

Jefferson County
Family Drug Court
Implementation Evaluation

Jefferson County Family Drug Court Implementation Evaluation

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Executive Summary

This report is a compilation of qualitative and quantitative data collected during a program evaluation of the Jefferson County Family Drug Court Program. This evaluation comprises both a process evaluation and an outcome evaluation. The process evaluation component included administrative & Judge's interviews, a researcher-led focus group, court observations, and program documents review. The outcome evaluation component coding of participant files for during-program outcome measures, coding CPS files for family reunification data, and establishment of a viable control group and coding of such files for comparison of CPS outcomes.

Results from the process evaluation concluded that the Jefferson County Family Drug Court program was effectively implementing their Family Court program. This program has a cohesive team who all work together with the ultimate goal of family reunification. The team has adopted both inclusionary and exclusionary criteria for program admittance, and through this they continue to increase the number of participants enrolled in their program.

Results from the outcome evaluation indicate that the Jefferson County Family Drug Court is successfully improving the lives of their participants and is resulting in successful family reunification. Through their treatment components, this program is increasing the employment/education status of participants, increasing drug-free, stable housing situations, parenting skills, income levels, and mental health status. Additionally, the Family Court Program is reducing the use of drugs/alcohol among the participants, with a total of 98% negative urine screens being collected. Further, 90% of graduates and 70% of active clients were successfully reunified with their children as a result of participation in the program.

The Jefferson County Family Drug Court program provides valuable services to the clients in which it serves. The team acts as a united front to the clients not only to hold participants accountable for their actions, but also to provide the treatment they need to reduce drug use in order to participate in their children's lives. However, several areas should be examined in order to improve overall outcomes. The following recommendations are provided as a result of this evaluation:

1. *Improve graduation rate.* With more than 98 clients participating to date, merely 11 have graduated from the program. Examination of the characteristics of the terminated clients may provide insight into whether these clients differ from those who successfully complete treatment and will inform program improvements in order to increase the overall graduate rate.
2. *Increase number of clients.* The initial goal of the Jefferson County Family Drug Court was to enroll 150 clients over a three year award period. During that time, 98 clients were enrolled which is a mere two-thirds of the proposed number of clients. Issues related to family court referrals should be resolved in order to increase the number of enrolled clients to the program's capacity.

3. *Continue to foster relationships with community resources.* The availability and relationships that the Family Drug Court has built with community resources is to be commended. It is recommended that the Family Drug Court continue to establish and develop these relationships so that the participants may benefit from these services.
4. *Continue to provide comprehensive drug treatment services to clients.* The percentage of drug-free urine screens was high in this population (98%), indicating the success of the provided drug treatment services in reducing drug use.
5. *Continue to utilize educational and/or vocational training.* Another highlight of the Family Drug Court program was the marked increase in employment among the participants. Almost 90% of participants were employed at 6-months compared with 30% at baseline. It is therefore recommended that the Family Drug Court continue training participants to actively seek and maintain employment so that the long-term goal of reunification can occur.
6. *Continue to require parenting skills in addition to drug treatment services.* Among those who had graduated were active in the program as of May 31, 2005, 90% and 70% of participants, respectively, had been reunified with their child(ren). While this represents only a small proportion of those who had entered the program, these successes can assist the treatment team in determining which services are most beneficial to clients in achieving reunification, and tailor the program towards this goal.

Drug Court in Kentucky and Family Drug Court Development

At the time of this report, Kentucky had implemented 27 adult drug courts, 10 juvenile drug courts, and two family drug courts (Kentucky Administrative Office of the Courts, 2004). While interest in and awareness of drug court treatment continues to grow and develop across the state and nation, an understanding of the unique model of family drug court remains largely unexamined. As noted above, far fewer family drug court programs have been implemented within recent years than adult and juvenile drug courts. Though family drug courts share the common missions of its adult and juvenile predecessors, important additional goals and objectives are pursued in family drug court treatment to intervene in child health and safety concerns. Unique to the family drug court model, not only are substance abuse treatment and court systems combined in efforts to support individual recovery, but the perspective and representation of the public child welfare system is integrated into the drug court team, centering the direction of drug court treatment upon the strengthening of families, promoting child health, and improving family functioning (Alcoholism and Drug Abuse Weekly, 2001).

Substance abuse research has long identified the strong relationship between substance abuse and poor parenting practices (Gregoire & Schultz, 2001; Semidei, Radel, & Nolan, 2001). Data from several national studies suggest that 40 to 80% of child abuse and maltreatment cases involve substance abuse (Wingfield, Klempner, & Pizzigati, 2000). Child welfare clients who abuse substances have been found to suffer from more problems in living overall than other clients, including mental illness, domestic violence, economic and housing instability, and dangerous living environments (Semidei, Radel, & Nolan). Children raised by alcohol-abusing families may be as much as four times more likely to be maltreated, five times more likely to be physically neglected, and ten times more likely to be emotionally neglected than children raised by non-alcohol abusing families (Harrell & Goodman, 1999). Research in this area suggests that child welfare agencies must do more

than make standard substance abuse assessment referrals in these cases. Strategies that show promise include a shift in focus from the substance abusing parent to the whole family and family environment (Gregoire & Schultz, 2001).

The Adoption and Safe Families Act of 1997 (ASFA) presents additional time-limiting challenges for those who intervene in child welfare cases with a substance-abusing parent. Because termination of parental rights must proceed when a child has been in foster care for 15 of the prior 22 months, and a permanency decision must be made within 12 months, the current ASFA guidelines require substance abuse intervention for child welfare clients to be swift, intensive and effective (Karoll & Poertner, 2002; Semidei, Radel, & Nolan, 2001).

The Jefferson County Family Drug Court is an intervention model which emphasizes this holistic focus on strengthening families by offering extensive and comprehensive wraparound services to the substance abusing parent, affected children, as well as relatives and partners that are individualized to the needs of each family member. Cohesive linkages among stakeholders in the child welfare, substance abuse treatment, and judicial systems assure that effective communication occurs through drug court team collaboration, with representatives from all involved systems claiming team membership and providing accountability. Because child welfare is an active force on the team, the drug court has the ability to accommodate and adhere to the ASFA timeline demands.

Prior research has shown that in Jefferson County, 95% of the parents of juveniles involved in the Jefferson County Juvenile Drug Court have a history of being in family court for abuse/dependency/neglect (Hiller, Narevic, Webster, Leukefeld, 2002). Thus, one of the objectives of the Family Drug Court is to provide treatment and services to the parents and children at an earlier stage, before the child is eligible for Juvenile Drug Court. The purpose of the evaluation conducted was to examine: 1) how Family Drug Court has operationalized these challenging goals of facilitating substance abuse recovery while strengthening families through

its program structure; 2) in what ways Family Drug Court participants' lives are impacted by involvement in the program; and 3) to what extent the Jefferson County Family Drug Court has achieved its mission.

Methodology:

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

To complete an in-depth process evaluation, the research staff conducted interviews with the Drug Court Judge and Drug Court Coordinator, led a focus group with key Drug Court personnel, observed treatment team staffings and court sessions, and coded Drug Court participant case files. Additionally, the research team administered the GPRA, a performance survey developed according to the Government Performance and Results Act (GPRA) of 1993. This act required that federally funded programs provide outcome measures of what successes clients experienced as a result of participation in a federally funded program (OMB Watch, 2000). In this case, the GPRA survey measured reductions in drug and alcohol use and involvement in the criminal justice system among Family Drug Court participants. The GPRA survey was administered to participants upon their entrance into Phase I, as a baseline assessment, and again after six-months and 12-months of participation in the Family Drug Court Program. The researchers also administered the Mental Health Statistics Improvement Plan Survey (MHSIP), which is a customer service survey instrument to measure the participants' satisfaction with the services they received in the Jefferson County Family Drug Court program. The MHSIP is designed to measure

clients perceptions of their (1) access to care, (2) appropriateness of care received,(3) perceived outcomes of care received and (4) general satisfaction with services received (California Department of Mental Health, 2002).

The outcome evaluation employed research methods to examine the effects of Drug Court treatment on participants' functioning and child welfare status. Sources of information used to assess these outcomes included during-program treatment data from participant files pertaining to relapse, program retention, program completion and employment status. Participants were also interviewed at six months after entry to obtain their perspectives on the treatment they had received. Finally, child welfare outcomes of participants and their children were examined with the assistance of Jefferson County Child Protective Services. The outcomes of child abuse/neglect/dependency family court cases of the participants were compared to a control group of Drug Court-eligible CPS clients who were not treated in order to determine if participation and/or completion of Family Drug Court improved the likelihood of family reunification, and if reunification occurred more quickly for Family Drug Court participants. Drug Court and control participants were no different in terms of age or race. All were female.

Purpose of the Jefferson County Family Drug Court. The Jefferson County Family Drug Court is a “court-managed drug intervention program” for processing Dependency, Neglect, and Abuse cases (Jefferson County Attorney Family Drug Court Program Participant Handbook) in which the dependent child(ren) have been removed from the home. The purpose of the Family Drug Court program is to provide a safe, yet structured program for drug-dependent mothers to work on recovery, life skills, parenting, and overall general well-being with the end result of reunification with their children. Table 1 below outlines the goals established for participants in the Jefferson County Family Drug Court Program.

Table 1: Goals of Participants

- To learn to be alcohol free.
- To learn improved parenting skills through sober living and parenting classes.
- To empower families to provide a safe and secure environment for their child(ren).
- To enhance employment skills through vocational training and educational pursuits.
- To attend 12-step support groups.
- To increase social skills and self-esteem.
- To learn warning signs of relapse and develop a relapse prevention plan.
- To accept responsibility for financial obligations and learn budgeting skills.
- To develop time management skills.

*Jefferson County Attorney Family Drug Court
Program Participant Handbook*

Findings

Process Evaluation:

The findings presented in this section are comprised of information gathered from the administrative interview, focus group, court room observation, and participant files.

Key Personnel: There are currently eight staff working with the Jefferson County Family Drug Court. There is a Program Coordinator who is responsible for the day-to-day oversight of the program, two case managers who are responsible for supervising 50 adult female clients, one case manager for supervising 12 male clients, and one case manager who supervise up to 80 children. There are also two therapists on staff as well as an Administrative Assistant.

Eligibility and Admission Procedures. Participants are referred from Family Court Judges who preside over child abuse/neglect/dependency cases in Jefferson County, and Child Protective Services caseworkers who identify the presence of parental substance abuse or dependence issues in cases being investigated for child abuse, neglect or dependency. When a child abuse, neglect or dependency case before a Judge appears to be related to parental substance abuse or dependence and the child is removed from the custody of the parent, the Family Court Judge refers the participant to the Jefferson County Family Drug Court for screening and assessment. The Drug Court Coordinator and counselors conduct eligibility screening and assessment in the Drug Court Office, located in the basement of the Jefferson County Hall of Justice, or if necessary, in the Jefferson County Detention Center. At intake, the Addiction Severity Index (ASI) and a Health Status Questionnaire is administered. Additional information collected at intake includes the client's mental status and safety needs and a urine drug screen. The team meets during a pre-court staffing each week in order to discuss all referrals made during the preceding week.

To be eligible for the Jefferson County Family Drug Court, participants must meet certain eligibility criteria. First, participants must be a resident of Jefferson County. Second, participants must be 18 years of age or older and have lost custody of at least one child (aged 12 years old or

older) due to drug and/or alcohol abuse problems. Finally, participants must stipulate that a contributing factor to the loss of custody of their child or children is due to problems with substance use/abuse.

The Jefferson County Family Drug Court currently has treatment capacity for 150 participants. As of May 31, 2005, there were 39 active participants. A steady flow of assessments are being conducted and new participants are being accepted weekly.

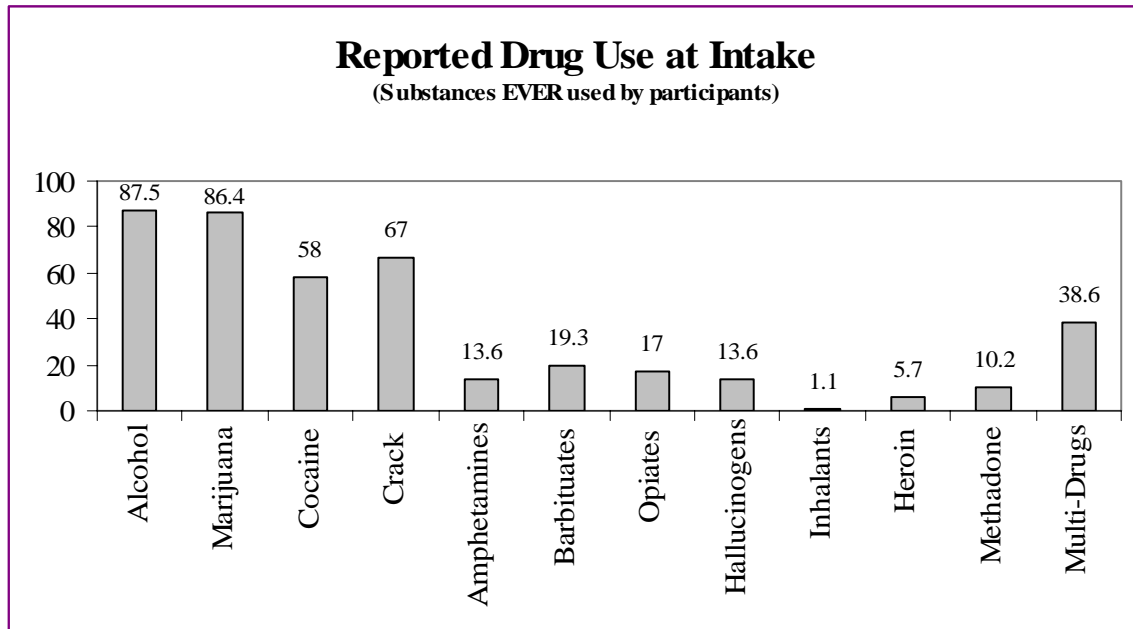
Participant Characteristics. Demographic characteristics were extracted from participant files to provide a picture of clients being served by the Jefferson County Family Drug Court. As of May 31, 2005, the Jefferson County Family Drug Court has enrolled a total of 88 participants in their program. Due to the population targeted by this program, 100% of the participants are female. Approximately 30% of the participants were between the ages of 25 and 29, and almost half had less than a high school education. Table 2 shows the demographic characteristics of participants who have been enrolled in the Jefferson County Family Drug Court program.

Table 2: Demographic Characteristics of the Jefferson County Family Drug Court

| Characteristic | Percentage |
|--------------------------------|-------------------|
| Gender | |
| Female | 100 |
| Race/Ethnicity | |
| White/Caucasian | 53.4 |
| African American | 45.5 |
| Age at Drug Court Entry | |
| 18-24 | 22.8 |
| 25-29 | 29.5 |
| 30-34 | 14.6 |
| 35-39 | 20.5 |
| 40 and older | 15.8 |
| Average | 30.8 |
| Range | 20-48 |
| Education Level | |
| Less than High School | 47.7 |
| High School Diploma | 22.7 |
| GED | 18.2 |
| Some College | 9.1 |

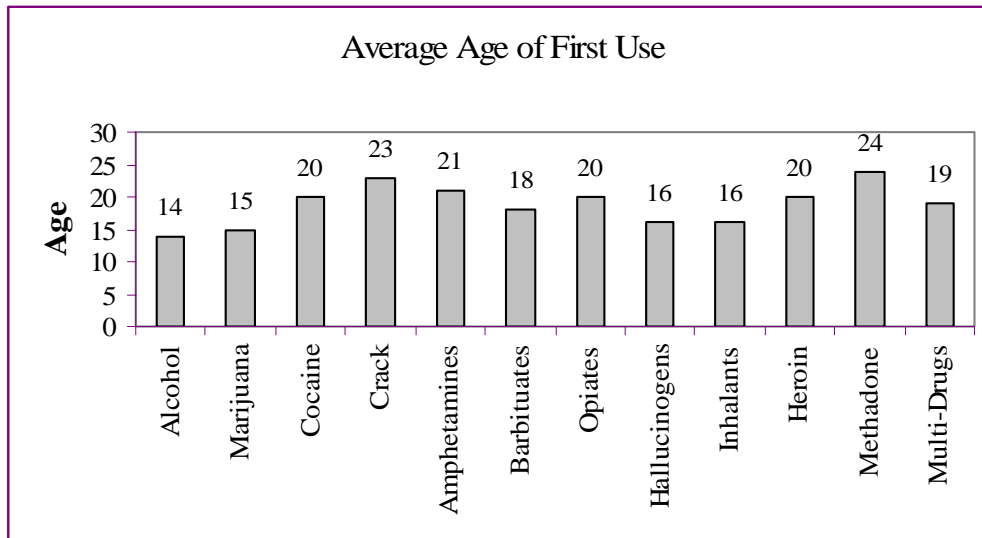
Part of the intake assessment (the Addiction Severity Index, or ASI) includes questions on whether the participant has ever used particular substances and at what age they began using each substance. As would be expected, a high percentage of participants divulged ever using alcohol (87.5%) and marijuana (86.4%). Crack and cocaine appeared to be the drugs of choice for most of the participants. Figure 1 shows the number of participants reporting EVER using listed substances.

**Figure 1: Percentage of Reported Drug Use at Intake
(Substances EVER used by participants).**



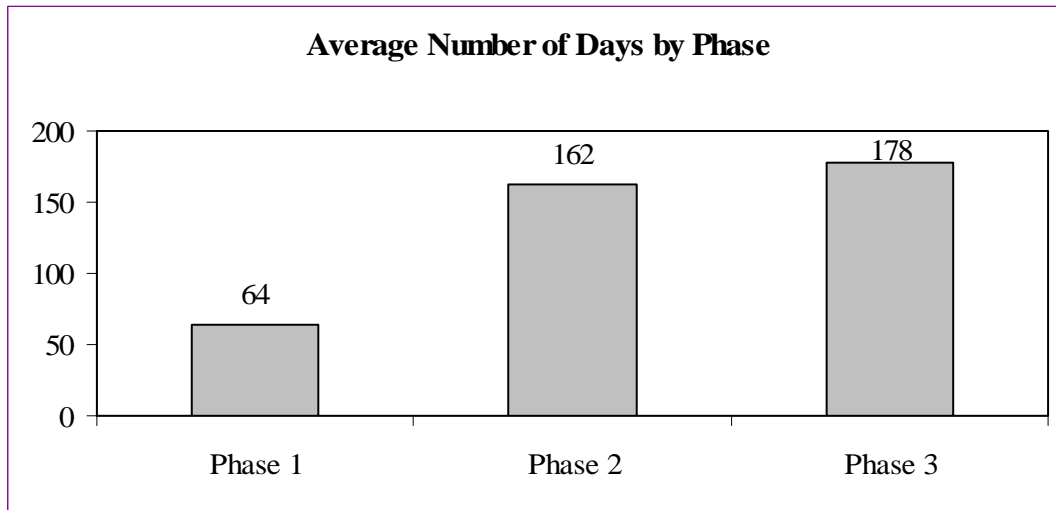
The average age of first alcohol and marijuana use was 14 and 15 years of age, respectively. On average, participants also reported first using barbiturates, hallucinogens, inhalants and using multiple substances in their teens. Age of onset for cocaine, crack, amphetamines, opiates, heroin, and methadone was slightly older. Figure 2 demonstrates the reported average age of first use of substances.

Figure 2: Average Age of First Reported Use



Phase Structure. Like all Kentucky Drug Courts, the Jefferson County Family Drug Court is divided into three distinct phases, each with a separate set of goals, procedures, and strategies for reaching these goals. This program has established an orientation period which may last from seven to 30 days. During the orientation phase, clients are required to attend education and group therapy with the Phase I clients four times per week, attend a minimum of four AA/NA meetings, and report drug use to staff. Clients who are using regularly are referred to a detox and/or a residential treatment program and remain in the orientation phase until they have completed the treatment program. Clients who complete treatment requirements are promoted into Phase I, while participants who do not complete these initial treatment requirements are not accepted into the program. Phase I is set to last 30 to 90 days, Phase II is set to last five months to nine months, and Phase III is set to last from six months to nine months. Preliminary analyses found that the average time spent in Phase I is 64 days or about 2 months, Phase II is 162 days or an average of 5 months, and Phase III is 178 days, or an average of almost 6 months. Figure 3 below demonstrates the average number of days participants spend per phase.

Figure 3: Average Days per Phase



The table below summarizes the requirements of participants by phase.

Table 3: Phase Structure

Phase I: Choice Period (may be completed in one month):

- To attend court as scheduled by Judge and to follow all court orders.
- To call the drop line daily to see if your color is scheduled to drop.
- To provide all assigned drug screens each week reflecting no use of drugs or alcohol.
- To attend the required AA/NA meetings (a minimum of four) weekly and get paper signed.
- To attend and document required family and individual meetings.
- To being making payments of court-ordered fees.
- To find and maintain court-approved, drug-free housing.
- To maintain Court-approved employment, training and/or educational referrals.
- To obtain the names and numbers of AA/NA members to consider for a sponsor.
- To participate in daily group sessions.
- To attend any and all visitations with your children.
- To progress satisfactorily with both treatment and case plans.

Phase II: Challenge Period (may be completed in 6 months):

- To attend court as scheduled by Judge and follow all court orders.
- To provide all assigned drug screens each week reflecting no use of drugs or alcohol.
- To attend and document required group, family and individual meetings.
- To attend required AA/NA meetings.
- To continue making payments of court-ordered fees.
- To maintain court-approved, drug-free housing.
- To maintain court-approved employment, training and/or educational referrals.
- To obtain and maintain an approved NA/AA sponsor and home group and continue 12-step program.
- To attend any and all visits with your children.
- To prepare a life script for process group.
- To prepare for reunification with children.
- To progress satisfactorily with both treatment and case plans.
- To complete 12 week parenting curriculum.
- To complete six weeks of family therapy.

Phase III: Change Period (may be completed in 6 months):

- To attend court as scheduled by Judge and follow all court orders.
- To provide all assigned drug screens each week reflecting no use of drugs or alcohol.
- To attend and document required group, family, and individual meetings.
- To attend required AA/NA meetings.
- To continue making payments of court-ordered fees.
- To maintain court-approved, drug-free housing.
- To maintain court-approved employment, training and/or educational referrals.
- To maintain an approved NA/AA sponsor and home group and continue 12-step program.
- To complete an exit calendar, exit interview and develop an aftercare plan.
- To attend any and all visits with your children.
- To prepare for reunification.
- To progress satisfactorily with both treatment and case management plans.

Completion of each phase is based on performance. Upon recommendation of Family Drug Court staff, the Family Drug Court judge will promote or detain you according to your individual progress.

*Jefferson County Attorney Family Drug Court
Program Participant Handbook*

Each phase requires participants to attend a certain number of meetings each week or month in addition to treatment services. Treatment requirements are established to allow flexibility in the services each participant receives. Some participants may have to meet with their caseworker 5 times per week; whereas, other participants may only have to meet three times per week which allows for individualization of treatment. Table 4 below outlines the treatment requirements by phase.

Table 4: Treatment Requirements by Phase

| | Phase I | Phase II | Phase III |
|---------------------------------------|---------------|--------------------------------|--------------|
| AA/NA | 4 per week | 4 per week | 4 per week |
| Substance Abuse Individual Counseling | 0-2 per week | 0-2 per week | 0-2 per week |
| Substance Abuse Group Counseling | 5 per week | 3 per week | 1 per week |
| Other individual counseling | 0-1 per week | | |
| Other group counseling | 0-1 per week | 2-3 per week | 0-1 per week |
| Family counseling | | 16-week family education group | |
| Job counselor | 2 per month | | |
| Drug Court Staff | 5-15 per week | 3-9 per week | 1-5 per week |
| Drug Court Judge | 1 per week | 2 per month | 1 month |
| Case Worker | 5-10 per week | 3-6 per week | 1-3 per week |
| Drug Testing | 2 per week | 2 per week | 1 week |
| Job Counseling | 2 month | As needed | |

Community Resources. The Jefferson County Family Drug Court has a myriad of community resources available to clients. Primary service providers include JADAC, a private non-profit agency which provides detox services as well as a 28 day residential treatment program for Family Drug Court participants; STOP, which provides HIV and STD education and prevention;

and Goodwill Industries, which provides GED and vocational training. Other heavily utilized primary service agencies include St. Jude's, which provides Family Drug Court participants residential, long-term treatment and half-way housing services; Center for Women and Families which provides domestic violence education and counseling; 7 Counties Services which provides mental health services; and Phoenix Health Center which provides medical services and prescription drugs.

Secondary service providers are referral-based and include Community Ministries, which provide financial support in emergency situations; University Hospital, which provides medical and mental health services when needed; L and N Building, which provides food stamps and medical cards; local health departments which provide social service programs and medical treatment; Wayside Christian Mission which provides housing for homeless participants; and Center for Families which provides mental health counseling. Other services utilized by the Jefferson County Family Drug Court include Vocational Rehabilitation; Project WARM, which provides heating in the winter when necessary; and St. Vincent DePaul Apartments which provides long-term housing. The Family Drug Court program is hoping to expand the services provided to clients by including those specific to women's health issues, exercise and nutrition, and cooking classes.

Rewards and Sanctions. The Jefferson County Family 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

Participants gain rewards by being compliant with the program rules and showing significant progress on treatment goals. Negative drug screens, consistent attendance at required individual and group meetings, and active 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) as well as passes to community activities such as the amusement park, movies, or a museum. Additionally,

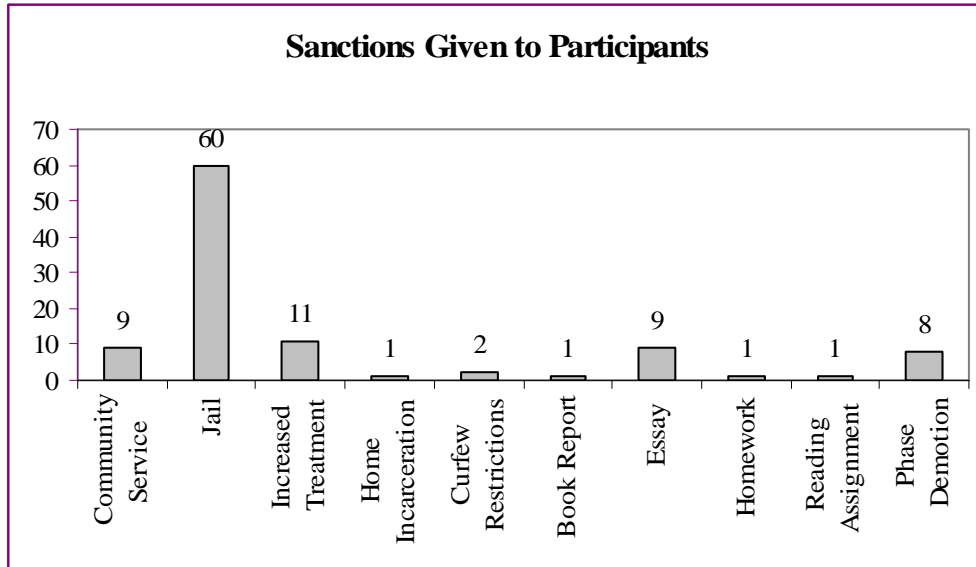
participants' achievements may be rewarded through recognition by the Judge and Drug Court team. Good deeds are reported informally in Drug Court sessions.

Promotions to a higher phase are given when a participant is performing successfully in the program. Therefore, examining the number of phase promotions is a valuable during-treatment performance indicator that provides direct behavioral measures of participants' levels of compliance with treatment plans and program rules. Analysis of data from participant files showed that 109 phase promotions were given during the time frame covered by the report. At the time of this report, there were a total of 8 participants in Phase I, 13 participants in Phase II, and 18 participants in Phase III.

Sanctions

The entire Drug Court team has input into sanctions, although the Judge makes the final determination about sanctions after considering all relevant information. Positive urine screens, missing work, not completing community service or 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, treatment, or contact with NA/AA sponsor, essay assignments regarding the topic of the noncompliant behavior, and/or termination from the program. The Jefferson County Family 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. Figure 4 demonstrates the number and type of sanctions assigned to participants during the evaluation period.

Figure 4: Sanctions Received by Participants



As demonstrated above, jail is the most frequently used sanction by the Jefferson County Family Drug Court, accounting for 60% of all sanctions given. The average number of days a person was involved in the Family Drug Court program before receiving jail as a sanction was 74 days.

Focus Group: One component of the process evaluation conducted was a researcher-led focus group consisting of the Drug Court’s treatment team members. The focus group followed a logic model approach (adapted from Harrell, 1996) which allowed the Drug Court team to participate in its own program development and evaluation.

The researcher asked the treatment team to discuss the key components of their program using open-ended questions. During the focus group, the team members were asked to consider their treatment process since the program began; to examine how they have changed or stayed the same; what has or has not worked about the program; and what obstacles they thought the program 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 June 2005.

Target population. Team members first described their target population. They stated that the program targets women 18 years or older who have lost custody of at least one child eleven years or younger due to drug and alcohol abuse through a Jefferson County family court proceeding. Services are also provided to the families of the women, and one team member stated, “The target is the support network needing improvement or needing to be established.” Therefore, the individuals who functionally and emotionally support the woman entering treatment are educated in the processes of drug dependence and recovery, and their relationships are strengthened in order to provide therapeutically effective support.

Long-term goals. The Drug Court team identified its primary long-term goal for participants as reunifying the family, if in the best interest of the child. They also hoped to facilitate at least one year of recovery from substance abuse, while improving social functioning of the participant, through education (GED), acquisition of stable housing and employment. The team also hoped to reduce recidivism to the child welfare system by decreasing the number of referrals made to child protective services (CPS).

In addition to long-term goals specific to the participants receiving treatment, the team indicated that they hoped to educate children of participants about the nature of substance abuse and dependence. With regard to program improvement, the treatment team stated that they hoped to strengthen their network with local CPS workers so that staff from these agencies knowledgeable about the drug dependence and recovery process, as well as the treatment components and functional operations of Jefferson County Family Drug Court.

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 the participants and the

program. The team suggested that the first important change is that the children of participants are placed in a safe environment. They also first seek a safe place for the participants to live and begin the recovery process; a step which may involve a stay in a halfway house or residential treatment, if necessary. The team stated that they look for general signs of program compliance, such as attendance at all group sessions and court hearings, and not missing any urine screens. Staff also look for a pattern of negative urine tests as an indicator that participants are making short-term progress.

Team members noted that social functioning improvements are also important, identifying the obtaining of employment and working on GED completion as short-term goals that all participants are strongly encouraged to pursue if they have not done so before entering Drug Court. The Drug Court team also wants to cultivate the development of healthier relationships between participants and their families and with sources of support. They want participants to become more invested and involved in the recovery community of AA/NA, acquiring a “home group” where they develop strong ties to others who are also in a recovery process. Paying fees they owe for Drug Court treatment and any court costs show the team that participants are taking responsibility and are being accountable. Increased, appropriate visitation with their children informs the team that participants are taking necessary steps toward reunification. The team also hopes to see improved self-care behavior such as making doctor and dental appointments and following through with any treatment plans set by health care professionals, as this indicates developing self-efficacy and self-respect.

Therapeutic activities. The team discussed many therapeutic activities in which they engage participants to facilitate short and long-term improvement. Weekly contact with case managers, which decreases gradually as participants phase up in the program, was first recognized as an important therapeutic component. Daily process group meetings are held in which participants explore personal difficulties, share recovery experiences, and support each other in a safe atmosphere. Individualized assessments seek to develop treatment unique to the specific needs of

participants by building upon existing strengths. Relapse prevention programs are also provided to participants who appear to be especially vulnerable. Supervised contact with children was also viewed as integral to recovery, as parents continue to make progress and experience sober parenting.

Weekly random urine screens, appropriate and consistent sanctioning, and judicial hearings were all considered therapeutic by the team because they provide the necessary supervision to hold participants accountable for their behavior. Behavioral contracts were established with participants needing more structure and the benefit of a concrete plan.

Several other program components were recognized by the team for their therapeutic value. Six sessions of family education on the nature of addiction and recovery are a required treatment component, as are 20 weeks of parenting classes for participants. Children of participants are provided 16 weeks of Clean Kidz, a children's group designed to educate children in a developmentally appropriate way about their parents' drug dependence. A separate adolescent group is held with teenage children of Drug Court participants. Men enrolled in the men's division of Family Drug Court receive 16 weeks of chemical dependency education.

Various case management activities and program components intended to improve social functioning were also discussed. GED classes are a requirement for participants who have not finished high school. Home visits by case managers assist participants with the development of a safe and healthy atmosphere in which to raise their children. Job readiness training prepares participants to obtain gainful employment and financial security, and an intensive job track of Drug Court is provided to participants with significant barriers to employment and employability. Wraparound services are coordinated in response to needs identified through a comprehensive assessment, including but not limited to medical and dental care, mental health treatment, housing, additional vocational training, and domestic violence counseling. Monthly HIV/AIDS education is offered to participants, who are considered to be at a higher risk for this disease due to their drug use.

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. Shelters and halfway houses provide temporary housing for homeless participants and those in need of drug-free and violence-free safe living arrangements. The public bus system in Louisville is invaluable for participants without automobiles so that they are able to attend treatment meetings, court sessions, jobs and educational programs. Medical and dental clinics, which provide services to Medicaid recipients and offer sliding fee scales to low income consumers, are frequently utilized for health care. Seven Counties and the Center for Women and Families in Jefferson County provide collaborative case management and mental health outpatient treatment. The Healing Place, Ten Broeck, and JADAC provide detoxification to participants presenting with severe dependence requiring intensive intervention at Drug Court intake. Goodwill Industries and the Salvation Army are available resources for low-cost clothing and household goods. Outreach ministries, the Wayside Mission and churches have assisted participants with various needs in their efforts to reestablish themselves in new homes and surroundings. Child support offices in Jefferson County have helped Drug Court participants with the acquisition of court-ordered support. Walmart, Kroger, Meier's, Domino's, and Papa Johns have all donated food to Drug Court activities and children's program functions. St. Anthony's has provided space for meetings and children's group activities. The University of Louisville Psychiatric Services is utilized for psychological assessments when indicated. Finally, the Spectrum Center and Adult Education provide GED preparation for Drug Court participants needing educational support.

Individual characteristics. The team were also asked to identify the background characteristics of their Drug Court participants. Team members noted that there were more severe psychosocial issues and barriers to treatment in the population than what was expected when they began providing services. They also noted a high incidence of domestic violence in the population. Notable, recent drug trends include more prescription drug and methamphetamine use among program enrollees. Staff also noted that there were many participants who had failed in prior

treatment efforts, demonstrating that the program was treating people with moderate to severe substance abuse problems. The team observed that most participants had low levels of family support. The program also expected to treat mostly African American women with dependence on crack cocaine when the Drug Court program was first planned and implemented; though about half of the women treated to date fit this description, there are more Caucasian women in need of treatment for a variety of drug abuse problems than what was initially anticipated. More lesbian and bisexual women are among the treated population than the team expected to encounter, and increasingly, men are identified as appropriate for and in need of family drug court treatment.

Other influences. The team members' strengths and cohesive working relationships were emphasized when the team was asked to describe other factors that influence Drug Court treatment in Jefferson County. The team's unity in developing treatment plans, staffing cases and making decisions about participants' situations is beneficial to the overall coordination of services, and is critically important for presenting a "united front" to participants when responding to noncompliance and relapse. The camaraderie and dedication to the program that has developed within the treatment team was identified as a uniquely positive influence that helps to make their challenging work less difficult. The team acknowledged their Drug Court coordinator, describing her as a "great supervisor with treatment experience," and the Family Drug Court Judge, an "invested and passionate" Judge. The team also highly valued the reliable and dependable administrative support staff that assists the team with their daily work. They were also pleased with the availability and cooperation of local wraparound services providers, whose involvement facilitates the creation of comprehensive treatment plans that provide medical, psychological, educational, occupational and social supports.

Other influences on the program were perceived to vary in their level and direction of influence, whether they were positive or negative. One of these factors was the staff with whom the team works at the child protection agencies. Some of the CPS staff were viewed as extremely cooperative and as important team members, while others had not invested time in Drug Court

team planning and did not seem to be “on the same page” as the treatment team in case coordination. This was viewed as a service obstacle. This was also true with the referring Family Court Judges and parents’ attorneys involved with Family Drug Court; while most Family Court Judges who refer eligible participants to the Drug Court program and attorneys who represent parents were perceived as supportive, some in this relatively large jurisdiction were not. Likewise, foster care families and kinship care available to Drug Court participants’ children were influential on individual Drug Court participant treatment experiences, with some caregivers perceived as more trustworthy, dependable, and beneficial to the program’s operation and coordination of services than others.

Program concerns. The team was asked to describe its current concerns about the program and what they hoped to change about family Drug Court treatment in Jefferson County. Several team members stated that they feared what would happen to the program without continued funding from existing sources, and how they could otherwise address sustainability issues. The financial resources needed to pay for treatment from outside sources such as residential programs was also identified as a persistent concern. Concern was expressed by team members about the future direction of the program, who would lead it, and how it would continue to develop and expand the number of participants being served.

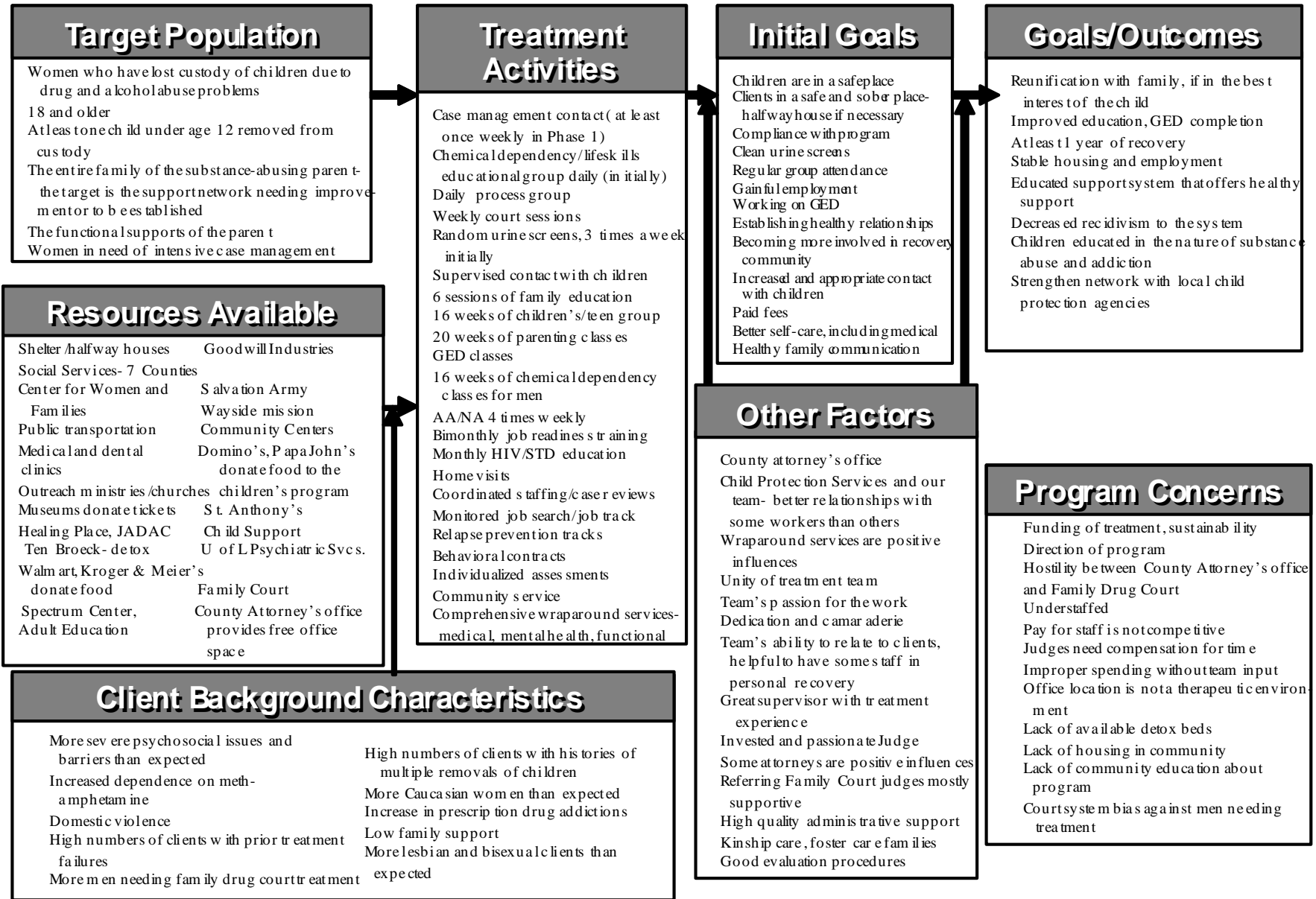
Concerns also were identified regarding a lack of community resources. Many more participants would benefit from detoxification early in treatment than the number currently treated, but the regional centers that provide treatment beds do not have enough beds for the Drug Court. Participants often must wait for an available treatment slot at a time when they most need placement in a detox center. There is also a lack of available housing in the community that is affordable. An ideal goal for the future related to this concern identified by a team member was the acquisition of property and the development of group homes for Drug Court participants.

Two final concerns related to the perception and awareness of the court system and community about the Family Drug Court program. Recently, a men’s division of Family Drug

Court had begun operating, but a team member observed that male participants were not being treated similarly to women enrolled in the female Family Drug Court program, and this was viewed as unfair. Also, team members expressed concern that the community remained unaware of the program's availability and purpose, and they hoped for more opportunities to share information about the treatment offered in the Jefferson County Family Drug Court.

Figure 5, 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 5. Logic Model of the Jefferson County Family Drug Court:



Staffing and Courtroom Observations. The description of Family Drug Court sessions that follows was derived from the observation of two court sessions held in November 2004 and April 2005.

Observation of two different court sessions by the research staff from the University of Kentucky showed that the Judge paid individual attention to each participant appearing during the court sessions. Twenty-six individuals' cases were heard at the November session and 35 cases were heard at the session observed in April. 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 noise level in the courtroom was somewhat elevated at times due to the large number of people present at both sessions. The participants stood close to the Judge's bench, approximately 1.5 feet from the Judge during both sessions observed. The Judge spent close to three minutes on average discussing each participant's progress and current circumstances with them during the first observed session, and three minutes was also the most frequent amount of time spent with each participant (mode) during the November session. The median length of time that the Judge spent with each participant at the bench was also close to three minutes during this session.

During the April session, when several more participants' cases were heard, the Judge spent approximately 1.5 minutes with each participant. The median length of time spent with participants at the April session was 50 seconds. As this session closed, the Judge announced to the gallery that more Drug Court hearings were to be held each week, breaking down sessions by each Phase group, because the size of the Drug Court program had exceeded the amount of time scheduled for hearings.

Discussions at both sessions ranged from participants' homework assignments, to child visitation, meeting attendance, employment prospects, drug screen results and physical health issues. Honesty in communications with Drug Court staff was often emphasized in the conversations between the Judge and participants. During the April session, two participants

received strong verbal admonitions from the judge to adhere to their treatment plans and to prepare to receive sanctions if they could not comply.

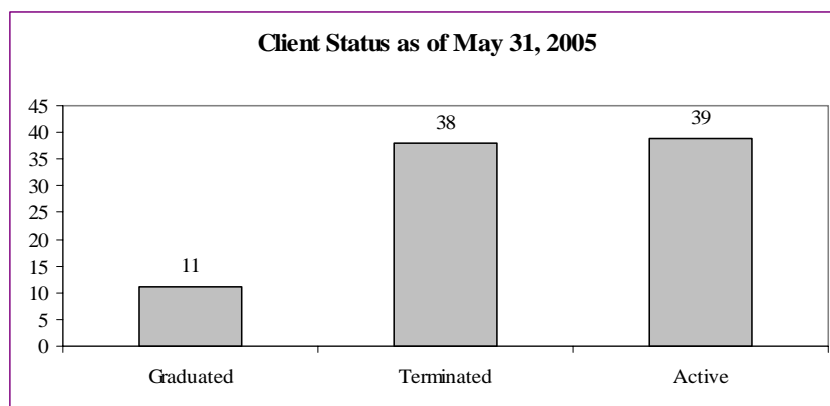
During the sessions observed, participants sat where they chose in the courtroom, which was mostly full. The Judge used a microphone so that all in the courtroom could hear the proceedings. Participants were expected to stay in the courtroom throughout the session. No one was present to only be sanctioned at these sessions; though sanctions were given, all who were present were regularly scheduled to appear on these days. The judge praised several participants for treatment progress and participation in group meetings. She also increased visitation with children for three participants. In the April session, several participants also were rewarded for treatment progress by phasing up in the program. For two participants, it was announced that the treatment team was recommending reunification with their children. When the Judge indicated to the gallery that a participant was making progress in any aspect of Drug Court, the participants responded with loud applause, and frequent cheers of encouragement.

Program Outcomes

One of the primary goals of the Jefferson County Family Drug Court is to help its participants live productive, drug-free lives. In order to achieve this goal, the Jefferson County Family Drug program relies on several during-program indicators of success including participant retention, employment (resulting in increased income), stable housing, educational achievement, amount of treatment received and reduced use of drugs and alcohol evidenced through negative urine screens. These indicators provide insight into the progress achieved by the participants in the Family Drug Court program.

Retention. Keeping participants in the Family Drug Court program is essential and crucial. If the participant is removed from the program, they often do not continue to receive treatment, which reduces the likelihood that they will experience long-term recovery. However, participants need to be terminated if they are non-compliant with program requirements or abscond from the program. As of May 31, 2005, the Jefferson County Family Drug Court program has graduated a total of 11 participants, resulting in a graduation rate of 22%. Figure 6 demonstrates the status of clients enrolled in the Family Drug Court program as of May 31, 2005.

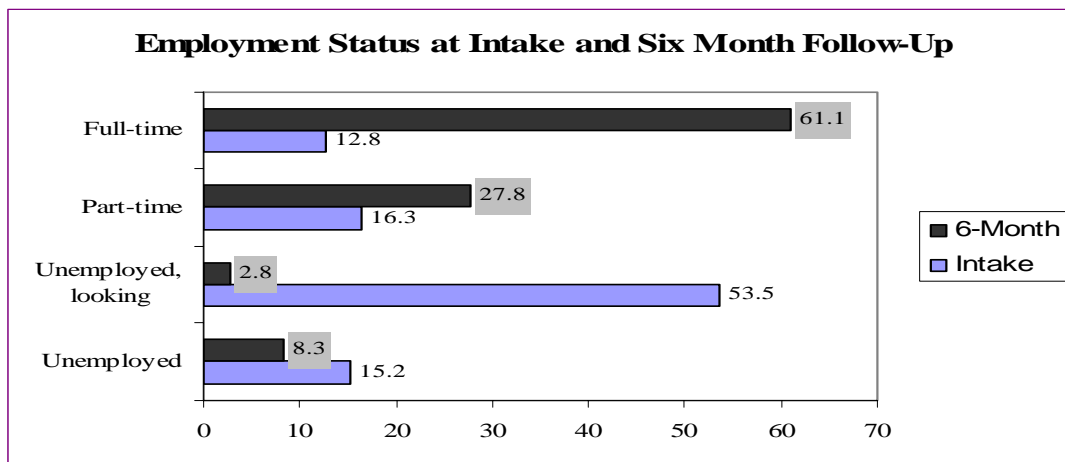
Figure 6: Client Status as of May 31, 2005



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 a positive change in social functioning, it also improves program retention. Employment or active employment seeking is expected of every Family Drug Court participant unless they are a full-time student or have been determined to be disabled. The Jefferson County Family Drug Court program has significantly increased the employment rate of participants in their program. At intake, approximately 70% of Family Drug Court participants reported being unemployed. After 6-months participation in Family Drug Court, approximately 89% of participants were actively employed (61% full time and 27% part-time). Figure 7 demonstrates the increased employment of participants from intake to 6-month interview.

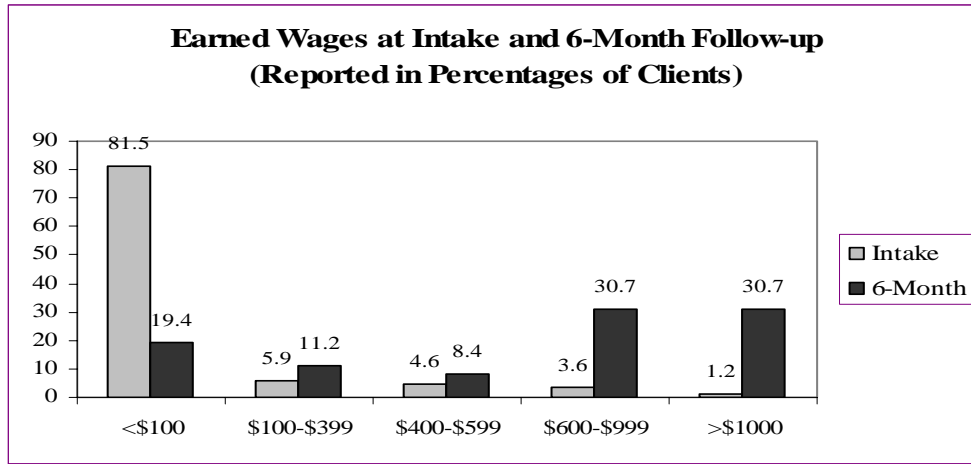
Figure 7: Employment Status at Intake and Six-Month Follow-Up



Additionally, at the 12-month follow-up interview, approximately 60% of participants were still maintaining active employment.

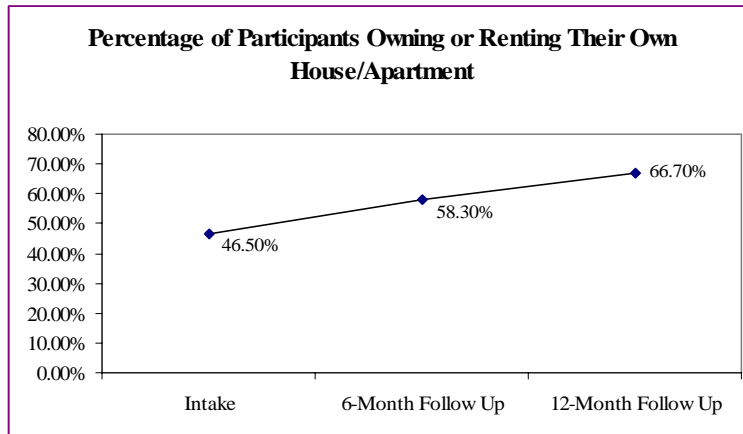
Sustained employment should result in increased income levels among participants. At intake, 81.5% of participants were averaging less than \$100 per month income; after participation in the Family Drug Court program for 6-months, approximately 60% of participants were making between \$600 to more than \$1000 per month. At the six month interview, the average monthly increase in income for participants was \$447. At the 12-month interview, the average monthly increase in income was \$540. Figure 8 shows income increases reported by participants at intake and six-months.

Figure 8: Earned Wages at Intake and 6-Month Follow-Up



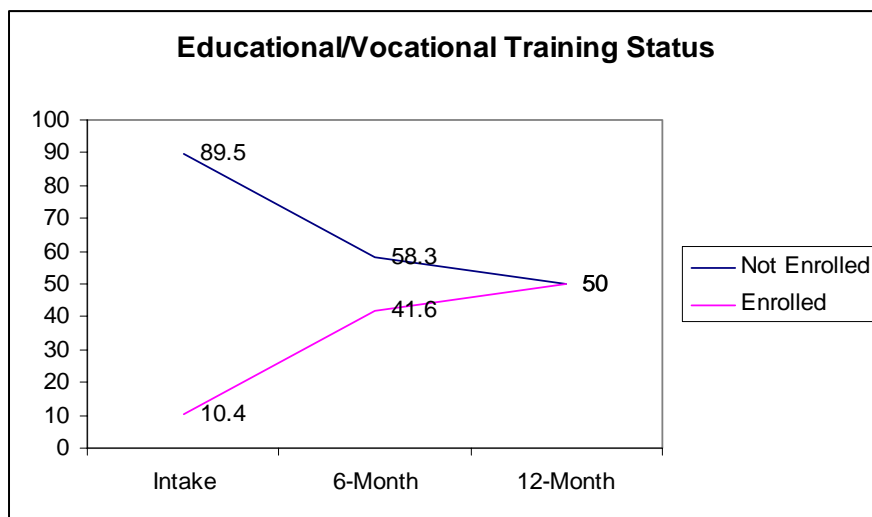
Housing. One of the requirements early in Phase I is that participants must find and maintain court-approved, drug-free housing. Participants come into Family Drug Court under various circumstances. At baseline, some participants state they are living in a shelter, an institution, at a halfway house, in residential treatment, or with family, friends, or boyfriends/significant others, while others state they are living in their own home or apartment. Housing status is asked at intake, six-month follow-up and 12-month follow-up on the GPRA questionnaire. Results indicate a steady increase in the number of participants who are reporting residing in their own home or apartment across all three interviews. Figure 9 shows these findings.

Figure 9: Housing Status at Intake, Six Month Follow-Up and 12-Month Follow-Up



Education. Another important indicator of success in Family Drug Court is the increase in education and/or vocational skills that participants receive while enrolled in the program. Interviews completed at intake, six months, and 12-months reveal a marked increase in educational and/or vocational training. At intake, only 10% reported receiving educational and/or vocational training and by the 12-month interview approximately 50% of clients reported receiving such services.

Figure 10: Educational/Vocational Training Status of Clients

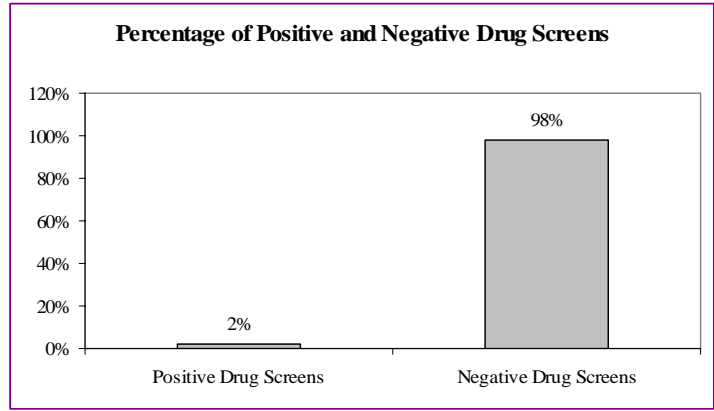


Treatment Received by Participants. The requirements placed upon Family Drug Court participants is that in addition to maintaining employment and/or attending educational or vocational training classes, weekly courtroom appearances, weekly drug screens, and meeting with caseworkers, they also have to attend individual, group and family counseling sessions as well as NA/AA groups. Participants attended a total of 3707 AA/NA meetings, for an average of 80.59 AA/NA meetings per participant. Additionally, participants attended a total of 4898 group counseling sessions for a total of 55.53 group sessions per participant.

Urine Screens. Depending on the phase that participants are in, they are required to submit urine screens several times a week. Mandatory, consistent urine screens are one way in which the Family Drug Court monitors drug and alcohol use of participants. Through the reporting period

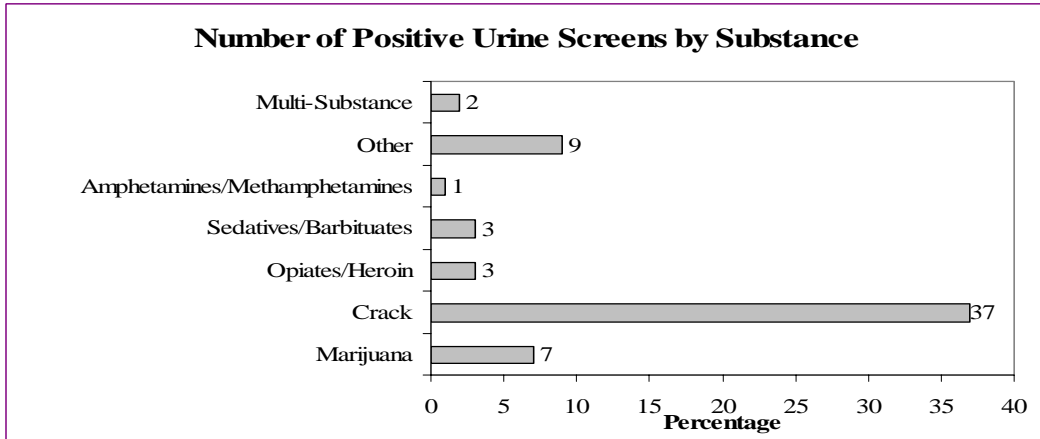
of May 31, 2005, the Jefferson County Family Drug Court administered 3202 urine screens. A total of 3139 (98%) were negative for drugs.

Figure 11: Percentage of Positive and Negative Urine Screens



A total of 37 screens (58%) were positive for crack/cocaine. The figure below demonstrates the number of positive urine screens by substance.

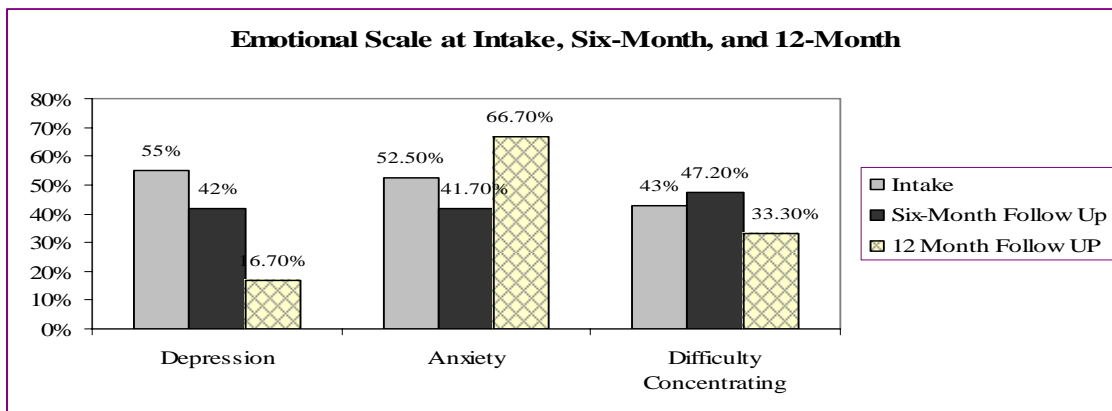
Figure 12: Number of Positive Urine Screens by Substance



Emotional and Physical Health. Many of the participants in the Family Drug Court program report experiencing either physical and/or mental/emotional problems at intake with fifty-five percent of participants reported experiencing serious depression. This percentage decreased to 42% at the six-month follow up interview, and to 6.7% at the 12-month follow up interview. Serious anxiety was also highly prevalent among participants. At intake, 52.5% of participants reported experiencing serious anxiety in the past 30 days. At the six month interview, the

prevalence decreased to 41.7%; however, at the 12-month interview, the proportion of participants reporting serious anxiety in the past 30-days rose to 66.7%. This could be attributed to participants being in the final phase of treatment and preparing for graduation, and thus, not being as reliant on Family Drug Court for support and supervision. Finally, a large number of participants reported having difficulty concentrating within the past 30 days (43%). While the percentage increased to 47.2% at the 6-month interview, the proportion dropped to 33% at the 12-month interview. Figure 13 below demonstrates these findings.

Figure 13: Emotional Scale at Intake, Six-Month, and 12-Month



Other questions on the GIPRA regarding emotional well-being included whether participants were experiencing hallucinations, whether they had trouble controlling violent behavior, whether they attempted suicide, and whether they had taken prescription medication for a psychological problem within the past 30-days. No participant reported attempting suicide in the past 30 days, and only one participant (at the six-month interview) reported experiencing hallucinations in the past 30 days. However, 8.7% of participants indicated trouble controlling violent behavior in the past 30-days at intake. At the 6-month interview, this percentage dropped to 2.8% and at the 12-month interview, no participants reported this as a problem. Likewise, at intake, 7.3% of participants reported taking a prescription for a psychological problem at intake. At the six-month interview, this percentage fell to 2.8% and at the 12-month interview, no participants reported taking psychotropic medications.

CPS Outcomes.

In addition to reductions in drug use, the other primary outcome of the Jefferson County Family Drug Court is to reunify the participants with their child(ren), when appropriate. In order to determine the success of the Family Drug Court in achieving this goal, several comparisons were made. First, Family Drug Court participants (N=76) were compared with those who were screened, but not admitted to the program (control group)(n=35). More than a third of Family Drug Court participants were significantly more likely to be reunited with their children (43.1%), compared with those in the control group (8.6%).

A second comparison was made with regard to reunification in which those who graduated from the Family Drug Court program were compared to those who were terminated from the program. All but one of the Family Drug Court graduates were reunited with their children, compared with none of the terminated clients ($p < 0.001$). Among the 10 active clients, 70% had been reunified as of May 31, 2005.

Summary and Conclusions

A summary of how the Jefferson County Family Drug Court has achieved the goals set forth by the program follows below:

Goal #1: To learn to be drug free. The Jefferson County Family Drug Court has established several measurable outcomes to examine whether this goal is being achieved. One way in which the Jefferson County Family Drug Court program assists participants in achieving abstinence is through mandated attendance at AA/NA meetings. Data indicate that clients participated in an average of 80.59 AA/NA meetings over the course of their treatment. Additionally, group counseling sessions totaled approximately 55.53 sessions per participant. A testament to the success of attendance at these treatment sessions is the number of negative urine screens. The program utilizes random drug testing in which participants may be randomly screened two or more times per week and data from the participant files indicates that 98% of urine screens were negative for drugs.

Goal #2: To learn improved parenting skills through sober living and parenting classes.

The Jefferson County Family Drug Court program, again, requires parents to attend individual and group counseling and to submit to random urine screens to encourage a sober, parenting lifestyle. Additionally, in Phase II of treatment, participants are required to attend a 20-week parenting program. This program provides intensive parenting skills and is a requirement of completing Phase II of treatment. Another treatment program is the Caring Person's program. This is a family education group which the family of the participant attends for two hours per week for six weeks. This is also a requirement for participants to complete Phase II, and therefore all of the graduates and many of the active clients have attended these programs. The Jefferson County Family Drug Court also offers a Children's Program for children of participants aged 5-12. This program helps children realize the depth of their mothers' drug addiction and to understand that they were not the cause of her addiction. While the program would like all

children to attend, custody issues provide a slight barrier. However, the Family Drug Court reports that they are successful in getting the majority of children to participate in this program.

Goal #3: To empower families to provide a safe and secure environment for their child(ren).

Obtaining safe and drug-free housing is a requirement of all drug court participants. Beginning in Phase I of treatment, participants are required to “find and maintain court-approved, drug-free housing” (Jefferson County Attorney Family Drug Court Program Participant Handbook).

Participants are exposed to various community resources to aide them in finding and establishing safe and drug-free homes for themselves and their children. Some of these community agencies include Community Ministries, Wayside Christian Mission, Project WARM, and St. Vincent DePaul Apartments. One result of the improved housing situation of Family Drug Court participants is a steady incline in the percentage of participants owning/renting their own house/apartment from intake, to six month interview, to 12-month interview. At intake, 46.5% reported owning/renting their own apartment or house, this percentage increased to 58.3% at the six month interview and increased again to 66.7% at the 12-month interview.

Goal #4: To enhance employment skills through vocational training and educational

pursuits. A requirement of the Jefferson County Family Drug Court is that all participants either be employed (or actively seeking employment) or be pursuing educational/vocational training. The Jefferson County Family Drug Court has established a relationship with Vocational Rehabilitation to assist clients in gaining vocational training as well as Goodwill Industries which provides both GED and vocational training. At intake, almost 68% of participants reported being unemployed. At the six-month follow-up 89% of participants were employed either part-time (27.8%) or full-time (61.1%). Additionally, at the 12-month follow-up, approximately 60% of participants had maintained their employment.

Goal #5: To attend 12-step support groups. As mentioned earlier, participants are required to attend AA/NA meetings throughout the course of their involvement with Family Drug Court.

Participants to date have attended a total of 3,707 AA/NA meetings, averaging 80.59 meetings per participant.

Goal #6: To increase social skills and self-esteem. While the Family Drug Court did not objectively measure changes in participants' social skills and self-esteem over the course of the program, these topics are addressed in individual and group therapy sessions, during AA/NA meetings, through parenting classes and through discussions with caseworkers. It is postulated that participants' self-esteem increased by obtaining and maintaining their own housing, gaining and maintaining employment, and becoming better parents to their children.

Goal #7: To learn warning signs of relapse and develop a relapse prevention plan. Beginning in Phase I with the Chemical Dependency and Lifeskills Education classes, participants are educated on what relapse is, what their triggers for relapse are and begin thinking about how to prevent relapse in the future.

Goal #8: To accept responsibility of financial obligations and learn budgeting skills.

Participation in the Family Drug Court program costs participants \$10 per week. Some participants may also have other outstanding court costs and fees. Beginning in Phase I, participants are required to begin making payments on all court-ordered fees. The program would like participants to have their entire fee's paid before graduation, but sometimes this is not possible. One way the Family Drug Court program assists participants in getting these fees paid is through mandatory employment requirements. Through the increased employment of participants via their involvement in Family Drug Court, participants experienced an increase in income of over \$447 within six months, and \$540 at 12-months. Some participants were making less than \$100 a week at intake.

Goal #9: To develop time management skills. Participants in the Jefferson County Family Drug Court are required to attend AA/NA groups, chemical dependency and lifeskill groups, individual, group and family counseling sessions, report to Drug Court, submit to drug screens, be actively seeking employment and stable housing or be pursuing educational and/or vocational

training. All of these components require the participants to develop time management skills. They are required to not only attend these appointments, but be on-time. Some of these participants have never held a job or have been required to be on time. Through the Family Drug Court, participants learn to manage work, school, court, and counseling session schedules, all the while attending drug screens, visits with their children, and finding suitable housing.

MHSIP Survey Results. Along with the GIPRA instrument, researchers also administered the MHSIP survey to participants at the 6-month follow-up and 12-month follow up interviews. This instrument allowed participants to provide feedback on programmatic issues as well as staff issues pertaining to the services they received while involved in the Jefferson County Family Drug Court program.

Overall, 93.3% of participants were very pleased with the services they received after six months in the Family Drug Court program. They were also encouraged by the way they were treated by staff. Results of the survey are presented in the table below.

Table 5: MHSIP Results

| | Six-Month Interview (N = 30) | | | | 12-Month Interview (N = 6) | | | |
|---|---|-------------------|--------------------|---|---------------------------------------|-------------------|--------------------|---|
| | Percent Agreed | Percent Disagreed | Percent No Opinion | Mean (Scale 0 = no opinion, 1 = disagree, 2 = agree) | Percent Agreed | Percent Disagreed | Percent No Opinion | Mean (Scale 0 = no opinion, 1 = disagree, 2 = agree) |
| Programmatic Items: | | | | | | | | |
| Liked the service I received | 93.3 | 6.7 | 0.0 | 1.93 | 83.3 | 0.0 | 16.7 | 1.66 |
| Chose to get services from this agency | 76.7 | 20.0 | 3.3 | 1.73 | 33.3 | 66.7 | 0.0 | 1.33 |
| I would recommend to a friend or family member | 83.3 | 13.3 | 3.3 | 1.80 | 66.7 | 33.3 | 0.0 | 1.66 |
| Location was convenient | 66.7 | 30.0 | 3.3 | 1.63 | 33.3 | 66.7 | 0.0 | 1.33 |
| Services were at a convenient time | 86.7 | 10.0 | 3.3 | 1.83 | 83.3 | 16.7 | 0.0 | 1.83 |
| I got services I thought I needed | 86.7 | 6.7 | 6.7 | 1.80 | 83.3 | 16.7 | 0.0 | 1.66 |
| I knew what side effects to watch for | 96.7 | 0.0 | 3.3 | 1.93 | 100.0 | 0.0 | 0.0 | 2.00 |
| I got information I needed to manage my illness | 96.7 | 0.0 | 3.3 | 1.93 | 83.3 | 0.0 | 16.7 | 1.66 |

| | Six-Month Interview (N = 30) | | | | 12-Month Interview (N = 6) | | | |
|--|---|-------------------|--------------------|---|---------------------------------------|-------------------|--------------------|---|
| | Percent Agreed | Percent Disagreed | Percent No Opinion | Mean (Scale 0 = no opinion, 1 = disagree, 2 = agree) | Percent Agreed | Percent Disagreed | Percent No Opinion | Mean (Scale 0 = no opinion, 1 = disagree, 2 = agree) |
| Staff Items: | | | | | | | | |
| Staff saw me as often as necessary | 96.7 | 3.3 | 0.0 | 1.96 | 100.0 | 0.0 | 0.0 | 2.0 |
| Staff returned calls within 24 hours | 90.0 | 3.3 | 6.7 | 1.83 | 83.3 | 0.0 | 16.7 | 1.66 |
| Staff believed I could recover | 96.7 | 0.0 | 3.3 | 1.93 | 100.0 | 0.0 | 0.0 | 2.0 |
| I felt free to complain | 86.7 | 13.3 | 0.0 | 1.86 | 66.7 | 16.7 | 16.7 | 1.50 |
| Staff respected confidentiality | 83.3 | 16.7 | 10.0 | 1.73 | 66.7 | 16.7 | 16.7 | 1.50 |
| Staff was sensitive to my cultural/ethnic background | 83.3 | 16.7 | 10.0 | 1.73 | 83.3 | 16.7 | 0.0 | 1.83 |
| | | | | | | | | |

Recommendations:

Overall, the Jefferson County has successfully implemented a Family Drug Court program that provides comprehensive services to drug dependent clients who are attempting to regain custody of their child(ren). However, there are several areas that should be examined in order to improve outcomes among participants. Based upon information collected from Drug Court team members and the data reviewed for this evaluation period, the following recommendations are offered:

1. *Improve graduation rate.* With more than 98 clients participating to date, merely 11 have graduated from the program. While the outcomes for the graduates have been excellent (90% reunification with children; 98% negative drug screens), and there were still 39 active participants as of May 31, 2005, another 38 (38%) had been terminated. Examination of the characteristics of the terminated clients may provide insight into whether these clients differ from those who successfully complete treatment and will inform program improvements in order to increase the overall graduate rate.
2. *Increase number of clients.* The initial goal of the Jefferson County Family Drug Court was to enroll 150 clients over a three year award period. During that time, 98 clients were enrolled which is a mere two-thirds of the proposed number of clients. Issues related to family court referrals should be resolved in order to increase the number of enrolled clients to the program's capacity.
3. *Continue to foster relationships with community resources.* The availability and relationships that the Family Drug Court has built with community resources is to

be commended. It is recommended that the Family Drug Court continue to establish and develop these relationships so that the participants may benefit from these services.

4. *Continue to provide comprehensive drug treatment services to clients.* The percentage of drug-free urine screens was high in this population (98%), indicating the success of the provided drug treatment services in reducing drug use. While the team indicated that more intensive services (i.e., residential or detoxification) can be difficult to secure, participants are clearly benefiting from the services that are being provided as demonstrated by the low number of positive screens.
5. *Continue to utilize educational and/or vocational training.* Another highlight of the Family Drug Court program was the marked increase in employment among the participants. Almost 90% of participants were employed at 6-months compared with 30% at baseline. It is therefore recommended that the Family Drug Court continue training participants to actively seek and maintain employment so that the long-term goal of reunification can occur.
6. *Continue to require parenting skills in addition to drug treatment services.* Among those who had graduated were active in the program as of May 31, 2005, 90% and 70% of participants, respectively, had been reunified with their child(ren). While this represents only a small proportion of those who had entered the program, these successes can assist the treatment team in determining which services are most beneficial to clients in achieving reunification, and tailor the program towards this goal.

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