study, thus ensuring confidentiality and anonymity.
Monthly AOC Statistical Reports

The Laurel/Knox Counties Adult Drug Court makes monthly reports to the Administrative Office of the Courts. These reports summarize the number of candidates referred, the number assessed, the number of individual drug screens, number of candidates eligible, and the number transferred from probation. Also reported are the number of participants receiving phase promotions or demotions also are reported; the number of court sessions held; the number of participants identified as using an illicit substance based on urine drug screens; the number of individual sessions held; the number of drug treatment sessions; the number of family/support sessions; the number of participants referred to outside agencies; employment and educational status of participants; the number of employment and housing verifications made, amount paid towards court obligations; the number of sanctions, the number of participants rearrested for new charges; the number of terminations; and the total number of active participants in the preceding month. For the current evaluation, the monthly statistics reports covering July 2001 through July 2002 were reviewed and included in this evaluation report.

Program Documentation

Several sources of program documentation also were reviewed for the process evaluation. These included copies of the grant application submitted by each court for funding, handbooks provided by each drug court to its participants to outline the design and expectations of the program, and the policy and procedure manuals for each court. In addition to these, monthly
administrative reports from the program to the Administrative Office of the Courts were reviewed. Each report summarized the monthly activities of each drug court, including caseflow, number of treatment sessions held, number of court sessions, and graduation and terminations from the program in the preceding month.

**Focus Group and Logic Model**

A focus group also was conducted during the process evaluation with drug court team members. The goal of the focus group session was to synthesize a comprehensive description of program elements for this drug court using a “logic model” approach. A preformatted logic flow model (adapted from Harrell, 1996) was completed during a researcher-led focus group to help drug court staff to articulate specific goals, outputs, and activities for their Drug Court, with special emphasis placed on identifying links between specific program activities and their influence on the stated goals and objectives.

**FINDINGS: PROGRAM DESCRIPTION**

**Drug Court Program Structure and Processes**

**Location.** The Laurel/Knox Adult Drug Court Program serves Laurel and Knox counties, which are located in the Eastern Coalfield region of the state. In 2000, the total estimated population of Laurel County was 52,715 with 98% of the population Caucasian and .6% African American. The total estimated population of Knox County in 2000 was 31,795 with 98% of the population Caucasian and .8% African American (U.S Census Bureau, 2000).
**Capacity and caseflow.** The Laurel/Knox Drug Court can accommodate 25-35 participants comfortably. However, the Drug Court team has not limited the number of applicants it will accept provided that there are enough staff members and services to successfully manage and treat all participants. Participants are equally accepted on a first come, first served basis and at the time of this report there was no waiting list. Review of the program found 21 participants who were active in Drug Court during the timeframe examined by this report. Monthly statistical reports were used to determine the monthly census for the Laurel/Knox Drug Court between July 2001 and July 2002 (shown in Figure 1). The average number of participants active per month was 11.6 (range 7 to 21).

**Figure 1.**

```
<table>
<thead>
<tr>
<th>Month</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul-01</td>
<td>8</td>
</tr>
<tr>
<td>Aug-01</td>
<td>9</td>
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<td>Sep-01</td>
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<td>8</td>
</tr>
<tr>
<td>Nov-01</td>
<td>7</td>
</tr>
<tr>
<td>Dec-01</td>
<td>8</td>
</tr>
<tr>
<td>Jan-02</td>
<td>8</td>
</tr>
<tr>
<td>Feb-02</td>
<td>7</td>
</tr>
<tr>
<td>Mar-02</td>
<td>7</td>
</tr>
<tr>
<td>Apr-02</td>
<td>10</td>
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<td>May-02</td>
<td>11</td>
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<tr>
<td>Jun-02</td>
<td>13</td>
</tr>
<tr>
<td>Jul-02</td>
<td>19</td>
</tr>
<tr>
<td>Aug-02</td>
<td>21</td>
</tr>
</tbody>
</table>
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**Drug Court staff and team members.** The Laurel/Knox Drug Court employs two full-time staff members. The Drug Court Treatment Coordinator is located in Knox County and provides administrative support, assessments for intake, case management when necessary, and assists with the Individual Participant Plans (IPP). The Drug Court Case Specialist is located in Laurel County and manages the urine screens, referrals, case management and assists with the
Laurel/Knox Counties Drug Court Implementation Evaluation

participants’ treatment plans. The Laurel/Knox Drug Court team involves two judges, one based in each county. The Drug Court team also includes probation/parole officers, a member of the Cumberland River Comprehensive Care Center, the Commonwealth Attorney, and members of law enforcement staff. All members participate in the decision to accept referrals to the program based on a uniform set of eligibility criteria (described below).

**Referrals, eligibility, and admission procedures.** Participants can be referred to Drug Court by public defenders, judges, and prosecutors. Other recruitment methods include brochures inviting arrestees/defendants to apply and word of mouth. When a potential participant is referred into the program, the Drug Court staff meets with the potential participant to determine the participant’s eligibility. To be eligible for the Laurel/Knox Drug Court, adults must be assessed on certain inclusionary and exclusionary criteria. Participants must have a history of substance abuse. Potential participants must also be able to have transportation to keep court dates, treatment appointments, and drug screens. Participants who have a situation that prevents them from meeting all requirements of the program will not be admitted. Violent offenders are not referred to the program as well as individuals who have domestic violence charges.

Each member of the team provides input on whether they think the referral will be a good candidate for the program. On many occasions, the prosecutor and probation officers have had prior interactions with these candidates, and consequently their input about the prospective participant is regarded highly by the entire team. After initial review by the team, the Drug Court Treatment Coordinator then administers the Kentucky Adult Severity Index (ASI) (Logan et al.) either in the Drug
Court office or the detention center. The assessment is completed within three days of the referral and a formal decision for entry is made.

**Program goals.** The primary goal of the Laurel/Knox Drug Court program is to eliminate substance use and criminal behavior associated with substance use, and to produce productive citizens. The measures for these goals include continued sobriety and employment, as well as renewed family relationships. In addition to the primary goals, the Laurel/Knox Drug Court reports to the Administrative Office of the Courts on the following goals and measures of goal achievement:

### Table 2. Primary Goals and Measures

<table>
<thead>
<tr>
<th>Primary Goals</th>
<th>Measures for Goal Achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Promote abstinence</td>
<td>Drug free babies; clean urine screens, number of meetings attended (AA/NA treatment groups, education, case specialist meetings.)</td>
</tr>
<tr>
<td>2. Decrease recidivism</td>
<td>Number of re-arrests while in program and after graduation (tracked with Court net, a daily jail list, and arraignments are monitored daily as well.)</td>
</tr>
<tr>
<td>3. Community safety</td>
<td>Lower community drug arrests; lower property crime</td>
</tr>
<tr>
<td>4. Increase life skills</td>
<td>Court approved housing; court approved employment; education level of participants; gaining/keeping custody of children</td>
</tr>
<tr>
<td>5. Community awareness</td>
<td>Number of media contacts; national recognitions; additional funding; request to speak; more referrals</td>
</tr>
<tr>
<td>6. Expand and maintain resource base</td>
<td>Expanding and maintaining the number of agencies the Drug Court program can refer participants to or who work with the Drug Court.</td>
</tr>
</tbody>
</table>

**Phase structure.** Like all Kentucky Drug Courts, programming for the Laurel/Knox Drug Court is divided into three distinct phases, each with a separate set of goals, requirements, and minimum length of time for reaching these goals. A general overview of these three phases
(including Drug Court sessions, treatment activity, and supervision level) is presented in Table 1. The total minimum expected duration of the participants’ stay in Drug Court is 12 months, but participants often take longer to complete the program.

Generally, as the adults move through the three Drug Court phases, the number of court sessions that they are required to attend decreases, as does their level of supervision. In Phase I, participants are under the most intensive supervision. The level of supervision is reduced during Phases II and III.

The number of treatment sessions that participants are required to attend is also dependent upon their treatment phase. During Phase I, participants are required to attend four individual treatment sessions and one group session per week. Participants must attend two individual sessions and one group session per week during Phase II, and in Phase III, each participant must attend one individual and one group session per week. Participants in the Laurel/Knox Drug Court program attend AA/NA meetings three times a week during Phase I, two times a week in Phase II and once a week in Phase III. In addition to treatment, participants are required to undergo urine screens during each phase. Participants also must be enrolled in school, or be working toward their GED and maintain employment.
Table 3. **Drug Court Program Phase Requirements**

Based on your needs, an Individualized Program Plan will be developed. You are expected to assist in the development of the plan. The plan will outline the goals you must reach to complete the Drug Court Program. There are phases of the program.

**Phase I Requirements (Can be completed in two (2) months)**

1. To attend Drug Court sessions at least twice a month  
2. To provide at least three random drug screens each week which reflect no drug use  
3. To attend at least three documented NA/AA meetings per week  
4. To attend all assigned group, family, and/or individual counseling sessions  
5. To being to make necessary arrangements toward payment of all court obligations  
6. To maintain court-approved stable housing  
7. To maintain court-approved employment, vocational training and/or education referrals  
8. To write a daily journal entry and submit it to the Judge  
9. Begin work on a 12-step recovery program

**Phase II Requirements (Can be completed in six (6) months)**

1. To attend Drug Court twice a month  
2. To provide at least two random drug screens each week which reflect no drug use  
3. To attend at least two documented NA/AA meetings per week  
4. To attend all assigned group, family and/or individual counseling sessions  
5. To develop a payment plan for any restitution, court costs, etc.,  
6. To maintain court-approved stable housing  
7. To maintain court-approved employment, vocational training, and/or education referrals  
8. To write a daily journal entry and submit it to the Judge  
9. To complete assigned readings  
10. To maintain daily physical activity  
11. To do at least one good deed before each court appearance  
12. To obtain/maintain an approved NA/AA sponsor and continue work on a 12-step program

**Phase III Requirements (Can be completed in six (4) months)**

1. To attend one Drug Court session a month  
2. To provide at least on random drug screen each week which reflect no drug use  
3. To attend at least on documented NA/AA meeting per week  
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, vocational training, and/or educational referrals  
8. To write a daily journal entry and submit it to the Judge  
9. To complete assigned readings  
10. To maintain daily physical activity  
11. To do at least one good deed before each court appearance  
12. To maintain a full-time sponsor and continue work on a 12-step program  
13. To mentor a new Drug Court participant and/or group sessions  
14. To complete an exit calendar, exit interview, and plans for aftercare.
**Graduation.** The judge has the discretion to determine who should graduate or be terminated from the Drug Court, and his decisions are based upon input from the rest of the team. Participants are recommended for graduation from the Drug Court after they have been in the program for at least 12 months; have actively participated in the program; have successfully completed all three program phases; have maintained stable living conditions for 10 months; have maintained stable employment for 10 months; and have provided at least four clean urine screens. Participants also are required to pay any outstanding fees by the end of the program.

Graduation occurs as often as any participant has completed all the program requirements. Graduations are open to the public if the participants are in agreement. Family and friends are welcome as well as the media if the event is public. The participant is given a t-shirt, a plaque, gift certificates, and an opportunity to speak. Once participants graduate they continue in an aftercare program that lasts from two to six months, and requires them to serve as a mentor for new participants or group sessions and/or perform public speaking as requested by the program. Aftercare also involves continued attendance at AA or NA meetings, regular graduate support groups that continue to work on relapse prevention, alumni social meetings, and random urine screens or breathalyzer if requested by staff or the Drug Court judge. Graduates must notify Drug Court Staff of any changes in address or employment status and contact the Drug Court at least once a year for five years.

**Program rules and termination from Drug Court.** Each new Drug Court participant is given a Laurel/Knox Drug Court Handbook at program entry that details the operations of the program, policies and procedures, rules, and what each participant can expect (see appendix C).
Rules are viewed by the team as being important for a variety of reasons. First, rules impose a structured lifestyle which is often unfamiliar to participants and show participants that society follows a social order. Second, rules also ensure the safety of not only the staff but also the participants, and help the program to run more smoothly. Table 5 presents the statement of the rules the participants must follow to remain in Drug Court. Failure to follow rules can result in the imposition of a disciplinary sanction also can result in the expulsion of the participant from the program (for either serious infractions or for repeated rule breaking).

When a participant is repeatedly non-compliant with program rules, they may be terminated from the program (often the team recommends this to the judge who enacts termination from the program). The participant is notified during a Drug Court session that he/she has been terminated. At that point, the case is returned to the judge who proceeds with sentencing. Violence or mistreatment of any of the Drug Court team member, consistent dirty drug screens, persistent non-compliance and new felony charges prompts termination from Drug Court.

Participant goals. Participants will work on the following goals as written in the program manual. Participants must agree to these goals and sign an authorization for after having reviewed the program and program requirements with their defense attorneys. Although each participant follows an Individual Program Plan, the following goals are standard for all participants.
### Table 4. Participant Goals

The Drug Court will work with you on individual goals, however the following goals are for every participant:

1. To learn to live drug-free
2. To develop a non-criminal pattern of living
3. To improve employment skills through vocational training and educational pursuits
4. To attend NA/AA and other support groups
5. To improve self-esteem and self-motivation
6. To learn the warning signs of relapse and develop a relapse prevention plan
7. To increase social skills
8. To accept responsibility for financial obligations and learn budgeting skills
Table 5. Participant Rules

Any and all infractions of the rules will be documented in writing and reviewed by the Judge.

1. Appropriate clothing is required at all times. You must wear a shirt or blouse, pants (or shorts of reasonable length), and shoes. Sunglasses will not be worn inside the Court or any treatment facility unless medically approved by the Court. Clothing bearing drug or alcohol-related themes, or promoting or advertising alcohol or drug use is not allowed.
2. You must attend all scheduled counseling sessions, educational sessions, and Court sessions unless you get prior approval. You must arrive on time and not leave until the meeting is over. If you are late you will not be allowed to attend and will be considered absent.
3. The following actions will not be tolerated:
   a. Violence or threats of any kind
   b. Coming to any Drug Court activity under the influence of any drug or alcohol
   c. Possession of alcohol, drugs, weapons, etc.,
   d. Inappropriate sexual behavior or harassment
4. You may not carry pagers or cellular phones to any Drug Court activity.
5. You must immediately notify staff of any arrest or Court obligations.
6. Drug Court will comply with KRS 620.030 regarding the reporting of abuse or neglect of children and KRS 209.030 regarding the reporting of cases of abuse and neglect of adults.
7. You must maintain appropriate behavior at all times during Drug Court sessions and while in the courthouse. Unless you are given prior approval, you must remain for the entire proceeding.
8. You must comply with the following curfew times: Sunday through Thursday 11:00 p.m., Friday and Saturday 12:00 midnight. If you work later hours you must notify staff in advance and you will be allowed enough time to get home.
9. Your family or friends should not loiter. If friends or family members are providing transportation, they should simply drop you off and pick you up at the end of any scheduled session.

Drug Court Program Elements

In addition to the structural and procedural components described in the preceding sections, the Laurel/Knox Drug Court also includes a general set of components designed to
engage participants in treatment while supervising their progress. These major program elements include (a) Drug Court

sessions, (b) treatment, (c) supervision, (d) sanctions and rewards, (e) community service, (f) good deeds, and (e) book reports. The following section describes these elements and presents a series of graphics that show how these elements were provided across the timeframe covered in this evaluation. Collectively, the data presented below can be used to assess the implementation of specific program elements and show trends that can be used programmatically for monitoring and planning.

**Court sessions.** Drug Court sessions are held the second and fourth Friday of every month in Laurel County and in Knox County to review the progress of the participants scheduled for review that week. Prior to each Drug Court session, the team members in Laurel County meet in the judge’s chambers for staffing and in Knox county staffing occurred in the Law Library. During staffing the Drug Court team reviews and discusses the progress of the participants who will be appearing in court that day. The Drug Court treatment coordinator, public defender, treatment provider, prosecutor, and a representative from the probation/parole office in Knox County made reports to the judge about the participants’ progress. During the Laurel staffing the case specialist, Commonwealth attorney, public defender, and the Comprehensive Care Drug Court coordinator reported to the judge about the participants’ progress. It was evident that both teams and the Judges worked closely together to make recommendations for particular participant cases. Recommendations made by staff included when a
participant was ready to be promoted to the next phase, if and what type of sanction or reward
needed to be used, unmet service needs, and clinical and professional opinions regarding
strategies that could be used to help the participant to progress in their treatment goals. The next
section provides an in-depth description of a “typical” Drug Court session for the Laurel/Knox
Drug Court.

A summary of the participant observation by researchers from the University of Kentucky is
provided below to give a detailed picture of how a Drug Court session was organized and
conducted:

The ambient noise level was relatively low the entire court session. Participants entered
the court room as a group and in no particular order. Each participant remained throughout the
entire Drug Court session. There were no family members present in either the Laurel or Knox County Drug Court session. The judge always addressed the participant first, and the participant stood at a podium directly in front of the judge in both the Laurel and Knox Drug Courts. In Laurel County, the participant stood five feet in front of the judge at a podium that had a microphone that was not turned on. Throughout the Laurel County Drug Court session the Commonwealth Attorney, case specialist, and probation/parole sat to the left of the participant at a table. In Knox County there was not microphone present, and the Drug Court treatment coordinator, public defender, prosecutor, and probation/parole officer sat at a table to the left of the participant. Eye contact between the judge and the participant was sustained throughout both counties’ Drug Court sessions. There was no physical contact between the judge and the participant in Knox County. However, in Laurel County, several
participants were promoted to higher phases and the participants were rewarded with applause and a handshake from the Judge. Participants in the Laurel County Drug Court were seen by the judge based upon seniority (i.e., participants who had been in the program longest were seen before new participants). Neither Laurel nor Knox County had a fixed sanction algorithm, and each participant was handled on an individual basis. The average court review session for each participant in Laurel County lasted one minute and eighteen seconds. The mode was 30, 40, 45, 60, and 120 seconds, with two sessions lasting 30, 40, 45, 60, and 120 seconds each. The median individual session length was 50 seconds. Individual session lengths ranged in length from 20 seconds to 4 minutes and 50 seconds. Eighteen participants appeared before the judge during the Laurel County Drug Court session. In both court sessions, the judge and participant addressed the gallery frequently throughout the session.

**Treatment.** The first Key Component of Drug Courts, “…integrate alcohol and other drug treatment services with justice system case processing,” is implemented at the Laurel/Knox Drug Court program to help adults to recover from their drug problems and to cease criminal behavior. Participants attend one group session each week throughout the duration of the program. Participants in Phase I of the program attend four individual counseling sessions per week. Phase II participants attend two individual sessions per week, and Phase III participants attend one individual session per week. The Laurel/Knox Drug Court uses Cumberland River Comprehensive Care as their primary treatment provider. Independence House and Crossroads provide residential services if
necessary. The Drug Court staff also can provide in-house counseling as a form of secondary
treatment if the participant needs additional
services. The Drug Court’s main philosophy of treatment is to address substance abuse issues
and to provide tools to assist in recovery. The Drug Court places a strong emphasis on recovery
and change in lifestyle. Goals of treatment are for the participants to be able to live a crime-free,
healthy lifestyle, and to become productive and responsible members in their communities. Data
from the monthly statistics reports suggest that adult Drug Court participants are receiving fairly
intensive treatment services.

Descriptive analyses combining group and individual sessions (summarized in Figure 2)
showed that the fewest number (n =8) of treatment sessions were provided in February of 2002,
and the most sessions (n =161) were given in July of 2002.

**Figure 2.**

<table>
<thead>
<tr>
<th>Month</th>
<th>Individual</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul-01</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>Aug-01</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td>Sep-01</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td>Oct-01</td>
<td>22</td>
<td>0</td>
</tr>
<tr>
<td>Nov-01</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>Dec-01</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Jan-02</td>
<td>19</td>
<td>0</td>
</tr>
<tr>
<td>Feb-02</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Mar-02</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Apr-02</td>
<td>97</td>
<td>0</td>
</tr>
<tr>
<td>May-02</td>
<td>112</td>
<td>0</td>
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<tr>
<td>Jun-02</td>
<td>124</td>
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</tr>
<tr>
<td>Jul-02</td>
<td>118</td>
<td>4</td>
</tr>
<tr>
<td>Aug-02</td>
<td>161</td>
<td>4</td>
</tr>
</tbody>
</table>
Supervision. Treatment and supervision are two of the essential features of Adult Drug Court. The combination of these two aspects of Drug Court intervention has been repeatedly shown to be effective for offenders in criminal justice-based treatment. (Nurco, Hanlon, Bateman, & Kinlock, 1995). The offender supervision component of the Drug Courts is reflected in the fifth, “Abstinence is monitored by frequent alcohol and other drug testing” and seventh “Ongoing judicial interaction with each Drug Court participant is essential” Key Components of Drug Courts. Observation of a court session by researchers from the University of Kentucky showed that the Judge paid careful attention to urine drug test results, and reviewed these with participants during the court session. Data from the Monthly Statistical Reports showed that the adults in the Adult Drug Court appeared to be well supervised. Urine screening was frequently used, with a total of 1,128 (an average of 94.6 urine screens were collected each month). As shown in Figure 3, the fewest urine screens (43) were collected in November, 2001, and the most urine screens (179) were collected in July, 2002. While urine analyses are a useful way to examine overall supervision level, it should be noted that urine-screening requirements decrease as participants are promoted to higher phases, and the participants’ phase was not considered in these analyses. Thus, the number of urines per participant described in the graphs below underestimates the intensity of supervision provided. Figure 3.
Sanctions are applied to participants on a case to case basis. The entire Drug Court team has input into sanctions; however the judge makes the final determination of what sanction will be used. Positive urine screens, missing work, not completing community service, not completing assignments, being late to Drug Court sessions, and noncompliance with the Drug Court program, all prompt the use of a sanction. Sanctions
used include jail time (which varies depending on the severity of the act), phase demotion, additional drug screens, additional treatment, additional contact with NA/AA sponsor, increased number of good deeds required, and termination from the program.

Participants earn rewards by being compliant with the program rules and making significant progress towards treatment goals. Rewards are given for clean urine screens, achievement of job or educational goals, and consistent program compliance. Rewards that are typically given in exchange for the participants’ progress are praise from the judge, applause from the group, phase promotion, and reduced amount of contact with treatment staff.

Community service. Community service plays an important role in the Laurel/Knox Drug Court program because it encourages participants to be productive members of their community. Participants are assigned a community service activity sanction for noncompliance. The number of hours assigned is determined by the type of sanction. The Drug Court team works with several community agencies including PRIDE and Community Cooperative Care in order to provide participants with appropriate community service activities. Community service work is also required of participants who are not employed.

Good deeds. Good deeds are another program component used by the Laurel/Knox Drug Court team. Although good deeds are not established as a formal requirement, participants who present the Judge with a report of a good deed are applauded in court.
**Book reports.** The Drug Court team uses book reports both as a means for enhancing treatment and as a sanction if appropriate. Participants are often required to write book reports on any issues that may be significant in the participant’s life at that time. Participants may also be required to read certain books and submit reports on the chapters they read. The Drug Court team also provides participants with workbooks dealing with particular drugs to be used as educational resources. Book reports are also used as a form of sanction whenever necessary, and if the Drug Court team thinks the participant might profit more from this experience than from other types of sanctions.

**Logic model of the Drug Court program.** The target population for this program is drug involved adults who have received a felony conviction. The adults either need to be substance abusers or substance dependent. In compliance with Federal guidelines the staff members indicated that they do not accept adults with violent offenses or traffickers who are trafficking for profit. They also exclude participants who have received any DUI charges or domestic violence charges, or have emergency protective orders filed against them.

The Laurel/Knox County Drug Court has access to a variety of available resources whose roles are to provide positive interventions for drug-involved adults. Currently the Drug Court uses Cumberland River Comprehensive Care Center as their primary treatment provider. The Laurel/Knox County Drug Court also takes advantage of the local spouse abuse shelter, the local GED program, Vocational Rehabilitation, and it utilizes the Cabinet for Families and Children as a resource. The Laurel/Knox Drug
Court team provides the participants with in house counseling. The staff indicated the probation/parole is an important resource for their program. Staff said “probation/parole has been an important resource for the case specialists. They (probation/parole) escort the case specialists to homes where their safety may be threatened.” The Drug Court team listed Crossroads, and the local AA groups as important resources.

Staff identified many participant background characteristics of the Laurel/Knox Drug Court participants. All the participants had a prior history of drug use and abuse. The staff indicated that the majority of the participants also have a limited amount of education. The Drug Court team described their participants as being indigent, unmotivated, and having limited amounts of social skills. The average age of the Laurel/Knox Drug Court participants is roughly 31, with none of participants over the age of 40.

The Laurel/Knox Drug Court utilizes a variety of treatment activities. The Drug Court participants attend individual and group therapy sessions regularly. The staff said that they use random drug screening, daily journaling which is graded, and good deeds as a part of their treatment activities. The Laurel/Knox Drug Court team said “our program aims to involve and positively affect the family members of the Drug Court participants and we offer parenting classes, family gatherings, and family orientation sessions to the participants and their families”. The Drug Court staff indicated that they offer a psychological education group which “touches basics such as daily living information” for the participants. Trophies and awards such as participant of the month are given to the participants in order to recognize and reward their successes and achievements.
The initial goals of the Laurel/Knox Drug Court are for the participants to remain drug free. Staff said that they initially want the participants to have and maintain court approved housing, and obtain and maintain employment. The staff also expects the participants to enroll in school if needed, begin working towards their GED, adequately provide for their families, and begin repaying restitution fees.

The Laurel/Knox Drug Court team indicated other factors that influence their adult Drug Court. The staff said that they have problems in the community with methamphetamine labs. One staff member expressed concern specific to this issue stating, “methamphetamine labs are becoming more and more common in the area”. The Laurel/Knox Drug Court staff also identified prescription medication fraud as major problem in the community, explaining “many people in the community that believe that prescription drug use and abuse is not an actual drug problem.”

The long term outcomes or overall objectives of the Laurel/Knox County Drug Court are for the court to help reduce drug use, and the number of drug-related crimes. The staff members also expect the participants to further their education, and the team hopes to facilitate the development of productive and responsible citizens. The staff stated that they also hope to decrease recidivism and to promote an increase in community safety. The team expressed a desire to increase the number of community resources available to the program. The Laurel/Knox Drug Court team presented different concerns they had with their program. One of these program concerns was the increasing amount of drug use within the community. The staff
expressed unease related to the many differences between the two jurisdictions the Drug Court serves.

**Figure 5. Logic Model: Laurel/Knox County Drug Court**

<table>
<thead>
<tr>
<th>Target Population</th>
<th>Treatment Activities</th>
<th>Initial Goals</th>
<th>Goals/Outcomes</th>
<th>Other Factors</th>
<th>Program Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 18+ years old</td>
<td>• Individual and group treatment sessions</td>
<td>• Remain drug free</td>
<td>• Reduce drug use</td>
<td>• Growing number of methamphetamine labs</td>
<td>• Lack of resources for participants with disabilities</td>
</tr>
<tr>
<td>• Felony drug offenders</td>
<td>• Urine Analysis</td>
<td>• Obtain/maintain employment</td>
<td>• Reduce drug related crime</td>
<td>• Prescription fraud</td>
<td>• Increasing drug use within community</td>
</tr>
<tr>
<td>• Non-violent offenders</td>
<td>• Journaling (graded)</td>
<td>• GED</td>
<td>• Save taxpayers money</td>
<td>• Social acceptance of prescription drug use</td>
<td>• Safety during home visits and curfew checks</td>
</tr>
<tr>
<td>• No trafficking offenses</td>
<td>• Good deeds</td>
<td>• Stable home environment</td>
<td>• Produce productive citizens</td>
<td>• Community differences between Laurel and Knox counties</td>
<td></td>
</tr>
<tr>
<td>• No DVOs or EPOs</td>
<td>• Psychological-educational groups (daily living information)</td>
<td>• Provide for children</td>
<td>• Increase community safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Diversion and Probation</td>
<td>• Parenting classes</td>
<td>• Pay all fines</td>
<td>• Increase community resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• No DUI offenders</td>
<td>• Family orientation sessions</td>
<td>• Maintain structured daily routine</td>
<td>• Decrease recidivism</td>
<td></td>
<td></td>
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<tr>
<td><strong>Resources Available</strong></td>
<td>• Family gatherings (picnics, etc.)</td>
<td></td>
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<td></td>
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<tr>
<td>• Cumberland River</td>
<td>• Trophies</td>
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<tr>
<td>• Comprehensive Care Center</td>
<td>• Participant of the Month</td>
<td></td>
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<tr>
<td>• Crossroads</td>
<td>• Increase community safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• AA (no NA available)</td>
<td>• Provide for children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Probation/Parole</td>
<td>• Pay all fines</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• In house counseling</td>
<td>• Maintain structured daily routine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Spouse abuse shelter</td>
<td>• Increase participation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• GED program</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Cabinet for Families &amp; Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Vocational Rehabilitation</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>• Drug Court Staff</td>
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</tr>
</tbody>
</table>

**Client Background Characteristics**

- History of drug abuse
- Indigent
- Limited education
- Average participant age – 31 (no one over age 40)
- Low minority population
- Unmotivated
- Lack of social skills
- Community differences between Laurel and Knox counties
FINDINGS: DURING PROGRAM IMPACT AND OUTCOMES

Retention in Drug Court

The primary emphasis of the Laurel/Knox Drug Court is to help its participants learn to live drug-free and crime-free lives. Participants are held accountable for their actions through therapeutic sanctions and rewards for their success. The Laurel/Knox Drug Court program appeared to impact a positive influence upon helping participants maintain jobs, remain drug-free, and live a crime-free life. Program compliance rates were assessed by examining how often participants received sanctions. Noncompliance implies poor participant performance, but should not necessarily be viewed as a negative outcome for the program, because Drug Courts function as long-term intensive behavior modification programs directed at extinguishing antisocial behavior and promoting pro-social behavior. The imposition of sanctions reflects both a negative (at the level of the individual) and a positive therapeutic action (at the level of the program). Keeping participants in the Drug Court program is an essential and crucial element. If the participant is removed from the program, the consequences are evident. They usually do not continue to receive treatment, thus reducing the chance that they will have positive outcomes. Nevertheless, not everyone can be allowed to have indefinitely long stays in the program. Some participants need to be terminated to restore a therapeutic atmosphere, and provide an example to the remaining participants that they will be held accountable for criminal
and deviant behavior, thus enforcing social and internal control. During the timeframe covered by the current report (July 2001-July 2002) one participant was terminated from the program and the rest remained active. A large body of research in the substance abuse treatment field and in the Drug Courts shows that program graduates perform significantly better than those who do not finish a program.

**Recidivism**

Recidivism (often defined as rearrests) is a fundamental outcome indicator used to judge the effectiveness of criminal justice based programs. Therefore, one of the primary performance measures for the Laurel/Knox is the number of participants who are arrested for new crimes while they are under the program’s supervision. Four participants were rearrested during the timeframe of the report. All arrests were misdemeanors; one arrest for Alcohol Intoxication, one arrest for menacing, one arrest for assault, and one arrest for violation of a Domestic Violence Order. No participants were rearrested for felony charges.

**Drug Use**

Many of the resources of the Laurel/Knox Drug Court are focused on reducing the use of alcohol and other illicit drugs among its participants. As noted previously, Drug Court staff provides recovery oriented therapy to their participants and employ frequent urine testing for illicit drugs to determine participant progress and reveal relapses. During the time frame covered by this report there were a total of 81 positive drug screens, or 7.1% of the 1,136 of drug screens were positive that were
conducted. Three of the urine tests were positive for cocaine, nine for opiates, 38 for marijuana, 14 for prescription drugs, and 27 tested positive for other drugs.

**Education**

The Laurel/Knox Drug Court program emphasizes the importance of an education and requires that all of the participants who have not completed high school obtain or be in pursuit of a GED. This requirement benefits both the participants and society in the long run because educational achievement is positively and linearly related to lifetime earnings from employment. Better educated people earn more money and can be more productive members of society than those with low educational achievement.

**Employment**

Employment problems are a reliable predictor of early dropout from treatment among adults in community-based substance abuse treatment programs; therefore, employment is required of every Drug Court participant unless they are a full time student. Data from the monthly statistics show that most participants have full-time jobs. Figure 6 summarizes participant employment data from the monthly statistical reports.

**Figure 6.**
Sanctions

Drug Court programs are essentially intensive behavior modification programs, because of this, sanctions may be viewed as a necessary feature of the program that promotes participant accountability through the provision of appropriate consequences. Sanctions are given for participant noncompliance in order to provide a means of correction for this behavior. Review of program records indicated that sanctions were generally used in a consistent manner following specific behavioral problems. However, the Laurel/Knox Drug Court program does not have a fixed sanction algorithm and sanctions are individualized. Between July 2001 and July 2002 a total of 30 sanctions were given. Most sanctions consisted of community service work; however, jail time of varying lengths was given when necessary. The Drug Court staff also used phase demotions as a sanction and demoted two participants during the time frame of this report.
Phase Promotion

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 provided direct behavioral measures of participants’ compliance with treatment plans and program rules. As shown in Figure 7, analysis of data from the monthly statistical report covering the evaluation period of this report showed that 20 participants were promoted to Phase II and six participants were promoted to Phase III. Eight participants graduated the Drug Court program.

Figure 7.

<table>
<thead>
<tr>
<th>Number of Phase Promotions Given Between July 2001 - July 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoted to Phase II</td>
</tr>
<tr>
<td>20</td>
</tr>
</tbody>
</table>

SUMMARY AND CONCLUSIONS
The Laurel/Knox Drug Court program provides recovery-oriented services and intensive supervision to adults with drug abuse problems. The Drug Court team has successfully developed a program offering structured treatment options, random drug testing, and a reward/sanction based system to promote accountability among participants. The Laurel/Knox Drug Court program works closely to help participants to begin their recovery, improve social functioning, and quit committing crimes.

This program has matured beyond its planning phase, and has transitioned into a fully implemented, cohesive program. In conclusion the Laurel/Knox Drug Court is in full compliance with the 10 Key Components outlined for implementing effective Drug Court programs (DCPO, 1999). Specifically:

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

Findings from the focus group and participant observation showed that the Laurel/Knox Drug Court includes persons representing all aspects of the criminal justice system and the local treatment delivery system in order to develop a shared understanding of the values, goals, and operating procedures of both the treatment and justice system components.

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

Results from the focus group and the participant observation indicated that the prosecutors and
defense attorneys in both counties work together within their team to help in the participants’ recovery process and withdrawal from criminal activities. By working together, the attorneys help to guarantee that the due process rights of the participant are protected and the public safety needs are served.

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

Findings from the focus group and staff/team interviews revealed that the Laurel/Knox Drug Court strives to target, assess and place eligible participants into the program. Although the judge has the authority to make the final approval for a participant to be admitted into the program, all members of the team contribute to the decision making process. After the participant is referred to Drug Court an assessment (ASI, Logan et al.) is completed as soon as possible and drug testing begins. An Individualized Program Plan is developed for the participant, contact with a treatment specialist is established, and the participant begins the program.

**Key Component #4. Drug Courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.**
Results from the focus group and staff/team interviews showed that the Drug Court team has successfully established a relationship with Cumberland River Comprehensive Care, the local substance abuse treatment provider. Team members work together with treatment counselors to provide the participant with intensive outpatient substance abuse treatment. Drug Court participants are required to attend group and individual treatment sessions throughout the duration of the program. Drug Court staff also provides case management and make additional referrals to outside residential treatment programs such as Independence House and Crossroads.

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

Findings from the focus group and the staff/team interviews showed that the Drug Court participants are required to submit to a drug test when the initial assessment is completed. Frequent and random drug tests are required of the participant throughout the duration of the program in order to monitor any substances being used by the participant. Participants in the program agree to provide a urine
sample which may be randomly tested on a weekly basis for substances which include but are not limited to marijuana, cocaine, opiates, benzodiazepines, and methamphetamines. Breathalyzer tests are conducted randomly to test for alcohol use. Participants are tested a minimum of three times per week in Phase I, two times per week in Phase II, and one time per week in Phase III. A total of 1136 urine screens were collected between July 2001 and July 2002.

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

Findings from the participant observation, records examination, and staff/team interviews showed that the Laurel/Knox Drug Court program uses a system of rewards and sanctions to encourage compliance among program participants. Each participant is evaluated on a case by case basis. Rewards and incentives are prompted by the participant’s compliance to the program and any achievements the participant may accomplish. Rewards may include such things as applause by the team, praise from the
judge, certificates, and phase promotion. Conversely, participants may be sanctioned if they fail to act in compliance with the program. Sanctions, like incentives, are dispensed swiftly and in accordance with the offense. The range of sanctions employed includes verbal reprimands, community service, and possible jail time.

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

Findings from the participant observations and judge’s interview indicated that the Drug Court team realizes the importance of judicial interaction with the participants and uses this interaction as an effective tool in the program. Observation of a court session in each county by researchers from the University of Kentucky showed that each judge paid careful attention to all participants appearing in court. The judge encouraged the participant to be open and honest while maintaining eye contact and showing approval for positive actions and behaviors. The judge also monitors participants’ current activities through frequent communication with other members of the Drug Court team.
Key Component # 8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

An ongoing evaluation is being conducted by a research team at the University of Kentucky Center on Drug and Alcohol Research.

Key Component # 9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

Findings from staff interviews showed that several members of the Laurel/Knox Drug Court team have attended a variety of educational workshops and trainings. The Commonwealth Attorney case specialist, treatment coordinator, and judges have attended trainings conducted by The National Drug Court Institute as well as other local and state workshops. In November of 2002, the Drug Court treatment coordinator attended a training for treatment providers in Dallas. By attending these educational training sessions, members of the Drug Court team are exposed to interdisciplinary perspectives and strive to maintain a high level of professionalism, commitment, and collaboration.
Key Component # 10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court effectiveness.

Findings from a participant observation and staff interview showed that the Laurel/Knox Drug Court program has successfully forged partnerships with many essential agencies and community organizations. The Drug Court team consists of representatives from the court, prosecution, defense, treatment providers, social service agencies, and law enforcement. The Drug Court program has not only formed a relationship with Cumberland River Comprehensive Care Center, the local state-funded substance abuse treatment facility, but also has partnered with other counseling services such as Independence House and Crossroads to promote a comprehensive treatment program for all participants.

Relationships have also been formed between the Drug Court program and valuable community resources such as job development services and adult education programs.
Recommendations. Based on information collected from Drug Court team members, the following recommendations were made:

1. Continue implementation in accordance with the 10 Drug Court Key Components.
2. Enhance the aftercare component of the program by beginning an alumni group that will help support Drug Court graduates and provide positive peer support on a daily basis.
3. Continue to examine and resolve specific issues; for example, increasing community awareness of drug problems and building relationships among key community representatives.
4. Continue efforts to sustain programming by fostering additional community relationships to help the program continue beyond the initial three-year funding provided by Federal sources. Established contact with additional local agencies and foundations. The Drug Court may wish to consider participating in advocacy groups that support funding addiction treatment and criminal justice programs.

Strengths. The Laurel/Knox Drug Court program has many strengths including dedicated team members who want to help participants work toward drug-free, crime-free lives. The program offers a structured environment that provides accountability and promotes responsibility. Other strengths include timely and appropriate sanctions, strong case management services, and frequent, random drug tests. Findings showed that participants remain almost crime-free (i.e., only 4 misdemeanor arrests were received by participants) and drug-free (i.e., only 7.1% of the 1136 urine screens tested positive for a drug). Most participants were employed full-time, many phase promotions were given, and eight
participants graduated from the program. All of these during program indicators showed the Drug Court has a profound influence on the lives of the participants while they are in the program, helping them to lead more pro-social and productive lives.


