

Clinton/Russell/Wayne/Monroe/Cumberland
Counties Adult Drug Court
Process/Outcome Evaluation

Clinton/Russell/Wayne/Monroe/Cumberland Counties Drug Court Process/Outcome Evaluation

July 2004

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EXECUTIVE SUMMARY

The current evaluation report describes the implementation, during-program outcomes, and the post-program outcomes of the Clinton/Russell/Wayne/Monroe/Cumberland Counties Adult Drug Court Program. This Drug Court was established in April 2002, and it has expanded to a more fully implemented program with assistance provided from a Federal grant awarded by the Drug Court Programs Office (DCPO). The current evaluation focuses specifically on the program activities and participant outcomes from the two years during which the program was implemented with federal funding, and findings presented in this report summarize qualitative and quantitative information collected on the implementation period that ranged from April 2002 until April 2004.

During the first part of this evaluation, data were collected on drug court operations and drug court participants in order to determine how effectively the 10 Key Components (OJP, 1997), a set of national standards defining effective Drug Court operations, were being implemented within this program. Data also were analyzed to measure how the program had evolved since its inception and since a previous evaluation that examined the initial phases of its implementation (see Hiller, Malluche, Patterson, Abensur, Bryan, & DuPont, 2003). Process evaluation methods included an interview with the Drug Court co-coordinator, a participant observation, and review of monthly reports made to the Administrative Office of the Courts by this program. For the during- and post-program outcomes component of this report, data were collected from secondary records, including program files and official records databases. This provided information about the effectiveness of the program on reducing drug use and criminal behavior while the participants remained in the program, and the extent to which the program had a positive impact on reducing post-drug court recidivism.

The first overall conclusion of this report is that the team that comprises the Clinton/Russell/Wayne/Monroe/Cumberland Counties Adult Drug Court has followed the ideals represented in the 10 Key Components, specifically:

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

The Clinton/Russell/Wayne/Monroe/Cumberland Counties Adult Drug Court has a clear program structure that integrates drug treatment services with criminal justice supervision. This structure includes three primary phases that combine regular contact with the judicial system and criminal justice case managers with individual and group-based substance abuse treatment. This integration has changed the manner in which drug cases are handled within this jurisdiction, by expediting the process and by providing services where limited programming options previously were available.

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

Results from the participant observation indicated that the prosecutors and defense attorneys work together within their team to help in the participants' recovery process and

cessation of criminal activities. The team works closely together to develop a shared understanding of the values, goals, and operating procedures of both the treatment and justice system components.

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

Findings from the drug court coordinator interview and the focus group showed that the Clinton/Russell/Wayne/Monroe/Cumberland Drug Court team assesses and places eligible participants into the program as quickly as possible. The most common sources for referral to the program are the Commonwealth's attorney and defense counsel, and other sources of referral include the judge and word-of-mouth among defendants. Potential participants are screened according to specific inclusion and exclusion criteria, and then they are admitted to the program after this screening. It should be noted that consistent with Federal guidelines, this program does not treat violent offenders, targeting "drug-addicted non-violent felony offenders."

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

Results from the interview and participant observation showed that the Drug Court team has successfully established a relationship with Adanta, Inc. and LifeSkills, the local substance abuse treatment providers. Team members work together with treatment counselors to provide the participant with 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 and make additional referrals to outside residential treatment programs.

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

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. 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..

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

Findings from the participant observation, records examination, and drug court coordinator interviews showed that the Clinton/Russell/Wayne/Monroe/Cumberland Drug Court program addresses non-compliant behavior among participants by using sanctions. The most frequently applied sanctions were short-term detention in the local jail or increased treatment requirements.

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

Findings from participant observation and the monthly statistics indicated that Judicial Supervision is emphasized at the Clinton/Russell/Wayne/Monroe/Cumberland Counties Adult Drug Court. The average number of drug court sessions was somewhat constant across each quarter for the time period covered by the current report (i.e., April 2002 – April 2004). As the program's capacity grew, so did the average number of judicial sessions per month for each quarter. That is, when the program was first implemented (i.e., April 2002 to June 2002) there was a total of 3.6 drug court sessions per month during this time. By the end of the implementation period covered by this report, the average number of drug court sessions had increased to nearly 17 per month (for January 2004 to March 2004). These extra court sessions also resulted from the addition of Monroe and Cumberland Counties to the Drug Court.

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 a comprehensive evaluation effort and builds upon a previous evaluation report that described the first year this program was implemented. This evaluation report describes the implementation of the program during the three years it was funded by the Bureau of Justice Assistance and presents both during- and post-discharge outcome data.

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

The Clinton/Russell/Wayne/Monroe/Cumberland Drug Court team has attended a variety of educational workshops and trainings. The Commonwealth's 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. 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 Clinton/Russell/Wayne/Monroe/Cumberland 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 second conclusion of this report is that the overall during-program impact of the Drug Court on the participants' behavior is encouraging with relatively few individuals receiving new criminal charges while they were in Drug Court. Furthermore, most offenders appear to reduce or stop their drug use during Drug Court as evidenced by a fairly large number of individuals not testing positive for illicit drugs, or testing positive only one time during their tenure in Drug Court.

The final conclusion of this report is that this Drug Court appears to have a positive impact on public safety in this community by reducing recidivism among drug-involved offenders. That is, Drug Court graduates received no new criminal charges or convictions during the year after leaving drug court, but 21.7% of the dropouts received a new felony charge, 17.4% a new felony conviction, 13% a new misdemeanor charge, and 8.7% a new misdemeanor conviction within a year of leaving drug court significantly.

The following recommendations are made to possibly help this program to become more fully implemented.

Recommendations:

1. Focus on increasing retention rates. The current retention rate of 50% is lower than Drug Court programs nationally. Most individuals discharged from this program are removed because of program rules violations. Current sanctioning policies and procedures may need to be adjusted to increase the breadth and types of sanctions used before removing participants from the program.
2. Consider alternative treatment approaches. A relatively large number of participants (45.5%) have used opioids in the 30 days before entering drug court, and many continue to use opioids while in drug court (24%) possibly leading to the lower retention rates observed for the program. Increasing treatment options and intensity, and possibly using opioid pharmacotherapies (e.g., buprenorphine and/or methadone) as adjuncts to the Drug Court program may improve retention and reduce drug use among these individuals.
3. Increase the number of participants in the program. During program indicators show that participants reduce drug use and criminal activity while they are in Drug Court and increasing the number of active participants could help the program to have an even greater impact on the local communities it serves.
4. Improve during-program records maintenance. Valuable information, like participant employment status, should be kept as consistently as other indicators such as urine test results. These measures are particularly important in determining to what extent Drug Court can help drug-involved probationers gain and maintain stable and drug-free employment.

BACKGROUND AND SIGNIFICANCE

Need for Adult Drug Court in Kentucky

Kentucky, like the rest of the United States has seen a marked increase over the past decade in the number of offenders incarcerated for drug offenses, and recidivism rates have increased among drug offenders released from prisons. For example, data reported by the Kentucky Department of Corrections indicates that 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, 2000). 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. For example, in 1989, 20.4% of inmates incarcerated for drug law offenses recidivated within 2 years, but this rate had increased to 28.7% in 2000 (Kentucky Department of Corrections, 2000). Arrests for narcotic law violations also increased from 28,125 in 1999 to 34,082 in 2000 (10.3% and 12.1% of total arrests, respectively; Kentucky State Police, 2000)

In addition to these data, 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 use in the general population. In response to the perpetually rising costs of incarceration and increased numbers of drug-related arrests and recidivism, Kentucky's Administrative Office of the Courts (AOC) established a Drug Courts department in July 1996, to provide fiscal and administrative oversight to all Drug Court programs in the state.

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 in operation across the United States. Its mission is to create a criminal justice environment in Kentucky that stops illicit drug use and related criminal activity and promotes recovery and reintegration into society while emphasizing public safety and fair representation of all interests under the laws of the Commonwealth of Kentucky.

All adult Drug Courts in Kentucky are grounded in the 10 Key Components described in the publication Defining Drug Courts: The Key Components (Drug Court Programs Office, 1997, see Table 1). These 10 Key Components were developed by the Drug Court Standards Committee to ensure that a core set of standards (see Table 1) were defined for all Drug Court programs to follow. All adult Drug Court programs in Kentucky are expected to adhere to a programmatic model developed by the Administrative Office of the Courts that fulfills the standards set forth in the 10 Key Components, and this set of standards is the underpinning for the systematic process evaluations of Kentucky Drug Court regularly conducted by the University of Kentucky Center on Drug and Alcohol Research. 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. But as a benchmark, these 10 Key Components 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.

Summarized briefly, Drug Court programs in Kentucky represent an effort which combines the shared experiences and talents of professionals from the criminal justice system, the treatment delivery system, and the community into a team 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, Hoyt, & Leukefeld, 2001; Logan, Hiller, Minton, & Leukefeld, in press).

The Drug Court team environment fundamentally transforms the roles of both criminal justice practitioners and alcohol and other drug abuse (AOD) treatment providers as they collaborate with each other in an attempt to help the offender to learn to live a drug-free, crime-free, prosocial life. Although team members frequently represent diverse interests and systems, all are focused on the need for intensive supervision (ensuring public safety and offender accountability) and treatment on the many needs evident in adults who abuse drugs (thus improving the lives of the participants and their family and promoting rehabilitation). Family therapy, substance abuse therapy, relapse prevention, anger management, stress management, education, employment, life skills, structure, responsibility, accountability, and impulse control are only a few of the psychosocial areas that Adult Drug Courts address to have a favorable impact on the offender and the community as a whole.

Like Drug Courts around the nation, the judge is the central figure in the Drug Court. As the central authority figure for the team, the judge acts as both an advocate and instructor. This fundamentally shifts the relationship between the judge and the participant from being adversarial to a more cooperative and socializing model. In exchange for the successful completion of the Drug Court program, the judge may choose to dismiss the participant's original charge through diversion and/or modify their type of probation. Altogether, at the time of this evaluation, Kentucky had 18 implemented adult Drug Courts, 7 implemented juvenile

Drug Courts, and 2 implemented Family Drug Courts. Many more Drug Courts are being planned, and the expansion of Drug Court is expected to continue as more programs are developed through grass root efforts to address drug-related crime throughout the commonwealth.

Table 1. 10 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.

Source: Drug Court Programs Office (1997). Defining Drug Courts: The Key Components.

Literature Review and Current Study

Only a brief review of the Drug Court effectiveness literature is presented here because extensive reviews are readily available on this subject (see Belenko, 1998, 1999, 2001; Peyton, & Gossweiler, 2001). Nevertheless, it is important to describe some of this literature to provide a background for Drug Court and for the process and outcome components of this current study.

Belenko (2001) presents a review of 37 Drug Court evaluations, including 6 studies that reported outcome data. He notes that four of the six evaluations found that Drug Courts reduce recidivism to the criminal justice system, and the most scientifically rigorous studies (i.e., random assignment to a control condition) all found reductions in recidivism rates. In terms of costs, most studies that calculated these measures found that Drug Courts helped “save” money, primarily through the reduction of recidivism. The last part of this literature review focuses on three specific rigorous evaluations of the effectiveness of Drug Courts, including evaluations of the D.C. Superior Drug Court program, of Drug Courts in Florida, and Drug Courts in Kentucky.

The evaluation of the D.C. Superior Drug Court program was conducted by researchers at Urban Institute (Harrell, Cavanaugh, & Roman, 2000), who tested the effects of two experimental enhancements to Drug Courts. Random assignment was made to either a standard condition or to 2 enhanced conditions. The standard condition handled Drug Court cases routinely with court and urine supervision. The first enhanced condition, the treatment docket, enrolled drug-involved offenders into a comprehensive treatment program, and the second enhanced condition, the sanctions docket, used a systematic system of graduated sanctions and encouraged clients to enter treatment. Findings showed that drug use was reduced during the treatment program in both enhanced conditions. The sanctions docket conditions also realized lower 1-year post-treatment recidivism rates, and the treatment docket realized improved social functioning 1 year later.

Researchers at the University of South Florida evaluated 2 Drug Court programs established in Florida in 1993 (in Escambia and Okaloosa counties; Peters & Murrin, 2000). Drug Court graduates were compared to individuals assigned to the Drug Court clients who did not graduate from the program (Drug Court Non-Completers) and a comparison group of

offenders who were matched on sociodemographic characteristics to the Drug Court clients, but who did not receive Drug Court treatment (No-Treatment Group) on recidivism and drug use during a 30-month follow-up interval. Findings showed that Drug Court graduates from both programs were significantly less likely to be rearrested and had fewer arrests than Drug Court non-completers and the no-treatment comparison group. Drug Court graduates also had lower rates of substance use.

An evaluation of three Kentucky Drug Court Programs (located in Fayette, Warren, and Jefferson counties) was recently conducted by researchers at the University of Kentucky (Logan, Hoyt, & Leukefeld, 2001; Logan, Hiller, Minton, & Leukefeld, in press). This evaluation combined a variety of data sources including official records and face-to-face interviews. A total of 745 individuals in 3 groups were examined, including a Drug Court Graduate group, Drug Court Non-Completers, and a Comparison group of individuals who had been assessed for Drug Court but who did not enter it. Findings from a 12-month follow-up showed that involvement in Drug Court was associated with reduced imprisonment, use of mental health services, and legal cost associated with criminal charges and convictions. Data also suggested that those who got Drug Court treatment had improved indicators for social adjustment, including increased earnings through employment and better child support payment records.

The aims of the current evaluation, therefore, are (1) to report on the overall implementation of the Clinton/Russell/Wayne/Monroe/Cumberland Counties Adult Drug Court, updating a prior evaluation report that described the first year of the implementation of the program, (2) to describe the during program outcomes, providing a measure of its impact on the participants behavior during their tenure in the program (including public safety and rehabilitation indicators), and (3) to examine the extent to which the drug court impacted post-

program recidivism. This report represents the fulfillment of the mandated externally-conducted process evaluation and outcome evaluation required for Drug Court program grants funded through the Department of Justice, Bureau of Justice Assistance, and it extends findings from prior outcome evaluations of Kentucky Drug Courts (see Logan et al., in press). The data for this report covers the full implementation of this Drug Court from April 2002 through April 2004, and compares how this Drug Court was implemented to the standards defined in Defining Drug Court: The Key Components (DCPO, 1997). To this end, a variety of established systematic research activities and methods were used to document the implementation of this program, including interviews with Drug Court staff, review of program records, and participant observation. Overall, the findings shown below indicate that this program has incorporated each of the 10 Strategies used to define successful drug courts, has developed into a fully implemented Drug Court, has a positive effect on the offenders lives while they are in the program, and helps them to not recidivate after they are discharged from the program.

EVALUATION METHODOLOGY

The evaluation of the Clinton/Russell/Wayne/Monroe/Cumberland Counties Adult Drug Court was conducted using multiple data collection methods to gather both qualitative and quantitative data. First, quantitative during-treatment process data were abstracted from the Drug Court participants' files (e.g., participant demographics, number of drug court participants served, services delivered, graduation and dropout rates). Second, a structured interview was conducted with the Drug Court coordinator to gather qualitative descriptions of the program. Third, statistical reports made on a monthly basis to the Administrative Office of the Courts were reviewed. Fourth, program documentation records, including prior evaluation reports were reviewed. Fifth, standardized participant observations were conducted on court sessions to

describe the court operations in comprehensive detail. Finally, participants' adult criminal history records were collected from official records databases maintained by the Administrative Office of the Courts for Kentucky.

Participant Records

Following procedures that were established in a research protocol (#02-322-F1V) that had been reviewed and approved by the University of Kentucky Medical Institutional Review Board, approved University of Kentucky research staff coded the program records of each of the participants who had received services in the Clinton/Russell/Wayne/Monroe/Cumberland Counties Adult Drug Court using a standard data collection protocol (see Appendix A). This information was used to describe the aggregate-level characteristics and during-program outcomes of these participants. Information coded from files included demographic information (i.e., age, race/ethnicity, gender, drug use history) and during-program outcome indicators such as time-in-treatment, new charges, results from urine screens for illicit drug use, phase promotions and demotions, and type and frequency of sanctions.

More specifically, sociodemographic information was abstracted from a psychosocial interview completed by a Drug Court Coordinator with each participant. This interview, the Kentucky Drug Court Addiction Severity Index (KDC-ASI), is a version of the Addiction Severity Index (ASI, McLellan et al., 1980; McLellan et al., 1992) modified for specific application in Kentucky Drug Court (Logan, Messer, & Minton, 2000). It quantitatively assesses the severity of a participant's problem in several areas including medical needs and problems, alcohol use history, drug use history, employment status and financial support, criminal history, mental health status and treatment history, and family relationships along with a variety of

demographic characteristics (e.g., age, gender, race/ethnicity, marital status, education level, current charges, date of most admitting arrest).

Treatment Coordinator Interview

A structured interview that collected both quantitative and qualitative data on the program implementation was used during this evaluation (see Logan, Lewis, Leukefeld, & Minton, 2000). This interview was conducted with the drug court treatment coordinator. It 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, and services), supervision practices, staff characteristics, and community organization involvement.

Monthly AOC Statistical Reports

The Clinton/Russell/Wayne/Monroe/Cumberland 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 were the number of participants receiving phase promotions or demotions; 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 April 2002 through April 2004 were reviewed and included and are presented for the following periods: April 2002 – June 2002; July 2002 - September 2002; October 2002 - December 2002; January 2003 – March 2003; April 2003 - June 2003; July 2003 - September 2003; October 2002 – December 2003, January 2004 – March 2004, and April 2004.

Program Documentation

Several sources of program documentation also were reviewed for this evaluation. These information sources included copies of the original grant application submitted to DCPO for funding, the handbook provided by the Drug Court to its participants to outline the design and expectations of the program, and the policy and procedure manuals for the Drug Court. In addition, a previous evaluation report also was available. This previous report documented the initial implementation (first year) this Drug Court (see Hiller, Malluche, Patterson, Abensur Bryan, & DuPont, 2003).

Court Observation

Two researchers from the University of Kentucky observed one session of each of the jointly operated Drug Courts, providing two unique observations of the operations of each 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 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 19 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 courtroom throughout the entire session, and time spent with each participant) and the courtroom

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 sessions, which were observed by the researchers, were described by the treatment coordinator as being typical sessions for the joint programs. A copy of the observation code sheet is included in Appendix B.

Official Records of Recidivism

Indicators for recidivism were based upon official records abstracted from the Administrative Office of the Courts Court Net database. This included whether or not the participant received a new charge, the offense type of the new charge, severity of the charge (i.e., misdemeanor or felony), and the final disposition of the charge (i.e., convicted, dismissed, pending). These data were coded separately for the time period for which the participant was in drug court (i.e., during-program recidivism) and for the 12 months after one left drug court (i.e., 1-year recidivism). Following a standard protocol, a researcher reviewed the records, coding all of the during-program and 1-year recidivism data. Data were then input into an Access database program, and analyzed using the Statistical Package for Social Sciences (SPSS, version 10.5).

FINDINGS: PROGRAM DESCRIPTION

Drug Court Program Context, Structure, and Processes

Need for the Clinton/Russell/Wayne/Monroe/Cumberland Counties Adult Drug Court program. Much of the crime in the counties served by this program is drug-related. For example, in Clinton County, during Fiscal Year 2000, 194 arrests were made for driving under the influence (DUI), 106 arrests were made for drunkenness, 69 arrests were made for narcotic drug law offenses, and three arrests were made for liquor law offenses. In Russell County, during Fiscal Year 2000, 205 arrests were made for driving under the influence (DUI), 200 arrests were

made for drunkenness, 65 arrests were made for narcotic drug law offenses, and six arrests were made for liquor law offenses. In Wayne County, during Fiscal Year 2000, 158 arrests were made for driving under the influence (DUI), 231 arrests were made for drunkenness, 81 arrests were made for narcotic drug law offenses, and seven arrests were made for liquor law offenses (see Crime in Kentucky – Commonwealth of Kentucky 1999 Crime Report).

Development of the Clinton/Russell/Wayne/Monroe/Cumberland Counties Adult Drug Court program. To help combat the drugs-and-crime relationship in their community, a team of professionals, including representatives from the judicial and treatment systems as well as other local stakeholders, participated in the national Drug Court Planning Initiative in CY 2000. The team submitted an implementation grant application to the Drug Court Programs Office, U.S. Department of Justice, and received funding for their Drug Court program to begin September 2001. Although monies were awarded in September 1, 2001, this court had a “slow start” beginning formal operation in April 2002. The federal grant that provided funding for this program lasted from September 1, 2001 until June 30, 2004. May and June data for 2004 were not available at the time this report was drafted so that it could be submitted to the Administrative Office of the Courts by June 30, 2004.

Geographic location and sociodemographic context. The Clinton/Russell/Wayne/Monroe/Cumberland Counties Adult Drug Court Program serves residents in the 40th and 57th judicial districts encompassing Clinton, Russell, Wayne, Monroe, and Cumberland counties Kentucky. Clinton, Russell, Monroe, and Cumberland counties are located in the Pennyrile region of the state. Wayne County is located in the Pennyrile and Eastern Coal Field regions of the state. According to the 2000 Census Statistics, the estimated population of Clinton County was 9,634 with 99% of the population self-identifying their race/ethnicity as being Caucasian

and .1% African American. The estimated population of Russell County according to the 2000 Census was 16,315 with 98% of the population self-identifying their race/ethnicity as being Caucasian and .5% African American. The estimated population of Wayne County according to the 2000 Census, was 19,923 with 97 % of the population self-identifying their race/ethnicity as being Caucasian and 1.4% African American (U.S. Census Bureau, 2000). The 2000 population estimate for Monroe County was 11,756, with 95.6% of the population self-identifying their race/ethnicity as being white/Caucasian and 2.8% reported African American. In the 2000 Census, Cumberland County had an estimated population of 7,147 (95.3% white/Caucasian, 3.4% African American).

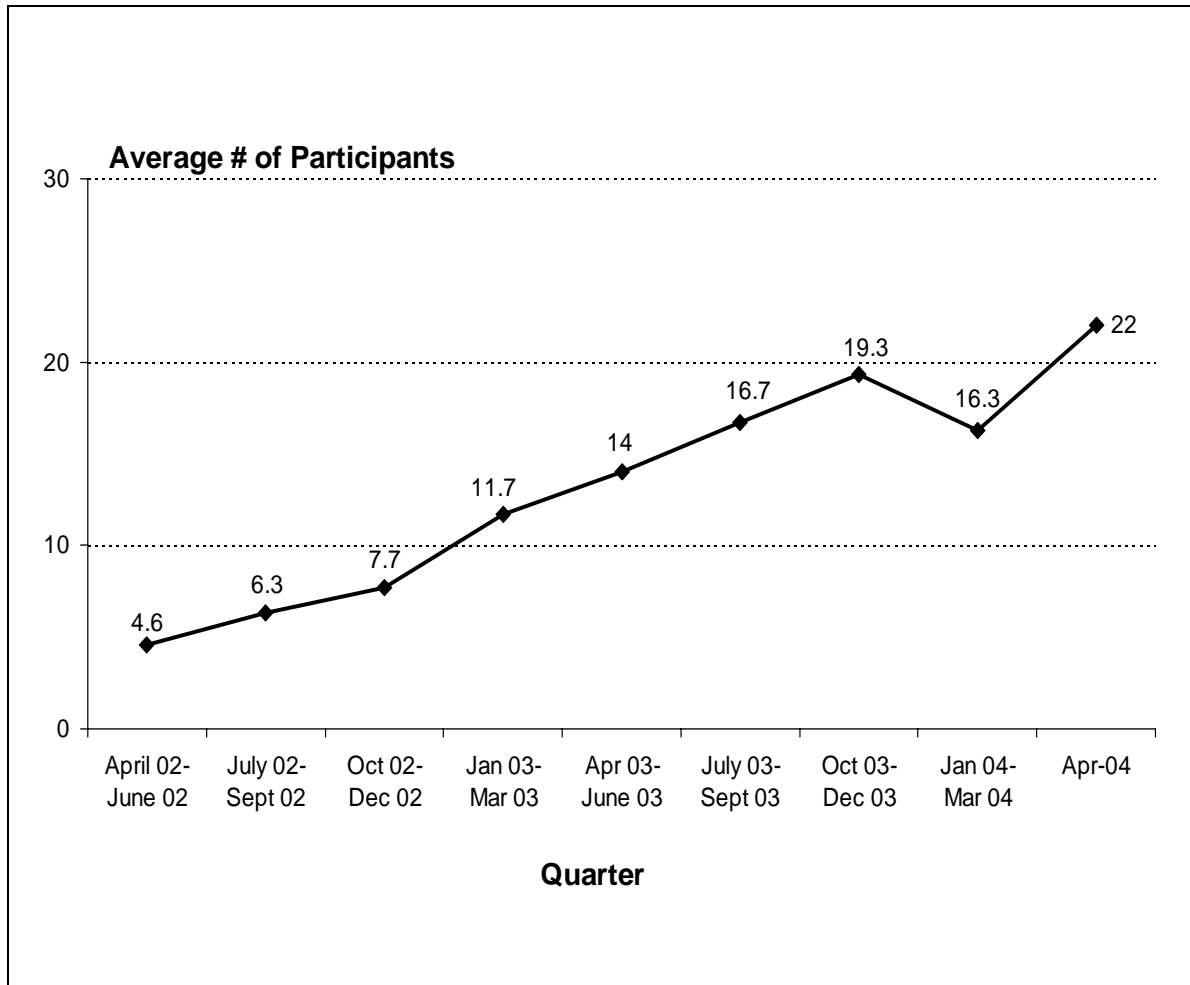
Drug Court staff and team members. The Clinton/Russell/Wayne/Monroe/Cumberland Drug Court employs two full-time staff members, including a treatment coordinator and a case specialist. The treatment coordinator is responsible for managing daily activities as well as conducting assessments and providing secondary treatment services to Drug Court participants. The case specialist is primarily responsible for supervising and managing participants' progress in the program. Two judges in the Clinton/Russell/Wayne/Monroe/Cumberland area are members of the team and actively participate in the Drug Court process. The Drug Court team also consists of representatives from the prosecution and defense counsels, treatment providers, social service agencies, and law enforcement.

Referral, eligibility, and admission procedures. Participants are referred to the Drug Court program through various avenues including brochures inviting the potential candidate to volunteer for the program, by prosecution and defense attorneys who talk to potential participants about the program, by the judge informing the defendant about drug court, and through word-of-mouth among defendants and arrestees. As noted earlier, the primary target

population for the Drug Court are adult, non-violent felony offenders, and the initial screening of each potential participant is conducted by Drug Court staff either in the local jail or at the Drug Court office. This screening compares the candidate's record with a set of inclusionary and exclusionary criteria. To be eligible for the program, the participant's criminal activity must be substance abuse related, or the participant must be assessed as being drug dependent. They also must be an adult, a non-violent felony offender, and willing to volunteer for the program. If a person has a violent offense history they are not invited to participate in the program. Other exclusionary criteria include not having a mental health problem, not being on any medications that could impact drug testing, and not living within the 5-county area served by the Drug Court.

Capacity and caseload. The capacity of the Clinton/Russell/Wayne/Monroe/Cumberland Counties Adult Drug Court proposed during their application to the Drug Court Programs office was to serve 75-100 participants per year. Findings presented in Figure 1, which were based on monthly statistical reports made to the AOC, show a steady growth from the initial implementation phase of the program (April 2002-June 2002) to the later stages of full implementation (July 2003-April 2004). Review of participant records showed a total of 45 individuals were active in the Drug Court program at some time between April 2002 and April 2004. Therefore, although the drug court has not reached as many individuals as it had initially planned, there has been a discernable increase in the average caseload of the court over time.

**Figure 1. Average Number of Participants Active in the Program by Quarter
(April 1, 2002 – April 30, 2004)**



Demographically, as shown in Table 2, the majority of the Drug Court participants were male (56%) and White/Caucasian (95.6%) [As noted earlier in the report, this demographic distribution is similar to the demographic composition of the area served by this court]. The average age of the participants at Drug Court entry was 27.3 (range 19 – 46 years old). The majority of the participants were between the ages of 20 and 29 (64.4%). Data on the educational achievement of participants showed that 62.2% had graduated high school, 35.6% had not graduated high school, and 17.8% had also had vocational training. Most of the participants were

unemployed at intake (55.6%), but 28.9% had a full-time job. Thirty-three percent reported they had a chronic health problem, including chronic pain, back problems, and heart disease.

Table 2. Participant Background Characteristics at Drug Court Entry

Characteristic	(N = 45)
Gender	
% Male	56.6
Race/Ethnicity	
% White/Caucasian	95.6
% African American	2.2
Age at Drug Court Entry	
% 18-19	6.7
% 20-29	64.4
% 30-39	22.2
Average (Standard Deviation)	27.3 (6.7)
Education Level	
% Less than High School	35.6
% High School/GED only	40
% More than High School	4.4
% High School and Vocational Education	17.8
Employment Status	
% Full-time employed	28.9
% Part-time employed	13.3
% Unemployed	55.6
% with Chronic Health Problems	33.3

Examination of the participants’ drug use data showed that Clinton/Russell/Wayne/Monroe/Cumberland Counties Adult Drug Court provided services to a highly diverse group of drug-abusing probationers (see Table 3). Virtually all of the participants reported that they had used alcohol (97.8%) and marijuana (97.8%) during their lifetime. The majority also reported that they had used amphetamine/methamphetamine (68.9%), powder cocaine (73.3%), sedative/barbiturates (62.2%) and opioids (73.3%). Thirty-seven percent reported poly-drug use. Recent drug use in the 30 days prior to admission to the Drug Court most commonly included sedatives/barbiturates (31.8%) and opioids (45.5%). Alcohol and marijuana were used by about one-fourth of the sample (27.3% and 29.5%, respectively). Amphetamine/ Methamphetamine use was reported by 18.2% of the sample. Cocaine use was more infrequently reported (6.8%) even though many reported they had used it during their lifetimes. Eighteen percent indicated they had used multiple drugs at one time during the month before Drug Court. Finally, many of the participants had been in treatment for substance abuse (48.9%) or alcohol problems (11.1%) previously. About 33% reported having gone to AA/NA meetings during their lifetime; and about 37.8% reported having had prior mental health treatment.

Table 3. Drug Use Characteristics of the Drug Court Participants

Characteristic	(N = 45)
Drug Use History	
% Ever Used Alcohol	97.8
% Ever Used Marijuana	97.8
% Ever Used Powder Cocaine	73.3
% Ever Used Crack	37.8
% Ever Used Methamphetamine	68.9
% Ever Used Sedatives/Barbiturates	62.2
% Ever Used Opioids	73.3

Table 3 (continued)

Characteristic	(N = 45)
% Ever Used Multiple Drugs at 1 time	37.8
Recent Drug Use (prior 30 days)	
% Used Alcohol	27.3
% Used Marijuana	29.5
% Used Powder Cocaine	6.8
% Used Methamphetamine	18.2
% Used Sedatives/Barbiturates	31.8
% Used Opioids	45.5
% Used Multiple Drugs at 1 time	18.2
Treatment History	
% Ever in Substance Abuse Treatment	48.9
% Ever in Alcohol Abuse Treatment	11.1
% Ever in AA or NA	33.3
% Ever had Mental Health Treatment	37.8

Program goals and function. As noted during an interview with program staff, the two primary goals of the Clinton/Russell/Wayne/Monroe/Cumberland Counties Adult Drug Court program are to reduce recidivism and to encourage participants to become productive members of society. The program also provides treatment and education to participants and develops a structured system of accountability and responsibility for the probationers. It also provides an alternative to traditional case processing in this jurisdiction by expediting the processing of drug cases. This reduces the amount of time drug offenders spend in jail awaiting dispositions on their cases, and it provides a structured alternative to being released on bond without specific treatment-oriented programming.

Phase structure. Like all Kentucky Drug Courts, the Clinton/Russell/Wayne/Monroe/Cumberland Counties Adult Drug Court is divided into three distinct phases, each with a separate set of goals, procedures and strategies for reaching these goals. A general overview of the three phases (including the number drug courts sessions, treatment activities, and supervision level required in each phase) based on a staff interview and on a prior evaluation report is presented in Table 4. Drug Court participants are required to participate in the program for a minimum of 13 months. In each of the first three program phases, staff reported that there was no maximum length of stay.

Generally, as the participants move through the three Drug Court phases, the number of court sessions that they are required to attend decreases, as does the number of treatment sessions; however, their level of supervision remains constant. Participants are required to attend all Drug Court sessions for which they are scheduled, submit all required urinalyses, and attend all scheduled treatment sessions. In Phase I, which lasts a minimum of 3 months, participants are under the most intensive supervision. They are required to attend the Drug Court session every week, and (per week) they are expected to submit urine tests at least three times; attend three AA/NA meetings; attend two group counseling sessions; and attend individual counseling sessions as needed. To progress to Phase II, participants must remain drug-free (as shown by negative urine screen results), complete all Drug Court Requirements, and complete all treatment and Drug Court homework assignments.

In Phase II, which lasts a minimum of seven months, participants are expected to attend the Drug Court session every other week, and (per week) submit at least two urine analyses; attend three AA/NA meetings; attend one substance abuse group counseling session; and attend

individual counseling sessions as needed. To progress to Phase III, participants must remain drug-free and complete all Drug Court and treatment requirements.

In Phase III, which lasts a minimum of three months, participants are under the lowest level of supervision. During Phase III, participants are expected to attend the Drug Court session once per month, and (per week) submit at least one urine screen; attend three AA/NA meetings; attend one substance abuse group counseling session; and attend individual counseling sessions as needed. Following Phase III, participants then receive at least 3 months of additional aftercare. During aftercare, participants are required to go to at least one AA/NA meeting per week, to talk to drug court staff once per week, and to attend one group counseling session per week. They are not required to submit urine screens during aftercare.

Graduation. Participants in the Clinton/Russell/Wayne/Monroe/Cumberland Drug Court program must fulfill certain requirements before they are eligible to graduate. All participants must have been in the program for a minimum of 12 months. Although living conditions are considered on a case-by-case basis, each participant must show that he/she resides in a relatively stable environment. All past fees and fines incurred by the participant must be paid in full. Participants are also required to be involved in the mentoring program (where they mentor another Drug Court participant) for three months and have clean urine screens for at least 90 days. The Drug Court team strongly encourages all participants to be employed on a full-time basis throughout the duration of the program, and requires that the participant be employed when they graduate from the program. Graduation ceremonies are held in the courtroom and are open to the community and the media. Participants are allowed to invite family members and friends if they choose to do so. A typical graduation ceremony includes a short talk given by an

inspirational speaker in addition to comments made by the judge. Graduating participants are given a T-shirt, plaque and any other special mementos the team or the judge feel is appropriate.

Table 4. Drug Court Program Phase Requirements

Phase I: Stabilizing Period (Minimum Requirements)

- To attend one Drug Court session per week
- To provide all assigned drug screens each week which reflect no use of drugs
- To attend all assigned documented NA/AA meetings
- To attend all assigned group, family, and/or in individual counseling sessions
- To begin to make necessary arrangements for payment of Court obligations
- To maintain Court-approved stable housing
- To maintain Court-approved employment, training, and/or education referrals
- To write seven daily journal assignments which are submitted to the judge
- To comply with any necessary medical referrals; and
- To purchase a NA or AA text book, begin work on a 12-step recovery program, and obtain a sponsor.

Phase II: Educational Period (Minimum Requirements)

- To attend one Drug Court session every other week;
- To provide all assigned drug screens each week which reflect no use of drugs;
- To attend all assigned documented NA/AA meetings;
- To attend all assigned group, family, and/or individual counseling sessions;
- To develop a payment plan to satisfy restitution, court costs, etc,
- To maintain Court-approved stable housing;
- To maintain Court-approved employment, training, and/or education referrals;
- To turn in daily journal assignments;
- To read a book every two weeks and turn in a report to the judge;
- To maintain daily physical activity;
- To do at least one good deed every two weeks to be reported to the judge; and
- To maintain regular contact with sponsor and continue work on a 12-step program

Phase III: Self-Motivational Period (Minimum Requirements)

- To attend one Drug court session every three weeks;
- To provide all assigned drug screens each week which reflect no use of drugs;
- To attend all assigned documented NA/AA meetings;
- To attend all assigned group, family and/or individual counseling sessions;
- To pay a substantial amount of restitution, court costs, etc.;
- To maintain Court-approved stable housing;
- To maintain Court-approved employment, training, and/or education referrals;
- To turn in journal assignments;
- To read a book and turn in a report to the judge;
- To maintain regular contact with sponsor and continue work on a 12-step program;
- To do at least one good deed to be reported to the judge;
- To maintain regular contact with sponsor and continue work on a 12-step program;
- To mentor a new Drug Court participant and/or group session;
- To complete an exit calendar, exit interview, and plan for aftercare

Program rules and termination from Drug Court. Each new Drug Court participant and their family are given a Drug Court Participant Handbook at program entry that details the operations of the program, policies and procedures, rules, and program and participant expectations. Program requirements also are reiterated to participants several times during their time in Drug Court. Rules are viewed by the team as being important for many reasons. Program rules impose a structure upon the lives of the participant; promote the safety of the staff and participants; provide a model of the larger society's ideal social order; and facilitate sensible, fair and consistent program operations. Failure to follow rules can and frequently does result in the imposition of a disciplinary sanction and also can result in the expulsion of the participant from the program (for either serious infractions or for repeated rule breaking).

When participants are not compliant with the program rules, they may be terminated from the program. Participants are removed from the program on a case-by-case basis but reasons for termination may include failure to participate in the program, consistent positive urine screens, and new criminal charges. The judge notifies the participant during a Drug Court session that he/she has been found to be noncompliant. At that time, the participant's case is returned to the original court docket and the sentencing process will continue.

Drug Court Program Elements

In addition to the structural components described in the preceding sections, this Drug Court also includes a set of critical components designed to engage participants in treatment while supervising their progress. These major program elements include (a) judicial supervision, (b) treatment, (c) supervision, and (d) sanctions. The following sections describe these elements and discuss how these elements were provided across the timeframe covered in this evaluation (April 2002-April 2004). Collectively, the data presented below show that the program

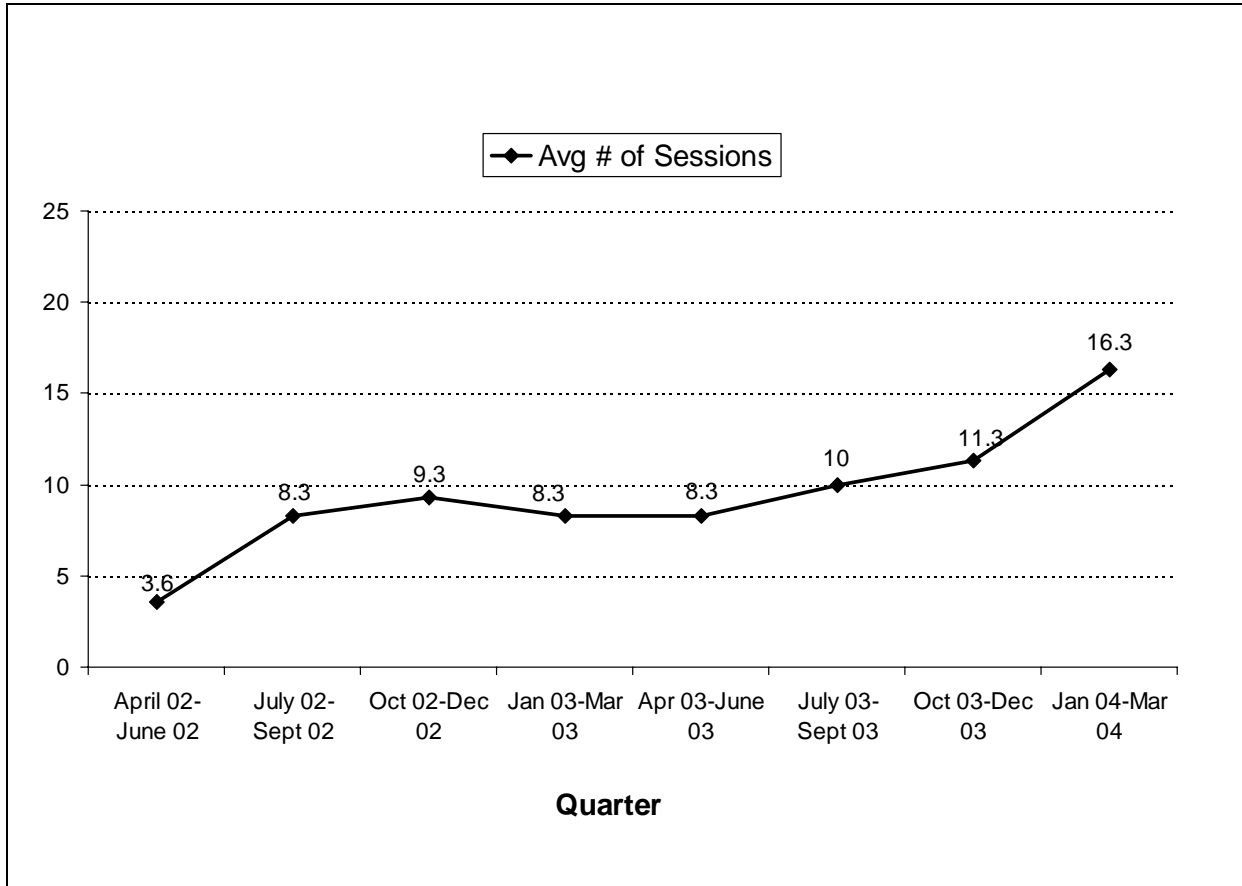
developed into a more fully implemented program during the time frame examined in the study, especially when compared to the previous evaluation of this program (see Hiller, Malluche, Patterson, et al., 2003).

Judicial supervision. Court sessions in the Clinton/Russell/Wayne/Monroe/Cumberland Drug Court are held on bi-weekly basis in each county. Prior to each Drug Court session team members meet for staffing. During the staffing session the Drug Court team reviews and discusses the progress of each of the participants who are to appear in court that day. The Drug Court Administrator, treatment provider(s), public defender, probation officer, and the Commonwealth Attorney report to the judge about the participant's progress. During the researchers' observation of staffing it was evident that the team and judge worked closely together to make recommendations for particular participant cases. Recommendations included when a participant was ready to be promoted to the next phase, if and what type of sanction or reward should be used, and clinical and professional opinions regarding strategies that could be used to help the participant to progress in their treatment goals. A summary of the observations by researchers from the University of Kentucky is provided below to give a detailed picture of how a Drug Court session is organized and conducted.

The ambient noise level was moderate during the entire court session. Participants were called to the bench individually and in no particular order. The participants did not remain throughout the entire Drug Court session, and the Judge addressed each participant individually. There were no family members present in the Drug Court session and neither the Judge nor the participants addressed the gallery throughout the Drug Court session. The Judge maintained eye contact with the participants throughout each session. There was physical contact between the Judge and a participant in which the Judge shook one client's hand when he had advanced to a

higher phase. After viewing one Drug Court session, researchers witnessed a total of nine participants. The average length of time a participant was before the Judge was 54.44 seconds.

Figure 2. Judicial Supervision: (April 2002 to March 2004)



As shown in Figure 2, data from the monthly statistical reports show that judicial supervision is accomplished through regular drug court sessions, with the average number of drug court sessions holding somewhat constant across each quarter for the time period covered by the current report (i.e., April 2002 – April 2004). But as the program’s capacity and service area grew, so did the average number of judicial supervision contacts for each quarter. That is, when the program was first implemented (i.e., April 2002 to June 2002) there was a total of 3.6 drug court sessions per month during this time. By the end of the implementation period covered

by this report, the average number of drug court sessions had increased to nearly 17 per month (for January 2004 to March 2004).

Treatment. The first key Component of Drug Courts, “...integrate alcohol and other drug treatment services with justice system case processing” is implemented at the Clinton/Russell/Wayne/Monroe/Cumberland Drug Court program to help adults to recover from their drug problems and to cease criminal behavior. The Drug Court uses The Adanta Group, Inc. and LifeSkills, as their primary treatment providers. Secondary sources of treatment include the Drug Court team members who provide services when necessary. Treatment services for Drug Court participants are focused upon establishing a drug-free lifestyle with an emphasis on a 12-step model. The treatment process also uses the Structured Behavioral Outpatient Rural Therapy (SBORT; Leukefeld, Godlaski, Clark, Brown & Hays, 2000) program for participants who live in rural communities. Participants who are in Phase I of Drug Court attend two group sessions and at least one individual counseling session per week. Group sessions can cover topics such as recovery skills, substance use/abuse education, anger management, and stress reduction, and can last between 60 to 90 minutes. During individual sessions participants are able to discuss specific issues that need to be addressed at that time. Individual sessions usually last approximately 60 minutes. When the participants are promoted to Phases II and III of the program, they typically attend one group session and one individual session per week.

Supervision. Treatment and supervision are two of the essential features of 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 urine supervision component of the Drug Courts is reflected in one of the key components, identified in Table 1. Key Component #5 states, “Abstinence is monitored by

frequent alcohol and other drug testing.” As noted previously, participants are randomly tested for drugs a minimum of three times each week during Phase I, two times per week during Phase II, a and two times per week during Phase III.

Sanctions and rewards. Sanctions are applied to participants on a case-by-case basis to hold participants accountable for their behavior, and generally follow the outline provided in Table 5. All members of the Drug Court team have input into the application of sanctions; however, the judge makes the final determination as to which sanction, if any, will be given. Infractions such as positive urine screens and missed group counseling sessions prompt the use of a sanction. Possible sanctions include jail time that varies depending on the severity of the infraction (up to 75 days for a Level C infraction), community service, essay assignments or book reports, and discharge from the program.

Participants earn rewards by being compliant with the program rules and making significant progress towards treatment goals. Participants who are rewarded may have their curfew extended, be allowed to travel, or be promoted to the next phase of the program. Participants who are promoted earn praise and acknowledgment from the judge and the entire Drug Court team.

Table 5. Drug Court Sanctions List

	Number of Infractions	Court Imposed Sanction
Level A Infraction Dirty or missed urine Missed AA/NA meeting Missed treatment session New arrest Rule breaking	1. First Infraction	Speak to DARE participate Speak to churches Essay writing Journal/letter writing 1 day in court in jury box 1-7 days in jail Community Service
	2. Second Infraction	Jail time up to 20 days
	3. Third Infraction	Jail time-no limit
Level B Infraction Missed court session Tampered or substituted urine New arrest Rule Breaking	1. First Infraction	Up to 20 days in jail Community Service Phase set back Residential treatment if warranted
	2. Second Infraction	judge's discretion Possible dismissal from program
	3. Third Infraction	judge's discretion Possible dismissal from program
Level C Infraction New arrest Abscond or leave program Rule breaking	1. First Infraction	Up to 75 days in jail Possible dismissal from program

FINDINGS: DURING PROGRAM IMPACT AND OUTCOMES

Because Drug Courts are intended to address two primary and overlapping goals (i.e., public safety and rehabilitation), it is important to determine to what extent these programs meet these two broader overall objectives while the participants are receiving treatment and other services within the Drug Court. The following sections, therefore, describe a variety of during-program outcomes to help gauge the extent to which the program affected public safety and helped to rehabilitate the individual participants. Data for the following sections were taken directly from secondary program files, and specific findings are presented on a number of key

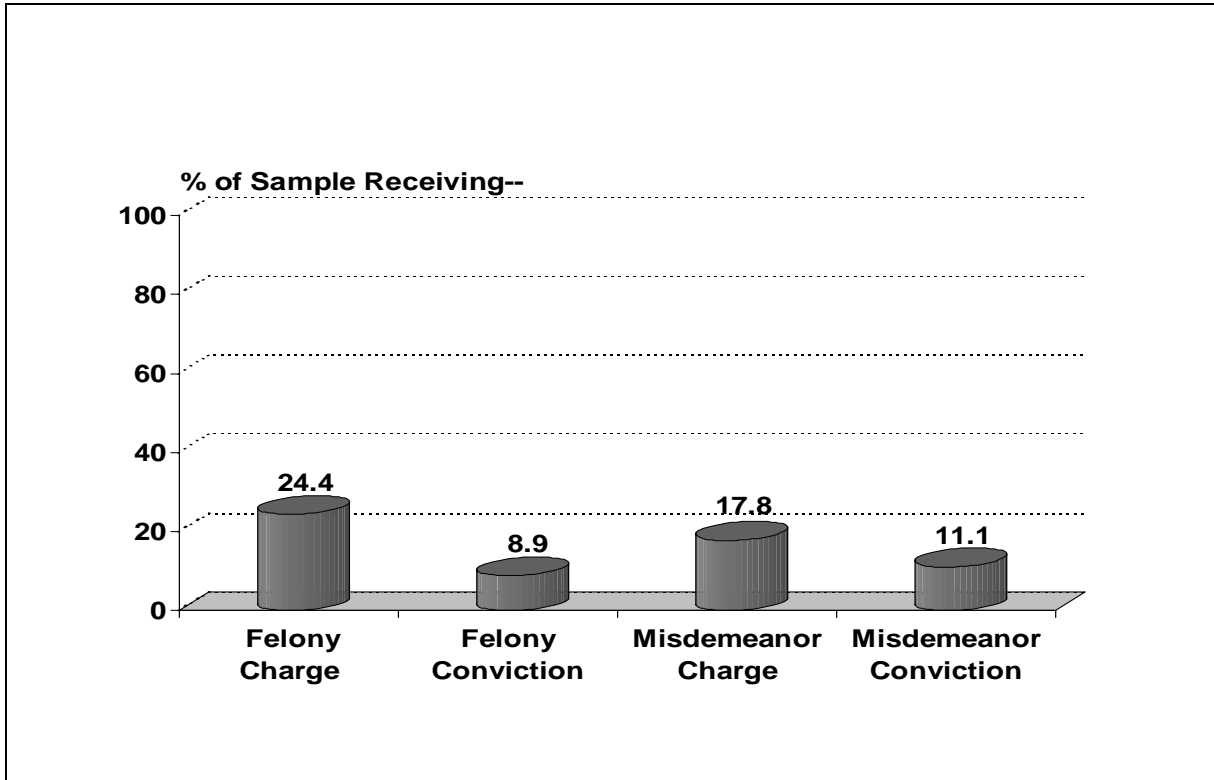
during-program outcomes including (a) recidivism, (b) retention in drug court, (c) drug use, (d) employment, (e) sanctions, and (f) phase promotions. Findings for public safety are examined first with the description of new criminal activity that participants engaged in while active in the Drug Court. The second section aggregates and reports on the individual participant's response to the rehabilitative aspects of the Drug Court program. Rehabilitation findings describe retention in the program, drug use, employment, and sanctions and promotions. Findings showed overall that the participants in the Clinton/Russell/Wayne/Monroe/Cumberland Counties Adult Drug Court improved in many areas of their lives, including reduced rates of recidivism and drug use, and increased rates of regular and full-time employment.

Public Safety

Overall recidivism. A descriptive analysis of the overall during-program recidivism rates for the entire sample was based on information coded from the Administrative Office of the Courts (AOC) Court Net database. This information included the date of any new charges incurred during the time the individual was participating in the program. Data were coded on the type of each new charge (i.e., drug law violation, driving while intoxicated, property offense, violent offense, weapons offense, probation violation, and other offense), the severity of each new charge (i.e., felony or misdemeanor), and the final disposition of each charge (i.e., convicted or not convicted). AOC records were retrieved for 45 of the 45 (100%) of participants in the current study. Findings presented in Figure 3 show that 24.4% of the total sample received a new felony charge during the time they were participating in the Drug Court, and 8.9% were convicted for a new felony. Additionally, 17.8% of the total sample received a new misdemeanor charge, with 11.1% receiving a new misdemeanor conviction. In terms of specific types of

charges, analyses showed the most common during-program felony convictions incurred by the overall sample were for property offenses (6.7%) and probation violations (2.2%).

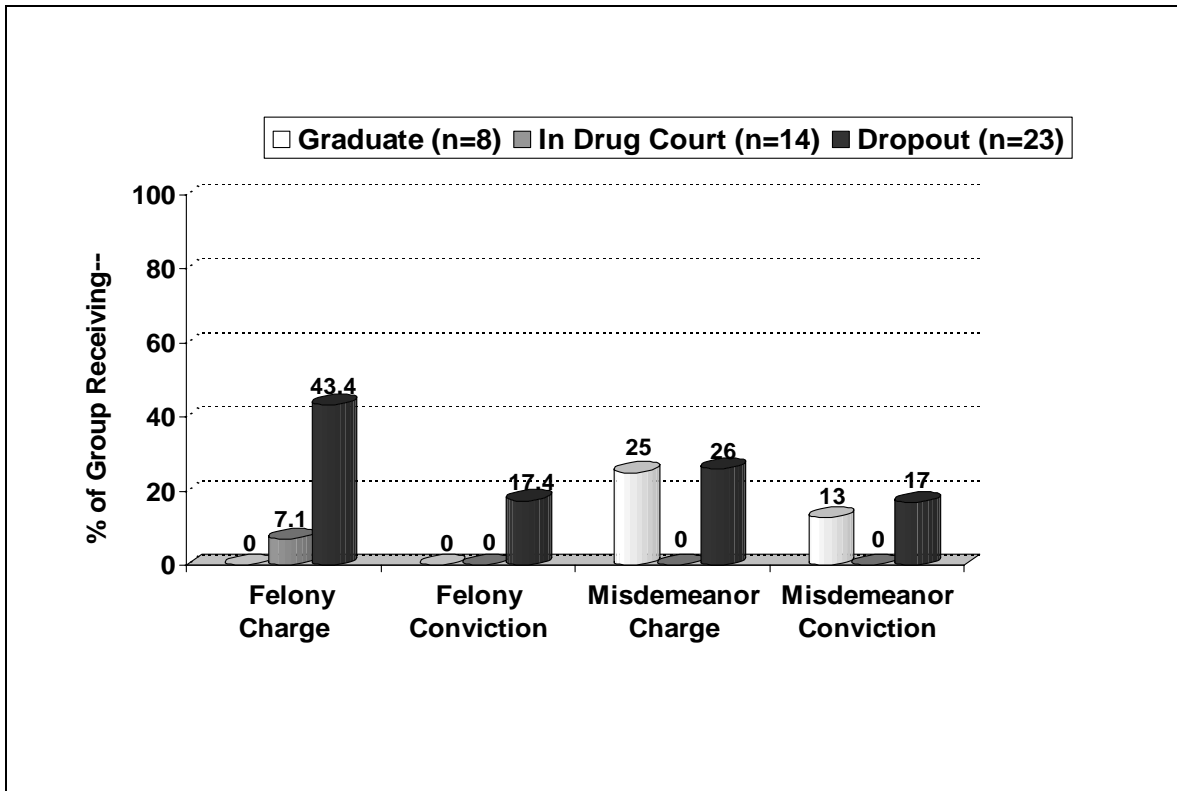
Figure 3. Overall Recidivism of Participants during Adult Drug Court (n=45)



Comparison of drug court graduates, dropouts, and active drug court participants.

A series of analyses also were computed that specifically compared during-program recidivism for Drug Court graduates, Drug Court dropouts, and those who were still in Drug Court at the time of this evaluation. Findings presented in Figure 4 show there were differences among Drug Court dropouts, Drug Court graduates and active participants on during-program recidivism. For example, Drug Court dropouts were significantly more likely than Drug Court graduates or those still in Drug Court to receive a new felony charge [$\chi^2 (2, n=45)=9.37, p < .01$; 43.4% versus 7.1 and 0%, respectively].

Figure 4. During-Program Recidivism for Drug Court Graduates, Dropouts, and those Actively in Drug Court (n=45)

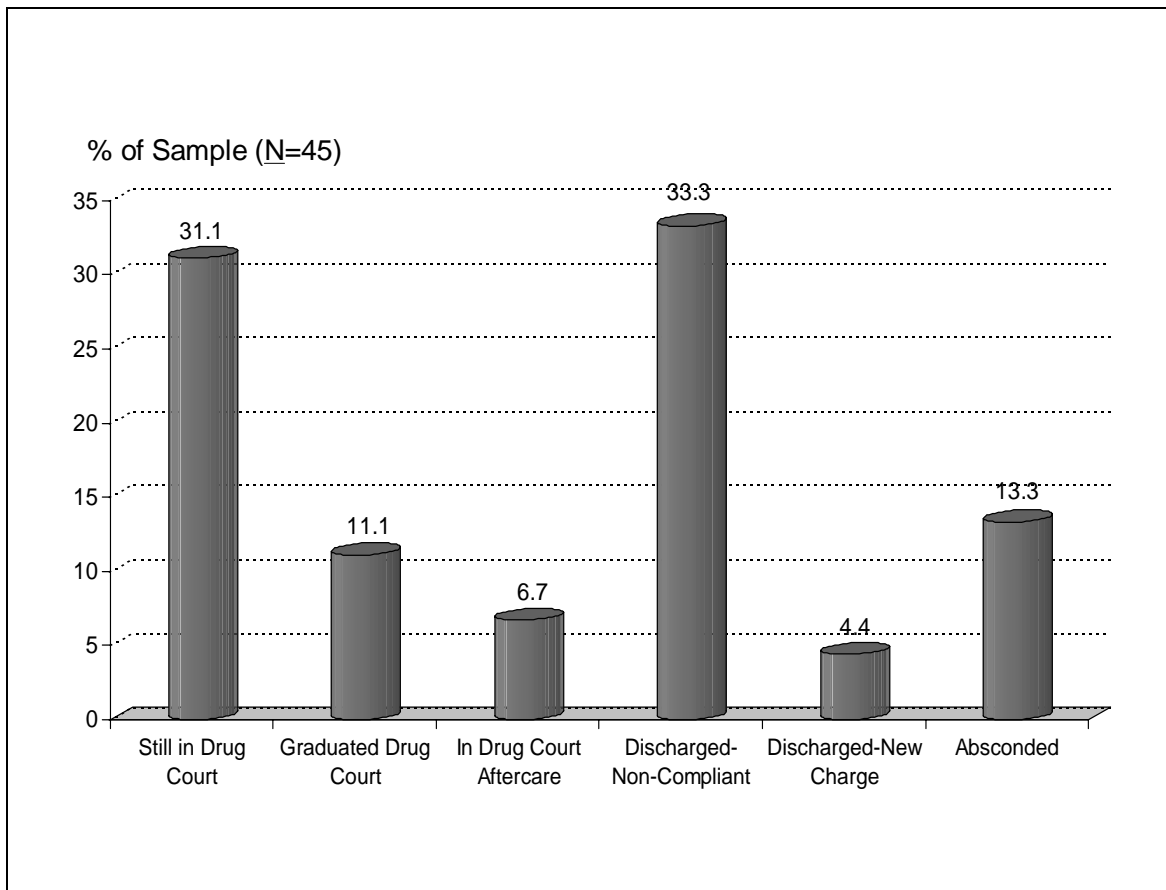


Participant Rehabilitation

Retention in Drug Court. Retention of participants in the Drug Court program is an essential and crucial outcome that needs to be examined, because participants terminated from the program prior to graduation frequently stop receiving treatment; thereby, decreasing their likelihood of having positive outcomes. Based on program records for the timeframe examined in this evaluation (April 2002 – April 2004), the retention rate of the participants was 48.9%; that is, 37.8% of the participants remained active in drug court or were active in aftercare, and 11.1% had successfully graduated both the program and aftercare (see Figure 5). When considering those who had been “terminated” from the Drug Court, 15 (33.3%) of the participants had been discharged for non-compliance because they had repeatedly violated program rules, 4.4% had been discharged for receiving a new criminal charge, and 13.3% were classified as absconders.

When adjusting the retention rate to exclude one participant (2.2%) who was transferred to a higher level of care, the retention rate was 50.0%. This retention rate is somewhat lower than retention rates summarized nationally in a report entitled Drug Court Activity Update: Summary Information, June 1999 published by the Drug Court Clearinghouse. This report indicates that the average national retention rate for drug courts is 70%.

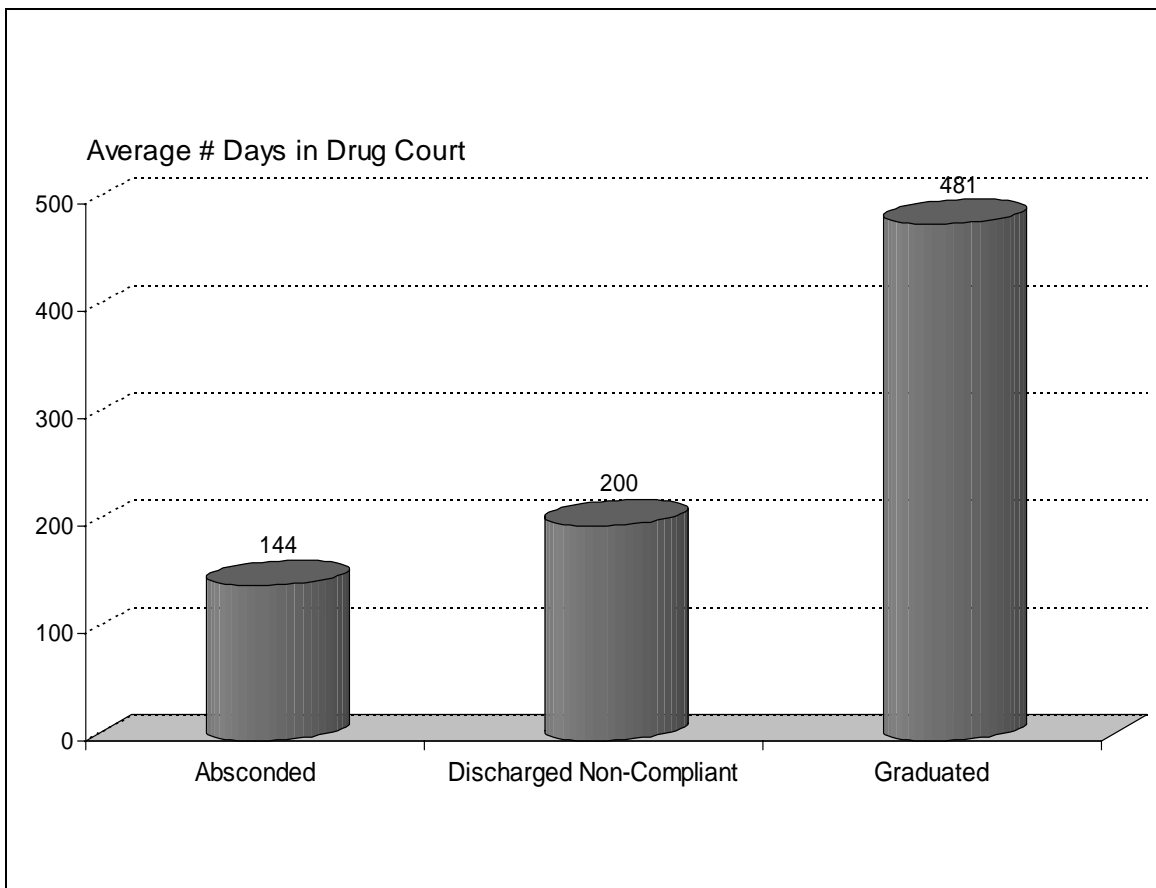
Figure 5. Retention of Participants in Drug Court



Examining the number of days a participant remained in the program is one possible alternative to examining retention more precisely than classifying individuals according to their discharge status (e.g., graduated, discharged non-compliant, absconded). This definition is important to consider because it is possible that treatment benefits accrue with longer stays in drug court even though the final discharge status from the program may be negative (i.e.,

discharged non-compliant, absconded). Therefore, another variable was created that subtracted one's admission date from their discharge date. Findings showed, that for those who were no longer active in drug court, the average length of stay in the program was 254.6 days (range was 28 to 776 days); the median length of stay was 163 days. Comparison of the three largest discharge categories (i.e., graduated, discharged non-compliant, absconded, see Figure 6) showed (as would be expected) that graduates had significantly longer lengths of stay in drug court compared to the other two groups [$F(2, 22)=8.92, p < .001$]. Those discharged for non-compliance significantly longer average stays than those who absconded from the program.

Figure 6. Length of Stay in Drug Court

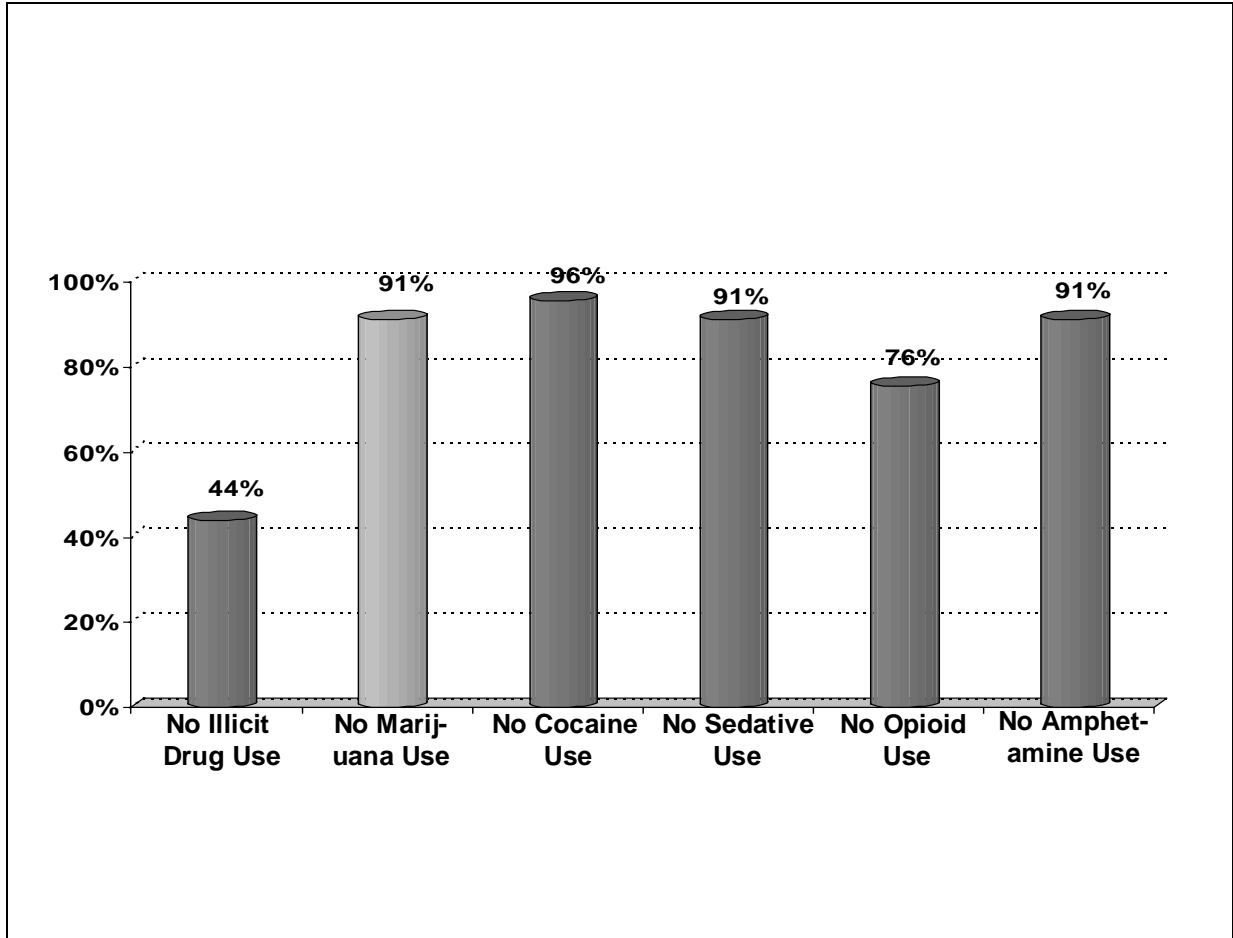


Drug use during Drug Court. Many of the resources of Clinton/Russell/Wayne/Monroe/Cumberland Counties Adult Drug Court are focused on reducing the use of alcohol and

other illicit drugs among the participants. Treatment providers and Drug Court staff provide recovery-oriented therapy to the participants and employ frequent testing for illicit drugs to determine participant progress and to reveal relapses. As shown in Figure 7, when the urine results were examined for each participant, 44% of the sample did not test positive for any illicit drug during the study's timeframe, 91% did not test positive for marijuana, 96% did not test positive for cocaine, 91% did not test positive for sedatives, and 76% did not test positive for opioids, and 91% did not test positive for amphetamine or methamphetamine. For those who did test positive for drugs during the program (i.e., 25 participants out of 45 participants, or 55.6% of the total sample), 13 tested positive only one time, 7 tested positive two times, 2 tested positive three times, and 3 tested positive four times. Ninety-three percent of those discharged non-compliant tested positive at least one time for an illicit drug (53% tested positive 2 or more times), compared to 20% of the graduates who tested positive for an illicit drug (none tested positive more than once).

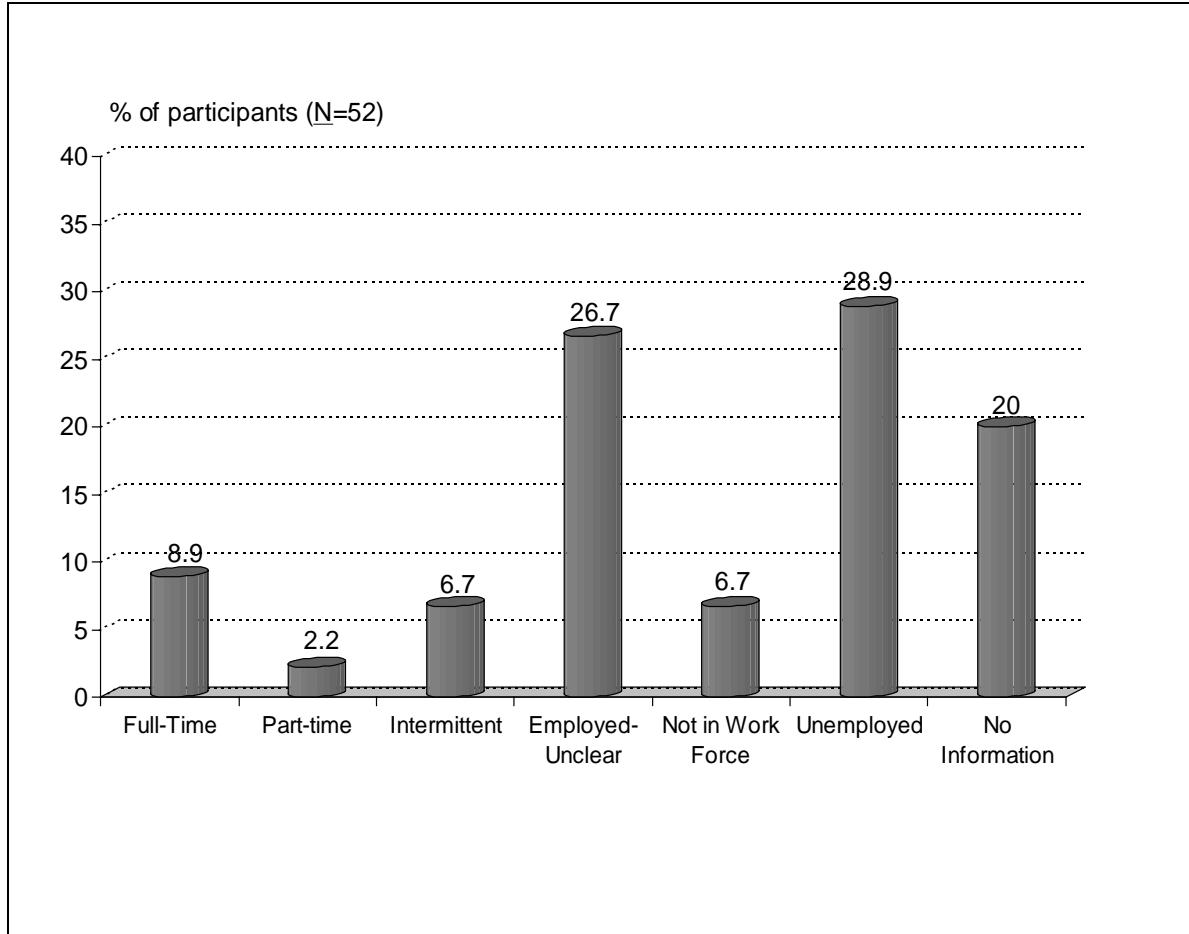
Employment during Drug Court. Employment problems are a reliable predictor of early dropout from treatment among adults in community-based substance abuse treatment programs, and the substance-abusing population suffers from a much lower rate of employment than that of the general population (Platt, 1995). These findings underscore the importance of examining employment patterns among participants while they are in Drug Court. As a matter of policy, every Drug Court participant is expected to be employed or looking for full-time employment unless they are not in the workforce (e.g., full-time student, disabled, homemaker). Employment data were inconsistently kept for most of the participants while they were in

Figure 7. Drug Use of Participants while in Drug Court



the program (see Figure 8). Data on during-program employment were missing from the files of 20.0% of the sample, and there was an indication that the individual had been employed for 26.7% of the sample, but type of employment was unclear from the program file. Therefore, caution is urged when considering the overall findings that showed 28.9% of the sample was unemployed, 44.5% were employed to some extent, and 6.7% were not in the workforce.

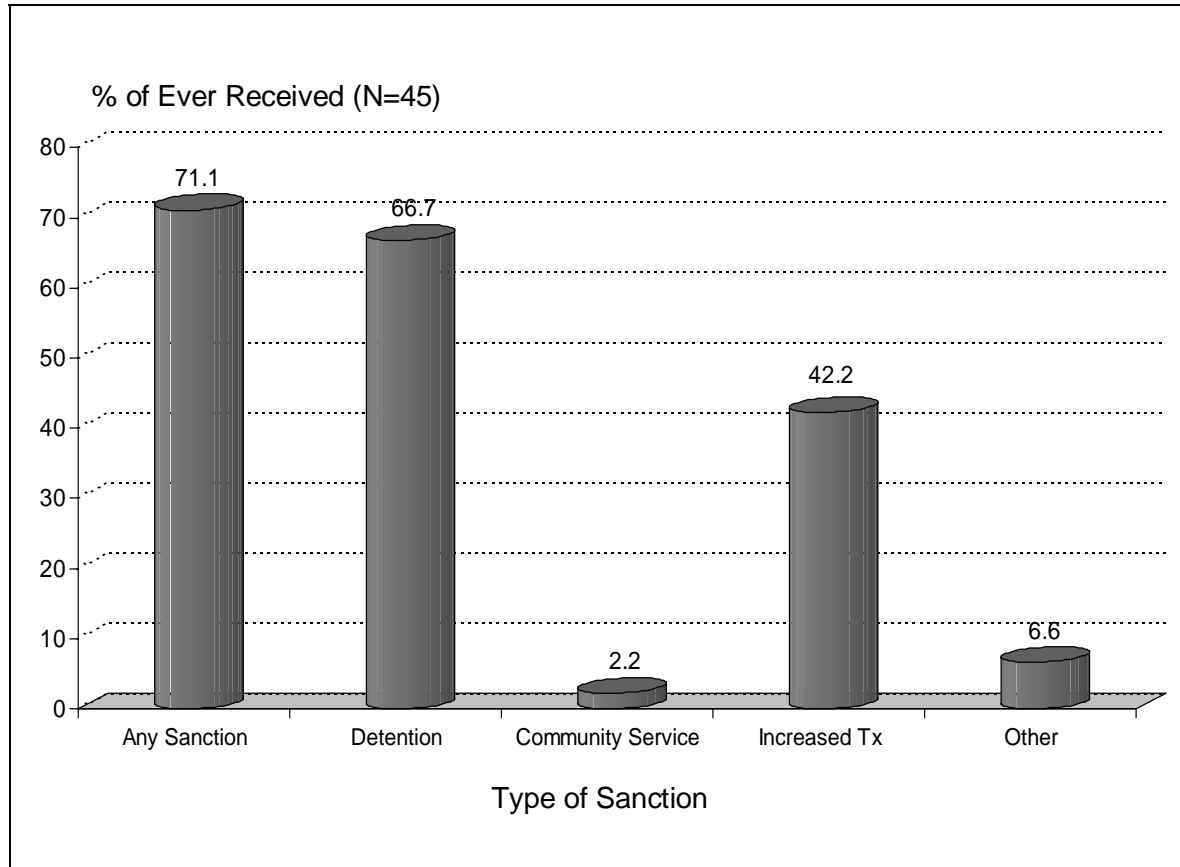
Figure 8. Typical Employment Pattern while in Drug Court



Sanctions. Drug Court programs are essentially intensive behavior modification programs, and 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 the behavior. As shown in Figure 9, review of program records showed 26.7 % of the participants did not receive a sanction while in drug court. Findings also showed that short-term detention in jail was the most commonly used sanction with about 67% of the participants receiving it during their tenure in Drug Court. Increased treatment was received by 42% of the

participants. Additional types of sanctions also were used, including community service (2%) other sanctions (6.6%, e.g., phase demotion, home incarceration, increased urine supervision).

Figure 9. Sanctions Received by Participants while in Drug Court



Phase promotions. Promotions to a higher program 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. Analysis of data from program records showed that 55.6% of the participants were promoted at least once during the evaluation time frame, and this included 5 participants who graduated from the Drug Court program.

FINDINGS: POST-PROGRAM RECIDIVISM

Overall Recidivism

A descriptive analysis of the overall 1-year recidivism rates for those who had graduated or who had been discharged from the Drug Court Program ($n = 31$) was also based on information coded from the Administrative Office of the Courts (AOC) CourtNet database. Like the findings reported above for during-program recidivism, this information included the date of any new charges incurred during the year after the participant left the Drug Court program, the type of charge (i.e., drug law violation, driving while intoxicated, property offense, violent offense, weapons offense, probation violation, and other offense), the severity of the charge (i.e., felony or misdemeanor), and the final disposition of the charge (i.e., convicted or not convicted). Findings presented in Figure 10 show that 16.1% of the (5 out of 31) participants no longer in drug court received a new felony charge within a year of discharge from Drug Court, and 12.9% were convicted for a new felony. In addition, 9.7% received a new misdemeanor charge, and 6.5% received a new misdemeanor conviction. In terms of convictions for specific types of charges, analyses showed that the most common convictions were for probation violations (9.7%) and property offenses (6.5%).

Comparison of Drug Court Graduates and Dropouts

A series of analyses also were computed that specifically compared Drug Court graduates with Drug Court dropouts in terms of their recidivism within a year of discharge from Drug Court. Findings presented in Figure 11 show that none of the Drug Court graduates received a new felony charge or conviction or a new misdemeanor charge or conviction within a year of leaving drug court. In terms of the dropouts, 21.7% received a new felony charge, 17.4% a new

felony conviction, 13% a new misdemeanor charge, and 8.7% a new misdemeanor conviction within a year of leaving drug court. These analytic comparisons were limited by the small number of cases in the analyses, and none of the contrasts between graduates and dropouts were statistically significant.

Figure 10. Overall Recidivism of Participants 1-Year after Leaving Drug Court (n=31)

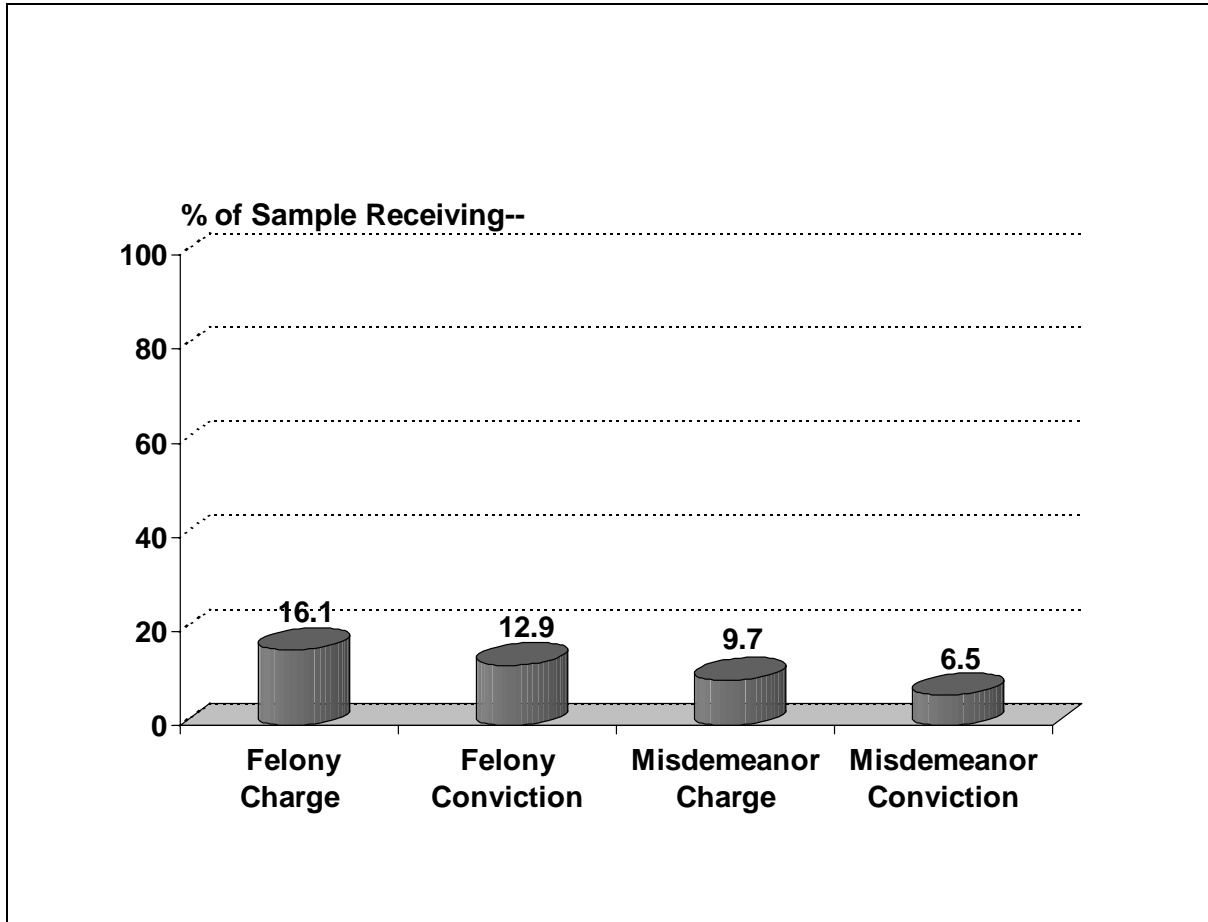
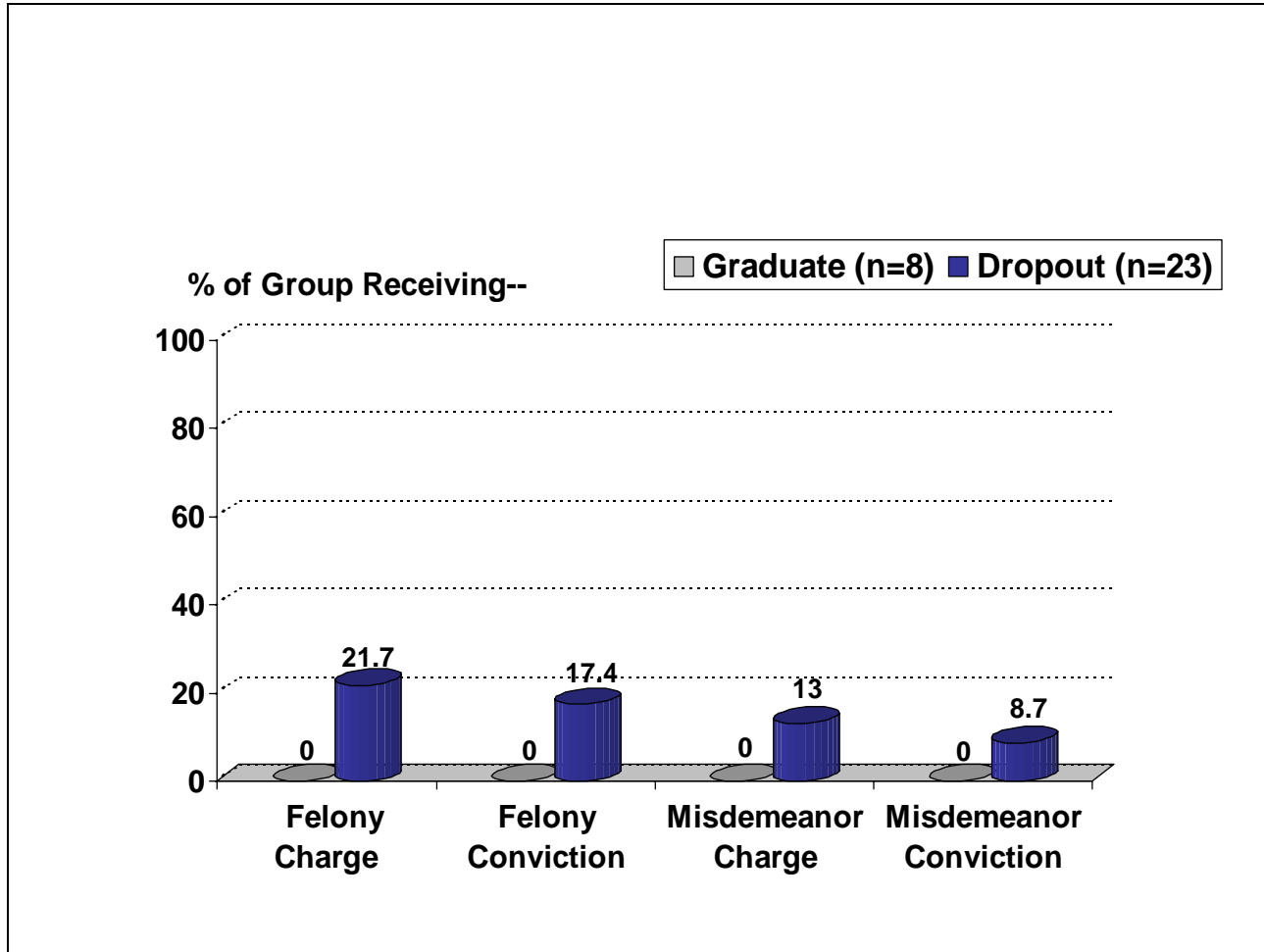


Figure 11. 1-Year Post-Program Recidivism for Drug Court Graduates and Dropouts (n=31)



SUMMARY AND CONCLUSIONS

The current evaluation report describes the implementation, during-program outcomes, and the post-program outcomes of the Clinton/Russell/Wayne/Monroe/Cumberland Counties Adult Drug Court Program. This Drug Court was established in April 2002, and it has expanded to become a more fully implemented program since the last time it was evaluated (see Hiller, Malluche, Patterson, et al., 2003). The current evaluation focused specifically on the program activities and participant outcomes for the two years during which the program was implemented with federal funding, and findings presented in this report summarize qualitative and quantitative

information collected on the implementation period that ranged from April 2002 until April 2004.

The first conclusion of this evaluation is that the Clinton/Russell/Wayne/Monroe/Cumberland Adult Drug Court is implemented in a manner consistent with the ideals expressed in the 10 Key Components. A team representing many agencies and professional perspectives works to integrate criminal justice case process and treatment and supervision to provide a relatively intense program for managing drug-involved offenders in the community. The second conclusion of this report is that the overall during-program impact of the Drug Court on the participants' behavior is encouraging with relatively few individuals receiving new criminal charges while they were in drug court. Furthermore, most offenders appear to reduce or stop their drug use during Drug Court as evidenced by a fairly large number of individuals not testing positive for illicit drugs, or testing positive only one time during their tenure in Drug Court. The final conclusion of this report is that the Clinton/Russell/Wayne/Monroe /Cumberland Counties Drug Court appears to have a positive impact on the public safety in these communities by reducing recidivism among drug-involved offenders. That is, Drug Court graduates had no new criminal charges or convictions during the year after leaving drug court, but 21.7% of the dropouts received a new felony charge, 17.4% a new felony conviction, 13% a new misdemeanor charge, and 8.7% a new misdemeanor conviction within a year of leaving Drug Court. The following recommendations are offered to possibly help this program to become more fully implemented.

Recommendations:

1. Focus on increasing retention rates. The current retention rate of 50% is lower than Drug Court programs nationally. Most individuals discharged from this program are removed because of program rules violations. Current sanctioning policy and procedures may need

to be adjusted to increase the breadth and types of sanctions used before applying discharge for rules violations as a sanction.

2. Consider alternative treatment approaches. A relatively large number of participants (45.5%) have used opioids in the 30 days before entering drug court, and many continue to use opioids while in drug court (24%) possibly leading to the lower retention rates observed for the program. Increasing treatment options and intensity, and possibly using opioid pharmacotherapies (e.g., buprenorphine and methadone) as adjuncts to the Drug Court program may improve retention and reduce drug use among these individuals.
3. Increase the number of participants in the program. During program indicators show that participants reduce drug use and criminal activity while they are in Drug Court, and increasing the number of active participants could help the program to have an even greater impact on the local communities it serves.
4. Improve during-program record keeping. Valuable information like participant employment status also should be kept as consistently as the program currently keeps urine test results. These measures are particularly important in determining to what extent Drug Court can help drug-involved probationers gain and maintain stable and drug-free employment.

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