

Scott/Woodford/Bourbon Counties
Adult Drug Court
Implementation Evaluation

Scott/Woodford/Bourbon Counties Adult Drug Court Implementation Evaluation

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PREFACE

The Need for Adult Drug Court in Kentucky

Though Kentucky recidivism rates have decreased slightly in the past couple of years, both generally and specific to drug crimes, rates remain high. The most recent data provided by the Kentucky Department of Corrections reported that 7,579 inmates were released in 2000 from adult institutions in Kentucky and 27.5% of them returned to prison within two years (Kentucky Department of Corrections, 2002). The rate of recidivism for drug offenders in 2000 was higher than the overall recidivism rate at 28.7%. Arrests for narcotic law violations increased from 34,082 in 2000 to 36,551 in 2003 (12.1% and 15.7% of total arrests respectively; Kentucky State Police, 2004).

Additionally, during a large-scale needs assessment of prisoners in Kentucky, 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 in the general population. In response to the rising costs of incarceration and increased numbers of drug related arrests and recidivism, Kentucky's Administrative Office of the Courts (AOC) established a Drug Court department in July 1996, to provide fiscal and administrative oversight to all Drug Court programs in the state.

The motto for Kentucky Drug Court is "A chance...a change" and Kentucky Drug Court is aligned with the more than 1000 Drug Courts in operation across the United States. Reflecting the philosophy of therapeutic jurisprudence (Hora, 2002), its mission is to create a criminal justice environment in Kentucky that is effective in both eliminating illicit drug use and related criminal activity while promoting recovery and reintegration into society, emphasizing public safety and fair representation of all interests under the laws of the

Commonwealth of Kentucky. Drug Court programs in Kentucky represent a team-oriented effort that brings together professionals from the criminal justice system, the treatment delivery system, and the community who are focused on combining intensive criminal justice supervision with drug abuse treatment. This combination of intensive supervision and treatment helps hold offenders accountable for their actions and provides an atmosphere that has been shown to be effective for reducing recidivism and drug use and for improving employment rates among Kentucky drug offenders (Logan, Hiller, Minton, & Leukefeld, in press).

All adult Drug Courts in Kentucky are grounded in the 10 Key Components described in the publication *Defining Drug Courts: The Key Components* (United States Department of Justice, 1997). These 10 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 to follow (see Table 1, Appendix A). All adult Drug Court programs in Kentucky are required to adhere to a programmatic model developed by Administrative Office of the Courts that fulfills the standards set forth in the 10 Key Components. Of course, individual programs vary to a certain degree in exactly how each of these standards are fulfilled because the 10 Key Components are intended to be somewhat flexible for helping each jurisdiction answer specific needs unique to its Drug Court. These guidelines provide an important standard by which to measure whether a particular Drug Court has been successfully implemented in the manner intended by the U. S. Department of Justice.

Altogether, at the time of this evaluation, Kentucky had 27 operational adult Drug Courts, 10 operational juvenile Drug Courts, and 2 operational family Drug Courts (Kentucky Administrative Office of the Courts, available online). Many more Drug Courts

are being planned, and the expansion of Drug Court is expected to continue as more programs are developed through Operation Unite, a local grassroots effort to address a prescription drug abuse crisis in Eastern Kentucky. Pervasive problems with methamphetamine abuse in Western Kentucky continue to require strategic intervention.

Need for the Scott/Woodford/Bourbon Counties Adult Drug Court Program

Many of the crimes in the counties served by this program are drug or alcohol related. For example, in Bourbon County during 2003, 252 arrests were made for driving under the influence (DUI), 145 arrests were made for drunkenness, 278 arrests were made for narcotic drug law offenses, 74 arrests were made for disorderly conduct and 64 arrests were made for liquor law offenses, altogether accounting for 58% of Bourbon County arrests in 2003. In Scott County during 2003, 77 arrests were made for driving under the influence (DUI), 52 arrests were made for drunkenness, 99 arrests were made for narcotic drug offenses, 12 arrests were made for disorderly conduct, and 22 arrests were made for liquor law offenses, which altogether accounted for 35% of Scott County arrests in 2003. In Woodford County during 2003, 179 arrests were made for driving under the influence (DUI), 83 arrests were made for drunkenness, 151 arrests were made for narcotic drug offenses, 29 arrests were made for disorderly conduct, and 18 arrests were made for liquor law offenses, accounting for 43% of Woodford County arrests in 2003 (Kentucky State Police, 2004). Because of the apparent need for intervention as demonstrated by these drug and alcohol-related crime statistics, this jurisdiction in 2002 sought and received a three-year implementation grant from the Bureau of Justice Assistance to establish an intensive program for drug offenders in these counties.

Executive Summary

The current report summarizes the second year of program evaluation findings of the Scott/Woodford/Bourbon Counties Adult Drug Court. Baseline characteristics including demographics, drug use history, and criminal history were collected from the files of Drug Court participants as were during-program outcome indicators. During-program outcome indicators were based on participant-level program information that described the participant's retention in the program, drug use as measured by urinalysis, employment, sanctions and phase promotions. The current evaluation also examined post-program recidivism of program graduates and nongraduates. Recidivism was based on official criminal records from the Administrative Office of the Courts' CourtNet database, and information coded from these records included when a new charge or conviction was received (i.e., during-program, one year after the program, and two years after the program), the severity of the charge or conviction (i.e., felony or misdemeanor), and the specific type of the offense charged (i.e., any charge or conviction, drug law violations, driving under the influence, property offenses, violent offenses, weapons offenses, probation violations, and other types of offenses). Overall findings from the current evaluation show:

- Drug Court was implemented in a manner that was highly consistent with the 10 Key Components, a national standard for effective Drug Court operations. Process evaluation methods including an administrative interview, courtroom observation, and a focus group revealed that the Scott/Woodford/Bourbon Counties Adult Drug Court program is successfully addressing the mission of Drug Courts as defined by the 10 Key Components, with the use of intensive case management, frequent court contact, and close supervision of drug use behavior through screening.
- The Drug Court has created a substantial number of important community linkages with supports and services through which the multifaceted mission of Drug Court can be realized. Drug Court promoted improved social functioning through its networks with universities, local businesses, hospitals and other health care providers, adult education, vocational rehabilitation and other employment programs, in addition to non-profit, volunteer and church programs. The utilization of specific community services was individualized to the needs of each participant.
- The Scott/Woodford/Bourbon Counties Adult Drug Court established a graduation rate of 52.4% over the time frame of September 2002 through December 2004, which is important because individuals who complete substance abuse programs have a higher likelihood of long-term recovery (Peters, Haas, & Hunt, 2001; Zhang, Friedmann, & Gerstein, 2003; and Simpson, Joe, & Rowan-Szal, 1997).
- Even though drug abuse may be a chronically relapsing condition, the majority of the participants (62%) tested negative for illicit drugs while they were in Drug Court. Participants primarily tested positive for marijuana use.
- Drug Court graduates (0%) had significantly lower during-program felony conviction rates than Drug Court non-graduates (50%).

- None of the Drug Court graduates were convicted of a felony offense within one year of graduation, while 30% of non-graduates were convicted of a felony offense within one year of program termination.

PROCESS EVALUATION METHODOLOGY

Developing a specialized court takes extensive planning and program development processes. In order to document the tasks and outcomes of the tasks of these new specialized courts, a process evaluation methodology was employed for this study.

Utilizing a process evaluation methodology 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 perhaps what aspects of the program need revision or fine tuning. 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. And finally, process evaluations are essential for replication of future programs.

For the process evaluation component of the Scott/Woodford/Bourbon County Drug Court evaluation, the research team conducted an interview with the Drug Court coordinator, led a focus group with key Drug Court personnel, conducted treatment team staffing and court observations, and coded Drug Court participant case files.

Interviews

The research team conducted structured face to face interviews with the Drug Court coordinator as well as the Drug Court Judge using instruments which collected both quantitative and qualitative data (see Logan, Lewis, Leukefeld, & Minton, 2000). The Drug Court Judge 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 that detailed the specific operational characteristics of the Drug Court program. Specific sections highlight the target population, program goals, program organization and function (e.g., recruitment, capacity, assessment, and services), supervision practices, staff characteristics, and community organization involvement.

Court Observation

The court observation allowed for 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) during a national study of 15 adult Drug Court programs. 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 rate how typical the observed sessions were for regular court operations. A copy of the observation code sheet is included in Appendix B.

Monthly AOC Statistical Reports

All active Drug Courts in Kentucky, including the Scott/Bourbon/Woodford Counties Adult Drug Court, are required to submit 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; the number of court sessions; the number of participants identified as using an illicit substance based on urine drug screens; the number of individual sessions; the number of drug sessions; the number of family/support sessions; the number of participants referred to outside agencies; employment and educational status of participants; number of employment and housing verifications; amount paid toward 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, monthly statistics reports from September 2002 through December 2004 were reviewed and analyzed.

Program Documentation

Several other 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 this information, 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 caseload, 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.

LOCATION AND SOCIODEMOGRAPHIC CONTEXT

The Scott/Woodford/Bourbon Counties Adult Drug Court program is located in the Inner Bluegrass region of the state with its main program office in Georgetown (Kentucky Atlas and Gazetteer, 2005). Drug Court sessions are held in the Scott County Courthouse in Georgetown, the Woodford County Courthouse in Versailles, and in the Bourbon County Courthouse in Paris, Kentucky.

The 2003 population estimate for Scott County was 36,726, 19,598 for Bourbon County, and 23,659 for Woodford County (US Census Bureau, 2005). The US Census reported 2003 demographic projections for Bourbon County as 90.4% Caucasian, 6.9% African American, and 2.8% Hispanic. Scott County’s 2003 demographic composition was 91.9% Caucasian, 5.4% African American, and 1.6% Hispanic (United States Census Bureau, 2005). Woodford County’s 2003 demographics were projected as 92.1% Caucasian, 5.4% African American, and 3% Hispanic.

The per capita income reported for Bourbon County in 1999 was \$18,335, higher than the national average per capita income (\$18,093) for that year. The unemployment rate in 2000 was 3.8%, substantially lower than the national average unemployment rate of 5.7%. In 1999, 14% of Bourbon County residents were living below the poverty level, less

than the 1999 national average poverty rate of 15.8%. Educational data regarding the county's population indicates that in 2000, 75.4% of the county's population 25 years old or older had completed a high school degree, and 13.5% had completed a bachelor's degree or more (US Census Bureau, 2005).

The per capita income for Scott County in 1999 was \$21,490, higher than both Bourbon County and the national average per capita income. The unemployment rate for 2000 in the county was 3.8%, the same as Bourbon County. In 1999, only 8.8% of the county's residents were reported to be living below the poverty level. In 2000, 80.5% of Scott County residents 25 years old and older had a high school degree, and 20.3% of residents had completed a bachelor's degree or higher (US Census Bureau, 2005).

Woodford County's per capita income average in 1999 was \$22,839, the highest income reported among the three counties. The 2000 unemployment rate in this county was also the lowest of the three counties at 2.6%, and only 7.3% of the population was reported to be living below the poverty level in 1999. In 2000, 82.6% of the population 25 years old and older had completed a high school degree, and 25.9% had completed at least a bachelor's degree (US Census Bureau, 2005).

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 Scott/Woodford/Bourbon Counties Adult Drug Court successfully incorporates substance abuse treatment with criminal justice-based case management as evidenced by the make-up of their Drug Court team, which is comprised of professionals from both the criminal justice system and the treatment system.

The Scott/Woodford/Bourbon Adult Drug Court employs one full-time coordinator. The coordinator's primary responsibility is to oversee the Drug Court program by conducting assessments, providing and assuring quality treatment, updating each participants' individual plan, and verifying employment and housing stability. The Drug Court plans to hire a case specialist during the spring of 2005 to assist the Drug Court coordinator with addressing participant needs and case management. The Drug Court judge volunteers his time to the Drug Court program. The Drug Court team also includes a public defender, a treatment provider with Awareness Counseling, law enforcement officials from the three counties, and the Commonwealth's Attorney.

This 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 and case specialists and outpatient-based substance abuse treatment services through group and individual therapy at one of the two local treatment providers.

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, law enforcement officers, treatment provider, Drug Court coordinator and public defender worked closely together to evaluate participants' progress, to make recommendations for phase changes and to respond to positive urinalyses and noncompliance. Respect for each others' viewpoints and ideas were evidenced by cooperation and compromise in situations requiring such consideration.

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

Information collected from the interview with the coordinator and during the focus group discussion showed that the Scott/Woodford/Bourbon 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 inclusionary and exclusionary criteria to determine which adult offenders may be eligible to participate in Drug Court.

Referrals, Eligibility, and Admission Procedures

Participants may be referred to the program by public defenders, word of mouth among offenders, brochures, prosecutors, and the Judge. The team meets during a pre-court staffing each week in order to discuss and to either approve or disapprove all referrals made during the preceding week. When a referral has been approved for entry into Drug Court, the Kentucky Addiction Severity Index (Logan, et al., 2001) is administered to them by the Drug Court Coordinator. This assessment is done either in jail or in the Drug Court office, and is completed within 7-14 days after accepting the participant. To be eligible for the Scott/Woodford/Bourbon Counties Drug Court, adults must be assessed on certain

inclusionary and exclusionary criteria. Participants must be charged with a drug-related crime within the 14th Judicial Circuit, must be aged 18 or older, must be on either a diversion or probation track of case disposition, and must also be abusing or dependent on substances. It is important to note, consistent with requirements for the Department of Justice, that only non-violent offenders are eligible for participation in this Drug Court. Offenders who are eligible for the Drug Court program are required to sign a written agreement of participation.

Capacity and Caseflow

The Scott/Woodford/Bourbon Adult Drug Court has a current treatment capacity for 75 participants across the three counties. Currently, there are 26 participants actively enrolled in this Drug Court, with a steady flow of assessments being conducted and new participants being accepted weekly. Data from the AOC monthly statistical reports show the growth of this program over time, from September 2002 through December 2004 (Figure 1).

Figure 1. Number of Participants by Month: September 2002- December 2004

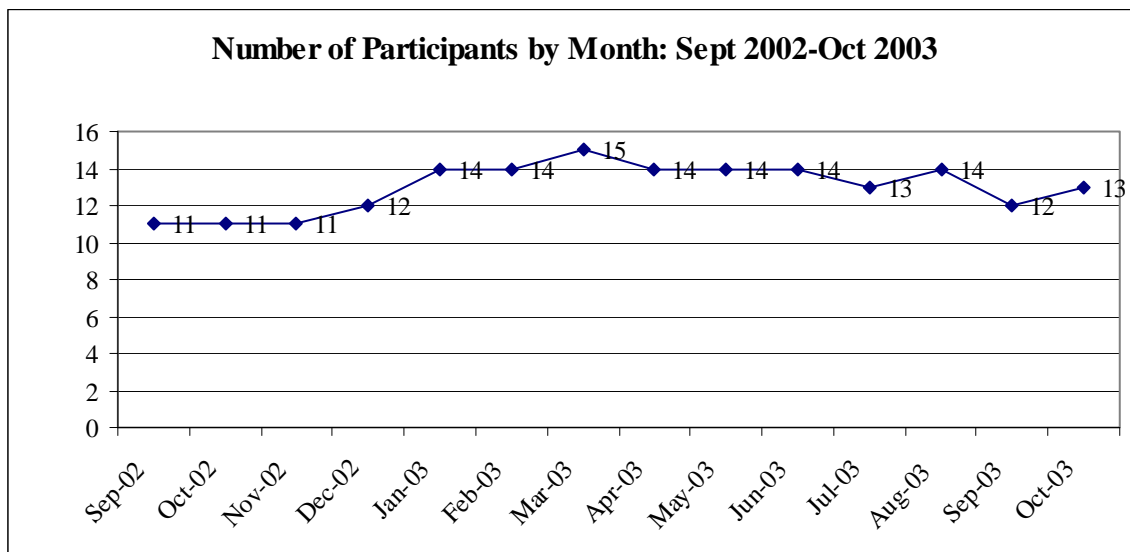
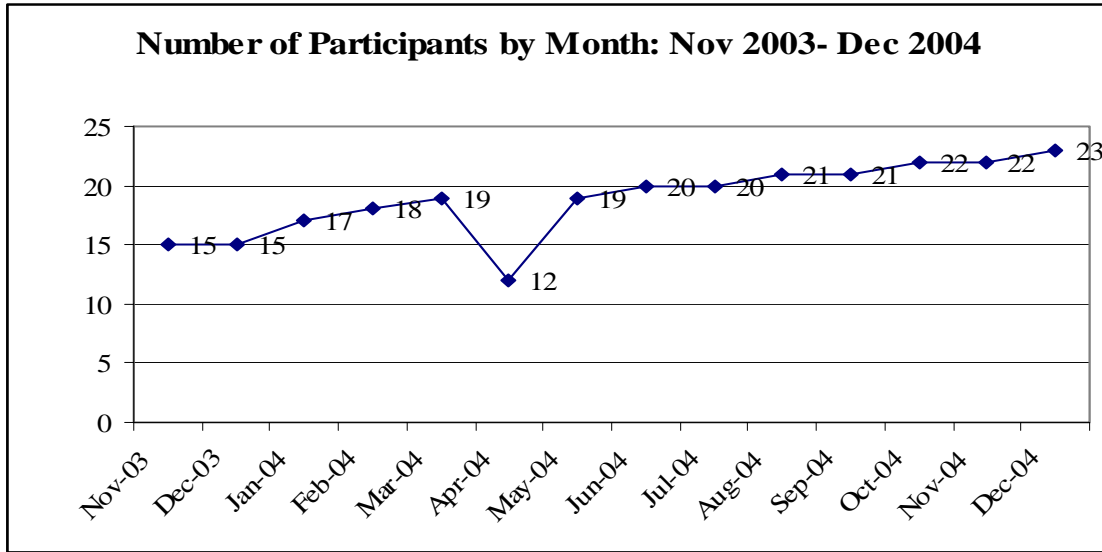


Figure 1, continued



The tables that follow describe the background demographic and drug use characteristics of the Scott/Bourbon/Woodford Counties Adult Drug Court population.

Table 1. Participant Background Characteristics at Drug Court Entry

Characteristic	(N = 47)
Gender	
% Male	30
% Female	70
Race/Ethnicity	
% White/Caucasian	98
% African American	2
Age at Drug Court Entry	
% 18-24	33
% 25-29	17
% 30-34	17
% 35-39	15
% 40 and older	17
Average (Standard Deviation)	30.7 (8.3)
Range	19-49
Missing	1
Education Level	
% Less than High School	24
% High School Diploma	24
% Some College	9
% Vocational Education	36
% College Degree	7

Table 2. Substance Use Characteristics of Drug Court Participants

Characteristic	(N = 44)
Substance Use History	
% Ever Used Alcohol	93
% Ever Used Marijuana	86
% Ever Used Cocaine	63
% Ever Used Crack Cocaine	40
% Ever Used Methamphetamine/Amphetamines	21
% Ever Used Barbiturates	35
% Ever Used Opiates	77
Recent Substance Use (prior 30 days)	
(N = 47)	
% Used Alcohol	28
% Used Marijuana	26
% Used Cocaine	15
% Used Crack Cocaine	15
% Used Methamphetamine/Amphetamines	6
% Used Barbiturates	13
% Used Opiates	38

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

Findings from the focus group and the Drug Court coordinator interview revealed that the Scott/Woodford/Bourbon Drug Court team has successfully established a working relationship with Awareness Counseling, a local substance abuse treatment provider, for providing outpatient-based services to the program participants, and utilizes the services of Bluegrass Comprehensive Care for outpatient treatment in Woodford County. The Drug Court team also makes referrals to other treatment providers, especially when it is

determined that a participant needs more intensive, residential-based treatment. The Drug Court team also provides “in-house” treatment, including individual and group therapy for the participants. Collectively, 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 provide case management services.

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. The figures below show the number of treatment contacts provided during this evaluation period.

Figure 2. Counseling Contacts per Month: September 2002- December 2004

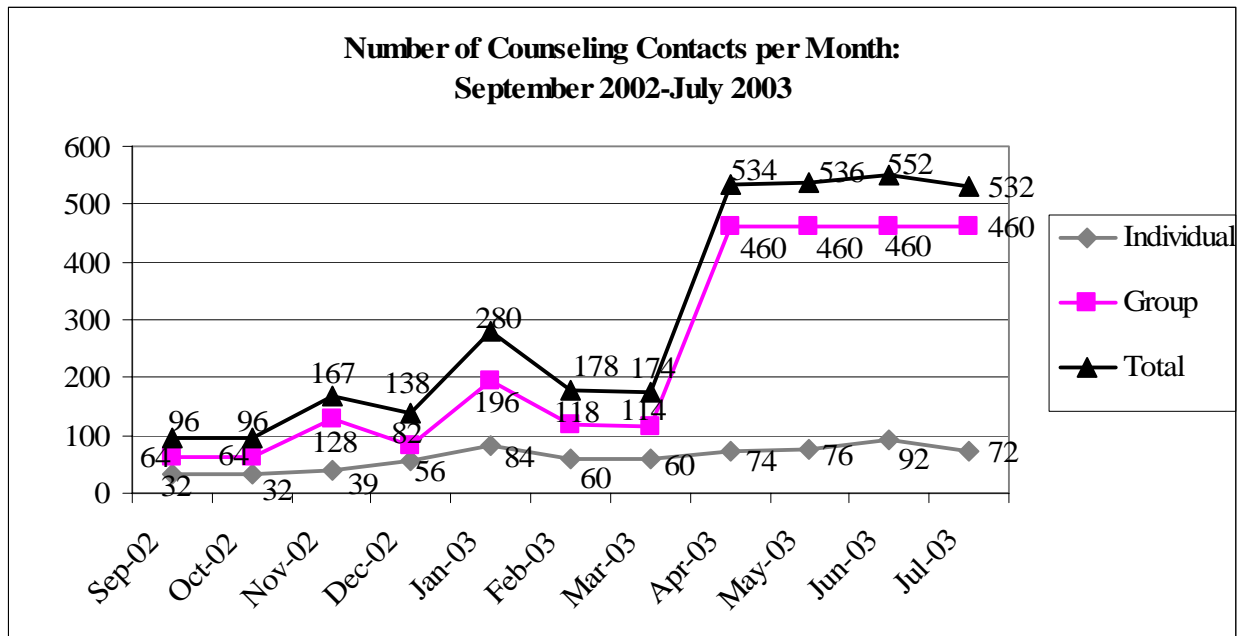
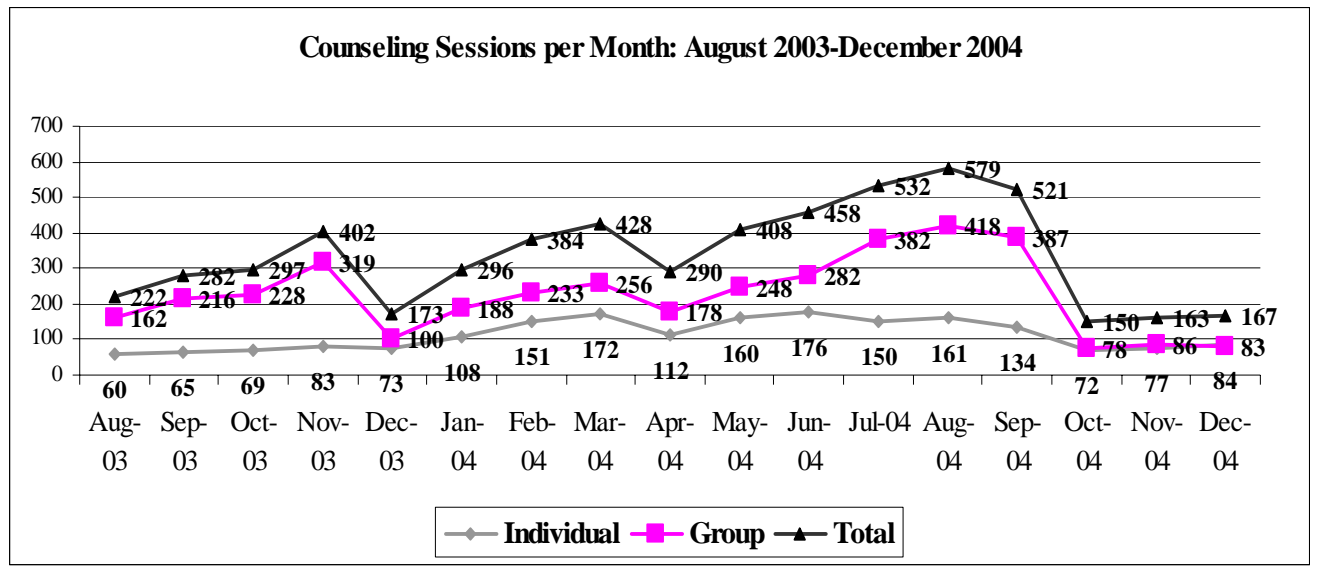


Figure 2, continued



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

Many of the resources of the Scott/Woodford/Bourbon Counties Adult Drug Court are focused upon reducing the use of alcohol and other illicit drugs among its participants. Drug Court staff provide recovery-oriented therapy to their participants and employ frequent urine testing for illicit drugs to determine participant progress and to identify relapse. Random and frequent urine screens are administered to each participant throughout their tenure in the program. As participants advance through the phases, drug testing becomes less frequent. The Drug Court judge reviews results of urine drug tests and applies appropriate sanctions when an individual submits a positive urine screen.

During the reporting period of September 2002 through December 2004, the total number of positive drug screens overall was very low, only 39 altogether. The majority of positive screens were found for marijuana, followed by cocaine. Six positives were identified for sedatives and 5 for opiates, while no participant tested positive during this

reporting period for amphetamines or methamphetamine. Additionally, these 39 positive screens were provided by only 18 participants, indicating that only 38% of the participant population during this time experienced a relapse.

Data from the monthly statistics indicate that participants are tested frequently for drug use through the use of urine screens. Figures 3b and 3c show the total number of screens collected from September 2002 through December 2004, and the average number of screens per participant during the same time frame.

Figure 3a. Total Positive Screens by Type: Sept 2002 through Feb 2005

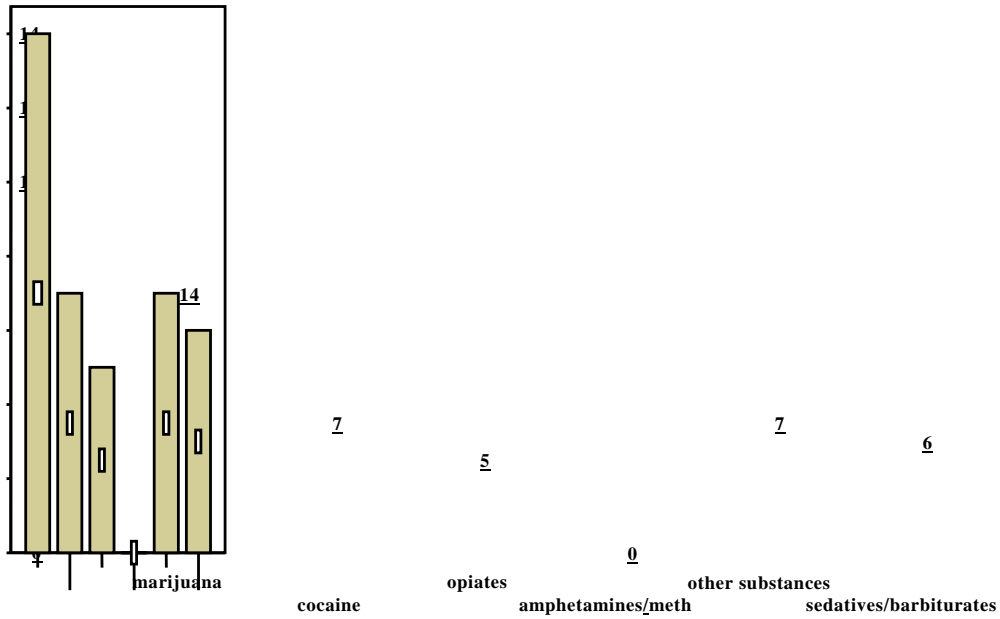


Figure 3b. Total Urine Screens Collected by Month 9/2002- 12/2004

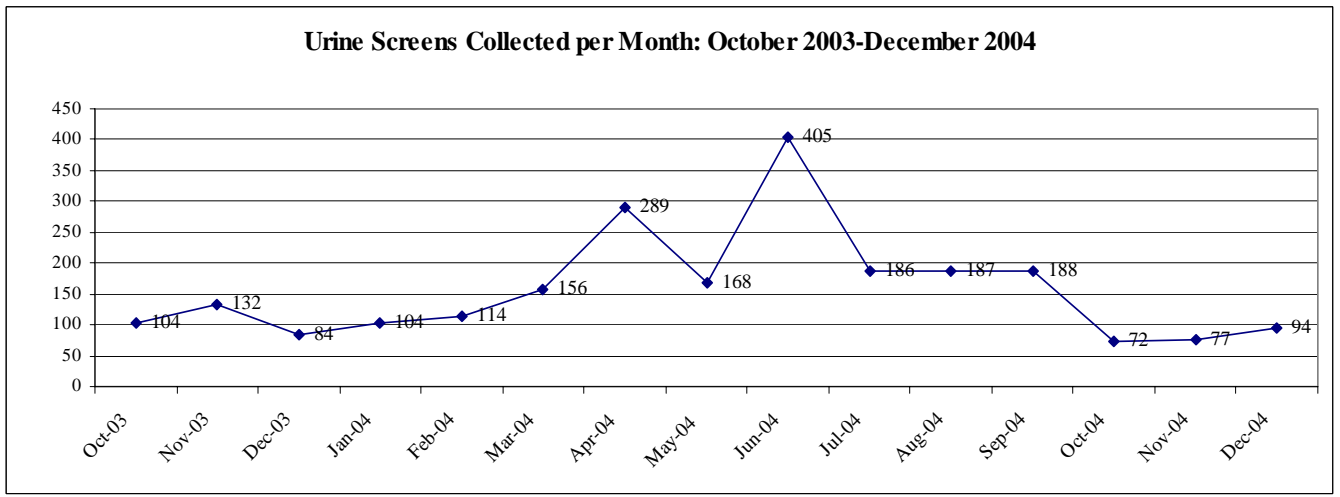
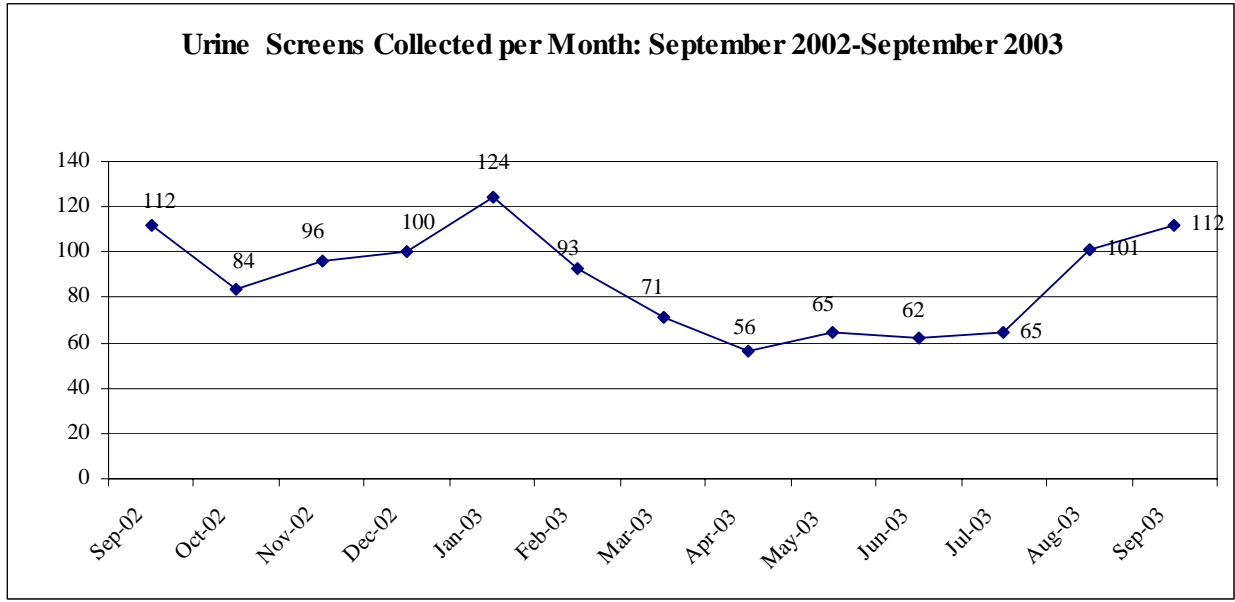
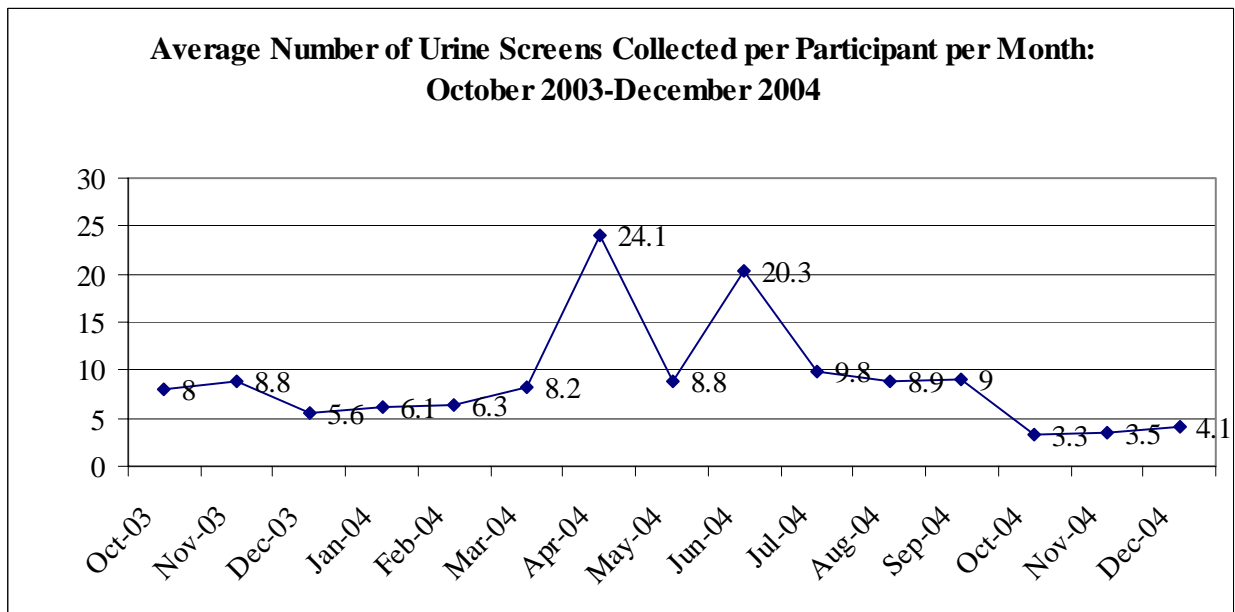
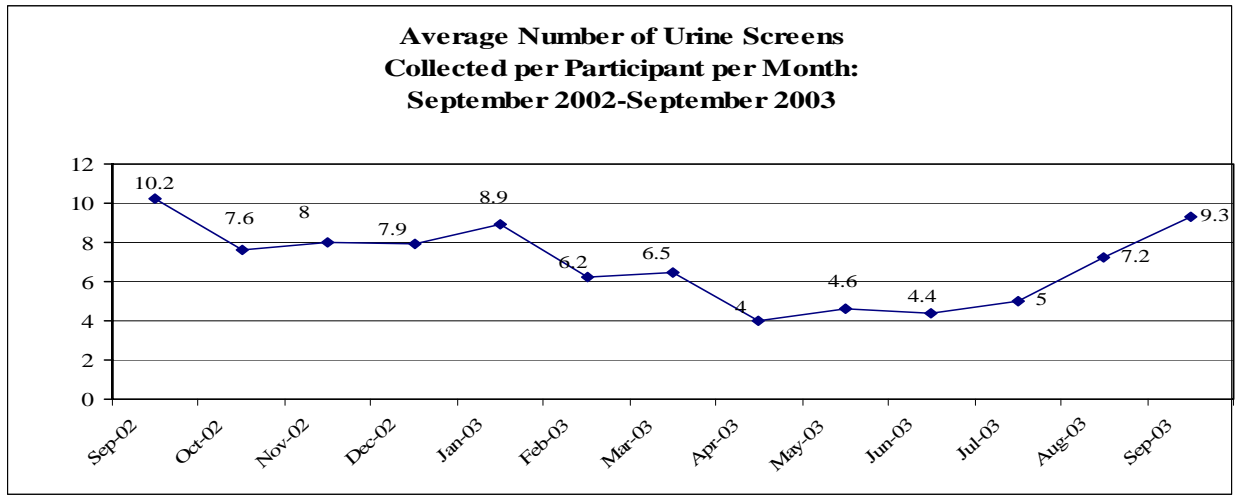


Figure 3c. Average Number of Urine Screens by Month per Participant 9/2002-12/2004



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

Each new Drug Court participant is given a Scott/Woodford/Bourbon 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. Rules are viewed by the team as being important for many reasons. 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.

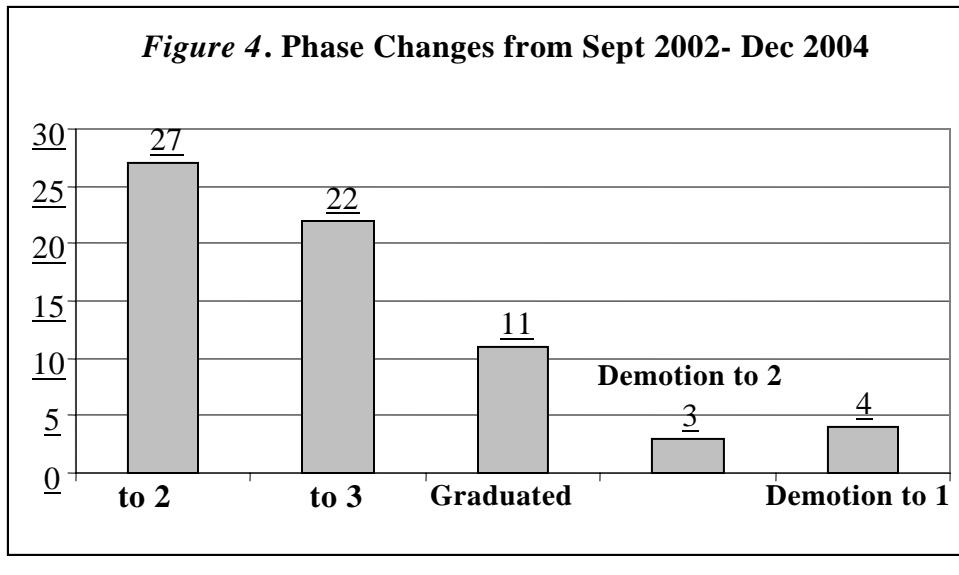
The Scott/Woodford/Bourbon Counties Adult Drug Court program follows a clear system of rewards and sanctions that ties specific behaviors to predictable consequences in order to encourage compliance among program participants. Rewards and incentives are provided when a participant continues to act in a manner that conforms to program rules, and 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.

Rewards

Participants gain rewards by being compliant with the program rules and showing significant progress on treatment goals. Negative drug screens, consistent journal entries, and participation in treatment all may garner rewards for participants. Rewards that are frequently given to participants include phase promotions and certificate of promotion (if appropriate given other treatment progress), key chains with the Drug Court motto, hats, movie passes, hardcover Big Books, and gift cards to local businesses. Additionally, participants' achievements may be rewarded through recognition by the Judge and Drug Court team. Good deeds are reported informally in Drug Court sessions. According to Drug Court staff, the Drug Court uses good deeds in order to help participants develop a new value system.

Promotions to a higher phase indicate that the participant is performing successfully in the program. Therefore, examining the number of phase promotions is a valuable during-treatment performance measure that provides direct behavioral measures of participants' levels of compliance with treatment plans and program rules. As shown in Figure 4,

analysis of data from participant files showed that 60 phase promotions were given during the time frame covered by the report. Twenty-seven promotions to phase II and 22 promotions to phase III were given. Eleven participants graduated the Scott/Woodford/Bourbon Counties Adult Drug Court program during the evaluation period.

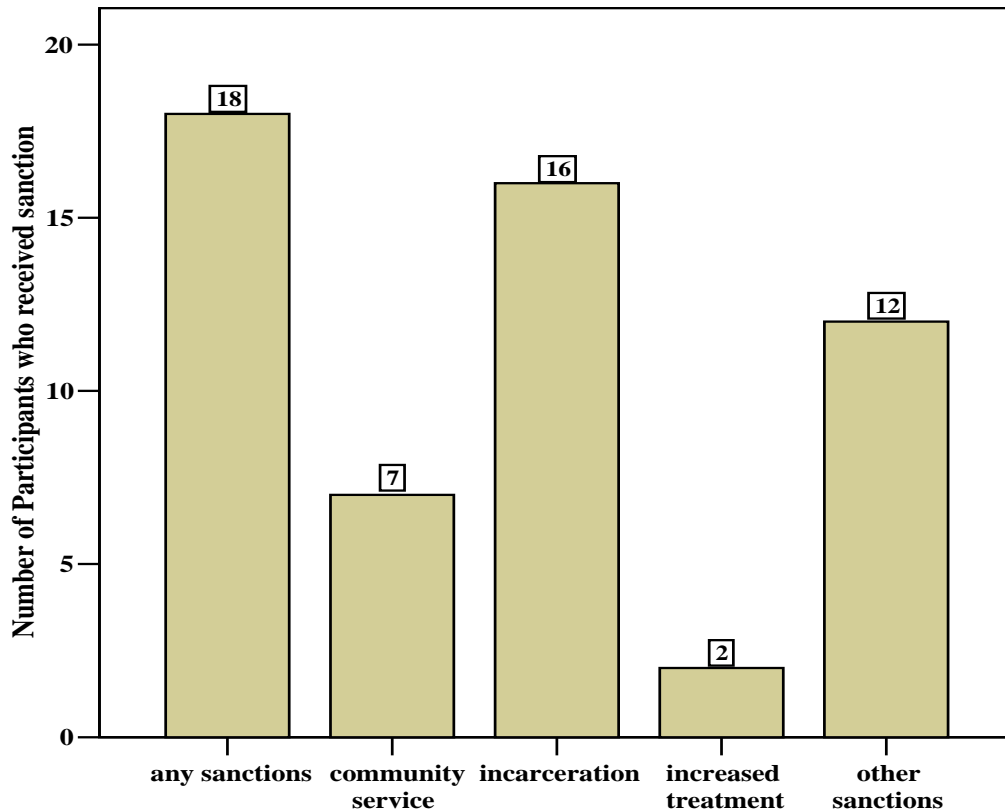


Sanctions

The entire Drug Court team has input into sanctions, though the judge makes the final determination about sanctions after considering all relevant information. Positive urine screens, missing work, not completing community service, not completing assignments, being late to Drug Court sessions, and general noncompliance with the Drug Court program all may initiate use of a sanction. Sanctions include jail time (which varies depending on the severity of the infraction), phase demotion, additional drug screens, additional treatment, additional contact with NA/AA sponsor, essay assignments regarding the topic of the noncompliant behavior, and/or termination from the program. The Scott/Woodford/Bourbon Counties Adult Drug Court program individualizes sanctions to

respond to specific infractions, taking into consideration the participant's phase level, pattern of behavior, program compliance and the offense in question. During the focus group discussion, the team indicated an interest in developing a more structured program of sanctioning in the future. Figure 5 demonstrates the number and type of sanctions most often assigned to participants.

Figure 5. Number of Participants Receiving Sanctions, Overall and by Type: September 2002- December 2004



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

Judicial supervision of each participant is an essential element to the success of Drug Courts. The Drug Court team clearly recognizes the importance of judicial interaction with the participants and uses this interaction as an effective tool in the program. The Judge also

monitors participants' current activities during pre-court staffing and through frequent communication with other members of the Drug Court team. The description of court sessions that follows was derived from the observation of two courts sessions held in January and February 2005.

Observation of two different court sessions by the research team from the University of Kentucky showed that the judge paid individual attention to each participant appearing during the court sessions. Seven individuals' cases were heard at the January session and eleven individuals' cases were heard at the session observed in February. The judge strongly encouraged each participant to be open and honest while maintaining steady eye contact and showing approval for participants' positive actions and behaviors. The participants stood close to the judge's bench, approximately two feet from the judge. The judge spent an average of two minutes discussing each participant's progress and current circumstances with them during the two observed sessions. Discussions ranged from participants' journal entries to meeting attendance, employment prospects, drug screen results and physical health issues.

The median length of time that the judge spent with each participant at the bench was also approximately two minutes. The judge also left the bench to present promotion certificates and to shake hands with these participants. All in the courtroom applauded these participants for their success.

During the sessions observed, participants sat where they chose in the courtroom, but close enough to the bench to hear the judge, who did not speak into a microphone. Participants were expected to stay in the courtroom throughout the session. No one was

present to only be sanctioned at these sessions; though sanctions were given, all were regularly scheduled to appear on these days.

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

This report is a result of an ongoing evaluation that has been conducted by the University of Kentucky Center on Drug and Alcohol Research since the Court's inception. The data presented in this report are a combination of two process evaluations, one focusing on qualitative data and one focusing on quantitative data as well as an outcome evaluation. This report is submitted per Bureau of Justice Assistance requirements for an externally-conducted process evaluation of all federally-funded Drug Courts.

One piece of this process evaluation is a researcher-led focus group consisting of the Drug Courts treatment team members. This focus group follows a Logic Model approach (adopted 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 asks the treatment team to discuss the key components of their program using open-ended questions. Given the two-part format, during the follow-up focus group the team members are allowed to opportunity to revisit these components to examine how they have changed or stayed the same; what worked or didn't work about the program, and what obstacles they felt the program still needed to overcome to successfully continue operations. 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. The team was asked to identify their target population, talk about the short- and long-term goals they had for the participants, therapeutic activities, community resources available to the program, characteristics of their participants, factors that influenced their activities, and concerns regarding program operations. What follows are the findings from this focus group held in February 2005.

Target Population

Team members first described their target population. They stated that they target felony offenders who appear before the court who have addiction problems. There is a noticeable lack of cultural or ethnic diversity in the population the Drug Court has served to date, and the Drug Court team hopes to expand diversity in the treated population to the extent it can represent the population of the counties served. In accordance with the program's federal funding guidelines, the Drug Court only accepts non-violent offenders. Additionally, the program does not accept individuals who are charged with trafficking crimes. Though the program would be willing to accept individuals who are charged with drug-related misdemeanors, the Drug Court judge does not hear misdemeanor cases, so the Drug Court does not have a direct referral mechanism in place to assess these individuals' need for treatment. Extensive prior criminal histories and severe mental illnesses do not exclude individuals from being considered for placement, but these situations are reviewed by the team on a case-by-case basis.

The program also accepts participants who live outside of the three county jurisdictional region, as long as they have reliable transportation and they are charged with offenses in one of the three counties.

Short-Term Goals

The team was next prompted to consider what interim, short-term steps they had taken and continue to initiate in order to achieve long-term goals for both the participants and the program. Regarding operational goals and objectives, staff indicated that they were in the midst of a series of meetings with Comprehensive Care representatives in order to identify how they can continue to provide services to the Drug Court participants, and to strengthen the relationship between these providers and the program. The frequency of drug screens will increase as a result of a new contract with Exemplar, an independent provider of drug testing and analysis. Because a case specialist is soon to be hired (spring 2005), staff indicated that it will be easier in the near future to conduct more frequent home visits also.

Other short-term goals currently being considered involve improvement of the program structure. These include refinement of the referral process to the Drug Court in order to reduce inappropriate assessments, a more standardized sanctioning system, clarification of phase criteria, and increased attention to improving the employment status of participants.

Specific to short-term participant treatment goals, staff indicated that they examine whether or not participants are working toward GED completion or are in the midst of job training to identify if they are making the necessary progress to phase up or graduate. They also consider if the participants are regularly attending group and individual meetings and if they are “working the steps” of AA/NA. Participants are expected to regularly attend psychoeducational groups at Awareness Counseling, adhere to the drug testing schedule, and to test clean. Altogether, these indicators help staff to recognize when participants are progressing as expected through treatment.

Long-Term Goals

The Drug Court team identified its long-term goals for participants as drug-free lives, with no new drug-related charges. They also hoped that participants would continue to be involved with 12 step groups to maintain sobriety. Social functioning goals for participants included employment and increased community participation.

The team was also asked to consider what long-term goals they had for the Drug Court program. Staff stated that they hoped to expand outpatient treatment and to continue development of their relatively new aftercare component. Team members suggested that since family engagement and support was critical to keep participants involved, they would like to develop a family orientation program to introduce the family and new participants to Drug Court. Staff also intended to strengthen relationships with the Comprehensive Care substance abuse treatment providers within the jurisdiction. With the addition of another staff person, the team also hoped to increase home visitation of participants and the frequency of urine screens. An overall goal for the program was identified as increasing general community awareness of what the Drug Court is and what it can do for the community.

Therapeutic Activities

The team identified the once-weekly psychoeducational group held in every county as a primary therapeutic component of the Drug Court program. Staff also credited the strength of the programs at Chrysalis House and the Hope Center programs for men and women, stating, “They seem to form long-term relationships with them when they go back for aftercare-some end up as staff.” Additionally, Beta House and the Swartz Center provide residential substance abuse treatment for Drug Court participants. Staff also mentioned a

special phase I group for weeks in which Drug Court is not held in order to keep people active and engaged early in treatment. The Drug Court coordinator currently meets with every client weekly. Required attendance at AA/NA meetings provides additional support for participants.

The Drug Court team recognized that many of the operational activities of the Drug Court were therapeutic beyond only substance abuse treatment individual and group sessions. The team indicated that contact with the Drug Court judge was extremely important to the participants, and that praise from the judge is an encouraging experience. Staff also identified the therapeutic influence of creative sanctioning. The Scott/Bourbon/Woodford Counties Adult Drug Court sanctions participants in such a way as to directly connect the sanction to the action that prompted the consequence. For instance, an instance of lying may result in a ten-page essay assignment on the importance of honesty.

Journaling was also considered an important therapeutic activity, especially when participants learn how to use them as such. The team indicated that this takes some amount of practice. Staff also recognized that the relationships that form among participants are therapeutic and provide bonds with other individuals in recovery.

Community policing and monitoring provided by law enforcement additionally was viewed as therapeutic, because participants get to know law enforcement in a different way than what is often a typically adversarial relationship. As a whole, the nonadversarial nature of Drug Court was perceived as therapeutic, having prosecutors, defense, judges and treatment providers working together to help individuals recover. As one team member stated, “A lot of these people haven’t had anyone rooting for them before.” Because Drug

Court is a choice an individual must make, this too was identified as therapeutic- the first critical step toward recovery.

Community resources relied upon to address social functioning needs were also believed to be of therapeutic benefit, by improving long-term prospects of employability and education. Adult Education services and Vocational Rehabilitation are two of these programs which provide assistance in this area.

Community Resources

The Drug Court team was able to identify a wide range of available community resources that assist the Drug Court with its treatment goals for participants. The team used services from Vocational Rehabilitation and Adult Education services in the three counties to assist participants with employment and adult education goals. Private businesses that have had participants in Drug Court were also identified as being supportive; for instance, when a Drug Court participant was employed by Toyota, the company worked with the Drug Court, providing his drug testing, and kept the participant employed during treatment. The University of Kentucky has also provided employment assistance with its temporary employment service, STEPS.

Staff rely upon the services available at Awareness Counseling and Comprehensive Care for outpatient substance abuse treatment. Residential treatment centers in Louisville and Lexington, such as The Ridge, provide critical inpatient care in more severe cases or in cases of relapse. The Hope Center is a heavily-relied upon residential program that has gender-specific treatment.

Law enforcement agencies, jails, the Commonwealth's Attorneys offices, and public defenders all work together as community resources that assist with participant supervision, and most are directly involved with the Drug Court team.

Several other agencies, organizations and community businesses were identified as providing needed resources for the Drug Court program. The team mentioned the cooperation of local hospitals, St. Josephs Behavior Medicine Network, churches, Medicaid, Medicare, and WIC programs as helpful in improving and maintaining participants' health and welfare. The team also acknowledged the assistance from Exemplar, which provides drug testing services and laboratory analysis. Also recognized by the Drug Court team was the assistance and oversight of the Kentucky Administrative Office of the Courts, who "manages our money and helps us get MOA's in place, and pays our staff." The local ASAPs (Alcohol and Substance Abuse Policy Boards) in all three counties have assisted the Drug Court with increasing community awareness of the program, and they also provided funding for the pilot program.

Individual Characteristics

The team was asked to identify background characteristics of their Drug Court population. These traits help to define the unique nature of services needed and resources required for the Drug Court program. Team members noted that there were a high number of prescription drug abusers in the program, primarily hydrocodone; their population is mostly female, and that most participants were in their 20s and 30s. Other members described the participants as first time felony offenders, and recognized that the population served has largely been Caucasian, with few exceptions. Many of the participants have a middle class background and carry private insurance that can help to cover some treatment costs. A wide

range of education was noticed across the Drug Court population, as a staff member stated, “from nurses to high school dropouts.” Many come from intact families of origin, but most participants are single or divorced.

The team said that while most of the younger participants have families that are involved and willing to assist in Drug Court by providing them a place to live and transportation, other families serve as “enablers,” and this creates some difficulty for the program’s ability to treat drug problems. Interestingly, staff noted that they serve a high number of people who are not dually addicted, who have only a single drug of choice, primarily prescription drugs. A high number were also identified by the team as “functioning addicts, middle class or working poor, and they have some kind of employment and housing.” Staff also noted that their participants had a low rate of recidivism and that few participants have been terminated from Drug Court treatment.

Other Influences

Several characteristics of the community which impact the Drug Court program were discussed when the team was asked to describe other factors that influence Drug Court treatment. The Drug Court team acknowledged that living near a metropolitan region heavily influences program functioning and participant outcomes, both positively and negatively. Staff stated that it is beneficial to be able to access a larger pool of community resources, but the nearby metropolitan region also increases access to illicit substances. One team member said, “They can hit six different hospitals to get six different prescriptions in a week’s time.” The presence of traditional, small-town values was also identified as influential upon Drug Court outcomes. A staff member stated, “We don’t have a liquor store on every corner like other communities. This area still has middle class traditional value

system in place. In that sense I think the communities provide some stability.” However, it was also suggested that this value system may cause some in the communities to unfairly judge participants for their drug involvement. Also, because these communities are socioeconomically stronger than many communities in the state, the team indicated that their Drug Court does not face many of the pressures of more impoverished regions. One noticeable challenge faced by the Drug Court is the lack of public transportation in these small counties, which affects participants’ ability to fully participate in the program and to obtain and maintain stable employment.

Certain program characteristics were also mentioned with regard to how they influence treatment in Drug Court. The team recognized that their strict adherence to the program rule about not accepting traffickers narrows the range and severity of problems the Drug Court must address. Also believed to influence the functioning of the Drug Court was the willingness of team members to all actively involve themselves in Drug Court participant case planning and supervision, which was identified as a beneficial influence that may not be present in larger Drug Courts in metropolitan areas with greater anonymity.

Because it is a fairly new program, staff indicated that a lack of community awareness in two of the three counties currently affects who are referred and assessed for treatment. Though this is seen as an obstacle, the team believed that this circumstance will naturally improve as more individuals receive treatment and as the program continues to actively operate in all three counties.

Program Concerns

The team was asked to describe its current concerns about the program and what they hoped to change about Drug Court treatment. Several team members said that they hoped to

increase the racial diversity in the program; only a very small number of minority participants have been treated in the program. Also identified as a concern was the increased cost of outpatient treatment at the local Comprehensive Care Centers, which are essential treatment resources for the program. The Drug Court would like to be able to use some of its funding to pay for participants' treatment at these programs, so they intend to contract with these providers to make these arrangements. Also a challenge is the high cost of residential treatment when it is necessary, as these programs typically require treatment fees to be paid upon admission. Again, it was believed by the team that these costs could be paid with the Drug Court's budget, but these payment arrangements are not currently in place.

Another concern the team discussed related to early identification of candidates for Drug Court treatment. The team would like to standardize the referral process so that those referring potential clients have an accurate idea of who the Drug Court targets. It was noted by a team member that within the last three months, administration of the programs across the three counties has noticeably improved. However, staff indicated that they hoped that all members of the Kentucky Bar Association who provide legal services in this jurisdiction could become educated in "what Drug Court is and what it is not. Some attorneys that think every case is a Drug Court case, and some don't even know we have a Drug Court."

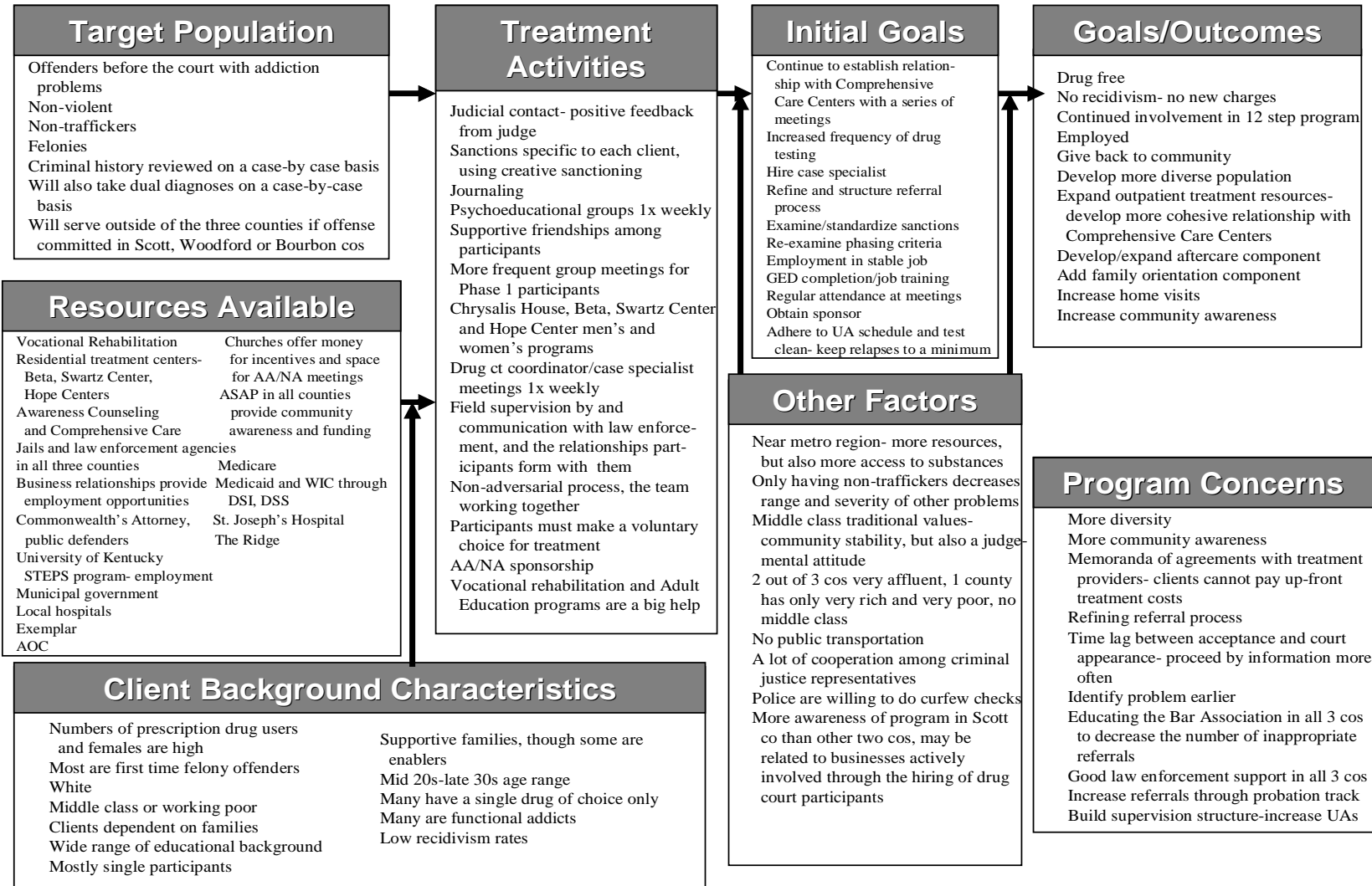
Team members stated they also would like to have the same level of cooperation from law enforcement agencies in all three counties. In one of the three counties, the high level of Drug Court team participation by police officers and sheriffs is viewed as extremely beneficial, assisting with community supervision, home visits and urine screening.

Generally, the team acknowledged that they would like to continue to grow in size and "tighten up" in a number of areas- more frequent drug screens, more frequent home

visits and curfew checks. It was believed by the team that these improvements were in the process of being addressed and worked through currently.

Figure 6, following, summarizes the findings from the focus group discussion in a logic flow diagram, showing how this Drug Court intends to accomplish its goals for its identified target population by engaging in specific activities and accessing local and regional resources, while taking into consideration the unique context and concerns of the jurisdiction.

Figure 6. Logic Model of the Scott/Woodford/Bourbon Drug Court:

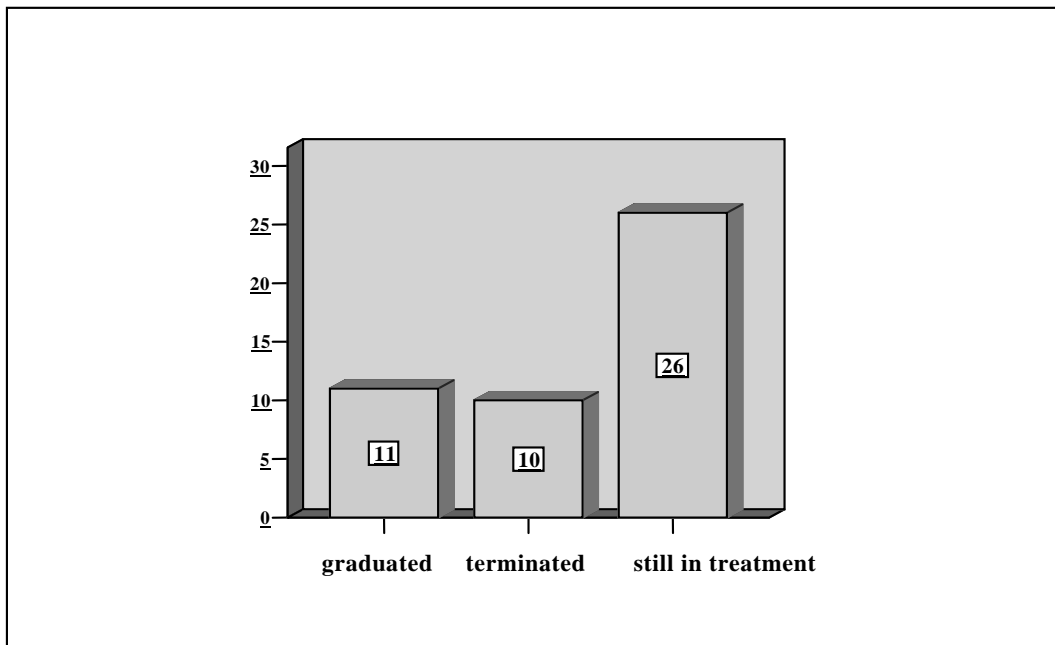


Program Progress Indicators and Outcomes

The primary emphasis of the Scott/Woodford/Bourbon 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. The Scott/Woodford/Bourbon Counties Adult Drug Court program employed efforts to positively influence the participants involved during this time frame to maintain jobs and to stay drug- and offense-free. Three indicators which provide insight into the progress achieved by the Scott/Woodford/Bourbon Counties Adult Drug Court program to meet the multifaceted mission and purpose of Drug Courts is program retention, employment status during treatment, and recidivism.

Retention in and graduation from Drug Court. Keeping 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 usually do not continue to receive treatment, which reduces the likelihood that they will experience long-term recovery. 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 to provide an example to the remaining participants that they will be held accountable for criminal or noncompliant behavior, thus modeling social and programmatic control. During the time frame covered by the current report, September 2002 through December 2004, 11 participants out of 21 who were no longer enrolled in the program had successfully completed treatment, corresponding to a graduation rate of 52.4% (see Figure 7, following page).

Figure 7. Program Status of Participants 9/2002-12/2004

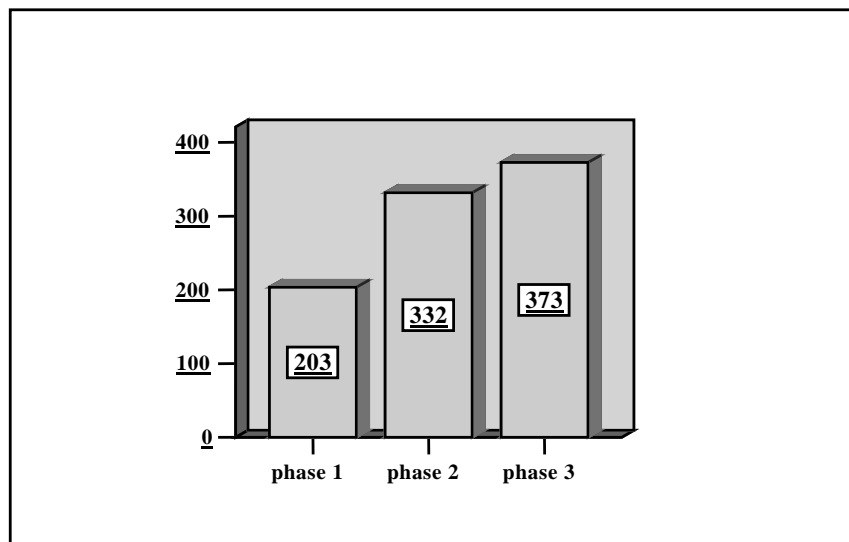


The graduation rate in Scott/Bourbon/Woodford Counties Adult Drug Court is greater than that found in national samples (Belenko, 2001). This is important because a large body of research in the substance abuse treatment field and in Drug Court literature shows that program graduates perform significantly better on rearrest/recidivism outcome measures than those who do not finish a program (Belenko, 2001; Logan, Hiller, Leukefeld & Minton, in press; Peters & Murrin, 2000).

Length of retention in Drug Court, similar to other substance abuse treatment programs, has also been correlated 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 Scott/Woodford/Bourbon Counties Adult Drug Court has succeeded in establishing an average retention rate in the program greater than the recommended therapeutic levels, often

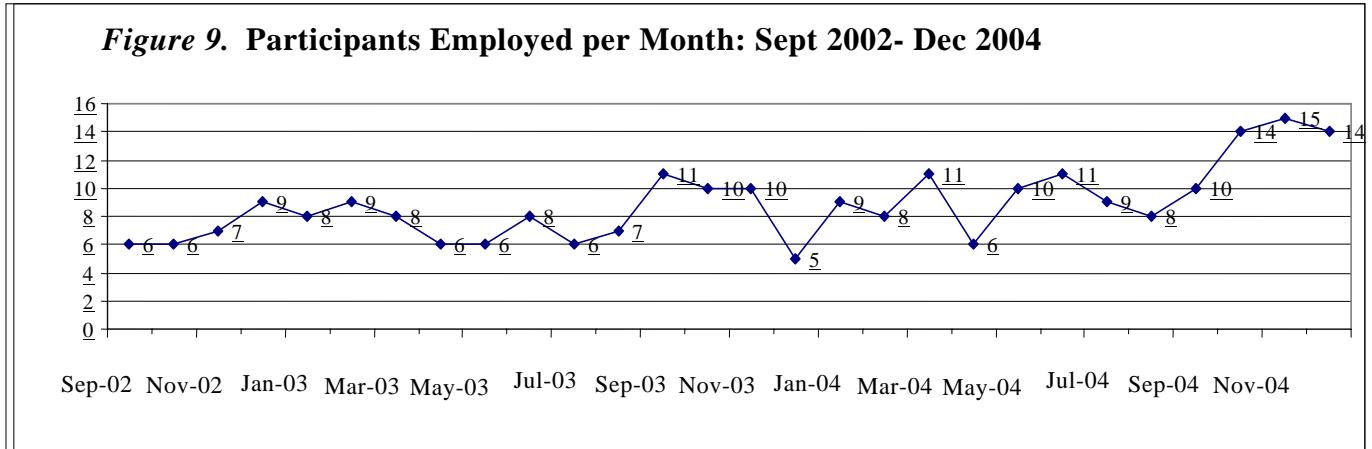
considered to be a minimum of three months for outpatient programs (Banks & Gottfredson, 2003; Joe, Simpson, & Broome, 1998; Hubbard, Craddock, Flynn, Anderson & Etheridge, 1997). More than three months of treatment occurred in phase I, with an average of 203 days during the time frame evaluated. Among those who either graduated or were terminated from the program, the average retention in Drug Court was 21 months or 13 months, respectively.

Figure 8. Average Days in Program by Phase- Current Participants



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 efforts. 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

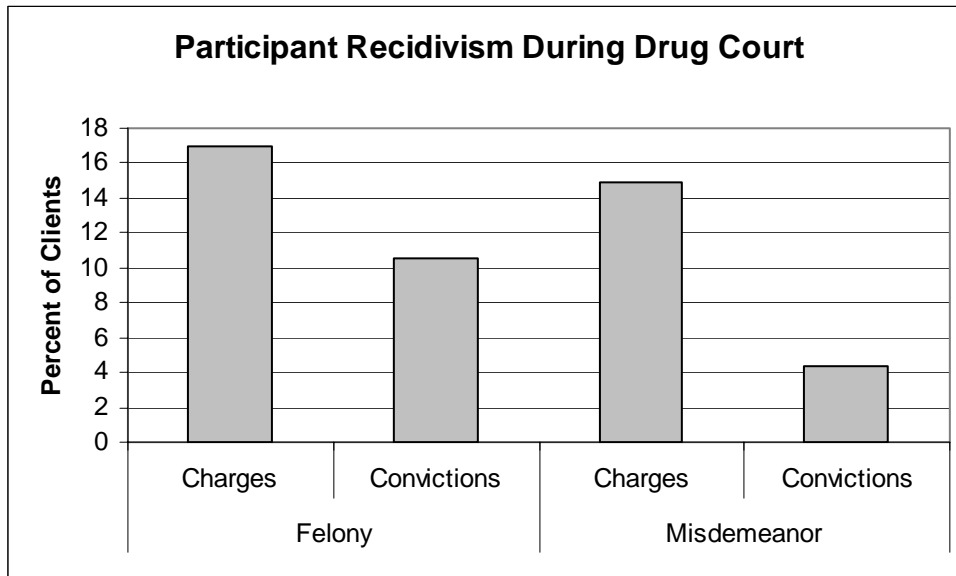
community service work when they are unable to secure paid employment. Figure 9, below, shows the number of participants employed per month during this evaluation period, as provided by the program's monthly statistics.



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 Scott/Woodford/Bourbon Drug Court is the number of participants who were arrested for new crimes while they were under the program's supervision.

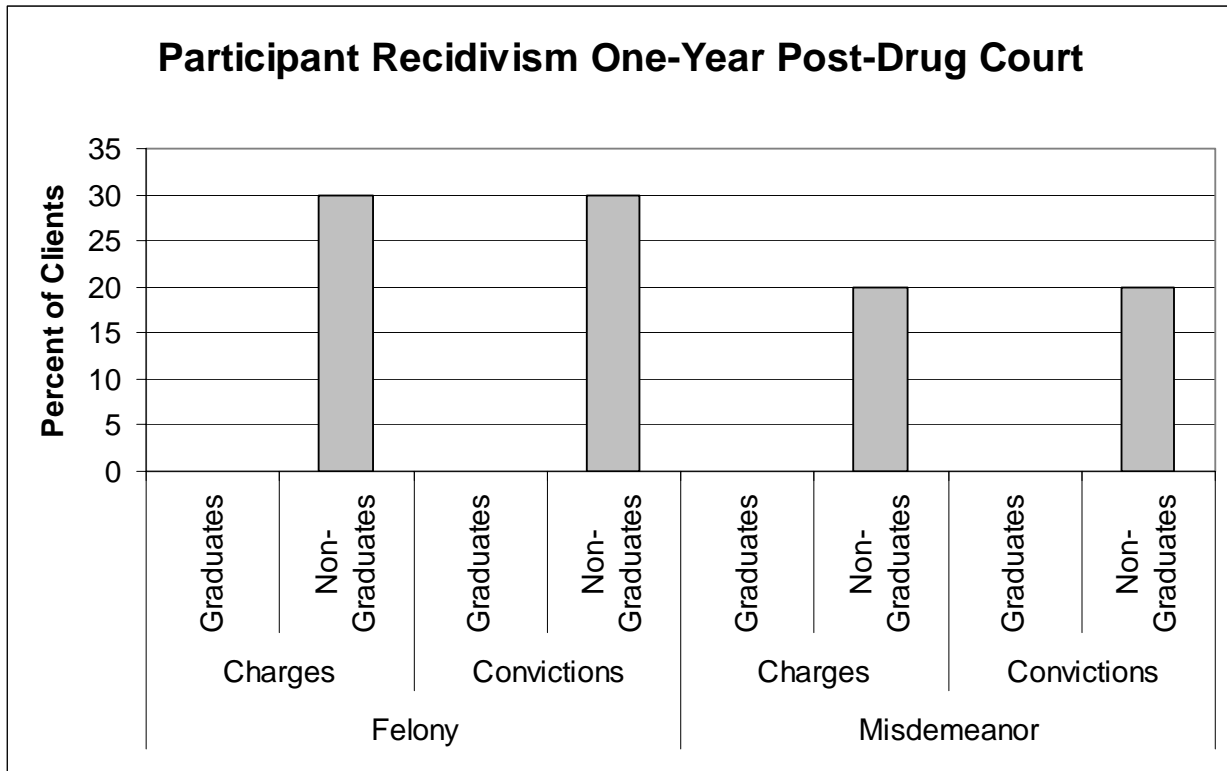
During their tenure in Drug Court, 17% of participants were charged and 10.6% were convicted of a felony offense, while 14.9% were charged and 4.3% were convicted of a misdemeanor offense (Figure 10). Within one year of either graduation or termination from the program, 6.4% of Drug Court participants were charged and convicted with a felony offense. For misdemeanor offenses, 4.3% were charged and convicted.

Figure 10. Participant Recidivism During Drug Court



Comparing Drug Court graduates and non-graduates on one-year post-Drug Court recidivism, 30% of non-graduates were charged and convicted of a felony. This is in stark contrast to the graduates of the program, none of which were charged or convicted of a felony within one year of Drug Court graduation (30% versus 0%, $p=0.09$). Recidivism for graduates of the Scott/Bourbon/Woodford Drug Court were also significantly less than national recidivism rates of 16.4% (Roman et al., 2003) (Figure 11). When examining misdemeanor offenses, no graduates were charged or convicted, while 20% of non-graduates were charged and convicted of a misdemeanor offense.

Figure 11. Participant Recidivism One Year Post-Drug Court



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

Recognizing the importance of continuing professional education and its role in improving program function, findings from team interviews showed that several members of the Scott/Woodford/Bourbon Counties Adult Drug Court team have attended a number of educational workshops and trainings. Team members, including the Drug Court coordinator, the public defender, prosecutor, and the judge have attended a series of trainings conducted by The National Drug Court Institute, and have attended the annual training meeting of the National Association of Drug Court Professionals. They have also attended local trainings such as the annual Kentucky School on Drug and Alcohol Treatment.

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 showed that the Scott/Woodford/Bourbon Counties Adult Drug Court program has developed a series of partnerships with several local agencies and community organizations. The composition of the Drug Court team demonstrates this networking with the community because it consists of representatives from the court system, including the judge, prosecution, and defense counsel, and also treatment providers and law enforcement from within the communities the Drug Court program serves. The Drug Court program has formed a relationship with private and nonprofit treatment providers, and with community resources such as businesses, universities, hospitals, vocational rehabilitation, and adult education programs.

SUMMARY AND CONCLUSIONS

The Scott/Woodford/Bourbon Counties Adult Drug Court is firmly grounded in the Ten Key Components that define effective strategies for Drug Courts nationwide. The program provides recovery-oriented services and supervision to adult felony offenders with substance abuse problems. A dedicated team of criminal justice and substance abuse treatment professionals work together closely to aid participants to begin the recovery process, improve personal/social functioning, and abstain from criminal activities. The Scott/Woodford/Bourbon Counties Adult Drug Court has continued to grow not only in the number of participants enrolled in their program, but also in the commitment from local community organizations and businesses who are willing to work with the Drug Court to further their mission. In conclusion, the Scott/Woodford/Bourbon Counties Adult Drug

Court is in full compliance with the 10 key components outlined for implementing effective Drug Court programs (DCPO, 1999).

Strengths. The Scott/Woodford/Bourbon Counties Adult Drug Court has many strengths; importantly, these evaluation findings show that this program has exceeded national graduation estimates (Belenko, 2001); it has successfully retained individuals in need of treatment beyond the minimum length of time estimated for outpatient substance abuse treatment (Simpson, Joe, & Rowan-Szal, 1997); and it has facilitated a substantial reduction in drug-related criminal behavior in its participant population. These positive outcomes may relate to the Drug Court team's high level of motivation and dedication. Judges, staff, and treatment professionals attend all treatment team meetings, Drug Court staffings and Drug Court sessions. These committed individuals form a cohesive unit whose goal is to better the lives of those participating in their program. Another strength of this court is the network of community organizations who facilitate the services provided to Drug Court 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 planning efforts that will allow the program to reach participants in need of Drug Court treatment from all minority populations present in the community to increase program diversity.
- (3) Continue to cultivate and enhance community networks supportive of Drug Court in order to expand volunteer, vocational, educational and therapeutic opportunities for participants. This recommendation includes support for continuing meetings with Comprehensive Care Centers to resolve treatment and payment agreements between Drug Court and outpatient substance abuse therapy.

- (4) Continue to enroll participants at the current established rate in order to meet target figures, estimated as 75 participants across the three counties.
- (5) As suggested by the Drug Court team during the focus group, increase the frequency and use of community supervision through home and work visitation for increased contact with program participants.

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