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Drug Courts

Research Report No. 346

Prepared by

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Foreword

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Robert Sherman
Director

Legislative Research Commission
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Drug courts are alternative courts for people whose substance abuse problems with drugs or alcohol are the primary cause of the crimes with which they are charged. Instead of spending time in jail or on traditional probation, offenders who come through drug courts undergo a rigorous substance abuse treatment program under a judge's supervision.

Offenders must attend weekly or biweekly court hearings at which they answer to the judge regarding their progress. At the hearings, the judge issues immediate rewards and acknowledgments for completion of program milestones. The judge also issues immediate sanctions for noncompliance with the drug court program's requirements.

A variety of community services and organizations are brought into the program to help participants with issues such as medical problems, homelessness, educational deficits, and unemployment. Using these services, such as completing a GED or obtaining full-time employment, is often a requirement of the defendant's participation in the drug court program. Treatment is usually contracted for with an outside provider, often a community mental health center.

Kentucky has three types of drug courts: adult, juvenile, and family. A participant may be terminated from any of the three court types voluntarily or involuntarily before he or she completes the program.

Adult drug courts serve substance-abusing adults aged 18 and older and may cover misdemeanors, felonies, or both. The Drug Courts Division of the Kentucky Administrative Office of the Courts (AOC) provides statewide administration of adult drug courts and oversees their funding. Kentucky has 41 adult drug courts, with 13 more planned by the end of 2007. Because a drug court's jurisdiction often includes multiple counties, almost all Kentucky counties will be served by adult drug courts in the near future.

A defendant may enter an adult drug court through pretrial diversion or in lieu of probation or incarceration. Defendants who enter a drug court through pretrial diversion have not yet been tried or sentenced. Once a defendant's eligibility for a drug court has been confirmed, he or she pleads guilty on the record. The judge accepts the guilty plea but reserves sentencing until the defendant completes the drug court program. A defendant who enters a drug court through the probation track has either pleaded guilty or been found guilty of an eligible offense and has been sentenced. As participants in a drug court, defendants are on probation, with their successful completion of the program a special condition of probation.

As of June 2007, more than 6,300 participants had been admitted to drug courts administered by AOC and approximately 2,500 had graduated. The cumulative graduation rate, which takes into account those who leave drug court for legitimate reasons, is approximately 54 percent.

Adult drug court is set up in three phases, each with fewer monitoring requirements as the participant progresses through the phases. There is also an Aftercare component. Drug court participants are required to undergo random drug tests; attend court hearings; meet with drug court staff; attend treatment sessions; attend 12-step or other self-help programs such as Alcoholics Anonymous or Narcotics Anonymous; live in court-approved housing; undergo education or training, or make progress toward obtaining full-time employment; pay court obligations; and remain drug free for a specified number of consecutive days. The treatment program lasts for at least 1 year.

Adult drug court cases are handled by a team that, ideally, consists of the drug court judge, drug court staff, law enforcement, prosecutor(s), defense counsel, and treatment provider(s). Optional team members may include a representative from the Department of Probation and Parole, the Circuit Court clerk or District Court clerk, and representatives from other community agencies such as the Office of Vocational Rehabilitation, Adult Education, or Adult Services.

Juvenile drug courts serve substance-abusing young people of ages up to 17. Kentucky has 20 juvenile drug courts serving 19 counties. Family drug courts deal with substance-abusing parents who come before the court through the civil process in cases involving their parental rights. Kentucky has two family drug courts. AOC's Department of Juvenile Services assumed responsibility for Kentucky's juvenile drug courts and family drug courts in September 2006.

Kentucky's juvenile drug courts accept diversion and postplea clients. The diversion process, which began recently, provides preventive services to eligible juveniles who have not been charged or sentenced. Postplea clients are those who have been sentenced for a public or status offense. Juvenile drug court can usually be completed in a minimum of 9 months and consists of three phases. Most juvenile drug courts also have an Aftercare program. At present, phase requirements differ to some extent among jurisdictions. They resemble the requirements of adult drug courts, with the substitution of mandatory school or GED class attendance for employment and without the requirements for obtaining housing or paying court costs. Participants may also be ordered to complete additional requirements, such as visits by drug court staff to their employer, school, or home; referrals to inpatient treatment facilities or other counseling; curfews; and medical or mental health referrals. The treatment program lasts for at least 9 months. Juvenile drug courts also serve a preventive function by providing services to eligible juveniles who have not been charged or sentenced.

Based on information provided by AOC, as of June 2007, 544 juveniles had been admitted to drug court. Of those admitted, 137 (25 percent) had graduated.

The juvenile drug court team includes the drug court judge, a Juvenile Services case specialist, the prosecutor, a court-designated worker, school personnel, and a treatment liaison. Other professionals may be invited by the team to participate.

At present, the only participants in Kentucky's two family drug courts are mothers with young children who have been removed from the home. The goal of family drug court is the treatment of the substance-abusing parent so that the family can be reunited. A key difference between

family drug court and adult drug court is the family drug court's focus on the best interests of the child when responding to the progress or lack of progress of the parent/defendant.

Funding

AOC administers funding from federal, state, and local sources to support drug courts. Over recent fiscal years, Kentucky's drug courts have changed from predominantly federally supported to predominantly state funded. Total funding for Kentucky's drug courts increased from $4.1 million in fiscal year 2000 to $11.2 million in fiscal year 2007. Over this period, the percentage of funding provided by state government increased from 6 percent to 54 percent.

Payments to treatment providers as a percentage of expenditures increased from 4 percent in FY 2003 to 19 percent in FY 2006.

Evaluations

Drug courts have been evaluated based on several measures of their potential performance. Recidivism, which typically includes return to criminal activity and relapse of drug use, is the most common measure of drug courts' outcomes that has been evaluated.

To measure the impact of drug courts, researchers typically compare outcomes for participants to outcomes for some group of nonparticipants. While researchers have faced a number of technical issues that limit the validity of their analysis, the more rigorous research that attempts to address these issues does appear to yield useful information. Generally, the results suggest that drug court participants were less likely to recidivate than nonparticipants.

Since 1998, there have been 36 documented evaluations of drug courts operating in Kentucky. With two exceptions, each evaluation was of a single drug court over a defined period of time, usually ranging from 1 to 2 years. Two major evaluations, completed in 2001 and 2004, covered three adult drug courts each.

Most of the evaluations were classified by Program Review staff as process evaluations. A process evaluation describes how a drug court is being implemented including objectives of the program, how participants are selected, and the program's procedures. An outcome evaluation is the second type of evaluation of Kentucky's drug courts. If Kentucky's drug courts are effective, then outcomes such as drug use and criminal activity will be lower for drug court clients than for comparable individuals who did not participate in the program.

Based on the results from the two major outcome studies,

- typically, much lower percentages of adult drug court graduates were charged with or convicted of felonies or misdemeanors within 1 or 2 years than were those who entered drug court but did not graduate or those who did not enter drug court.
- those who entered adult drug court but did not graduate did not consistently do better than those who did not enter drug court. Depending on the evaluation and time period, the percentages charged or convicted among those who did not graduate were better for felonies and misdemeanors, worse for both, or some combination in between.

- overall, participants in adult drug court, which includes those who graduated and those who did not, did better on these measures of recidivism than those who did not participate in drug court.

The evaluations of outcomes of juvenile drug courts in Kentucky are limited. Program Review staff were able to document only three evaluations with clear information on outcomes for a specified number of participants during a specified review period.

A study completed in 2001 has the only systematic estimates of the economic costs and benefits of drug courts in Kentucky. Based on analyses of Fayette County, Jefferson County, and Warren County Adult Drug Courts, the average cost for each drug court graduate was $5,132, and the average cost for each participant terminated from drug court was $1,791 (amounts are in 1999 dollars and have not been adjusted for inflation). Based on statistical analyses, the authors estimated that when avoided costs and increased wages were considered, the benefit per graduate was more than $19,000 for the first year after drug court. The estimated benefit for the average participant who did not complete drug court was approximately $2,000. It is unknown how applicable these estimated cost-benefit results are to current drug courts.

This report has 12 recommendations.

2.1 The Administrative Office of the Courts should define the term "graduate" to include only those participants who successfully complete the three phases of the program and Aftercare.

3.1 The Administrative Office of the Courts should consider allocating more funding for treatment services.

3.2 The Administrative Office of the Courts should consider conducting periodic assessments of program needs, design an action plan based on those needs, and integrate it into its budget requests.

3.3 The Administrative Office of the Courts should consider negotiating fees for treatment services that more closely correspond to the costs of providing services.

3.4 The Administrative Office of the Courts should consider initiating more outreach efforts in counties in which relevant staff have relatively low caseloads.

3.5 The Administrative Office of the Courts should consider adding training on team dynamics for members of drug court teams.

3.6 The Administrative Office of the Courts should consider initiating a mentoring program through which more-experienced drug court judges advise less-experienced drug court judges.

4.1 The Administrative Office of the Courts should consider trying to secure funding for a pilot program to assist with transportation for potential participants in drug court who would otherwise qualify for the program.

4.2 The Administrative Office of the Courts should consider doing more outcome evaluations of adult drug courts. Priority should be given to courts that have been established longer. Drug court participants should be compared to members of appropriate control groups. Measures of recidivism should be over periods of time that are as long as feasible.

4.3 The Administrative Office of the Courts should consider doing more outcome evaluations of juvenile and family drug courts. Standard outcome measures should be developed so that evaluations of different courts are comparable. If possible, drug court participants should be compared to members of appropriate control groups.

4.4 The Administrative Office of the Courts should strongly consider doing more cost-benefit analyses of selected drug courts.

4.5 The Administrative Office of the Courts should consider devoting additional resources to inputting data into and analyzing data from its management information system to better evaluate the outcomes of drug courts. The system should be implemented to allow for long-term measures of outcomes for drug court participants and valid control groups and to compare the effectiveness of variations in local drug courts.

Chapter 1

Overview and Background

Introduction

Drug courts are alternative courts for crimes caused by substance abuse.

Drug courts are a relatively recent national movement in response to an increase in felony drug caseloads that strain the courts, jails, and prisons. They are alternative courts for people whose substance abuse problems with drugs or alcohol are the primary cause of the crimes with which they are charged. Instead of spending time in jail or on traditional probation, offenders who come through drug court undergo a rigorous substance abuse treatment program under a judge's supervision. If they fail to complete the program, their charges may be reinstated and they may go back to traditional court or to jail.

Drug courts combine substance abuse treatment with judicial supervision.

Drug court treatment lasts at least 1 year, usually on an outpatient basis. Offenders must attend weekly or biweekly court hearings at which they answer to the judge regarding their progress. At the hearings, the judge issues immediate rewards and acknowledgment for completion of program milestones. The judge also issues immediate sanctions for noncompliance with the program's requirements.

Treatment alone and supervision alone do not always end the cycle of drugs and crime. Combining the two can succeed in hardcore cases.

Drugs and crime are often intertwined, but imprisonment alone has not been effective in breaking the cycle. A number of studies have found that substance abuse treatment reduces recidivism if the offender stays in treatment long enough. For example, a 2003 study of drug court participants found that attending treatment significantly decreased the risk of failure over a 2-year follow-up period, while receiving supervision alone did not (Banks). On the other hand, some studies have shown that hard-core substance abuse defendants who do not respond to other forms of treatment do respond to a judge-supervised program, even when they are initially put into treatment against their will (U.S. Department of Health. National).

Drug courts combine a nonadversarial approach with a variety of community services and organizations.

Drug courts are unique in several ways. First, the prosecutor and defense attorney are not adversaries in the traditional sense; rather, they work with the court to help defendants become drug free and law abiding instead of focusing on the merits of the cases. Second, a variety of community services and organizations are brought into the program to help participants with issues such as medical problems, homelessness, educational deficits, and unemployment.

Using these services, such as completing a GED or obtaining full-time employment, is often a requirement of the defendant's participation in the drug court program.

All 50 states have drug courts in operation or being planned.

The drug court movement has expanded throughout the United States. As of April 2007, there were 1,039 operational adult drug courts, 444 juvenile drug courts, 199 family drug courts, and 17 combination adult/juvenile/family drug courts. All 50 states have adult and juvenile drug courts either in operation or being planned. Forty-one states have family drug courts either in operation or being planned (American.).

As federal funding for drug courts has decreased, Kentucky has increased its share of funding.

As the demand for drug courts in Kentucky has grown, federal funding has decreased, from $3.5 million in fiscal year 2000 to $2.7 million in fiscal year 2007. This is largely because the purpose of most federal funding was to plan and implement new drug courts. The Commonwealth of Kentucky, meanwhile, has increased its share of the funding from $237,000 in FY 2000 to $6.1 million in FY 2007.

Description of This Study

In December 2006, the Program Review and Investigations Committee voted to have staff study Kentucky's drug court program. The objectives for this study were to

- describe Kentucky's drug courts' goals and implementation, services provided, and resources;
- review evaluation and research studies on drug courts outside Kentucky; and
- review evaluation and research studies on drug courts in Kentucky.

How This Study Was Conducted

Staff examined drug courts' procedures, activity and management reports, and analyzed funding data. Staff conducted interviews with Administrative Office of the Courts personnel. Staff observed drug court staffing sessions and status hearings at adult drug courts in Bourbon County, Oldham County, Scott County, and Woodford County and a juvenile drug court in Campbell County. Staff witnessed a graduation ceremony at Campbell County Juvenile Drug Court. Program Review staff interviewed drug court personnel at those sites and substance abuse treatment providers for the drug courts. Staff conducted a survey of the community mental health centers that provide treatment for drug courts.

Staff analyzed all evaluation studies on individual Kentucky drug courts. Staff reviewed and analyzed research studies conducted on drug courts across the United States.

Organization of the Report

This report is divided into four chapters. The remainder of this chapter summarizes basic information about Kentucky's drug courts and how they work. Chapter 2 covers drug courts' processes and participants in more detail. Chapter 3 provides information on funding for drug courts, drug court personnel, and providers of treatment services. Chapter 4 analyzes how evaluations of drug courts can be improved, reviews results of selected evaluations of drug courts outside Kentucky, and analyzes all the evaluations that have been done of Kentucky's drug courts. Appendices A through F provide supplementary material to the chapters. Appendix G is the Administrative Office of the Courts' response to the report.

Major Conclusions

This report has five major conclusions: 1) Most of the state's drug courts are relatively new and there is no evidence of significant problems in implementing them. Almost all counties will soon have access to an adult drug court. There are 14 juvenile and 2 family drug courts. 2) Over recent years, funding for drug courts has more than doubled, and the state now provides more than one-half the funding. 3) The percentage of expenditures devoted to payments to treatment providers has increased to 19 percent, but this still seems relatively low. 4) There have been few systematic evaluations of outcomes of adult drug courts. The results suggest that participants in drug court are less likely to be charged or convicted of crimes than if they had not participated. Based on one study, economic benefits to society outweigh the costs of the program. The positive outcomes are mostly due to the especially good results for those who graduate from drug court. 5) Evaluations of outcomes of juvenile drug courts in Kentucky are limited.

The report has five major conclusions.

1. By the end of 2007, almost all counties will have access to adult drug courts under the jurisdiction of the Administrative Office of the Courts. There are 14 juvenile drug courts and 2 family drug courts. Most of the state's drug courts are relatively new. Based on existing evaluations of the procedures of many of these courts, problems in implementation have been infrequent.

2. Drug courts are supported by funding from federal, state, and local sources. Over recent fiscal years, Kentucky's drug court program has changed from predominantly federally supported to predominantly state funded. Over the past 8 fiscal years, total funding for Kentucky's drug courts increased from $4.1 million to $11.2 million. Over this period, the percentage of funding provided by state government increased from 6 percent to 54 percent.

3. Over recent years, the percentage of expenditures devoted to payments to treatment providers for drug court participants has increased from 4 percent to 19 percent, but this still seems to be a relatively low share of funding.

4. There have been few systematic evaluations of outcomes of Kentucky's adult drug courts. The results of existing evaluations are that participants in drug court are less likely to be charged

and convicted of crimes after leaving the program than if they had not participated. Based on one study, economic benefits to society outweigh the costs of the program. The positive outcomes are mostly due to the especially good results for those who graduate from drug court.

5. Evaluations of outcomes of juvenile drug courts in Kentucky are limited. Program Review staff were able to document only three evaluations with clear information on outcomes for a specified number of participants during a specified review period.

Types of Drug Courts

Kentucky operates adult, juvenile, and family drug courts. Each type follows a different model.

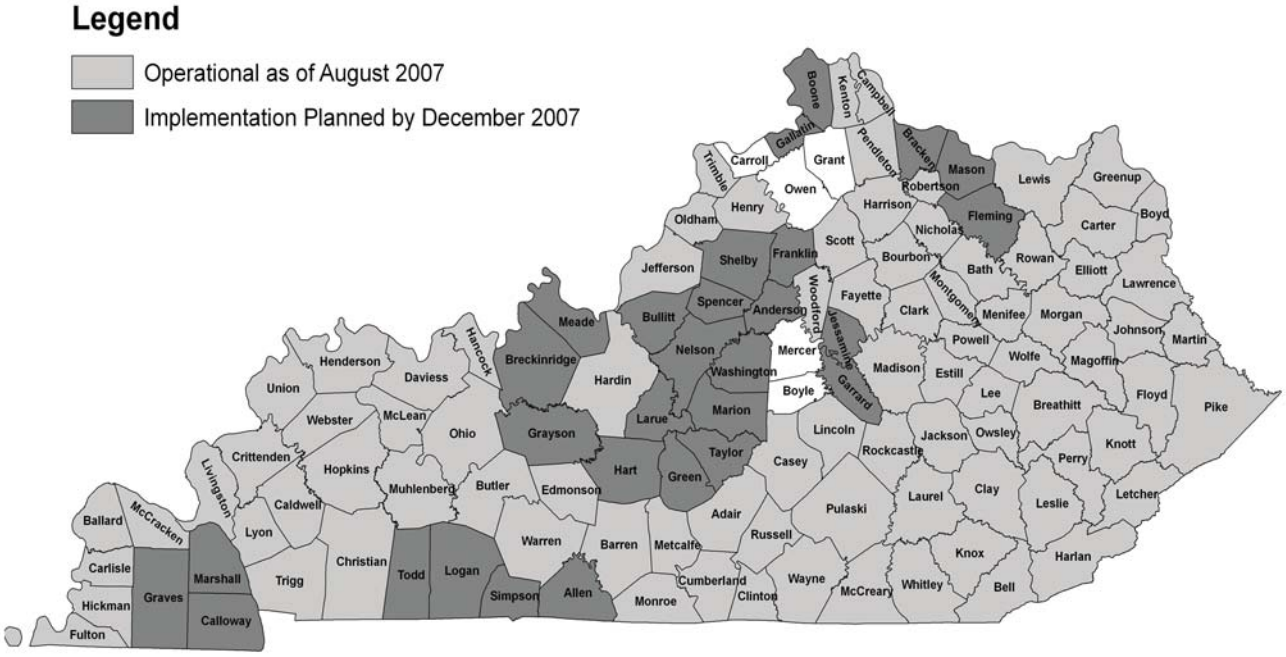
Kentucky has three types of drug courts: adult, juvenile, and family. Each has its own distinct model, serves a separate population, and operates somewhat differently. All require participants to comply with a rigorous schedule of court hearings and treatment sessions, drug testing, curfews, community service, and other requirements. Treatment is usually contracted for with an outside provider, often a community mental health center.

Adult drug courts are overseen by the Administrative Office of the Courts (AOC) and cover felonies and misdemeanors. Kentucky has 41 adult drug courts and 13 more are planned. Almost all Kentucky counties will have access to a drug court.

Adult drug courts serve substance-abusing adults aged 18 and older and may cover misdemeanors, felonies, or both. The Drug Courts Division of the Kentucky Administrative Office of the Courts (AOC) provides statewide administration of 41 adult drug courts and oversees their funding. Thirteen more courts are planned by the end of 2007. A judge in the 50th Judicial Circuit (Boyle and Mercer Counties) oversees a program that works similarly to the drug courts described in this report, but it is not administered by AOC (Edwards).

Figure 1.A shows the Kentucky counties covered by AOC-administered adult drug courts. Because a drug court's jurisdiction often includes multiple counties, almost all Kentucky counties will be served by drug courts in the near future.

Figure 1.A
Counties Served by Adult Drug Courts



Source: Map compiled by LRC Geographic Information Systems and Program Review staff from information provided by AOC.

Kentucky has 20 juvenile drug courts to serve young people up to age 17.

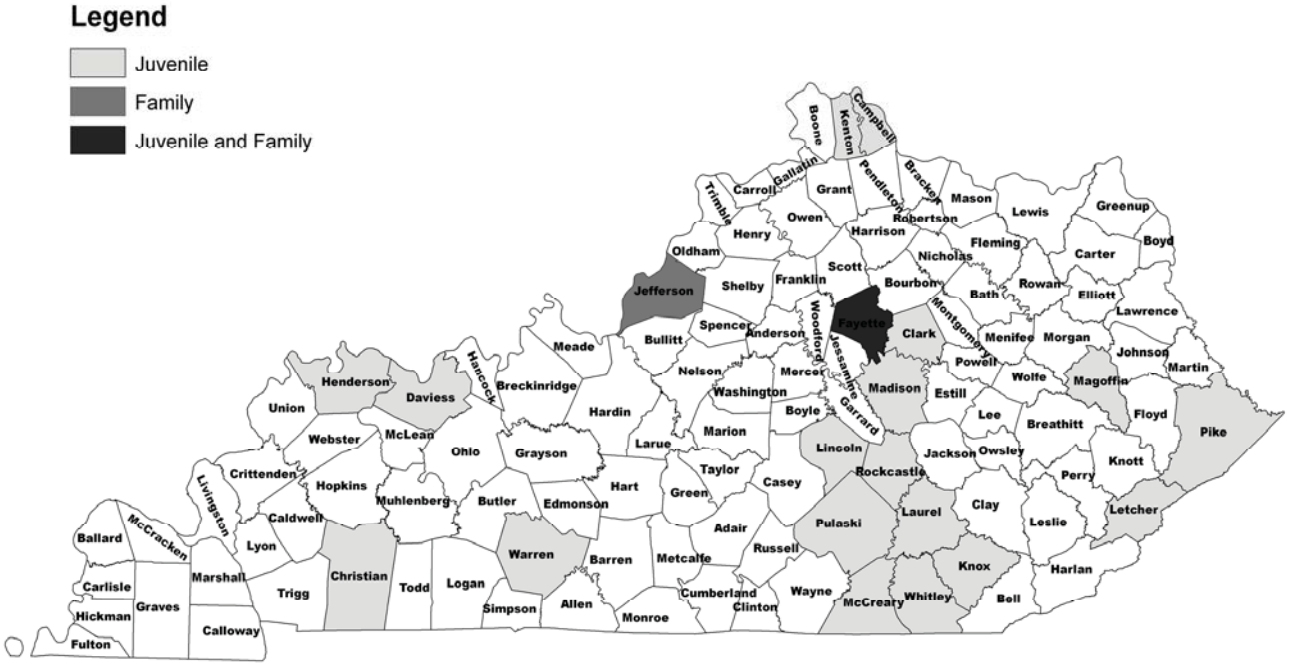
Juvenile drug courts serve substance-abusing young people of ages up to 17. These courts are often a special docket within a juvenile court to which judges can refer juvenile delinquency cases and status offenses (acts which, if committed by an adult, would not be a crime, such as truancy) if they suspect the youth has substance-abuse problems. Kentucky has 20 juvenile drug courts serving 19 counties.

Kentucky has two family drug courts to serve substance-abusing parents who have lost parental rights.

Family drug courts deal with substance-abusing parents who come before the court through the civil process in cases involving their parental rights. In these cases, the parent, not the child, is the defendant. Family drug court cases can involve custody and visitation disputes; abuse, neglect, and dependency matters; petitions to terminate parental rights; guardianship proceedings; and other loss, restriction, or limitation of parental rights. Kentucky has two family drug courts: Fayette County and Jefferson County.

Figure 1.B shows the counties covered by juvenile drug courts and family drug courts. Some of these jurisdictions include multiple counties.

Figure 1.B
Counties Served by Juvenile and Family Drug Courts
(as of July 2007)



Source: Map compiled by LRC Geographic Information Systems and Program Review staff from information provided by AOC.

Although a uniform practice for Kentucky adult drug courts has been created, jurisdictions vary in their approaches.

AOC's Department of Juvenile Services assumed responsibility for Kentucky's juvenile drug courts and family drug courts in September 2006. Previously, all drug courts had been administered by the Drug Courts Division of AOC.

Although the Supreme Court of Kentucky has the power to mandate the rules of practice and procedure for all of Kentucky's drug courts, each jurisdiction may create additional rules for its drug court. For example, a jurisdiction can limit whom it will allow into an adult drug court program. A jurisdiction may allow only those convicted of drug-related misdemeanors to participate. Other jurisdictions may allow only those convicted of drug-related felonies to participate. Others may allow both.

Table 1.1 lists Kentucky's adult drug courts that are in operation and planned. Adult drug courts can be Circuit Courts, District Courts, or a combination of both. Some District Court judges have been given special permission by Kentucky's Chief Justice to hear circuit cases pertaining to drug court. Many drug court programs serve multiple counties.

Table 1.1
Adult Drug Courts in Operation or Planned (as of June 2007)

Counties Covered	Year Begun	AOC Staff Funded	Active Clients	Offenses Accepted
In Operation				
Jefferson	1993	5	94	Felonies, Misdemeanors
Fayette	1996	6	144	Felonies, Misdemeanors
Ballard, Carlisle, Fulton, Hickman	1997	3	23	Felonies, Misdemeanors
Warren	1997	4.5	67	Felonies
Clark, Madison	1998	1	17	Felonies
Campbell, Kenton	1999	4	91	Felonies
Daviess	2000	3	55	Felonies
Hardin	2000	5	87	Felonies, Misdemeanors
Laurel	2000	3	34	Felonies
Pike	2000	3	34	Felonies, Misdemeanors
Christian	2001	2	25	Felonies
Clinton, Cumberland, Monroe, Russell, Wayne	2001	3	49	Felonies, Misdemeanors
Bourbon, Scott, Woodford	2002	2	48	Felonies
Caldwell, Livingston, Lyon, Trigg	2002	2	36	Misdemeanors
Greenup, Lewis	2002	4	82	Felonies
Adair, Casey	2003	2	27	Felonies
Bath, Menifee, Montgomery, Rowan	2003	3	17	Felonies
Henry, Oldham, Trimble	2003	2	21	Felonies
Johnson, Lawrence, Martin	2003	2	61	Misdemeanors
Bell	2004	2	34	Felonies, Misdemeanors
Clay, Jackson, Leslie	2004	3	63	Felonies
Floyd	2004	2	32	Misdemeanors
Harlan	2004	2	17	Felonies
Knott, Magoffin	2004	2	40	Felonies
Lee, Owsley	2004	1	14	Felonies
Letcher	2004	1	15	Felonies
Lincoln, Pulaski, Rockcastle (expanded to include Lincoln in 2007)	2004	2	23	Felonies
McCreary, Whitley	2004	2	17	Felonies

Continued on next page

Counties Covered	Year Begun	AOC Staff Funded	Active Clients	Offenses Accepted
Barren, Metcalfe	2005	2	39	Felonies
Boyd	2005	3	26	Felonies
Breathitt, Wolfe	2005	1	22	Felonies
Butler, Edmonson, Hancock, Ohio	2005	2.5	51	Felonies, Misdemeanors
Crittenden, Union, Webster	2005	2	20	Felonies
Harrison, Nicholas, Pendleton, Robertson	2005	2	20	Felonies
Henderson	2005	2	13	Felonies
Hopkins	2005	2	41	Felonies
Knox	2005	2	43	Misdemeanors
McCracken	2005	2	37	Felonies
McLean, Muhlenberg	2005	2	23	Felonies
Perry	2005	1.5	26	Felonies
Carter, Elliott, Morgan	2007	1	0	Felonies
Planned				
Allen, Simpson	2007			
Anderson, Shelby, Spencer	2007			
Boone, Gallatin	2007			
Bracken, Fleming, Mason	2007			
Breckinridge, Grayson, Meade	2007			
Bullitt	2007			
Calloway, Marshall	2007			
Franklin	2007			
Garrard, Jessamine	2007			
Graves	2007			
Green, Marion, Taylor, Washington	2007			
Hart, Larue, Nelson	2007			
Logan, Todd	2007			

Note: "AOC Staff Funded" includes all staff positions, including unfilled positions and support positions that do not carry caseloads.
Source: Compiled by Program Review staff from information provided by AOC.

Tables 1.2 and 1.3 list Kentucky's juvenile and family drug courts. Most juvenile drug courts are District Courts, although there are exceptions. Family drug courts are a special docket within family courts, which are a division of Circuit Courts.

Table 1.2
Juvenile Drug Courts
(as of June 2007)

Counties Covered	Year Begun	Active Clients
Campbell	1999	26
Whitley (2 courts)	2000	47
Christian	2001	9
Fayette	2001	1
Warren	2003	4
Daviess	2004	18
Henderson	2004	7
Knox	2004	10
Laurel	2004	9
Letcher	2004	10
Lincoln	2004	6
McCreary	2004	29
Madison	2004	17
Pike	2004	10
Pulaski	2004	18
Rockcastle	2004	2
Kenton	2005	21
Magoffin	2005	4
Clark	2006	11

Source: Compiled by Program Review staff from information provided by AOC.

Table 1.3
Family Drug Courts

Counties Covered	Year Begun	Active Clients (7/1/06 - 5/31/07)
Jefferson	1993	14
Fayette	2005	32

Source: Compiled by Program Review staff from information provided by AOC.

Appendix A includes more details on Kentucky's adult, juvenile, and family drug courts.

Adult Drug Courts

Drug courts are implemented using "Ten Key Components," which include integration of substance abuse treatment with criminal justice processing of a case, a nonadversarial approach, frequent alcohol and drug testing, and ongoing evaluations of drug courts' operations and outcomes.

Ten Key Components. The National Association of Drug Court Professionals developed "Ten Key Components," which represent a national model for drug courts. AOC encourages Kentucky adult drug courts to incorporate these components, insofar as possible (KY AP XIII, Sec. 1).[1] The components are listed below.

1. Integrate substance abuse treatment with the criminal justice processing of the participant's case.
2. Take a nonadversarial approach to the cases, in which the prosecution and defense counsel promote public safety while protecting the participants' due process rights.
3. Make an early identification of participants who are eligible for the drug court program.
4. Provide access to a continuum of alcohol, drug, and other treatment services.
5. Conduct frequent alcohol and drug testing.
6. Develop a strategy involving incentives and sanctions for compliance with the program.
7. Ensure that the judge has ongoing interaction with each participant.
8. Conduct periodic evaluations of the drug court's operations and outcomes.
9. Provide continuing education for drug court staff.
10. Create partnerships with public agencies and community organizations to generate local support (U.S. Department of Justice).

Defendants may enter adult drug court either through pretrial diversion or in lieu of probation or incarceration.

How a Defendant Enters Adult Drug Court. A defendant may enter a Kentucky adult drug court in one of two main ways: 1) through pretrial diversion, or 2) in lieu of probation or incarceration.

Successful participants in the pretrial diversion track of adult drug court may have their charges set aside or expunged.

Defendants may request referral to drug court using the local court's approved diversion procedures after an order of diversion has been entered (KY AP XIII, Sec. 4(2)). Defendants who enter drug court through pretrial diversion have not yet been tried or sentenced. Once a defendant's eligibility for drug court has been confirmed, he or she pleads guilty on the record. The judge accepts the guilty plea but reserves sentencing until the defendant completes the drug court program. If the defendant fails to complete the program, he or she is terminated from drug court and sentenced. If he or she successfully completes drug court, the

[1] Kentucky Administrative Procedures of the Court of Justice Part I, Adult Criminal Drug Court.

charges may be set aside or expunged (Commonwealth. Administrative. *Kentucky* 6-7).

Successful participants in the probation track of adult drug court will be considered to have fulfilled all or part of their probation or jail sentence.

A defendant who enters drug court through the probation track has either pleaded guilty or been found guilty of an eligible offense and has been sentenced.[2] He or she has been incarcerated or placed on probation. As participants in drug court, defendants are on probation, with their successful completion of drug court a special condition of probation. The sentencing judge may refer a defendant to drug court at any time during probation (KY AP XIII, Part I, Sec. 4(1)).

Defendants must meet eligibility criteria to be considered for drug court. Their offenses must have been nonviolent.

When the sentencing judge refers a defendant to drug court, drug court staff decide whether the defendant is eligible for an addiction assessment based on the following criteria. The defendant must be eligible for diversion or probation and must not have previously graduated or been terminated from a Kentucky adult drug court. The defendant's offense must have been nonviolent and he or she must not be a sex offender (KY AP XIII, Part I, Sec. 5).[3] If drug court staff decide the defendant is ineligible for addiction assessment, they inform the referring judge and the defendant continues through the traditional court process.

If drug court staff decide the defendant is eligible for addiction assessment, they explain the drug court process and request that the defendant sign an agreement of participation. If the defendant refuses to sign, he or she is returned to the sentencing judge and continues through the traditional court process (KY AP XIII, Part I, Sec. 5).

Drug court staff administer a standardized assessment to help determine if a defendant has a substance abuse problem and is eligible for drug court.

If the defendant signs the agreement, the drug court treatment coordinator or program supervisor administers the Kentucky Drug Court Eligibility Assessment, a modified version of the Addiction Severity Index (ASI). The ASI is a widely used standardized instrument. The Kentucky drug court version has been modified so

[2]The defendant can ask the court to allow drug court staff to do an assessment. If he or she is found to be a substance abuser, the judge decides whether to place the defendant in drug court (Commonwealth. Administrative. Drug. *Team*).

[3]A "violent offender" is defined by 28 CFR 93.3 as an adult who carried, possessed, or used a firearm or other dangerous weapon or used force against another person, caused the death of or serious bodily injury to any person, or has previously been convicted of a felony crime of violence involving the use or attempted use of force against a person with the intent to cause death or serious bodily harm.

that it can be administered by staff who do not do clinical diagnoses of interviewees. The assessment assists drug court staff in determining if the potential participant is an addict and, if so, what level of treatment will be needed (Commonwealth. Administrative. Drug. *Team*). The questions cover medical, employment, and education information, as well as drug, alcohol, criminal justice, family, social, and mental health history. A copy of the assessment tool is provided in Appendix B.

The drug court judge has the final say as to a person's admission into drug court, upon the advice of the drug court team.

If the assessment shows that a defendant has a substance abuse problem, the next step in being admitted to drug court is for the team to discuss the defendant's referral at a staffing session, with the drug court judge having the final say as to admission. Admissibility is based on the defendant's current charge or conviction, past criminal convictions, if any, information from the Kentucky Drug Court-ASI assessment, victims involved in the case, the defendant's willingness to participate in drug court, and the defendant's ability to meet drug court requirements (Commonwealth. Administrative. *Kentucky*).

The drug court program consists of three phases that take at least 12 months to complete. Each phase requires less-frequent monitoring and less-rigid requirements.

How Kentucky's Adult Drug Court Program Works. Drug court is set up in three phases, each with fewer monitoring requirements as the participant progresses through the phases. There is also an Aftercare component. The three phases must take a minimum of 12 months to complete (KY AP XIII, Sec. 8(1)). Although AOC sets out phase requirements in its administrative procedures, drug courts must be responsive to their local communities and local resources, so the phases vary to some extent among jurisdictions. All jurisdictions require participants to undergo random drug tests, attend court hearings, meet with drug court staff, attend treatment sessions, attend 12-step or other self-help programs such as Alcoholics Anonymous or Narcotics Anonymous, live in court-approved housing, undergo education or training, or make progress toward obtaining full-time employment, pay court obligations, and remain drug free for a specified number of consecutive days.[4]

All drug courts have an Aftercare component following a participant's completion of Phase III.

Each drug court must establish an Aftercare component, with its elements dependent on the resources of the local team (KY AP XIII, Sec. 8(3)). A drug court defendant is required to participate in Aftercare upon completing the three phases (KY AP XIII, Sec.

[4] "Court-approved housing" is a safe, stable, sober living environment where no one in the home is using or abusing substances, domestic violence issues are not present, and any family dysfunction is being addressed (definition provided by KY AOC staff in answer to LRC Program Review and Investigations Committee questionnaire of May 7, 2007).

8(1)). Felony participants must complete 6 months of Aftercare, while misdemeanor participants must complete 3 months of Aftercare (Commonwealth. Administrative. Drug. *Team*). During Aftercare, the participant must demonstrate the ability to maintain a drug-free, alcohol-free, and crime-free life.

A participant may be terminated from adult drug court for habitual noncompliance, by the participant's voluntary request, or through circumstances beyond the participant's control.

Termination From Adult Drug Court. A participant may be terminated from drug court in one of three ways before he or she completes the program. First, if a person habitually fails to comply with the drug court's requirements, then the charges or sentence can be reinstated, and the defendant will not be eligible to participate in any Kentucky drug court again (KY AP XIII, Sec. 11). Second, a participant who voluntarily requests termination from the drug court may have his or her charges or sentence reinstated and will not be eligible to participate in any Kentucky drug court again (KY AP XIII, Sec. 12). This sometimes happens because a defendant discovers that drug court is far more rigorous than expected. Finally, a participant who cannot complete drug court through no fault of his or her own (for example, for medical reasons) may be administratively discharged. The charges or sentence will be reinstated, but the defendant will be eligible to return to drug court later (KY AP XIII, Sec. 13).

Relapses are expected, so termination from drug court is a last resort.

Termination is a last resort. The drug court philosophy assumes that relapses will occur and that the court will respond with sanctions or enhanced treatment rather than immediate termination.

When a participant successfully completes drug court, he or she takes part in a formal graduation ceremony.

Completion of Adult Drug Court. A participant has successfully completed adult drug court when he or she has completed all three phases, completed Aftercare, paid all restitution owed (or at least a reasonable amount as determined by the drug court team), paid any costs owed to the courts, and has no pending criminal charges (KY AP XIII, Sec. 14). A graduation is to be held for successful participants no later than 210 days after they have completed Phase III. Some drug courts may require Aftercare before participants can graduate (KY AP XIII, Sec. 14(3)).

Juvenile Drug Courts

Kentucky's juvenile drug court program is now administered by AOC's Department of Juvenile Services and is under revision.

Juvenile drug courts are different from their adult counterparts because of the different circumstances of alcohol- and drug-using youth. AOC's Department of Juvenile Services took over the Juvenile Drug Court program in September 2006. The department is in the process of changing the policies and procedures from an adult court-based model to one that more closely fits the needs of juvenile defendants. In August 2007, Kentucky hosted a national

summit, to be followed by statewide discussion, to help with developing new administrative procedures for juvenile drug courts. Given the ongoing changes, some of the following information is tentative. It provides an overview of how the process currently works and elements of how it may work in the future.

Kentucky juvenile drug courts serve anyone age 17 and younger. A school representative is usually on the drug court team.

Kentucky law defines a "juvenile" as any person who has not reached his or her 18th birthday (KRS 610.010). One difference between Kentucky's juvenile and adult drug courts is that juvenile drug courts have a school representative on the drug court team. Many cases come to the juvenile drug court through truancy court, and coordination with the schools is a vital part of the youth's rehabilitation.

Postplea clients in juvenile drug courts have been sentenced for public or status offenses.

Kentucky's juvenile drug courts accept postplea and, beginning recently, diversion clients. Postplea clients are those who have been sentenced for a public or status offense. Public offenses, also called delinquency, include misdemeanors and felonies. Status offenses are those that would not be offenses if committed by adults, such as truancy, running away, and behavioral problems beyond adult control.

Through the diversion program, eligible juveniles may receive drug court services prior to any formal sentencing or charges.

Diversion clients are juveniles who receive juvenile drug court services prior to any formal sentencing or charges. Juveniles are referred to the diversion program through the Court Designated Worker Program, the Truancy Diversion Program, or other means. The diversion program's curriculum educates participants about techniques to prevent substance abuse.

Participants in juvenile drug courts must not be violent offenders and may not have participated in a Kentucky juvenile drug court before.

Juvenile drug court participants must not be violent offenders. The definition of violent offender with regard to juveniles differs from that of adults.[5] No defendant who has previously participated in a Kentucky juvenile drug court is eligible to re-enter, unless he or she left the program through no fault of his or her own (for example, through medical necessity).

[5] For juvenile drug courts, a "violent offender" is a juvenile who has been convicted of or adjudicated delinquent for a felony-level offense in which he or she used, attempted to use, or threatened to use physical force against the person or property of another or who possessed or used a firearm (42 USC 3797u-2(b)(1) amended by P.L. 109-162 sec. 1141). The felony-level offense may have been one that involved a substantial risk that physical force against the person or property of another would be used in the course of committing the offense (42 USC 3797u-2(b)(2) amended by P.L. 109-162 sec. 1141).

Juveniles are referred to drug court by a court-designated worker who suspects they have a substance abuse problem.

How a Juvenile Enters Juvenile Drug Court. The person or agency who has a complaint about a juvenile makes the complaint to a court-designated worker, who is authorized by KRS 600.010 to conduct a preliminary investigation. This process allows the juvenile to receive services and the complaining person to receive redress for the juvenile's offense without court action and without the creation of a formal court record. If the juvenile is suspected of having a substance abuse problem, a juvenile court judge may make a referral to juvenile drug court for a substance abuse assessment.

If both the juvenile and parent or guardian sign agreements, an assessment is done to determine the child's level of substance abuse issues.

Both the juvenile and the parent or guardian must sign agreements of participation before the juvenile can be given an addiction assessment. If either refuses to sign, the juvenile is returned to the traditional juvenile court process (Commonwealth. Administrative. Department. *Draft* 35). If both sign the agreements, the juvenile drug court case specialist conducts a drug and alcohol assessment to determine whether the juvenile has a substance abuse problem and might be eligible for drug court (Commonwealth. Administrative. Department. *Juvenile*). Kentucky juvenile drug courts use The Global Appraisal of Individual Needs-Quick (GAIN-Q) "Full" assessment instrument, a widely used behavioral health screening instrument that identifies life problems among adolescents. While it does not provide diagnostic information, it identifies those who would benefit from brief intervention for substance abuse issues (Chestnut). A copy of the assessment tool is provided in Appendix C.

The drug court team discusses the juvenile's eligibility for drug court, with the judge having final say on admissibility.

The drug court team discusses the juvenile's eligibility for drug court at a staffing session, with the juvenile drug court judge having final decision-making authority concerning admission. Admissibility factors include current charges or convictions, past convictions, the addiction assessment, victims involved, defendant's willingness to participate in the program, and defendant's ability to meet the requirements (Commonwealth. Administrative. Department. *Draft* 35).

The assessment helps drug court staff create an individual plan for the juvenile that includes treatment and issues specific to the particular child.

The addiction assessment helps drug court staff create an Individualized Program Plan for the juvenile. The plan outlines specific responsibilities and goals, including the level of treatment needed; attendance at self-help meetings such as Alateen, Alcoholics Anonymous, or Narcotics Anonymous; urine drug screens; counseling sessions; a plan for addressing family issues; physical and mental health issues; and vocational or educational training (Commonwealth. Administrative. Department. *Draft* 41).

Completion of juvenile drug court takes a minimum of 9 months and consists of three phases.

How Juvenile Drug Court Works. Juvenile drug court can usually be completed in a minimum of 9 months and consists of three phases and Aftercare. At present, phase requirements differ to some extent among jurisdictions. The requirements resemble those of adult drug courts, with the substitution of mandatory school or GED class attendance for employment and without the requirements for obtaining housing or paying court costs. Participants may also be ordered to complete additional requirements, such as visits by drug court staff to their employer, school, or home; referrals to inpatient treatment facilities or other counseling; curfews; and medical or mental health referrals (Commonwealth. Administrative. Department. *Draft* 40).

Aftercare may take up to 3 more months and varies by jurisdiction. Eventually, all jurisdictions will use sanctions and incentives in an Aftercare program.

As the new requirements are established for the juvenile program, juvenile drug courts will provide an Aftercare component for a period of up to 3 months. Each court designs its Aftercare program to meet local jurisdictional needs, taking into account the availability of resources and the requirements of its juvenile drug court team (Commonwealth. Administrative. Department. *Draft* 40). All jurisdictions will use sanctions and incentives during Aftercare.

Incentives range from praise to increased privileges to promotion to the next phase. Sanctions range from admonishment to home incarceration to detention.

Juvenile drug court involves a system of immediate, graduated incentives and sanctions for compliance and noncompliance. Incentives may include praise from the judge, certificates and tokens, decreased supervision, increased privileges, extended curfews, and promotion to the next phase. Sanctions may include admonishments from the judge, increased meetings with the drug court staff, an increased level of outpatient treatment, residential drug treatment, community service, home incarceration, phase demotion, detention, and termination from the drug court (Commonwealth. Administrative. Department. *Draft* 42).

A participant may be terminated from juvenile drug court for habitual noncompliance, by the participant's voluntary request, or through circumstances beyond the participant's control.

Termination From Juvenile Drug Court. A participant may be terminated from juvenile drug court before he or she completes the program in one of three ways. First, if the juvenile habitually fails to comply with the drug court's requirements, the drug court judge may terminate the juvenile from drug court and send the case back to traditional juvenile court. Second, a participant may request a voluntary discharge. For example, the juvenile may find that the program is far more rigorous than expected. Third, if a participant cannot complete the program through no fault of his or her own, the participant may request an administrative discharge. Examples include moving out of state, exceeding the age limit, and medical necessity. If the drug court judge grants a voluntary or administrative discharge, the case is placed back on the sentencing

judge's docket for traditional juvenile court proceedings (Commonwealth. Administrative. Department. *Draft* 42-44). A juvenile who was administratively discharged is eligible to return to juvenile drug court at a later date.

Participants who successfully complete juvenile drug court take part in a formal graduation ceremony.

Completion of Juvenile Drug Court. A participant has successfully completed juvenile drug court when he or she has completed all three phases, completed Aftercare, remained drug free throughout Aftercare, and has no pending charges. A graduation is to be held for successful participants no later than 120 days after they have completed Phase III (Commonwealth. Administrative. Department. *Draft* 43). Some drug courts may require Aftercare before participants can graduate.

Family Drug Courts

At present, Kentucky's family drug courts only involve mothers with young children who have been removed from the home. The goal is to treat the substance-abusing parent so that the family can be reunited.

Kentucky's family drug courts' only participants at present are mothers with young children who have been removed from the home. Often, the children are in foster care. Whereas adult drug courts involve criminal offenses, and juvenile drug courts involve either criminal or status offenses, Kentucky's family drug courts involve only civil cases. Civil cases involve the rights and protections of individuals in matters that are not violations of the penal code. In family drug court, such actions include custody and visitation rights cases; abuse, neglect, and dependency actions; nonsupport actions; petitions to terminate parental rights; and guardianship proceedings. The goal of family drug court is the treatment of the substance-abusing parent so that the family can be reunited. A key difference between family drug court and adult drug court is the family drug court's focus on the best interests of the child when responding to the progress or lack of progress of the parent/defendant (McGee 3).

AOC's Department of Juvenile Services assumed responsibility for family drug courts in September 2006. The Jefferson County Family Drug Court operated independently since its inception in 1993, but has become part of AOC's Department of Juvenile Services as of July 2007. The Fayette County Family Drug Court has operated under AOC since its inception in 2005. The department is in the process of changing the policies and procedures from an adult court-based model to one that more closely fits the needs of parents as defendants. The information in this study is based on the model that has been followed since 2005 by the Fayette County Family Drug Court. It provides an overview of how the Kentucky family drug court process works at present and of how it may work in the future.

A family court judge may order a substance-abusing parent to complete drug court to regain custody of the children.

How a Defendant Enters Family Drug Court. A family court judge may order a substance-abusing parent to complete the drug court program in order to regain custody of the children. A participant can be terminated from the program if he or she consistently fails to comply with the drug court's rules, absconds, or commits a criminal offense. Termination from family drug court does not automatically result in termination of parental rights, but the fact that the parent was terminated from drug court may be used in court if a petition to terminate parental rights is filed later.

Family drug court takes a minimum of 12 months and has three phases, each with less severe and frequent conditions. Requirements are tailored to the needs of a rehabilitating parent.

How Family Drug Court Works. Family drug court can be completed in a minimum of 12 months and consists of three phases. The Fayette County Family Drug Court's requirements include those for an adult drug court plus some specific to the needs of a rehabilitating parent, such as a parenting assessment, family meetings, meetings with Planned Parenthood, unannounced home visits, setting up a visitation schedule, and meetings with a police liaison. Drug-dependent parents work on recovery, life skills, parenting, and overall general well-being with the end result of reunification with their children.

Sanctions such as limiting custody or visitation rights are often not appropriate unless it serves the best interests of the children. Thus, use of other sanctions is important (McGee 41).

Drug Court Teams

An ideal adult drug court team consists of the judge, AOC drug court staff, law enforcement, prosecutors, defense counsel, and treatment providers. Others are welcome as available.

The adult drug court team, ideally, consists of the drug court judge, drug court staff, law enforcement, prosecutor(s), defense counsel, and treatment provider(s) (KY AP XIII(14)). However, AOC does not pay or have control over team members who are not AOC drug court employees and cannot force anyone to be a team member. Optional team members may include a representative from the Department of Probation and Parole, the Circuit Court clerk or District Court clerk, and representatives from other community agencies such as the Office of Vocational Rehabilitation, Adult Education, or Adult Services.

All members of a drug court team must sign confidentiality agreements and comply with confidentiality laws. They attend staffing sessions before drug court hearings to provide input on participants' progress, and they attend the drug court hearings when possible (Commonwealth. Administrative. *Kentucky*).

Kentucky's drug court judges volunteer their time in addition to their regular duties.

All drug court judges in Kentucky volunteer their time in addition to their regular duties. The judge's duties go beyond normal court duties to include conducting weekly status hearings, reviewing treatment progress reports, and making the final decisions on who may enter the program and who should be terminated.

Prosecutors and defense attorneys may refer defendants to drug court.

Prosecutors and defense attorneys may recommend referrals to drug court. They also help ensure that sanctions and incentives are applied fairly and consistently. Defense attorneys provide defendants with information about drug court and the possible penalties for failure to follow policies and procedures (Commonwealth. Administrative. *Kentucky*).

AOC drug court staff supervise daily operations, conduct assessments, monitor participants' compliance with the program, and may conduct substance abuse groups.

AOC staff at each drug court location supervise daily operations. They conduct assessments to determine whether defendants are eligible for the drug court program. They also meet weekly with drug court participants to monitor their compliance with the program, coordinate their treatment, and help connect them with community resources such as vocational rehabilitation and classes for GED. They help participants obtain crisis intervention when needed. They visit participants' homes, schools, and places of employment, oversee their community service projects, and monitor their fee payments and child-support payments (Commonwealth. Administrative. Drug. *Team*). In jurisdictions that have an AOC recovery coordinator on staff, that person conducts substance abuse groups if they are not available from outside providers.

Treatment providers provide clinical counseling and work with the drug court team.

Treatment providers conduct a continuum of substance abuse treatment services for drug court participants. They report to the drug court team concerning participants' compliance with treatment attendance and progress and make treatment recommendations (Commonwealth. Administrative. *Kentucky*).

The law enforcement representative may assist drug court staff with home visits and curfew checks and may provide information about potential participants. The Probation and Parole representative may assist with case supervision.

The law enforcement representative may be from the State Police, the local police department, or the sheriff's office. He or she may act as a liaison between the law enforcement agency and drug court by providing information about potential participants to the team and by assisting drug court staff with home visits and curfew checks. The Department of Probation and Parole representative may assist in providing case supervision and in conducting drug tests, home visits, and curfew checks (Commonwealth. Administrative. *Kentucky*).

The juvenile drug court team includes the judge, a Juvenile Services case specialist, a prosecutor, a court-designated worker, school personnel, and a treatment liaison.

The juvenile drug court team includes the drug court judge, a Juvenile Services case specialist, the prosecutor, a court-designated worker, school personnel, and a treatment liaison. Other professionals may also be invited by the team to participate (Commonwealth. Administrative. Department. *Juvenile*).

Chapter 2

Drug Court Participants and Processes

Adult Drug Courts

As of June 2007, more than 6,300 participants had been admitted to drug courts administered by AOC and approximately 2,500 had graduated.

As of June 2007, more than 6,300 participants had been admitted to drug courts administered by AOC and approximately 2,500 had graduated.[1] The cumulative graduation rate, which takes into account those who leave drug court for legitimate reasons, is approximately 54 percent. There are currently more than 1,500 active participants in Kentucky's adult drug courts. Approximately 59 percent of them are male, 91 percent are aged 18 to 45, and 85 percent are white.

Referral and Admission

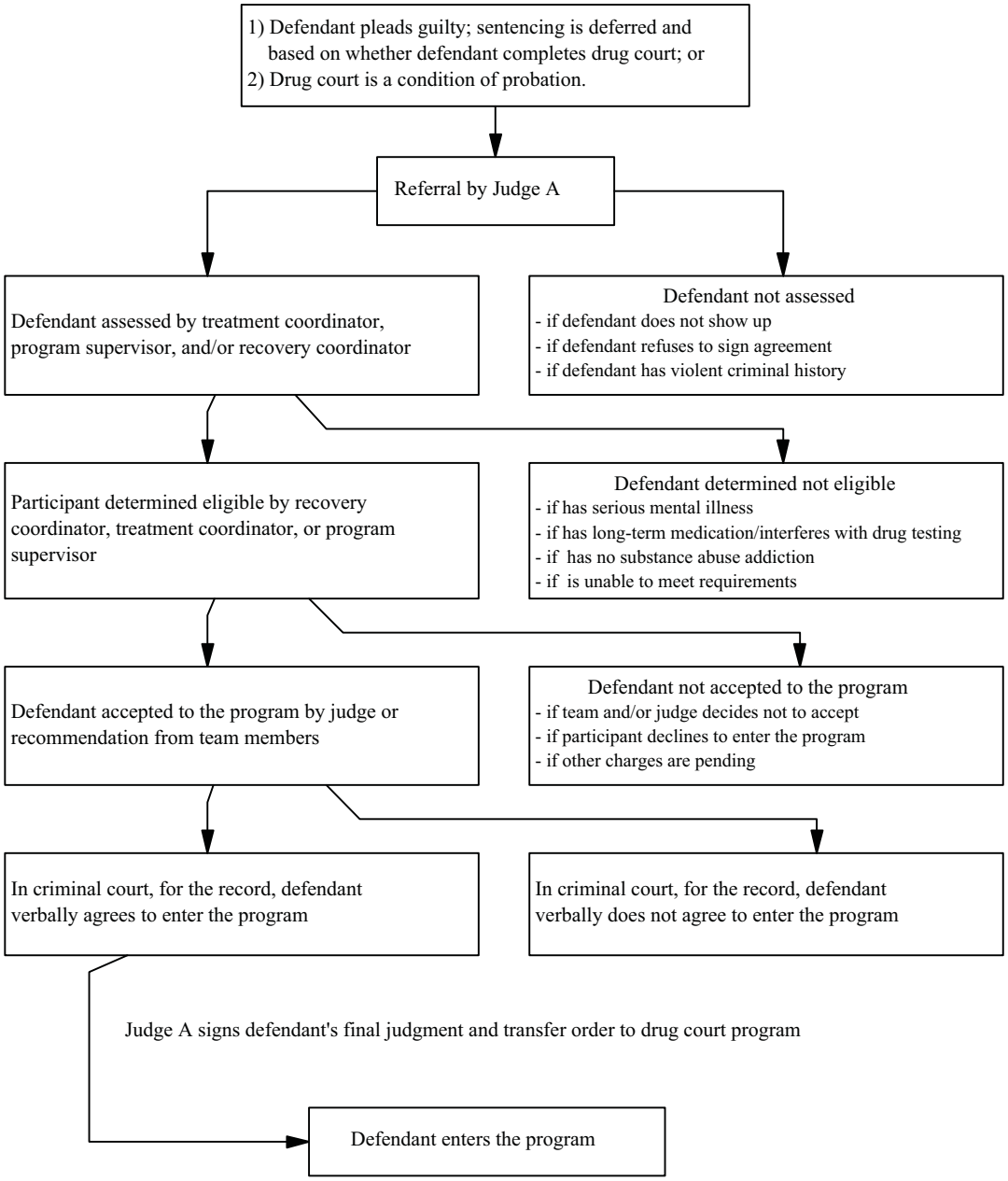
Figure 2.A shows the steps between the time a referral to drug court is issued by the judge and the time the defendant is admitted to the program.

A defendant referred to a drug court must make it through four possible stages before being admitted to the program:

- A defendant may not be assessed if he or she fails to appear at the assessment session, refuses to sign the drug court program agreement, and/or has a violent criminal history.
- A defendant may be assessed and determined ineligible because he or she has a serious mental illness, is on long-term medication that may interfere with the program's drug testing results, is unable to meet the program requirements, or it is determined that the defendant does not have a substance addiction.
- A drug court judge may decide to deny acceptance to a defendant on the recommendation of a member of the drug court team.
- After acceptance to the program, a defendant may not agree to enter the program. The defendant is obliged to verbally express his or her disagreement for inclusion on the official record of the case.

[1] Figures do not include Jefferson County, which was not administered by AOC until 2007.

Figure 2.A
Referral and Admission to Adult Drug Court



Source: Compiled by Program Review staff based on information provided by AOC.

As of June 2007, more than 11,800 defendants had been referred to adult drug courts in Kentucky. Of these, more than 9,900 were assessed. Sixty-four percent of those assessed were admitted to drug court. This represents 54 percent of those who had been referred to the program.

AOC policy is that the time between referral and assessment is 2 weeks or less. The actual processing time varies among drug courts and ranges between 2 days and 3 weeks.

AOC's policy is that those referred to drug court are to be assessed within 2 weeks. As shown in Table 2.1, the time taken to process cases varies among drug courts. In eight drug courts, it typically takes 1 week or less between referral and assessment.

Table 2.1
Time Between Referral and Assessment

Interval	Number of Drug Courts
2 to 7 days	8
1 week to less than 2 weeks	14
2 weeks to less than 3 weeks	15
3 weeks or more	2
Total	39

Note: Two drug courts are not included: Jefferson County Drug Court was not administered by AOC until 2007; and Carter, Elliott, and Morgan Counties Drug Court was not implemented until 2007.
Source: Compiled by Program Review staff based on information provided by AOC.

In 31 of 39 programs, individuals referred to drug court waited, on average, at least 1 week before being assessed. In 17 programs, those referred have waited, on average, more than 2 weeks before being assessed. According to local drug court staff, factors affecting waiting time include the availability of staff to perform the assessments and factors related to defendants' schedules such as employment.

As shown on Figure 2.A, a defendant may refuse to sign the drug court agreement and therefore does not undergo the assessment process. According to AOC staff, this is not a frequent occurrence.

From Admission to Graduation

Upon approval for admission to the drug court program, defendants are required to attend the drug court at the next appropriate drug court hearing. Timing of entry into drug court depends on legal considerations for each participant. Local staff stated that it might take up to 2 months for a defendant accepted to

the program to make his or her first appearance in a drug court session.

Once initiated, the drug court program can be completed in a minimum of 12 months. The Aftercare component is required and lasts at least 3 months for those entering drug court due to a misdemeanor and 6 months for those entering drug court due to a felony.

Each phase of the drug court program has a set of minimum requirements that participants must complete.

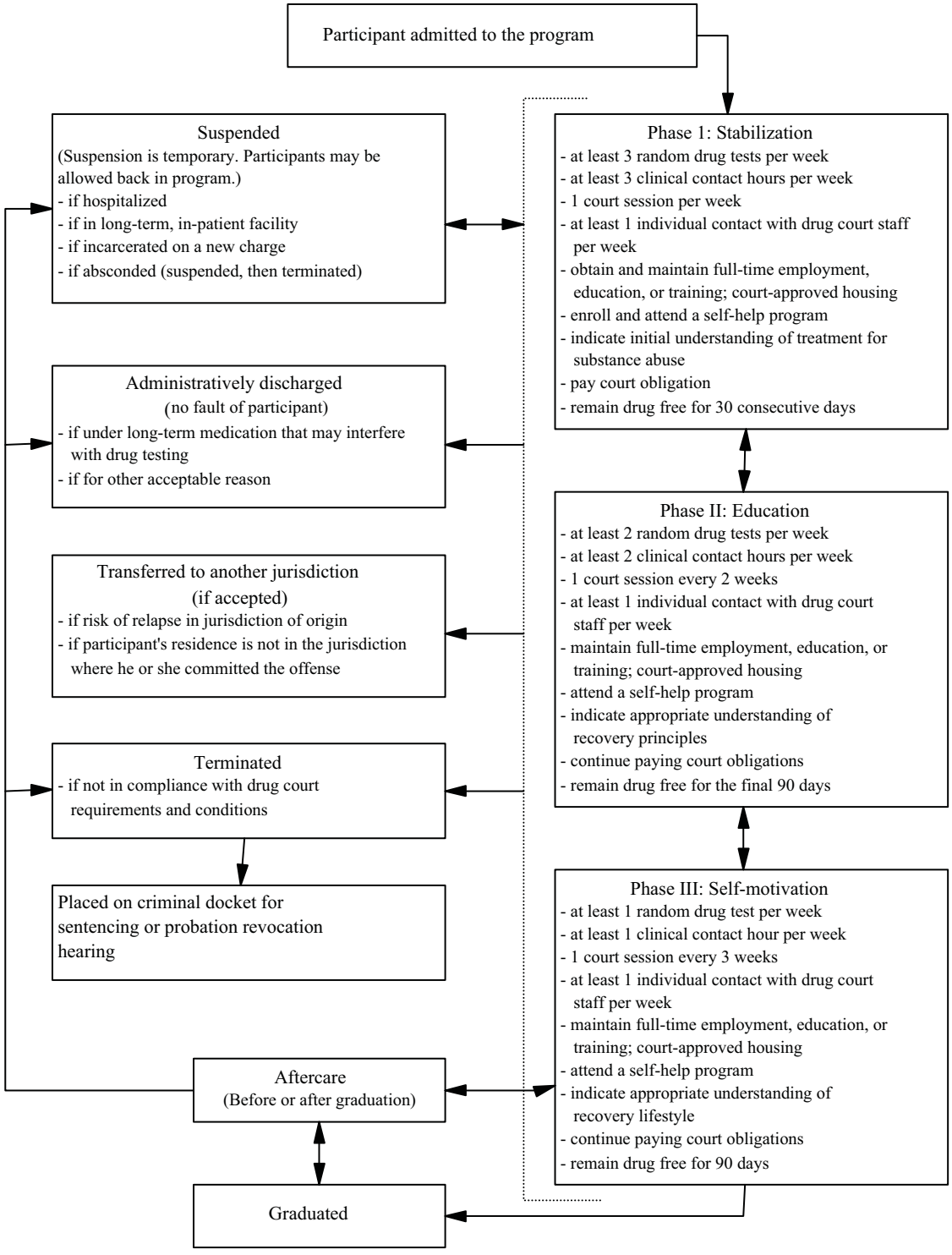
In each phase of the program, participants are required to complete the minimum requirements including providing random urine drug/alcohol screens; attending clinical contact hours and court sessions; obtaining and maintaining full-time employment, training, or education; and living in court-approved housing. Participants are also required to pay court obligations; make individual contact with drug court staff; indicate an initial understanding of substance abuse treatment; and enroll and attend a self-help program.

As participants progress through the phases, supervision decreases. Promotion to the next phase requires that participants remain drug free for a minimum of 30 days from Phase I to Phase II, 90 days from Phase II to Phase III, and 180 days for graduation.

The frequency of random urine tests and clinical/court sessions attendance decreases as the participant proceeds through the phases. In addition to the completion of the above requirements, consideration for promotion to the next phase requires that testing indicates that the participant has remained drug free for a minimum of 30 days from Phase I to Phase II, 90 days from Phase II to Phase III, and 180 days for graduation.

A participant is subject to being expelled from the program for different reasons. Figure 2.B indicates the details for each phase of drug court and how participants may be removed from the program.

Figure 2.B
Adult Drug Court Process



Source: Compiled by Program Review staff based on information provided by AOC.

At any phase of the program, a participant may be administratively discharged, transferred to another jurisdiction, terminated, or suspended for legitimate reasons.

During any phase of the program, a participant may be administratively discharged, transferred to another jurisdiction, terminated, or suspended from the program.

- Participants may be discharged, for no fault of their own, if they are deceased, are on long-term medication that may interfere with testing and their success in the program, or for other reasons such as lack of transportation.
- Participants may be transferred to a different jurisdiction if they reside in a county that is not part of the jurisdiction where they committed the offense or if their presence in a jurisdiction may interfere with their completion of the program.
- Terminations may be voluntary, at the request of the participant; or involuntary, upon the drug court staff's or team's recommendation and the judge's approval. Involuntary terminations result from noncompliance with requirements. Terminated participants are placed on criminal docket for sentencing if they came through diversion or for a probation revocation hearing if they were on probation.
- Participants may also be suspended from the program if drug court staff are unable to maintain supervision over them. Such instances include participants who are hospitalized, required to be in a long-term inpatient facility, or incarcerated on a new charge. Suspension is temporary and participants may return to the program when appropriate.
- Individuals are suspended the first time they fail to appear in a court session. If, within a 10-day period, they do not contact drug court staff, the judge terminates them.

Aftercare Program

Each drug court has an Aftercare component. In Aftercare, a participant is required to demonstrate the ability to maintain a drug-free, alcohol-free, and crime-free life.

Each drug court must establish an Aftercare component, with its elements dependent on the resources of the local team. A drug court defendant is required to participate in Aftercare after completing the three phases. During Aftercare, the participant must demonstrate the ability to maintain a drug-free, alcohol-free, and crime-free life. Depending on the jurisdiction, the participant may also continue to receive treatment and other services such as domestic violence counseling and medical or mental health treatment (KY AP XIII, Sec. 8(3), 8(4)).

Aftercare requirements may include visits by drug court staff to the participant's place of employment, school, or home; continued Alcoholics Anonymous or Narcotics Anonymous meetings; random urine screens; and curfews (KY AP XIII, Sec. 8(4)). Some jurisdictions require completion of the Aftercare component before

graduation from drug court, while others have participants attend Aftercare following graduation.

As of June 2007, nearly 145 participants were in the Aftercare phase. In some programs, participants spend more than 6 months in Aftercare. In 19 programs, Aftercare is implemented after graduation. Fourteen programs require that participants complete Aftercare before graduation. In six programs, participants may enter Aftercare before or after graduation. AOC is gathering information on different programs in an attempt to find out how the options affect outcomes.

Whether Aftercare is completed before or after graduation, in most instances, participants undergo sanctions whenever they violate the program requirements. Sanctions include extended Aftercare, incarceration, treatment, demotion to an earlier phase of the program, and termination.

According to AOC policy, a participant is considered a graduate when he or she completes the three phases of the program. In programs in which Aftercare occurs after graduation, a participant who is suspended or terminated from Aftercare loses the status of graduate. AOC staff explained that there may be instances in which a participant is simultaneously recorded as graduated, suspended, and/or terminated. For accountability purposes, it would be better if there were a consistent definition of "graduate."

Recommendation 2.1

The Administrative Office of the Courts should define the term "graduate" to include only those participants who successfully complete the three phases of the program and Aftercare.

Three Adult Drug Courts as Examples

To give some idea of the similarities and differences, three drug courts were selected: Ballard, Carlisle, Fulton, and Hickman Counties; Fayette County; and Warren County. The courts were chosen based on differences in size and because each has been in operation since 1997.

Table 2.2 provides selected demographics on adult active participants as of August 16, 2007.

Table 2.2
Demographics of Participants in Three Adult Drug Courts
(as of August 16, 2007)

	Drug Court		
Age Range	**Fayette**	**Ballard, Carlisle, Fulton, & Hickman**	**Warren**
18-25	18%	19%	32%
26-35	40%	40%	33%
36-45	20%	17%	17%
46-55	9%	11%	8%
55+	1%	2%	3%
Unknown	12%	11%	7%
Gender			
Male	57%	43%	65%
Female	43%	57%	35%
Race			
White	59%	83%	82%
African American	39%	8%	15%
Other/Unknown	3%	8%	3%
Active participants	**152**	**53**	**66**

Source: Compiled by Program Review staff based on information provided by AOC.

In three courts selected as examples, approximately 60 percent or more of the participants are age 35 or younger.
In Fayette and Warren Counties, more than 50 percent of the participants are male.
In the Ballard, Carlisle, Fulton, and Hickman Counties Drug Court, 57 percent are female.

The three courts are similar in that approximately 60 percent of participants or more are age 35 or younger. Approximately one-third of participants in Warren County are 25 or younger.

More than one-half of the participants in Fayette County and Warren County are male. In the Ballard, Carlisle, Fulton, and Hickman Counties Drug Court, 57 percent of participants are female. In Fayette County, 39 percent of participants are African American. In the other two courts, more than 80 percent of participants are white.

Table 2.3 shows the statistics on how participants move through the process from referral to graduation. In Fayette County, 87 percent of those referred to drug court are assessed for the program. This is a higher rate than in the other two drug courts. In Warren County, 84 percent of those assessed are admitted to the drug court. This is a much higher percentage than in the other courts. One-half or more of those admitted to the Ballard, Carlisle, Fulton, and Hickman Counties Drug Court and Warren County Drug Court eventually graduate. The corresponding percentage in Fayette County is 35 percent.

Table 2.3
Procedural Steps in Three Adult Drug Courts

Drug Court	Referred	Assessed	Assessed as % of Referred	Admitted	Admitted as % of Assessed	Graduated	Graduated as % of Admitted
Fayette	2,166	1,893	87%	1,149	61%	402	35%
Ballard, Carlisle, Fulton, & Hickman	616	472	77%	264	56%	149	56%
Warren	1,175	948	81%	794	84%	400	50%

Note: "Graduation as % of Admitted" is not the same as the program's official graduation rate.
Source: Compiled by Program Review staff based on information provided by AOC.

Juvenile Drug Courts

The new model for juvenile drug court will rely on the Court Designated Worker program as the beginning stage for juveniles, possibly leading to juvenile drug court.

Kentucky's juvenile drug court program is relatively new. The first AOC court was in Campbell County in 1999. In September 2006, juvenile drug court became part of AOC's Department of Juvenile Services. As a result, the program is undergoing policy and procedures changes, particularly in terms of planning and designing.

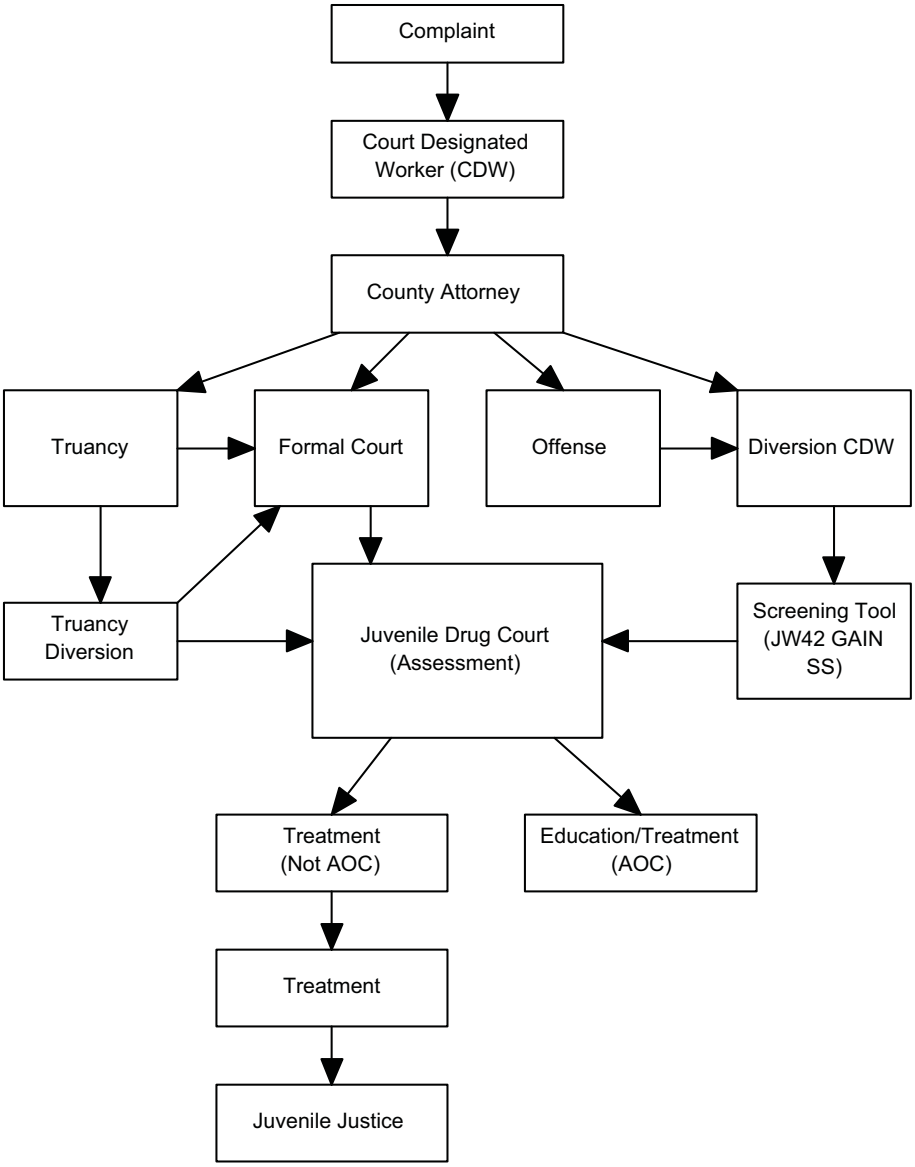
The new model will rely on the Court Designated Worker program (CDW) as the beginning stage for juveniles, possibly leading to juvenile drug court. Staff reported that through the CDW program, there will be more outreach to children with minor drug problems, allowing for more diversion and education than long-term treatment services. The Department of Juvenile Services has developed a partnership with the Department for Mental Health and Mental Retardation Services in order to implement the screening tool GAIN. GAIN is used in many states and allows for identifying whether a candidate needs to enter a long-term or short-term program.

The admission process to juvenile programs differs from that of adult programs. Figure 2.C shows the different steps from the time a complaint is made until a juvenile is determined eligible or ineligible for drug court.

Figure 2.C indicates that juveniles come to the juvenile drug court for assessment through the following channels:

- county attorney,
- diversion/prevention,
- truancy, and the
- Department of Juvenile Justice for juveniles who are already sentenced.

Figure 2.C
Access to Juvenile Drug Court



Source: Compiled by Program Review staff based on information provided by AOC.

After assessment, it is determined whether juveniles are eligible for drug court for education and treatment or for treatment only. If the latter, they are referred to a treatment team outside drug court.

Once participants access the drug court program, they are obliged to complete the three phases of the program and meet each phase's requirements. Table 2.4 indicates the requirements for each phase. The minimum completion time for juvenile drug court is 9 months.

Table 2.4
Phases of Juvenile Drug Court

Requirement	Phase I Stabilization	Phase II Education	Phase III Self-motivation
Random drug screens	3 per week	2 per week	1 per week
Clinical contact hours	3 per week	2 per week	1 per week
Court hearings	1 per week	1 every 2 weeks	1 every 3 weeks
Attend school or GED classes	Yes	Yes	Yes
Individual contact with drug court staff	1 per week	1 per week	At least 1
Drug court group attendance	1 per month	1 per month	1 per month
Remain drug free	At least 30 days	At least 60 days	All 45 days
Minimum completion time	8 weeks	10 weeks	6 weeks

Source: Compiled by Program Review staff based on information provided by AOC's Dept. of Juvenile Services.

Based on information provided by AOC, as of June 2007, 544 juveniles had been admitted to juvenile drug court. Of these, 137 had graduated.

Based on information provided by AOC, as of June 2007, 760 juveniles had been referred to drug court. Of those, 689 (91 percent) had been assessed for drug court. Of those assessed, 544 (79 percent) had been admitted to drug court. Of those admitted, 137 (25 percent) had graduated from a juvenile drug court.

Nearly 190 participants have been terminated or discharged from the program. AOC staff reported that the most common causes of termination are that the juvenile is a runaway, absconds from the program, or fails to comply with program guidelines.

As in adult drug court, juvenile programs have an Aftercare component for a period of up to 3 months. Some programs require participants to complete Aftercare before graduation. Others allow for Aftercare after graduation. Incentives and sanctions in Aftercare are as in the other phases of the program.

Family Drug Courts

The Department of Juvenile Services is in the process of changing the policies and procedures for family drug court. For illustration, Table 2.5 shows the current requirements of Fayette County Family Drug Court. The minimum completion time is 12 months.

Table 2.5
Phases of Fayette County Family Drug Court

Requirement	Phase I	Phase II	Phase III
Random drug screens	3 per week	2 per week	1 per week
Treatment group sessions	3 per week	2 per week	1 per week
Court sessions	1 per week	1 every 2 weeks	1 every 3 weeks
Alcoholics Anonymous or Narcotics Anonymous meetings	2 per week	3 per week	4 per week
Individual contact with drug court case specialist	1 per week	1 per week	1 per week
Approved stable housing (drug/alcohol free)	Obtain, maintain	Maintain	Maintain
Parenting assessment	Yes		
Meet with Planned Parenthood	Yes		
Family meeting	At least 1	At least 1	At least 1
Meet with Parents' Resource Institute for Drug Education	Yes		
Meet with Vocational Rehabilitation	Yes		
Random curfew checks	Yes	Yes	Yes
Unannounced home visits	At least 2		
Visitation schedule	Establish	Maintain	
Meet with police liaison	Yes		
Journal/homework assignments	Yes	Yes	Yes
Obtain sponsor		Yes	
Establish child support payment schedule		Yes	
Pursue employment or education		Obtain, maintain	Maintain
Develop and discuss relapse prevention program			Yes
Complete exit interview			Yes

Source: Compiled by Program Review staff from information provided in Commonwealth. Administrative. Department. *Fayette*.

Chapter 3

Resources

Funding for Drug Court Programs

AOC administers funds for drug courts. Except for federal grants, funds are not budgeted separately for specific drug courts.

AOC administers funding from federal, state, and local sources to support adult, juvenile, and family drug courts. Except for federal grants, funds are not budgeted separately for specific drug courts.

Over the past 6 years, federal assistance to drug courts has consisted of block grants and discretionary grants. Both grants are awarded by units of the U.S. Department of Justice: the Office of Justice Programs, the Bureau of Justice Assistance, and the Office of Juvenile Justice and Delinquency Programs. In some instances, drug courts have received implementation grants from the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration.

Block grants are formula grants disbursed to states that set priorities and allocate funds to state and local agencies. Discretionary grants are awarded directly to state and local agencies. These grants have been available from the Bureau of Justice Assistance to jurisdictions for adult drug courts and from the Office of Juvenile Justice and Delinquency Programs for the juvenile and family dependency drug courts. Discretionary grants require a 25 percent match, a part of which may be in kind.

Federal grants are 3-year grants and are utilized for program planning, implementation, and/or enhancement.

Federal grants are 3-year grants awarded for program planning, implementation, and/or enhancement. The grants have budgeting, reporting, and evaluation requirements. Other federal funds consist of grants awarded through Operation UNITE to counties in the 5th Congressional District.

Most state funds to drug courts are channeled through the judicial branch and the Justice and Public Safety Cabinet.

Most state funds consist of General Fund money channeled through the judicial branch and the Justice and Public Safety Cabinet via the Department of Juvenile Justice and the Office of Drug Control Policy. Most of these funds target specified counties or drug courts and are administered by the disbursing agency. In some instances, drug courts have benefited from local funding opportunities through their local fiscal courts and the Kentucky Agency for Substance Abuse Policy's local boards.

State Funding for Drug Courts Has Increased

In recent years, the number of programs supported by state funds has increased as drug courts expand statewide.

Over the fiscal years 2003 to 2008, Kentucky's drug courts have changed from predominantly federally supported to predominantly state funded. This trend is explained mainly by the nature of the federal grants and their requirements. Some grants apply to program enhancement; most are designed for program planning and implementation.

Table 3.1 shows the number of drug courts by funding source and the changes that occurred over fiscal years 2003 to 2008.

Table 3.1
Number of Drug Courts by Funding Source
(Fiscal Years 2003 to 2008)

	Fiscal Year					
Funding Source	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**
Federal	9	24	15	16	8	7
Federal and State	7	12	5	3	1	0
Federal and Local	0	0	1	1	1	0
Restricted Funds	4	1	1	7	8	7
State	0	0	22	28	38	60
Local	1	1	0	0	1	0
Total	21	38	44	55	57	74

Source: Compiled by Program Review staff from information provided by AOC.

Table 3.1 indicates that the number of drug court programs fully or partially funded with federal funds has gone from 16 programs in FY 2003 to 10 programs in FY 2007. In FY 2008, federal support is expected to be limited to one adult, one family, and five juvenile drug courts.

In FY 2003, the state provided partial funding for seven drug court programs and did not fully fund any. In FY 2007, the state provided full funding for 38 programs and is expected to be totally funding 22 additional programs in FY 2008.

The number of drug court programs funded by restricted funds has remained steady in recent fiscal years: seven programs in FY 2006 and eight programs in FY 2007.[1] This number is expected to remain the same in FY 2008.

Table 3.2 shows the budget allocations for drug court for fiscal years 2000 to 2007.

Table 3.2
Budget Allocations for Fiscal Years 2000 to 2007

Fiscal Year	State Funds	% of Total	Federal Funds	% of Total	Restricted Funds	Total
2000	$236,376	6%	$3,501,672	85%	$363,638	$4,101,686
2001	$402,884	24%	$1,054,957	62%	$232,126	$1,689,967
2002	$487,860	21%	$1,435,440	61%	$415,598	$2,338,898
2003	$634,209	20%	$2,004,929	64%	$476,431	$3,115,569
2004	$694,800	14%	$4,253,400	84%	$107,103	$5,055,303
2005	$2,563,200	56%	$1,922,192	42%	$60,000	$4,545,392
2006	$4,923,800	52%	$2,436,917	26%	$2,050,000	$9,410,717
2007	$6,102,800	54%	$2,724,436	24%	$2,386,704	$11,213,940

Source: Compiled by Program Review staff from information provided by AOC.

The total budget for FY 2007 is $11.2 million, an increase of 19 percent from FY 2006 and 173 percent from FY 2000. This increase is due mainly to a growth in state funds, providing for a gradual expansion of the program statewide.

State funding for drug courts increased from $237,000 in FY 2000 to more than $6 million in FY 2007.

State funding for drug court programs has increased from $237,000 in FY 2000 to $4.9 million in FY 2006, an increase of more than 1,900 percent; and to $6.1 million in FY 2007, an increase of more than 2,400 percent. For each of the past three fiscal years, the general fund contribution has been more than one-half of total funding.

[1] Restricted funds consist of funds awarded to drug court programs through the Justice and Public Safety Cabinet (Department of Corrections, Department of Juvenile Justice, Office of Drug Control Policy, and/or Agency for Substance Abuse Policy), the Cabinet for Health and Family Services' Division of Substance Abuse, and local fiscal courts. Funding may consist of either local funds, federal funds applied for statewide and then awarded to drug courts, or general fund money included in a state agency budget that is disbursed for specified purposes to particular counties and/or drug courts. The same state agency administers and monitors the funding.

With the establishment of new drug courts, the state contribution is expected to increase in FY 2008. The 2006-2008 enacted budget bill includes for FY 2008

- $1.7 million from the general fund for the replacement of a potential loss in federal funds to five adult and five juvenile drug courts,
- $980,000 for the expansion of eight drug courts' level of services, and
- $4.8 million for the completion of the program statewide.

In FY 2007, Operation UNITE contributed 74 percent of federal funding. The funds were directed to drug courts in the 5th Congressional District.

Annual federal funds have decreased from $3.5 million (85 percent of total funds in FY 2000) to $2.7 million (24 percent of total funding) in FY 2007. In FY 2004, 31 percent of federal funding was provided by Operation UNITE for drug courts in the 5th Congressional District. In FY 2007, the corresponding percentage was 74 percent.

Funding for coal producing counties represented 97 percent of restricted funds in FY 2006 and 54 percent in FY 2007.

Over fiscal years 2000 to 2005, the average annual amount of restricted funds was nearly $300,000, with a minimum of $60,000 and a maximum of $476,000. Restricted funds increased to $2 million in FY 2006 and $2.4 million in FY 2007. Funding for coal producing counties was 97 percent of restricted funds in FY 2006 and 54 percent in FY 2007.

The 2006-2008 enacted budget bill includes restricted funds of $2.3 million in FY 2008 allocated to drug courts located in coal producing counties and to other specified drug courts. Funds will provide for seven regional and two county adult drug courts and one juvenile drug court.

Composition and Trend of Expenditures

Funds received by drug courts are utilized to cover personnel, operating, drug screenings, and treatment expenses. Table 3.3 shows expenditures by category.

Table 3.3
Annual Personnel and Operating Expenditures
(Fiscal Years 2002 to 2005)

Expenditure	FY 2002	% of Total	FY 2003	% of Total	FY 2004	% of Total	FY 2005	% of Total
Personnel	$1,242,077	58%	$1,571,277	55%	$1,899,886	55%	$2,738,771	51%
Operating	$901,644	42%	$1,263,535	45%	$1,540,593	45%	$2,673,996	49%
Total	$2,143,721	100%	$2,834,812	100%	$3,440,479	100%	$5,412,767	100%

Source: Compiled by Program Review staff from information provided by AOC.

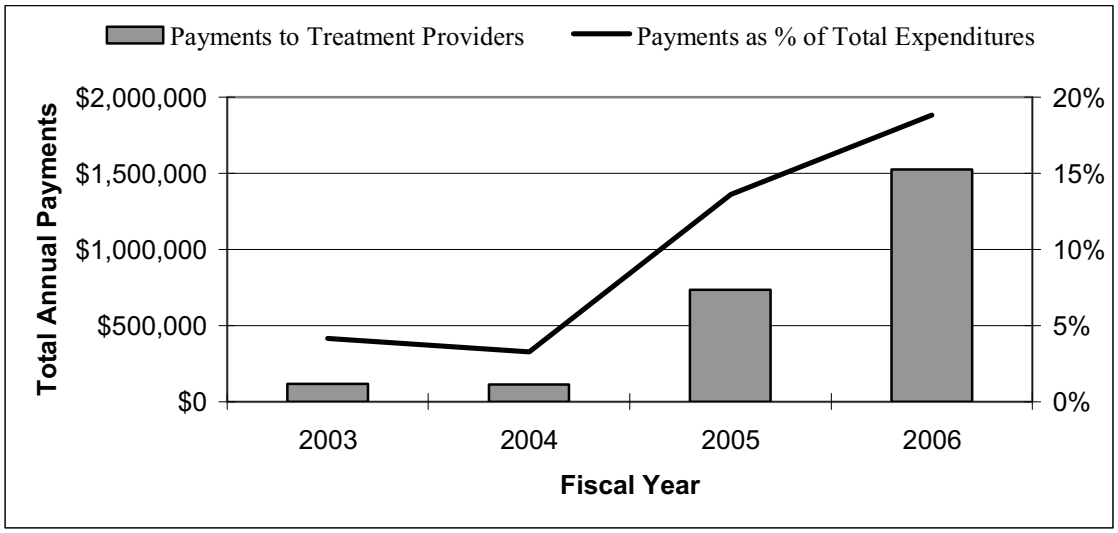
Note that expenditures for drug screening and treatment services are included in operating expenses for fiscal years 2002 to 2005. Separate figures are available for FY 2006 only.

Payments to Treatment Providers

As a percentage of the total expenditures, drug courts' payments to treatment providers increased from 4 percent in FY 2003 to 19 percent in FY 2006.

Figure 3.A shows the variation in annual payments to treatment providers and the increase in the percentage of total expenditures allocated for treatment. The percentage of expenditures going to treatment providers increased from 4 percent in FY 2003 to 19 percent in FY 2006. According to AOC staff, the lower levels of payments in fiscal years 2003 and 2004 are explained by the shortage of funding available for drug courts relative to the program's needs.

Figure 3.A
Annual Payments to Treatment Providers
(Fiscal Years 2003 to 2006)



Source: Compiled by Program Review staff from information provided by AOC.

The total amount of money annually disbursed to the community mental health centers (CMHCs) for treatment services is set by AOC. In most cases, funding does not cover the actual cost of services provided.

The treatment payments per fiscal year correspond to the total amount of money annually disbursed to the treatment providers. This amount represents the maximum amount of funding set by AOC and included in the master agreement between AOC and each treatment provider. Both AOC and treatment providers agreed that, in most cases, treatment providers provide services for a total cost higher than the amount of money set in the agreement. According to staff of some of the community mental health centers (CMHCs), the gap between the actual cost and the annual amount they receive from AOC is subsidized by state funds, allocated to their agencies to fund substance abuse treatment.

AOC requests that CMHCs regularly bill for services provided to drug courts based on fees included in the master agreements. Billing may help AOC allocate additional funding if a funding opportunity becomes available.

Fees for Services

The agreements signed with treatment providers include different fees to different providers for similar services. Table 3.4 illustrates this variation and shows the large gap between the minimum and maximum fees for similar services.

Agreements between AOC and CMHCs include different fees to different providers for similar services.

Note that annual allocations to treatment providers are not based on these fees. Treatment providers bill AOC based on these fees, which would matter only if the total amount billed by a provider was less than the annual allocation to the provider. According to AOC staff, this usually does not occur.

Table 3.4
Variation in Treatment Fees Among Service Providers

Fees	Minimum	Maximum
Assessment	$50	$96
Individual session	$40	$120
Group session	$7	$80
Family session	$70	$120
Intensive outpatient services	$9	$90
Residential services/day	$60	$175
Administrative Fee	$300	

Note: Some providers use the individual session fee for the assessment.
Source: Compiled by Program Review staff from information provided by AOC.

The following three recommendations are based on the facts that

- the level of funding allocated to treatment services is relatively low,
- funding for drug court treatment is distributed among treatment providers based on the level of funding allocated in previous years, and
- the memoranda of agreement between AOC and the CMHCs provide for different fees for similar services that do not necessarily reflect CMHCs' costs of providing the services.

Recommendation 3.1

The Administrative Office of the Courts should consider allocating more funding for treatment services.

Recommendation 3.2

The Administrative Office of the Courts should consider conducting periodic assessments of program needs, design an action plan based on those needs, and integrate it into its budget requests.

Recommendation 3.3

The Administrative Office of the Courts should consider negotiating fees for treatment services that more closely correspond to the costs of providing services.

Personnel

Figure 3.B shows the agencies that are involved in drug court activities. Representatives of many of these entities are members of drug court teams. The personnel made available to drug court programs include drug court staff members as well as representatives from other agencies and organizations that are either a part of the drug court team, a service provider, or both.

Staff of Adult Drug Courts

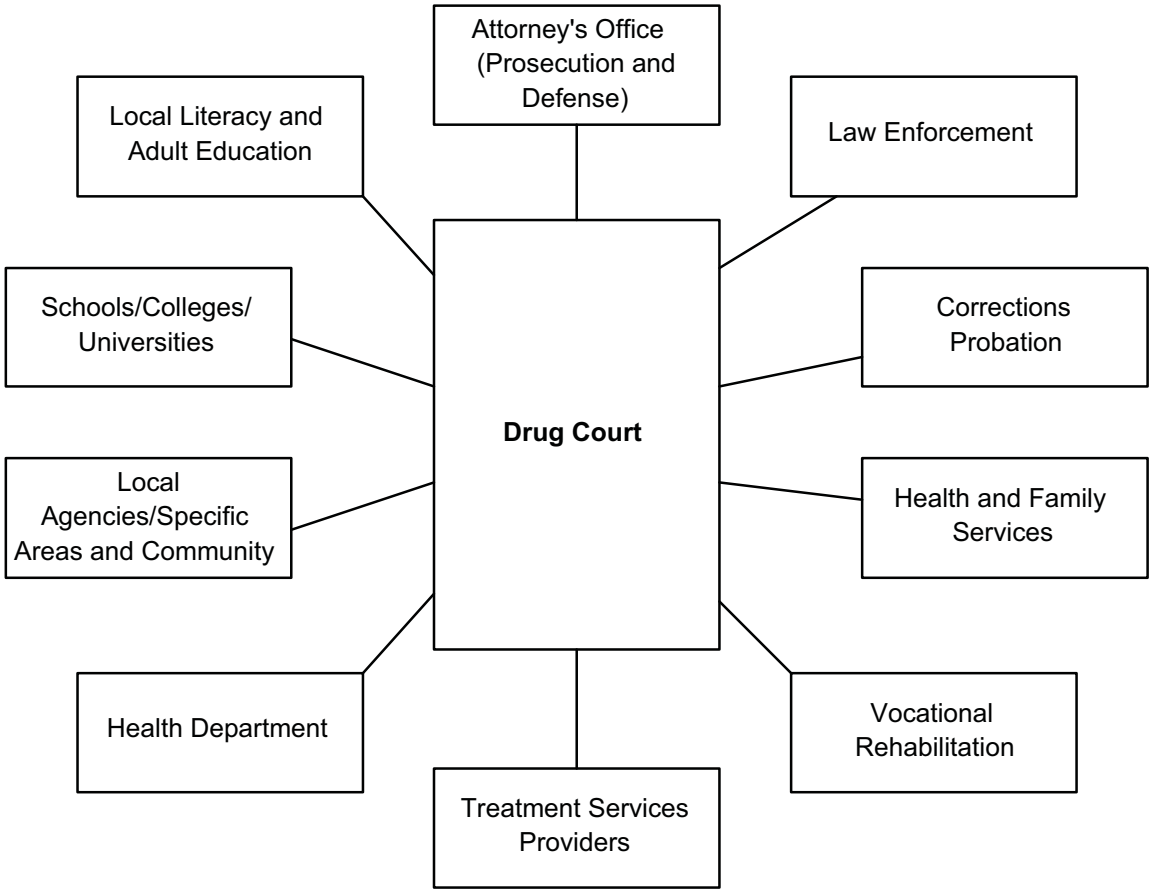
Staff of adult drug courts are employed by AOC and report to the drug court general manager or his or her designee.

Drug court personnel include regional supervisors, treatment coordinators, recovery coordinators, program supervisors, and case specialists. Only case specialists, program supervisors, and (in the absence of program supervisors) treatment coordinators carry caseloads.

Adult drug court programs are divided in seven regions throughout the state. Each region has a regional supervisor, who is the liaison between the drug court general manager/assistant manager and field staff. The regional supervisor is responsible for conducting site visits and providing site reports for each court in the designated area. He or she assists in interviewing field personnel, conducts new employee orientation and on-the-job training, holds regular meetings with field staff, and maintains contact with drug court judges and other team members.

Three of the seven regions have treatment coordinators who cover more than one program. Their main function consists of performing eligibility assessments. In regions with no treatment coordinator, a recovery coordinator conducts defendants' assessments in addition to providing substance abuse group education. Recovery coordinators provide group sessions in areas in which service is not provided by the local CMHC.

Figure 3.B
Main Agencies and Organizations Involved With Drug Courts



Source: Compiled by Program Review staff from information provided by AOC.

Drug court programs have a program supervisor who has an administrative function and is responsible for overseeing daily operations. In some programs, he or she participates in performing eligibility assessments, completing participants' Individual Program Plans, coordinating with other community agencies to ensure all needed services are accessible, maintaining and reporting program data, and attending all adult drug court team meetings and court sessions. In some drug court programs, treatment coordinators and program supervisors may have to carry a caseload and observe and record urine drug screens.

Case specialists are responsible for providing intensive supervision and case management services to drug court participants. They attend drug court team meetings and court sessions and provide the judge and team with updated information on participants. Prior to completing a detailed report on each participant, the case specialist is responsible for verifying that all requirements have been met for

the reporting period. He or she conducts employment site visits, conducts or coordinates home visits and curfew checks with the assistance of local law enforcement or probation officers, makes referrals to all appropriate community service agencies to assist participants in achieving goals as set forth on the Individual Program Plans, observes and records urine drug screens, and meets with participants individually based on program requirements.

As of August 2007, AOC central office had four full-time staff members and one vacant position. In addition to central office staff and regional supervisors, there is a liaison between regional supervisors and Operation UNITE. Another staff member performs audits and fills in for regional supervisors as needed.

Field staff of adult drug courts include 103 staff members, of whom 3 are part time. Among local staff are 16 certified professionals: 2 social workers, 12 certified alcohol and drug counselors, 1 licensed professional clinical counselor, and a staff member with a master's in psychology.

The AOC drug court program has 36 vacant funded positions: 13 case specialists, 13 program supervisors, 7 recovery coordinators, 2 treatment coordinators, and 1 clinical supervisor. According to AOC staff, there is a shortage of treatment coordinators. Staff filling this position are called to conduct assessments in their assigned regions and have to cover many programs.

Caseloads

Table 3.5 indicates that in 11 of 38 programs, the number of participants per staff member is 15 or fewer. In eight of the remaining programs, the caseload is more than 25 participants. In 19 programs, the caseload is between 16 and 25 participants.

Table 3.5
Adult Drug Court Caseloads

Caseload	Number of Programs, Based on	
	Filled Positions	Filled and Vacant Positions
Less than 15	11	19
16 to 25	19	16
More than 25	8	3
Total	38	38

Note: Only staff who carry caseloads are included. Drug courts analyzed do not include Jefferson County, which was not administered by AOC until 2007; and Carter, Elliott, and Morgan Counties, which is new in 2007. The Knox and Laurel Counties District and Circuit Court programs are considered together.
Source: Compiled by Program Review staff from information provided by AOC.

If vacant positions are factored in, the number of programs with a caseload lower than 15 increases from 11 to 19, the number of programs with a caseload higher than 25 decreases from 8 to 3, and the number of programs with a caseload between 16 and 25 decreases from 19 to 16.

If vacant positions are factored in, 19 of 38 drug courts have caseloads lower than 15 participants.

According to AOC staff, a case specialist and a program supervisor do not carry the same caseload. The full capacity approximates 25 to 30 participants per case specialist and 15 participants per program supervisor. Even with an equal maximum caseload of 15 participants for each of the case specialist and the program supervisor, 19 programs fail to reach the goal.

Recommendation 3.4

The Administrative Office of the Courts should consider initiating more outreach efforts in counties in which relevant staff have relatively low caseloads.

Members of Adult Drug Court Teams

Other than drug court staff, team members volunteer their time for drug court.

Once a judge expresses interest in initiating a local drug court program, he or she recruits team members to fulfill the 10 Key Components. Other than drug court staff, team members, including judges, volunteer their time for drug court in addition to their regular duties.

There are 66 judges conducting drug courts. Judges head staffing and court sessions and are responsible for imposing sanctions and offering incentives.

The number of team members differs depending on the availability of local resources. For adult drug courts, in addition to the judge and drug court staff, the team includes a law enforcement representative, prosecutor, defense counsel, and treatment provider. Optional members include representatives from the Office of Probation and Parole, the Circuit Court clerk's office, the community, and other agencies.

A representative of the Commonwealth attorney's office acts as the gatekeeper to ensure that appropriate individuals are referred to and accepted into drug court programs. County attorneys serve this role in District Court drug courts. A local law enforcement officer assists drug court staff with home visits, curfew checks, and tracking participants who have absconded from supervision.

Comprehensive care centers' representatives perform clinical assessment and provide treatment services to the participant and family. They report to drug court staff on participants' progress and compliance and make recommendations to the drug court team. In most cases, they attend staffing and drug court sessions. Their level of involvement varies among programs. It goes from determining treatment needs for participants to voting on admission, terminations, and program completion.

A probation officer from the Department of Corrections, an optional member of the team, attends drug court staffing and sessions, assists drug court staff with home visits and curfew checks, and handles the revocations of participants who have been terminated from drug court. Attorneys from the Department of Public Advocacy serve on the drug court teams to ensure that participants' rights are protected.

Training Available to Drug Court Staff and Team Members

Drug court staff have benefited from training offered, free of charge or for a low fee, by agencies such as the Kentucky Agency for Substance Abuse Policy, community mental health centers, Operation UNITE, and the Women's Coalition. Staff access training to earn continuing education units required to pursue or maintain individual professional licenses. Other agencies offer free or low-priced trainings depending on resource availability. On a monthly basis, drug court central office staff conduct a week-long orientation session for all new drug court staff.

At the inception of a new drug court, AOC staff offer one-day training to local staff and team members. The training covers

- basic information, which includes the outline of the 10 Key Components, the structure of AOC, and clarification of drug courts' characteristics;
- roles and responsibilities of drug court team members staff;
- sanctions and incentive (punitive and treatment sanctions and types of incentives);
- drug testing (type, frequency, drugs participants are tested for, and persons responsible for administering the tests);
- treatment;
- community resources including information and contacts for local self-help and 12-step groups, educational services, school systems, health services, inpatient substance abuse services, housing, financial and legal services, and community service opportunities;
- administrative procedures of the Court of Justice;
- other information that may be useful to the team in the course of drug court processing.

After approximately 3 months of operation, AOC staff conduct a follow-up by meeting with team members and conducting informal visits to re-assess local staff's and team members' needs. Drug court team members are also invited to attend a drug court conference held every 2 years.

Importance of Team Cooperation

Drug court staff members and treatment providers stressed the importance of the role played by the judge in making a drug court work. Treatment providers emphasized the positive impact of a well-coordinated team effort on drug courts' outcomes.

Drug court staff members as well as treatment providers stressed the importance of the role played by the drug court judge. They explained that based on their experiences, whether a drug court program works or not depends to a large extent on the judge's level of commitment, management skills, and understanding of the drug court concept. Treatment providers emphasized the positive impact of a well-coordinated team effort on drug courts' outcomes.

The drug court model is a team-oriented effort that brings together professionals from different backgrounds, most of whom are volunteering their time. Training on team dynamics may be beneficial to the team and improve the operation of drug court.

Recommendation 3.5

The Administrative Office of the Courts should consider adding training on team dynamics for members of drug court teams.

Recommendation 3.6

The Administrative Office of the Courts should consider initiating a mentoring program through which more-experienced drug court judges advise less-experienced drug court judges.

Services Provided to Participants

Drug court participants are provided with a variety of treatment and support services, some of which are mandated.

A special feature of drug court is the variety of services provided to drug court participants. Some services are mandated in individualized treatment plans; other services are simply recommended. Services provided include

- substance abuse education and treatment;
- group, family, and individual counseling;
- employment and educational assistance;
- referrals for medical, dental, and mental health issues;
- referrals for domestic violence counseling and for parenting classes;
- urine drug testing;
- money management and budgeting;
- exposure to 12-step and self-help groups;
- instruction on appropriate, sober recreational and leisure activities; and
- other services based on participants' individual needs.

Additional counseling, provided by case specialists and drug court coordinators, is available round the clock for emergency services. AOC staff reported that there are differences among programs in terms of service provision. Such differences may be explained by the level of resources made available to each local jurisdiction. If a participant's needs cannot be met in a particular jurisdiction, drug court staff may refer the participant to a different jurisdiction or request expansion of existing services.

Community Mental Health Centers Provide Most Treatment

Treatment services provided to drug court participants include residential services, intensive outpatient services, and group and individual treatment. Most treatment and drug testing services are contracted to the regional CMHCs.

Treatment services provided to drug court participants include residential services, intensive outpatient services, and group and individual treatment. As shown in Table 3.6, most drug courts' treatment and drug testing services are contracted to the regional CMHCs.[2] Some services are offered by other private providers.

Seven CMHCs offer all treatment services: group therapy, individual, and family counseling, intensive outpatient services, and inpatient treatment. Two of the centers do not offer intensive outpatient services to all counties they serve. Cumberland River serves all counties but Whitley; River Valley offers the service to Daviess County only.

Kentucky River, Four Rivers, and Comprehend do not offer intensive outpatient services. Adanta offers intensive outpatient treatment to Adair, Pulaski and Wayne Counties only. Kentucky River, Pennyroyal, Comprehend, and Adanta do not offer inpatient treatment.

In the northern Kentucky area, AOC contracts with the area development district, which subcontracts services to the NorthKey Community Mental Health Center. Services provided include group, individual, and family counseling and intensive outpatient treatment. NorthKey serves participants from the Campbell and Kenton Counties and Pendleton County programs.

Participants from all drug courts can be referred to the Hope Centers, which are long-term, residential treatment centers with comprehensive substance abuse recovery programs.

[2] AOC does not have a contract with the Pathways community mental health center, but participants from Bath, Boyd, Greenup, Lewis, Menifee, Montgomery, and Rowan Counties and part of the Johnson, Lawrence, and Martin Counties drug courts are referred to Pathways as needed.

Table 3.6
Treatment Providers and Services Provided for Adult Drug Courts

Provider	Counties Served	Group Therapy	Individual and Family Counseling	Intensive Outpatient Services	Inpatient Services
Bluegrass	Bourbon, Scott, Woodford; Clark, Madison; Fayette; Harrison, Nicholas	√	√	√	√
Communicare	Hardin	√	√	√	√
Comprehend	Lewis; Robertson; Part of Harrison, Nicholas	√	√		
Cumberland River	Rockcastle; Clay, Jackson; Whitley; Harlan	√	√	√	√
Four Rivers	Ballard, Carlisle, Fulton, Hickman; McCracken; Livingston	√	√		√
Kentucky River	Breathitt, Wolfe; Perry; Lee, Owsley; Letcher; Knott	√	√		
Lake Cumberland/ Adanta	Adair, Casey; Clinton, Cumberland, Russell, Wayne; McCreary; Pulaski	√	√	√	
Lifeskills	Barren, Metcalf; Butler, Edmonson; Monroe; Warren	√	√	√	√
Mountain	Floyd; Johnson, Martin; Pike; Magoffin	√	√	√	√
Pennyroyal	Caldwell, Lyon, Trigg; Christian; Crittenden; Muhlenberg	√	√	√	
River Valley	Daviess; Hancock, Ohio; Henderson; Union, Webster; McLean	√	√	√	√
Seven Counties	Henry, Oldham, Trimble	√	√	√	√

Note: Services contracted to River Valley are contracted out to Another Way, a provider of substance abuse treatment.
Source: Compiled by Program Review staff from information provided by AOC.

Terms and Conditions of Memoranda of Agreement. The memorandum of agreement (MOA) between AOC and each of the community mental health centers mandates treatment to drug court participants. MOAs also spell out the maximum funding levels; sources of funding; services to be delivered; rates for individual, family, and group sessions; and the admission and residential treatment fees.

CMHCs are required to continue providing services to drug court participants regardless of the availability of funds.

Requirements common to all MOAs include the following:

- The treatment provider must schedule an appointment for needs assessment with each participant within a week of admission to the program, grant priority admission status to drug court participants, and ensure that participants meet the same admission criteria as other clients.
- The treatment provider must provide quality substance abuse services as agreed upon and as needed, provide trained and qualified substance abuse professionals, and continue to provide services regardless of the availability of funds.
- Group sessions must have a maximum of 15 participants and shall focus on issues specific to adult or juvenile drug court participants. The contract also sets the length and frequency of weekly group sessions for adult and juvenile participants for different phases of the program, and requires that CMHCs provide meeting space.
- The treatment provider must report participants' status, progress, and any other occurrence to AOC; notify AOC drug court staff at least 2 working days before any planned discharge, and provide a discharge summary and an Aftercare plan for each participant within 5 working days of discharge.

CMHCs perform a psychological evaluation of each drug court participant.

Participant's Treatment Plan. In addition to the initial assessment and individual program plan set by drug court staff, CMHC staff conduct their own psychosocial evaluation on each participant at entry. The assessment consists of gathering information on the client's history and current situation. This includes screening for mental health and substance abuse and a formalized method for the participant's current level of functioning.

Individual Treatment Plans may be the product of a collaborative effort among drug court local staff and CMHCs. Treatment plans may be adjusted based on participants' needs.

In most cases, drug court staff make referrals for a particular level of treatment, and providers conduct their own evaluation to determine whether or not the suggested level of care is appropriate. If the suggested level of care is determined inappropriate, the provider recommends a change in the treatment plan. Providers reported that, in most instances, drug court staff take their suggestions into account. They pointed out that in programs in

which drug court staff includes a certified professional, referrals are more likely to be appropriate to the level of care favored by providers.

In other instances, the initial level of treatment is a product of a collaborative effort among drug court local staff and the treatment provider. In the course of the treatment process, drug court personnel would accommodate extended care, change in treatment modalities, frequency of care, and/or mental health treatment.

A participant's treatment progress is monitored, through urine drug screens, and regularly reported to the judge at drug court team meetings.

Treatment providers also perform urine drug screens for treatment progress purposes and write and revise treatment plans that include goals and objectives. A participant's progress is regularly reported to the judge at drug court team meetings. Reporting includes sending individualized progress reports on a weekly basis, submitting sign-in sheets after each group session, and making regular phone contacts.

Fees Charged to Participants. In addition to the payment received from AOC for services provided, CMHCs are allowed to charge participants who are not indigents a per-session fee. Table 3.7 lists the fees agreed on by AOC and the CMHCs and the category of participant served by each provider.

Not all CMHCs with provisions for fees choose to charge drug court participants.

Except for Bluegrass, all treatment providers agreed to charge a fee to participants. Seven CMHCs agreed to charge up to $2 per session to all participants except indigents. Four CMHCs agreed to use a sliding scale to determine the fee and charge up to either $2 or $5. NorthKey agreed to use a sliding scale based on ability to pay for outpatient and treatment services and to charge 25 percent of the participant's gross income for residential treatment.

Not all the CMHCs with provisions for fees choose to charge drug court participants. The Mountain and Cumberland River Community Mental Health Centers reported that no fees have been assessed recently.

Table 3.7
Fees Charged to Drug Court Participants

Provider	Participant	Fee Per Session
Bluegrass	Adult and Juvenile	None
Communicare	Adult	Use of sliding scale and up to $5 based on ability to pay
Comprehend	Adult	Up to $2 except for indigents
Cumberland River	Adult and Juvenile	Up to $2 except for indigents
Four Rivers	Adult	Up to $2 except for indigents
Kentucky River	Adult and Juvenile	Use of a sliding scale based on participant's financial status
Lake Cumberland/ Adanta	Adult and Juvenile	Up to $2 except for indigents
Lifeskills	Adult and Juvenile	Up to $2 except for indigents
Mountain	Adult and Juvenile	$2 fee or sliding scale based on ability to pay.
Pennyroyal	Adult and Juvenile	Up to $2 except for indigents
River Valley	Adult and Juvenile	Up to $2 except for indigents
Seven Counties	Adult and Family	Use of a sliding fee based on participant's financial status
NorthKey	Adult and Juvenile	Use of sliding scale based on ability to pay for outpatient and treatment services; 25% of participant's gross income for residential treatment

Source: Compiled by Program Review staff based on information from the memoranda of agreement with the Community Mental Health Centers.

Services From Other Providers

Participants with insurance, Medicaid, or Medicaid coverage are given the option of choosing a private provider.

Table 3.8 lists services that are directly provided by other providers. Most of these services are available through CMHCs, but participants with insurance, Medicaid, or Medicare coverage are given the option of choosing a private provider.

Services unavailable through some CMHCs are medical services, inpatient treatment, intensive outpatient treatment, mental health services, long-term residential treatment, parenting classes, medical detoxification, substance abuse counseling, marriage counseling, anger management, and DUI assessments and counseling.

Table 3.8
Services by Provider and Source of Payment

Provider	Services	Source of Payment
Prevention Counseling	DUI counseling, marriage counseling, mental health counseling, parenting classes	Private pay, insurance
Choices Counseling	DUI counseling	Private pay, insurance
Recovery Works	Substance abuse counseling	Private pay, insurance
Commonwealth Counseling	Dialectical behavioral therapy	Private pay, insurance
Owensboro Medical Health Systems	Medical detoxification	Private insurance, Medicaid, Medicare
New Choices	DUI and non-DUI assessments, outpatient treatment, intensive outpatient treatment, individual counseling	Private pay, insurance, Medicaid
The Ridge	Inpatient treatment	Private pay, insurance, Medicaid
Chrysalis House	Long-term residential treatment	Participant pays
King's Daughters	Mental health services	Private pay, insurance, Medicaid
Stepworks	Substance abuse counseling	Participant pays
Adams and Associates	Counseling services	Private pay, insurance
New Beginnings	Anger management	Participant pays
Nurturing Parent	Parenting classes	Sliding scale, participant pays
Community Care Clinic	Medical services	Participant pays
Ten Broeck	Inpatient treatment	Private pay, insurance
Psychological Associates	Anger management	Private pay
Project Advance	Women's intensive outpatient	Private pay
Rockcastle County Hospital	Substance abuse counseling	Private pay, insurance, Medicaid
LEAP	DUI assessments and counseling	Participant pays

Source: Compiled by Program Review staff from information provided by AOC.

Additional Treatment and Support Services

Free-of-charge treatment and counseling services are provided to students, women, families, and the homeless.

Table 3.9 outlines a range of free-of-charge services drug court participants receive from a variety of community organizations. Such services include grief, housing, and domestic violence counseling; intensive outpatient service and counseling for the homeless; substance abuse counseling for students; parenting classes; HIV/AIDS and sexually transmitted disease education; and nonmedical detoxification.

Table 3.9
Free Services Provided by Community Organizations

Provider	Services Provided
Pump Springs/Celebrate Recovery	Counseling for life problems
Hospice	Grief counseling
Safe Harbor	Housing and domestic violence counseling for victims
Morehead State University	Substance abuse counseling for students
Oasis	Inpatient treatment; nonmedical detoxification (free to women who are homeless or victims of domestic violence)
Boulware Mission	Intensive outpatient treatment (free to homeless)
Kentucky River Foothills	Parenting; domestic violence
Purchase Area Sexual Assault Center	Counseling for victims of sexual abuse
Meryman House	Domestic violence counseling
Shelter for Women and Children	Lifeskills counseling for homeless women and children
Harbor House Shelter for Men	Lifeskills counseling for homeless men
Christian Appalachian Project	Domestic violence counseling and parenting classes
Point of Hope Center	Counseling and transportation assistance
County Health Departments	HIV/AIDS, sexually transmitted disease education
Family Enrichment	Parenting classes

Source: Compiled by Program Review staff from information provided by AOC.

Other Community Resources

As shown in Figure 3.B, other agencies may voluntarily be involved as resources for programs' participants. Such agencies include the following:

- Local literacy and adult education programs;
- Office of Vocational Rehabilitation, which is active in several drug court programs in supplying members of the team; and assisting participants in job training, locating employment and housing, and applying for financial assistance for educational pursuits;
- Health departments, which assist participants with medical screenings, education on and prevention of sexually transmitted diseases, and other services as needed;
- Schools, colleges, and universities;
- Local agencies that may be unique to a specific area and provide some services to participants;
- Cabinet for Health and Family Services, which is involved peripherally with adult drug courts in instances when drug court participants have lost custody of children due to their substance abuse. Local drug court staff work closely with social workers in developing case plans and monitoring participants for readiness to accept return of custody.

Chapter 4

Evaluations of Drug Courts

This chapter covers issues related to evaluations of drug courts in general and summarizes the results of evaluations of Kentucky's drug courts.

The first part of this chapter covers issues related to conducting evaluations of drug courts such as how to measure performance and to whom participants in drug courts should be compared. Results from selected studies are briefly discussed. The remainder of the chapter covers evaluations that have been done of drug courts in Kentucky. Most of these evaluations focus on the implementation of drug court programs and do not measure outcomes such as the number of crimes committed by program participants. Overall, the evaluations that do focus on outcomes suggest that those who graduate from Kentucky's drug courts do much better than members of comparison groups that do not participate. Those who participate in drug court but do not graduate fare much worse than graduates and may do no better than those who did not enter drug court.

Review of Drug Court Evaluation Research

Evaluating the effectiveness of drug courts involves comparing the outcomes in the presence of drug courts to what outcomes would have been in the absence of drug courts. Researchers have encountered a number of issues that limit their ability to make these types of comparisons.

Drug courts were developed as an alternative to traditional methods for addressing illegal drug abuse. Advocates of drug courts suggest that by providing treatment programs, drug courts can more effectively reduce further drug abuse and the crimes that are related to drug abuse. Since the first drug court was established, a considerable number of evaluations have been conducted to determine whether drug courts have actually been effective. When considering the effectiveness, the goal is to compare various outcomes under a drug court to what the outcomes would have been in the absence of a drug court. As researchers have examined this topic, they have encountered a number of research issues, such as to whom drug court participants should be compared. If not addressed, these issues can limit the validity of the evaluation and lead to incorrect conclusions regarding drug courts' effectiveness. As the literature on drug courts has progressed, researchers have developed various techniques to address some of these issues.

The following sections discuss these issues and how researchers have addressed them.

The following sections of this chapter discuss the research issues that have arisen during the evaluation of drug courts and how researchers have addressed these issues. The first section discusses the various measures of drug court performance. The second section discusses the time periods during which drug court

participants have been examined. The third section considers the question of to whose outcomes should the outcomes of drug court participants be compared for evaluating the effectiveness of drug courts. Findings from the various evaluations of drug courts are summarized.

Measures of Drug Court Performance

Drug court outcomes are often measured as recidivism, which can be defined differently depending on the type of drug court and the situation.

The first issue that researchers must consider is what outcomes to evaluate and how to measure them. Drug courts have been evaluated based on several measures of their potential performance. Recidivism is the most common measure of drug courts' outcomes that has been evaluated. Recidivism, which typically includes return to criminal activity and relapse of drug use, can be measured differently depending on the situation. The National Center for State Courts collected information on how four states—Missouri, Tennessee, Vermont, and Wyoming—measured the performance of their drug courts. The adult drug courts considered arrests, charges, and convictions when measuring recidivism. Family drug courts considered "substantiated reports of abuse or neglect" and birth of drug-free babies (5). Juvenile courts included substantiated reports of delinquent conduct. The center also found that none of the four states evaluated abstinence or relapse after participants left drug courts due to the difficulty in collecting this information.

Time Periods in Which Drug Court Participants Are Evaluated

Most researchers focus on outcomes during participation in drug court programs.

Another research issue is the time period during which drug court participants are evaluated. Drug courts monitor offenders closely throughout their participation in the program. This yields detailed data on the participants' progress. As a result, researchers have typically focused on the short-term impacts of drug courts and have looked at outcomes while offenders are under close supervision.

There is relatively little research on long-term outcomes. Belenko attributes this to insufficient long-term data and lack of funding.

While it is useful to understand the short-run impact associated with drug courts, the long-term impacts may differ considerably. The relatively high level of monitoring while in the drug court likely contributes to changes in behavior. Once this monitoring is removed, past offenders might be more likely to relapse. In summarizing some of the challenges that researchers face, Belenko noted that there were few studies looking at the long-term impacts of drug courts. He attributed this to insufficient data and funding. In 2002, the General Accounting Office noted that the U.S.

Department of Justice lacked sufficient performance and outcome data to evaluate federally funded drug court programs.

Groups to Which Drug Court Participants Are Compared

Researchers often compare the outcomes of participants to the outcomes of nonparticipants. The nonparticipant comparison group is intended to reflect how drug court participants would behave in the absence of drug courts.

To measure the impact of drug courts, researchers typically compare outcomes for participants to outcomes for some group of nonparticipants. These nonparticipants are typically referred to as the comparison or control group. A comparison group is intended to represent how drug court participants would fare in the absence of the supervision and treatment programs provided by the drug courts.

The outcomes of nonparticipants and participants may differ for reasons unrelated to drug courts. These differences can lead to incorrect estimates on the effect of drug courts.

As noted by Belenko, selecting an appropriate comparison group is crucial to measuring the impact of drug courts accurately, but selecting an appropriate group can be difficult. The outcomes of nonparticipants can be very different from those of participants in ways that are unrelated to drug courts. For example, consider a group of individuals with similar drug charges, some of whom might be candidates for a drug court. Even without the programs provided by a drug court, some of these individuals will be less likely to use drugs in the near future and less likely to be rearrested than some of the others. Assume that those individuals who are less likely to use drugs and be rearrested can be identified and are enrolled in a program labeled a drug court that does nothing. If the outcomes of those enrolled are then compared to those not enrolled, it might appear that the drug court reduced rates of recidivism. Actually, the comparison is showing the difference inherent between these two groups of individuals rather than the effects of the drug court. If the outcomes of these two groups are likely to differ in ways that are unrelated to the drug courts, comparisons could attribute these differences to the drug courts incorrectly.

The group of nonparticipants might include individuals who are less likely than participants to change their behavior.

There are a number of reasons unrelated to the treatment provided by drug courts for why the outcomes of those who enroll in drug courts would differ from those who do not. It may be that individuals who are less likely to recidivate are selected to participate in the program. As drug courts are often evaluated based on recidivism, administrators of the drug courts have an incentive to select offenders who are likely to have lower rates of recidivism. In addition, offenders themselves may self-select into the program. Those who believe they are more likely to fail the drug court program may choose not to participate. In an essay published in the journal *Criminology and Public Policy*, Harrell

suggests that some offenders may "do this because they believe they will fail and face penalties after all the extra requirements."

Difficulties in developing appropriate comparison groups, limit researchers' ability to isolate the effects of drug courts. Researchers have had mixed success addressing this research issue.

The issues associated with poor control groups is really a limitation associated with evaluating drug courts and does not necessarily mean the drug courts are not performing well. It means that researchers have a difficult time isolating the effects of drug courts. Researchers evaluating the outcomes of drug courts have used a number of approaches to develop a comparison group but with mixed success.

Some researchers selected nonparticipants who have similar characteristics as participants.

Some researchers have used nonrandom comparison groups. In this approach, researchers select a sample of offenders who are not enrolled in drug courts but who are similar in many of the observable characteristics to offenders who do enroll in drug courts. Listwan used this approach in a study of Cincinnati's drug courts. Brewster used a similar technique in evaluating the drug courts in Chester County, Pennsylvania. The idea is to develop a comparison group that is as similar as possible to drug court participants and to assume that in the absence of a drug court, drug court participants would be just like the individuals in this group. The outcomes for this group then become the benchmark for evaluating drug courts.

It is not clear, however, that participants and nonparticipants would behave similarly, even though they have other similarities. Belenko suggests that the two groups might have different levels of motivation that are unrelated to drug courts.

Unfortunately, it is not clear that drug court participants would really have the same outcomes as these nonparticipants, even though they have other similarities. Brewster acknowledged that while the two groups being compared in her study were similar on some variables, "the possibility of selection bias is a potential threat to validity" (201). Belenko also noted that individuals in these two groups may differ on motivation, extent of drug use, and other factors that cannot be observed, but are related to relapse. As a result, researchers cannot really know whether the outcomes of these two groups would be similar in the absence of drug courts.

Some researchers have randomly assigned offenders to either drug courts or traditional treatments. This technique should significantly reduce the probability that there are inherent differences between the two groups.

Another approach to developing comparison groups is to randomly assign offenders to either drug courts or the alternative treatments and penalties that are typically provided. This technique reduces the chances that there are inherent differences between the two groups being compared. This approach was used to evaluate the effectiveness of the Baltimore City Drug Treatment Court (Gottfredson).

From a research perspective, randomly assigning offenders to either the drug courts or the alternative treatment goes a long way in addressing concern about the comparison group. Individuals

who are inherently less likely to recidivate should be represented somewhat equally. Random assignments should minimize the possibility that there are differences between the two groups unrelated to the drug courts. As a result, any observed differences in outcomes are likely to be due to the drug courts.

Assigning offenders randomly might raise questions as to whether offenders were treated fairly.

Assigning offenders to different treatments randomly, however, might not be practical for drug courts. Belenko noted that random assignments might create concerns about whether offenders were treated fairly and received "equal protection." He also noted that prosecutors and the judicial systems might resist "reducing their discretion in case decisions" (1,646).

Summary of Research Findings From Past Studies

Generally, researchers have found that drug court participants were less likely to be rearrested on drug-related charges and were less likely to test positive for drug use.

While researchers have faced a number of technical issues that limit the validity of their analysis, the more rigorous research that attempts to address these issues does appear to yield useful information. Generally, the results suggest that drug court participants were less likely to recidivate than nonparticipants. Brewster's 2001 study of the drug court in Chester County, Pennsylvania, found that drug courts resulted in lower arrest rates and lower rates of positive drug tests. Listwan et al. found that drug court participants were less likely to be arrested for a drug offense. They found that participants had a 10 percent probability of being arrested for a drug offense, while nonparticipants had a 20 percent probability. Similar results were not found for arrests in general. Both participants and nonparticipants had similar total arrest rates in this study.

The 2003 study performed by Gottfredson and her co-authors, in which drug offenders were randomly assigned to either drug courts or traditional treatments, found that drug court participants were less likely to be arrested, had fewer new arrests, and had fewer new charges. Participants were also less likely to be arrested for a drug-related crime.

Estimates of drug courts' effectiveness vary considerably across studies.

Shaffer noted that a significant limitation of the research literature on drug courts is the differences in the size of their effects. Some variation in the results should be expected. While drug courts share a number of similar attributes, each one can take on different characteristics. For example, some courts might focus specifically on individuals who abuse methamphetamine while other courts have a broader focus. These differences can contribute to different effects. In addition, different approaches to evaluating the

effectiveness of drug courts, such as how the comparison group is selected, can cause estimates of the effectiveness to differ.

A review of these studies by Shaffer suggests that on average adult drug courts reduce recidivism by 10 percent, and juvenile drug courts reduce recidivism by 5 percent.

To address these differences, Shaffer conducted a meta-analysis. A meta-analysis examines past studies to determine whether there are consistent patterns in the results. Shaffer's analysis of past drug court studies showed that they typically found lower rates of recidivism for participants than for nonparticipants. She estimated that adult drug courts reduced recidivism by 10 percent on average and that juvenile drug courts reduced recidivism by 5 percent on average. The Washington State Institute for Public Policy conducted a similar meta-analysis and found that adult drug courts reduced recidivism rates by 10.7 percent.

Caveat on Screening Drug Court Participants

Recidivism rates are often used as a performance measure for drug courts. Recidivism might be reduced by an effective drug court. However, recidivism can also be reduced by selecting offenders who are less likely to recidivate even without attending a drug court.

Drug courts are often held accountable based on measures of outcomes such as recidivism rates. Recidivism might be affected by the use of effective treatments that help individuals change their behavior. Recidivism rates can also be influenced by the careful selection of drug court participants. Selecting offenders who are most likely to benefit from the treatment programs provided by drug courts might help drug courts use their resources more efficiently. If, however, the selection process is merely picking those who are less likely to recidivate regardless of the treatment program, recidivism rates will appear to improve even without participants changing their behavior.

For example, Shaffer's meta-analysis found that drug courts that exclude violent offenders are more effective than those that do not. It may be correct that the various treatment programs will have less success changing the behavior of violent offenders. Shaffer's estimate of the difference, however, might be biased. Naturally, studies of drug courts that exclude violent offenders would not include these individuals as drug court participants. These studies might, however, include them as nonparticipants. Classifying violent offenders as nonparticipants would make these drug courts seem more effective than they are, which would inflate the benefits of the drug courts.

Comparing the outcomes for participants and nonparticipants will more accurately reflect the effectiveness of drug courts if the behavior of nonparticipants in the comparison group truly represents the behavior of participants in the absence of drug courts.

Low recidivism rates or other positive outcomes, therefore, can represent both successful treatments and a selection process. The evaluation question is whether the effects on outcomes is the result of the selection process or the treatment itself. Reporting outcomes of drug court participants relative to a group of nonparticipants will not necessarily eliminate the impact that the selection process has

on outcomes, unless the behavior of nonparticipants in the comparison group truly represents the behavior of participants in the absence of drug courts.

Evaluations of Kentucky's Drug Courts

There have been 36 evaluations of 22 drug courts operating in Kentucky. With two exceptions, each evaluation was of a single drug court over a defined period of time, usually ranging from 1 to 2 years. Two major evaluations, completed in 2001 and 2004, covered three adult drug courts each.

Since 1998, there have been 36 documented evaluations of drug courts operating in Kentucky. With two exceptions, each evaluation was of a single drug court over a defined period of time, usually ranging from 1 to 2 years. Two major evaluations, completed in 2001 and 2004, covered three adult drug courts each. Twenty-two drug courts have been evaluated, some more than once. Researchers at the University of Kentucky Center on Drug and Alcohol Research conducted all the evaluations. The two major evaluations were funded through specific federal grants. The remaining evaluations were done to fulfill requirements of federal grants funding the implementation of particular drug courts.

Most of the evaluations were classified by Program Review staff as process evaluations. A process evaluation describes how a drug court is being implemented. Some evaluations measured outcomes. Most of the evaluations were of adult drug courts.

Most of the evaluations were classified by Program Review staff as process evaluations. A process evaluation describes how a drug court is being implemented, including objectives of the program, how participants are selected, and the program's procedures. Evaluators gather information from several sources including documents; statistical reports from AOC; and interviews with judges, staff, treatment provides, clients, and other participants in the program. Detailed information as to how drug testing is done is an example of an element from a process evaluation.

An outcome evaluation is the second type of evaluation of Kentucky's drug courts. If Kentucky's drug courts are effective, then outcomes such as drug use and criminal activity will be lower for drug court clients than for comparable individuals who did not participate in the program. Some evaluations concentrated on how drug courts were being implemented but also included some information on outcomes, typically drug use and recidivism.

Table 4.1 summarizes the evaluations of Kentucky's drug courts. Of the 36 evaluations, 25 were of adult drug courts, 10 were of juvenile drug courts, and 1 was of a family drug court. Twenty-five evaluations were process evaluations, 2 were outcome evaluations, and 9 covered processes and outcomes.

Table 4.1
Evaluations of Kentucky's Drug Courts

Drug Court	Evaluation Completed	Type of Court	Type of Evaluation
Evaluations of Individual Courts			
Adair, Casey	2005	Adult	Process
Adair, Casey	2006	Adult	Process, Outcome
Ballard, Carlisle, Fulton, Hickman	2000	Adult	Process
Bourbon, Scott, Woodford	2000	Adult	Process
Bourbon, Scott, Woodford	2005	Adult	Process, Outcome
Campbell	1999	Adult	Process
Campbell	2000	Juvenile	Process
Campbell	2001	Juvenile	Process, Outcome
Christian	2000	Juvenile	Process
Christian	2003	Juvenile	Process
Clark, Madison	1999	Adult	Process
Clark, Madison	2003	Adult	Process
Clinton, Russell, Wayne	2000	Adult	Process
Clinton, Russell, Wayne, Monroe, Cumberland	2004	Adult	Process, Outcome
Daviess	1999	Adult	Process
Fayette	1998	Adult	Process
Fayette	2000	Juvenile	Process
Fayette	2003	Juvenile	Process
Fayette	2004	Juvenile	Process, Outcome
Fayette (Adult ASI Intake Data)	1998	Adult	Process, Outcome
Greenup, Lewis	2004	Adult	Process
Greenup, Lewis	2005	Adult	Process
Henry, Oldham, Trimble	2005	Adult	Process
Henry, Oldham, Trimble	2006	Adult	Outcome
Jefferson	2000	Juvenile	Process
Jefferson	2005	Family	Process
Johnson, Lawrence, Martin	2005	Adult	Process
Johnson, Lawrence, Martin	2006	Adult	Process, Outcome
Kenton	1999	Adult	Process
Knox, Laurel	2000	Adult	Process
Knox, Laurel	2003	Adult	Process
Shelby	1999	Adult	Process
Warren	2005	Juvenile	Process
Warren	2006	Juvenile	Process, Outcome
Evaluations of Multiple Courts			
Fayette, Warren, Jefferson	2001	Adult	Outcome
Fayette; Warren; Ballard, Carlisle, Fulton, and Hickman	2004	Adult	Outcome
Number of evaluations: 36 25 Adult, 10 Juvenile, 1 Family; 25 Process, 2 Outcome, 9 Process and Outcome			
Number of courts evaluated: 22			

Source: Copies of evaluations were obtained from the AOC Web site (http://courts.ky.gov/stateprograms/drugcourt/evaluations.htm), AOC staff, and the University of Kentucky Center on Drug and Alcohol Research.

Results of the Process Evaluations

The remainder of this chapter will concentrate on the evaluations that provided information on outcomes of Kentucky's drug courts. There are two key points to be made based on the process evaluations. First, all indications from the evaluations are that the drug courts analyzed have been well implemented for the most part.

Second, based on interviews with drug court staff and team members, a near consensus emerged from the process evaluations that lack of transportation is a major impediment for many potential drug court participants. In areas with no mass transportation, it is essential to have one's own car or someone reliable to drive the participant to the various meetings, court sessions, and treatment sessions required by drug court. It is possible that those who are ineligible for drug court due to lack of transportation are those most in need of drug courts' services. According to AOC staff, this is a national problem that has been discussed at length but has not been addressed effectively.

Addressing the transportation problem anywhere would be difficult. Kentucky might have an advantage over other states because of its unitary court system and centralized administration of drug courts.

Recommendation 4.1

The Administrative Office of the Courts should consider trying to secure funding for a pilot program to assist with transportation for potential participants in drug court who would otherwise qualify for the program.

Recidivism of Participants in Adult Drug Courts

Evaluations With Comparison Groups. There have been two major outcome evaluations covering multiple adult drug courts in Kentucky. The first study, completed in 2001, analyzed clients of the Fayette County, Jefferson County, and Warren County Adult Drug Courts. For Jefferson County, the authors looked at clients of the court from 1995 to 1998. For the other two courts, analyses covered clients from 1997 and 1998. For the Fayette County and Jefferson County courts, the authors analyzed a comparison group of individuals for each court who were assessed for drug court but who did not enter the program (Logan).

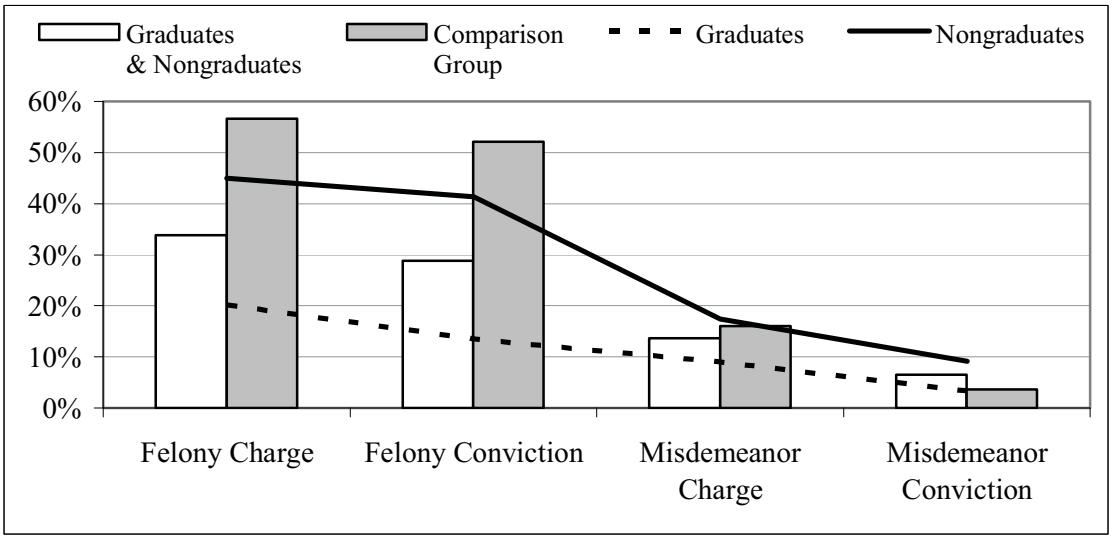
The first major evaluation, completed in 2001, analyzed clients of the Fayette County, Jefferson County, and Warren County Adult Drug Courts. The second major evaluation, completed in 2004, analyzed clients who entered the adult drug courts of Carlisle, Ballard, Hickman, and Fulton Counties; Fayette County; and Warren County.

The second evaluation analyzed clients who entered the adult drug courts of Carlisle, Ballard, Hickman, and Fulton Counties; Fayette County; and Warren County in 2000. For each court, researchers compiled a comparison group of more than 600 individuals in these jurisdictions who were charged with felony drug violations in 2000 but who did not enter drug court (Hiller and Havens. *Multi-Site*).

The results of the two studies are not exactly comparable due to differences in the drug courts analyzed and the research methods used. The reports are similar, however, in that clients are divided into those who entered and graduated from drug court and those who entered but did not graduate from drug court. This allows for comparisons of graduates, nongraduates, and members of the comparison groups. In summarizing the reports' results, Program Review staff concentrated on measures of recidivism. Such measures are commonly used in evaluations of drug courts because one of the goals of drug court is to reduce crime, and relevant data are available to construct the measures. CourtNet, an electronic database administered by AOC of criminal and civil cases filed in Kentucky courts, is used to track whether drug court participants are charged or convicted of felonies or misdemeanors.

The next two figures indicate the 1-year and 2-year recidivism rates for those who entered three adult drug courts in 2000: Ballard, Carlisle, Fulton, and Hickman Counties; Fayette County; and Warren County. The results are mostly positive for the drug courts being evaluated. Figure 4.A indicates the percentages of adults charged or convicted of felonies or misdemeanors within 1 year after drug court who entered these drug courts in 2000 and a comparison group who did not. Looking at the bars in the chart first, approximately 34 percent of drug court participants were charged within 1 year and approximately 29 percent were convicted of at least one felony within 1 year after drug court. For the same period, more than 50 percent of the comparison group was charged or convicted. The results for misdemeanors are not as encouraging. Within 1 year, 13.6 percent of drug court participants were charged with a misdemeanor, similar to the 16 percent of the comparison group who were charged. The percentage convicted was higher for drug court participants than for those who did not enter drug court. Notably, though, the misdemeanor rates were much lower than felony rates for both groups.

Figure 4.A
Percentages Charged or Convicted Within 1 Year:
Clients Who Entered Ballard, Carlisle, Fulton, and Hickman; Fayette; and Warren County Adult Drug Courts in 2000 and a Comparison Group



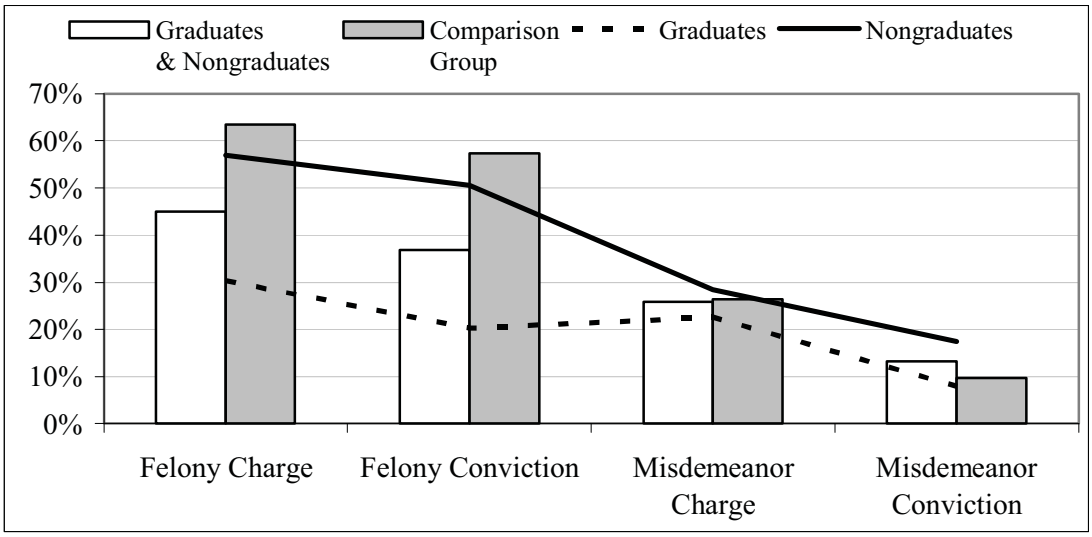
Note: Graduates are the 89 clients who entered one of these drug courts in 2000 and later graduated from the program. Nongraduates are the 109 clients who entered one of these drug courts in 2000 but left the program voluntarily or involuntarily. The comparison group is composed of 606 individuals charged with felony drug violations in these jurisdictions in 2000 and who did not enter drug court.
Source: Compiled by Program Review staff from Hiller and Havens. *Multi-Site* 130.

The lines in Figure 4.A show that graduates of drug courts do significantly better than those who entered drug court but did not graduate. Approximately 20 percent of graduates were charged with a felony within 1 year and less than 15 percent were convicted. More than 40 percent of those who left drug court without graduating were charged with or convicted of a felony. For misdemeanors, those who graduated did better than the control group and those who did not graduate. The percentages of charged and convicted for those who did not graduate were higher than for members of the comparison group though.

Figure 4.B shows the felony and misdemeanor rates for those who participated in these three drug courts and those who did not for the period within 2 years of drug court. The percentages are higher but the pattern is similar to the results for within 1 year. The percentages charged with a felony were approximately 45 percent for participants and 64 percent for those who did not enter drug court. Approximately 37 percent of drug court participants were convicted of a felony; 57 percent of those who were not participants were convicted. Approximately one-fourth of those who participated in drug court and those who did not were charged with misdemeanors. More than 13 percent of drug court

participants were convicted of misdemeanors within 2 years, which is a higher percentage than for those who did not enter drug court.

Figure 4.B
Percentages Charged or Convicted Within 2 Years:
Clients Who Entered Ballard, Carlisle, Fulton, and Hickman; Fayette; and Warren County Adult Drug Courts in 2000 and a Comparison Group



See note for Figure 4.A.
Source: Compiled by Program Review staff from Hiller and Havens. *Multi-Site* 134.

As before, those who graduated from drug court did much better than those who did not graduate. Approximately 30 percent of graduates were charged with a felony within 2 years and 20 percent were convicted. More than one-half of those who left drug court without graduating were charged with or convicted of a felony within 2 years. These percentages are still lower than for those who did not enter drug court. This was not the case for misdemeanors. Similar percentages of drug court participants who did not graduate and members of the comparison group were charged with misdemeanors. A higher percentage of those who did not graduate from drug court were convicted.

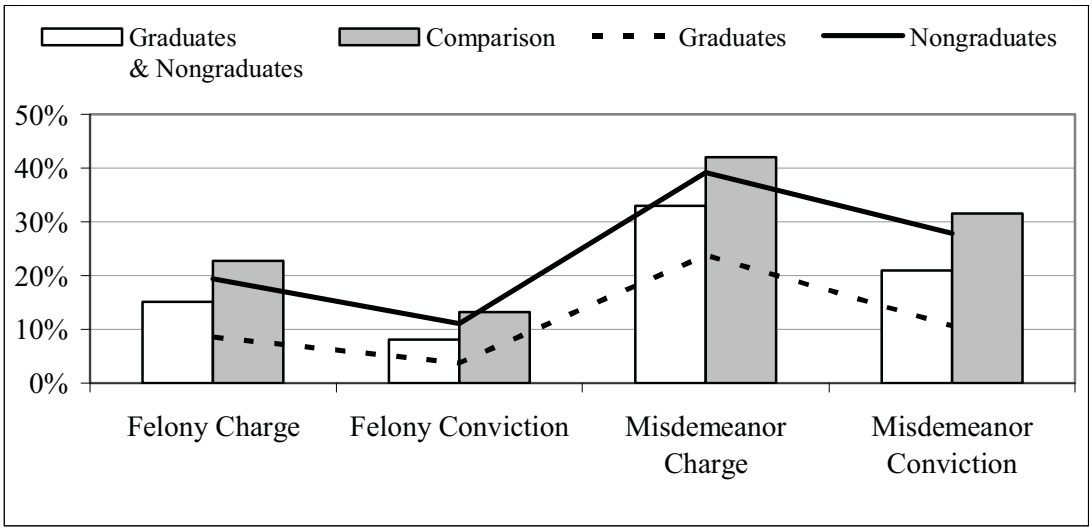
The figures below indicate the 1-year and 2-year recidivism rates for those who participated in three adult drug courts in 1997 or 1998: Fayette County, Jefferson County, and Warren County.[1] The

[1] There are key differences between the two evaluations. They covered different time periods, and only two of the three drug courts evaluated were the same in both evaluations. The comparison groups were selected differently. Finally, in the evaluation covering the 1997-1998 period, charge and conviction rates were lower for felonies and higher for misdemeanors than in the later evaluation. It is unclear why there should be such differences in these rates; one possibility is how charges and convictions were coded from the relevant AOC database for each evaluation.

following figures cover the same outcomes from the earlier major outcome evaluation completed in 2004.

Figure 4.C indicates rates of recidivism within 1 year of drug court. As before, much lower percentages of graduates were charged with or convicted of felonies or misdemeanors than those who entered drug court but did not graduate or who did not enter drug court.[2] For each of the four outcomes, those who did not graduate did marginally better than those who did not enter drug court. Overall then, participants in drug courts were less likely to have felony or misdemeanor charges or convictions than were those who did not enter drug court.

Figure 4.C
Percentages Charged or Convicted Within 1 Year:
Clients Active in Fayette, Jefferson, and Warren County
Adult Drug Courts in 1997-1998 and a Comparison Group



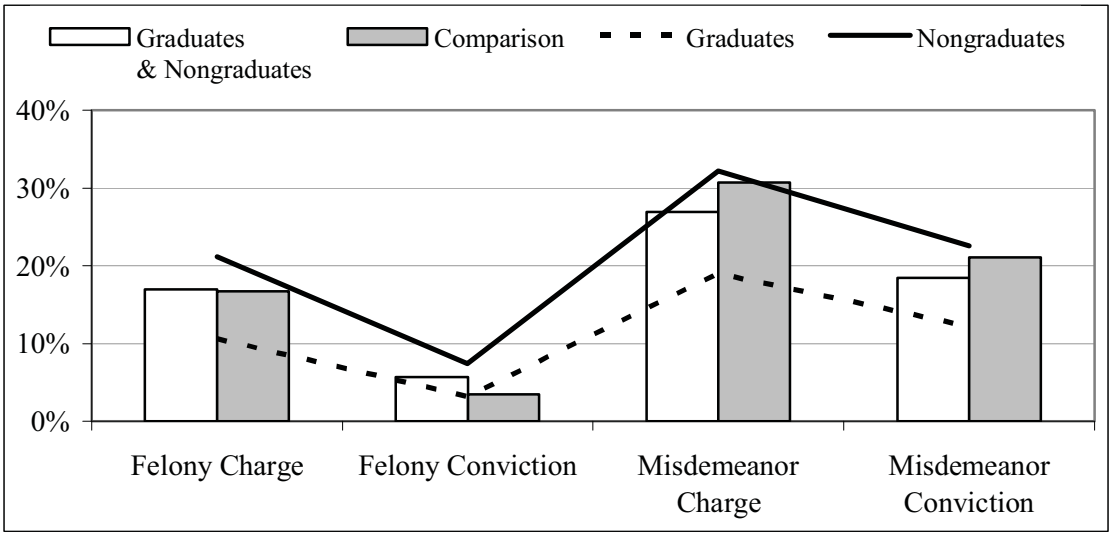
Note: Graduates are the 189 clients who were participants in one of these drug courts in the period 1997 to 1998 and later graduated from the program. Nongraduates are the 283 clients who were in one of these drug courts during this period but were terminated from the program. The comparison group is 114 individuals who were assessed for drug court in Fayette County or Jefferson County during this period but who did not enter drug court.
Source: Compiled by Program Review staff from Logan 92.

Figure 4.D shows the 2-year recidivism rates for those who entered these three drug courts in 1997 or 1998. Again, much lower percentages of graduates were charged with or convicted of felonies or misdemeanors than those who entered drug court but did not graduate or who did not enter drug court. What is different

[2] The comparison group consists of those who were assessed for drug court in Fayette County or Jefferson County. There was no comparison group for Warren County.

this time is that those who did not graduate did no better than those who did not enter drug court. The result is that the differences between charge and conviction rates between drug court participants overall and those who did not enter drug court were small or in the wrong direction.

Figure 4.D
Percentages Charged or Convicted Within 2 Years:
Clients Active in Fayette, Jefferson, and Warren County
Adult Drug Courts in 1997-1998 and a Comparison Group



See note for Figure 4.C.
Source: Compiled by Program Review staff from Logan 97.

Based on analysis of results from the two major outcome studies, typically, much lower percentages of adult drug court graduates were charged with or convicted of felonies or misdemeanors within 1 year or 2 years than were those who entered drug court but did not graduate or those who did not enter drug court. Those who entered adult drug court but did not graduate did not consistently do better than those who did not enter drug court. Overall, participants in adult drug court, which includes those who graduated and those who did not, did better on these measures of recidivism than did those who did not participate in drug court.

Below is a summary of the results analyzed from the two major outcome studies:

- Typically, much lower percentages of adult drug court graduates were charged with or convicted of felonies or misdemeanors within 1 year or 2 years than were those who entered drug court but did not graduate or those who did not enter drug court.
- Those who entered adult drug court but did not graduate did not consistently do better than those who did not enter drug court. Depending on the evaluation and time period, the percentages charged or convicted among those who did not graduate were better for felonies and misdemeanors, worse for both, or some combination in between.
- Overall, participants in adult drug court, which includes those who graduated and those who did not, did better on these measures of recidivism than those who did not participate in drug court. This takes into account that participants did better than those who did not enter drug court for the most common

type of crime in each study: felonies in the 2004 study and misdemeanors in the 2001 study.

How Graduates Differ. People come into drug court from different circumstances, and it is possible to succeed no matter the circumstances. The rationale of drug court is that those who want to make the effort should be given a chance to succeed. That said, on average, differences in key background characteristics affect the probability of graduating from drug court.

Logan and her co-authors did statistical comparisons of more than 20 types of criminal justice and other experiences of participants before they entered drug court in Fayette County, Jefferson County, and Warren County. Participants in drug court in 1997 and 1998 were divided into those who became graduates, those who left drug court without graduating, and a comparison group of those who were assessed for drug court but did not enter the program. The background characteristics included income level and whether the person had been in prison or on parole; had been convicted of any of several types of violations, misdemeanors, or felonies; and had been under an emergency protective order or domestic violence order. Some of the larger differences between graduates and those who were terminated from drug court are shown in Table 4.2.

Table 4.2
Differences Between Those Who Graduated From and Were Terminated From Fayette, Jefferson, and Warren County Adult Drug Courts (Active Clients in 1997 or 1998)

	Graduated (189)	Terminated (283)
Felony conviction	54.0%	78.1%
---Felony: property	14.3%	20.8%
---Felony: drug possession	27.5%	43.8%
Misdemeanor conviction	67.2%	82.7%
---Misdemeanor: alcohol	10.1%	16.6%
---Misdemeanor: other drug	27.5%	38.9%
Violation: probation	11.6%	21.9%
Emergency protective order	12.7%	17.3%
Domestic violence order	12.2%	17.3%
Average annual wages	$19,616	$8,605

Note: Wages are Unemployment Insurance Reported Wages in 1999 dollars.
Source: Logan 82.

Graduates had lower percentages for each characteristic for which it is better to be lower. The average wages of graduates were more than twice as high as those who were terminated from drug court.

Five evaluations of adult courts included information on recidivism for each of the courts being evaluated, but there were no comparison groups. There was some variation among the courts but most charge and conviction percentages were relatively low.

Evaluations Without Comparison Groups. Five evaluations of adult courts included information on recidivism for each of the courts being evaluated. Table 4.3 indicates the courts, the time period of the evaluation, and the percentages charged and convicted of felonies and misdemeanors. Each of the evaluations includes the felony and misdemeanor rates for clients during their time in drug court. Each evaluation also indicates the percentages for those no longer in the drug court with new felony or misdemeanor charges or convictions approximately 1 year after drug court. Clients who are not in drug court after 1 year are those who graduated and those who left the program voluntarily or involuntarily. Two of the evaluations provided separate percentages for those who graduated from drug court and those who left the program.

These evaluations may provide useful information, but they are more limited in scope than the multisite evaluations already summarized. The search for post-drug court information was not always as rigorous as in the multisite evaluations previously covered. There are no outcome measures beyond 1 year after drug court. Finally, there is no comparison group included for any of the courts, so there is nothing with which to compare the results for drug court participants.

Table 4.3
Percentages of Participants in Five Adult Drug Courts Charged or Convicted During or Within 1 Year of Drug Court

Drug Court (Time Period)	When?	Cases	Felonies		Misdemeanors	
			% Charged	% Convicted	% Charged	% Convicted
Adair, Casey	While enrolled	42	14.3%	7.1%	11.9%	4.8%
(5/2004-5/2006)	1 year after	13	15.4%	15.4%	7.7%	7.7%
Bourbon, Scott, Woodford	While enrolled	47	17.0%	10.6%	14.9%	4.3%
(9/2002-12/2004)	1 year after	21	14.3%	14.3%	9.5%	9.5%
	---Graduated	11	0%	0%	0%	0%
	---Left program	10	30.0%	30.0%	20.0%	20.0%
Clinton, Cumberland,	While enrolled	45	24.4%	8.9%	17.8%	11.1%
Monroe, Russell, Wayne	1 year after	31	16.1%	12.9%	9.7%	6.5%
(4/2002-4/2004)	---Graduated	8	0%	0%	0%	0%
	---Left program	23	21.7%	17.4%	13.0%	8.7%
Henry, Oldham, Trimble	While enrolled	39	38.5%	23.1%	17.9%	15.4%
(12/2003-5/2006)	1 year after	21	28.6%	19.0%	0%	0%
Johnson, Lawrence, Martin	While enrolled	65	7.7%	6.2%	20.0%	1.5%
(6/2004-4/2006)	1 year after	20	20.0%	15.0%	15.0%	0%
Total	While enrolled	238	18.9%	10.5%	16.8%	6.7%
	1 year after	106	18.9%	15.1%	8.5%	4.7%

Sources: Havens and Cobb. *Adair*; Havens. *Scott*; Hiller and Havens. *Clinton*; Havens and Cobb. *Henry*; Havens and Cobb. *Johnson*.

There was some variation among the courts but most charge and conviction percentages were relatively low. Less than 20 percent of participants were charged with a misdemeanor during drug court in each of the five courts. In three of the courts, the percentages charged with felonies were also less than 20 percent. The percentages convicted of misdemeanors during drug court ranged from less than 5 percent to approximately 15 percent. The percentages convicted of felonies ranged from 7 percent to 23 percent. For the two courts for which outcomes were measured separately for those who graduated and those who left drug court, no graduates were charged or convicted of a misdemeanor or felony within 1 year of leaving the program.

These short-term outcome measures are not sufficient to say anything about drug courts with much confidence. In addition to the lack of a comparison group, it is unclear whether results from drug courts in their first years of implementation will be representative of results in years to come.[3] As a drug court works toward its full capacity of participants, it would make sense to

[3] The evaluation period for each of the five courts began in the court's first or second year of existence.

select the most promising candidates first. If staff is at full capacity and the number of participants is not, there would be more time to devote to each participant. That there were no graduates in two of the drug courts with new charges within the first year could be indicative of this. It would also be reasonable to assume that a drug court's performance could improve as staff gain experience. Only time and more evaluations will tell.

Recommendation 4.2

The Administrative Office of the Courts should consider doing more outcome evaluations of adult drug courts. Priority should be given to courts that have been established longer. Drug court participants should be compared to members of appropriate control groups. Measures of recidivism should be over periods of time that are as long as feasible.

Measures of Outcomes From Juvenile Drug Courts Are Limited

The evaluations of outcomes of juvenile drug courts in Kentucky are limited. Program Review staff were able to document only three evaluations with clear information on outcomes for a specified number of participants during a specified review period. The types of outcomes measured differed for each drug court, and there were no comparison groups.

The evaluations of outcomes of juvenile drug courts in Kentucky are limited. Program Review staff were able to document only three evaluations with clear information on outcomes for a specified number of participants during a specified review period. The types of outcomes measured differed for each drug court, and there were no comparison groups. Table 4.4 has the results.

Table 4.4
Outcome Measures From Evaluations of Three Juvenile Drug Courts

Group Evaluated	Outcome
Campbell County (6/2000-4/2001)	
25 clients:	68% remained in program 24% arrested during program 77% remained in school during program 3 of 4 female clients pregnant during program, all urine tests drug free for at least 2 months
21 cases with drug records:	76% tested positive for illicit drugs during program
Fayette County (9/2001- 4/2004)	
27 clients:	63% remained active (10) or graduated (7), 37% left program 30% had new charge during program 85% tested positive for illicit drugs during program
7 graduates:	Based on adult criminal records: no felony charges
10 who left program:	Based on adult criminal records: 40% had felony convictions
Warren County (7/2003-6/2006)	
17 clients	1 misdemeanor charge, no misdemeanor convictions, no felony charges during program
6 participants at least age 18	Based on adult criminal records: none charged

Sources: Hiller, Narevic, and Leukefeld; Hiller and Havens. *Fayette County Juvenile*; Havens and Cobb. *Warren County Juvenile.*

The evaluations for Campbell County and Fayette County included retention rates. More than 60 percent of participants remained active in the program or graduated during the time period of the evaluations. In these counties, more than 20 percent of participants had new charges during the program. More than three-fourths of participants in each of these two courts tested positive for illicit drugs during the program.

Two evaluations measured outcomes after the participants left drug court. Based on adult criminal records, in Fayette County, there were no felony charges against seven graduates of juvenile drug court. Of the 10 participants who left the program, 4 had felony convictions. In Warren County, none of the six participants in drug court who were at least 18 as of June 2006 had been charged based on adult criminal records.

Recommendation 4.3

The Administrative Office of the Courts should consider doing more outcome evaluations of juvenile and family drug courts. Standard outcome measures should be developed so that evaluations of different courts are comparable. If possible, drug court participants should be compared to members of appropriate control groups.

Cost-benefit Analysis

A 2001 study has the only systematic estimates of the economic costs and benefits of drug courts in Kentucky.

The 2001 study by Logan and her co-authors has the only systematic estimates of the economic costs and benefits of drug courts in Kentucky. Relevant information will be summarized here, but there are caveats to keep in mind. First, these estimates apply to the Fayette, Jefferson, and Warren County Adult Drug Courts for a specific period of time. It should not be assumed that the costs and benefits of these courts apply to all drug courts in Kentucky. At the time of the 2001 study, Jefferson County Drug Court was not administered through the Administrative Office of the Courts. As shown below, the costs in Jefferson County were much lower than in the other two courts. Second, the dollar amounts to be cited are in 1999 dollars.[4]

Calculating costs and benefits was complicated so the following section serves to highlight elements of the analysis and summarize the results. Calculating the costs of operating each of the three drug courts was a first step. Table 4.5 gives the fiscal year 2000 totals for economic and opportunity costs.

Table 4.5
Annual Costs of Fayette, Jefferson, and Warren County Adult Drug Courts
(Fiscal Year 2000, in 1999 dollars)

	Adult Drug Court		
Type of Cost	**Fayette**	**Jefferson**	**Warren**
Accounting	$293,610	$587,765	$251,581
Opportunity	$233,840	$89,080	$118,310
Total	$527,450	$676,845	$369,891

Source: Compiled by Program Review staff from Logan. Appendix G.

Accounting costs are the direct economic costs borne by each program. Examples of accounting costs include personnel, supplies, contracted services, equipment, and facilities. Opportunity costs are the values of services provided to drug courts for which the drug court program does not pay. These services include the time of judges and other court personnel, additional AOC staff, prosecutors, police, and providers of educational and vocational services. Because these personnel could be providing other types of services were they not assisting with drug court, it is appropriate to measure the value of their time and

[4] Because costs and benefits are calculated based on many economic measures, it is unclear how accurate the results would have been if figures were simply updated to reflect inflation over time.

attribute it as a cost to the drug court program. As shown in the table, opportunity costs were disproportionately lower for Jefferson County.

Based on the above costs per drug court, it is possible to extrapolate the accounting and opportunity costs for each person who graduates from or is terminated from each drug court.[5] Table 4.6 has the results.

Table 4.6
Total Cost Per Participant of Fayette, Jefferson, and Warren County Adult Drug Courts (in 1999 dollars)

	Adult Drug Court			
Participant	**Fayette**	**Jefferson**	**Warren**	**Average**
Graduated	$7,672	$2,295	$5,430	$5,132
Terminated	$2,123	$1,080	$2,170	$1,791
Overall	$4,175	$1,575	$3,784	$3,178

Note: Costs are accounting costs and opportunity costs. "Overall" and "Average" costs are weighted by the number of participants who graduated or were terminated.
Source: Compiled by Program Review staff from Logan 109.

The key difference among the three courts is that Jefferson County's cost per participant was much lower. Fayette County's cost per graduate was more than three times higher than Jefferson County's. Warren County's cost per graduate was more than twice as high as Jefferson's. The overall cost per participant was less than $1,600 in Jefferson County; more than $4,100 in Fayette County; and more than $3,700 in Warren County.

The key difference among the three courts is that Jefferson County's cost per participant was much lower. Fayette County's cost per graduate was more than three times higher than Jefferson County's. Warren County's cost per graduate was more than twice as high as Jefferson's. The overall cost per participant was less than $1,600 in Jefferson County; more than $4,100 in Fayette County; and more than $3,700 in Warren County.

The differences in annual costs shown in Table 4.5 were not this dramatic. The costs per participant were so different because Jefferson County had so many more participants The caseload on an average day was 450 participants (32 cases per full-time staff person). The average daily caseload in Fayette County was 81 participants (9 cases per staff person). Warren County's average daily caseload was 84 participants (10 cases per staff person) (Logan. Appendix G). It is unknown why the caseloads were so different.

[5] The calculated cost per participant is based on the annual total accounting and opportunity costs of each of the three drug courts, the number of participants who graduated from or were terminated from each drug court during the period of study, and the average amount of time that graduates and terminators spent in each program.

The more meaningful cost is what the cost to society would have been if the person had not entered drug court.

Knowing the cost per participant is useful, but the more meaningful cost is what the cost to society would have been if the person had not entered drug court. The study's authors estimated this cost by using a statistical model to determine the differences for more than 20 measures between those who participated in drug court and the control group whose members were assessed for drug court but who did not enter the program. For example, the average graduate of the Fayette, Jefferson, and Warren County Adult Drug Courts spent 2.73 days in prison in the year following graduation. Extrapolating from the control group, the researchers estimated that the average graduate would have spent 49.4 days in jail if he or she had not entered drug court (Logan 120). The difference was then multiplied by the average daily cost per prisoner in Kentucky at the time. The same procedure was followed for specific types of crimes, violations, accidents, and protective orders.

In 1999 dollars, the total annual avoided cost to society for the first year for the 222 graduates of these three drug courts was estimated to be $2.58 million. In addition, it was estimated that graduates earned $1.8 million more in wages than if they had not entered drug court. Combining wages and avoided costs, the estimated benefit per graduate was $19,658 for 1 year. The estimated total avoided cost to society for the first year for the 371 participants who were terminated from drug court was only $668,000. Their wages were estimated to be $82,140 higher than if they had not entered drug court. Adding wages and avoided costs, the estimated benefit per terminated participant was $2,021.

Based on this analysis, the total estimated annual avoided cost to society for the first year for the 222 graduates of these three drug courts was $2.58 million. In addition, it was estimated that graduates earned $1.8 million more in wages than if they had not entered drug court. Combining wages and avoided costs, the estimated benefit per graduate was $19,658 for 1 year.

The total avoided cost to society for the first year for the 371 participants who were terminated from drug court was estimated to be only $668,000. Their wages were estimated to be $82,140 higher than if they had not entered drug court. Adding wages and avoided costs, the estimated benefit per terminated participant was $2,021.

Again, these results are estimates for a period 8 years ago and are only for three drug courts, one of which was not administered by AOC.

Recommendation 4.4

The Administrative Office of the Courts should strongly consider doing more cost-benefit analyses of selected drug courts.

Graduates and Nongraduates. These differences in the cost-benefit ratios are the final indication of just how different the results are for those who graduate from drug court and those who do not. Based on existing evaluations, the overall benefits to society of drug court are due primarily to the results for graduates. Logan, Hoyt, and Leukefeld expressed the implications of this well:

> ...[P]rograms may want to consider conducting more targeted assessments to ensure higher graduation rates and program outcomes. Along with more targeted assessment at intake, focusing intensive services and monitoring clients at high risk for dropping out is recommended. The cost and avoided costs to society analysis showed that there are substantial savings for graduates, but the savings are much less for terminators. It is recommended, from these results, that programs assess clients more intensively to screen out those with high rates of convictions, charges, and [Emergency Protective Order/Domestic Violence Order] petitions, and those with the lowest incomes. The negative aspect of screening out clients is that these clients may be most in need of Drug Court services. The other strategy is to enter these high risk clients into Drug Court but to target them for the intense services and monitoring. In addition to the risk factors identified at intake, results indicated clients who had dirty urines and incarceration sanctions earlier in the program were at higher risk for termination. Individuals exhibiting these risk factors should be targeted with more intensive services and monitoring (142).

This is a policy choice to be made by those who fund and administer drug courts in Kentucky. It should be noted that it is only through ongoing evaluations that it can be determined whether the significant differences persist between those who graduate from drug court and those who do not.

AOC's Drug Court Management Information System Could Be Better Used To Evaluate Outcomes Routinely

Another major recommendation of the 2001 evaluation of the Fayette, Jefferson, and Warren County Drug Courts was that

> Kentucky Drug Court programs should implement a user friendly client data tracking system, preferably a computerized Management Information System (MIS).... Although a paper MIS is in place, information was not recorded in a consistent manner and in many cases with little documentation of client progress. It is critical, for the next outcome evaluation, to begin to examine the influence

> of treatment and sanctions on outcomes both on retention and graduation as well as performance on exiting Drug Court. This outcome evaluation will require detailed and specific information about clients during the program (Logan 142).

AOC has a management information system for adult, juvenile, and family drug courts. The data in the system could be used to do systematic evaluations of individual drug courts.

AOC has since developed a management information system for adult, juvenile, and family drug courts. If information is being recorded into the MIS by drug court staff, then the MIS should serve the functions called for in the above recommendation.

The drug court MIS contains detailed information on

- the participant's background, including family status, education, criminal history, and drugs of choice; and
- the participant's history in drug court, including which judge and drug court staff and team members were involved, services required and used, employment, education, accomplishments, sanctions received, results of drug tests, phase promotions, and termination or graduation (Commonwealth. Administrative. Drug).

The MIS is used by AOC staff as part of the administration of drug courts. But assuming that the information is input consistently by drug court staff, the data in the MIS could be used to do systematic evaluations of each drug court. Based on Program Review staff's understanding, it should be possible to use the current version of the MIS to address questions such as how those who graduate and those who are terminated from the program compare in terms of background and drug court history and how differences in participants' drugs of choice affect results for participants.

The MIS also can be used to evaluate how variations in local drug courts can affect the results for participants. For example, is it better to have a specified schedule of specific sanctions and rewards for specific behaviors or is it better to proceed on a case-by-case basis? Is it better to have the Aftercare phase before or after official graduation from drug court? How do differences in the quantity and types of treatment matter? These would not be easy questions to address, and it would take some time to compile a database large enough to answer them with much confidence. Finally, the MIS is capable of including information from CourtNet on the criminal history of participants after they leave drug court. This could be used to make ready comparisons of those who graduated from drug court and those terminated from drug court at regular intervals. The MIS contains information on those assessed for drug court but who did not enter the program. This

may not be an ideal group with which to compare drug court participants, but it is one that could be feasibly used.

The MIS could be used by AOC staff to produce useful reports on program outcomes on a regular basis. Information from the MIS could also greatly facilitate the work of any outside researchers with which AOC might contract to do more comprehensive and detailed evaluations.

The MIS is only as useful as the data input into it. Some local drug court staff mentioned to Program Review staff that entering information into the MIS can be a burden. If given a choice between helping a client and more fully documenting what staff are doing to help a client, skimping on the documentation is understandable. But in the long run, an updated MIS can help central office and local drug court staff do their jobs more effectively and efficiently. If at all possible, sufficient resources should be made available so that there should not be a tradeoff between serving existing clients and entering all required data into the MIS.

Recommendation 4.5

The Administrative Office of the Courts should consider devoting additional resources to inputting data into and analyzing data from its management information system to better evaluate the outcomes of drug courts. The system should be implemented to allow for long-term measures of outcomes for drug court participants and valid control groups and to compare the effectiveness of variations in local drug courts.

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Appendix A

Kentucky's Adult, Juvenile, and Family Drug Courts

Adult Drug Courts

Drug Court	Approximate Maximum Capacity	Graduates (7/2005-4/2007)	Area Pop. (2006)	Aftercare	# Probation or Diversion (Inception - 6/2006)
Adair, Casey	45	17	33,976	Before graduation, sanctions imposed	17 Probation 27 Diversion
Ballard, Carlisle, Fulton, Hickman	75	35	25,485	After graduation, sanctions imposed	228 Probation 21 Diversion
Barren, Metcalfe	45	10	51,071	After graduation, sanctions imposed	0 Probation 22 Diversion
Bath, Menifee, Montgomery, Rowan	45	0	65,616	After graduation, sanctions imposed	18 Probation 5 Diversion
Bell	45	20	29,544	Enter regardless of graduation date, sanctions imposed	15 Probation 48 Diversion
Bourbon, Scott, Woodford	45	38	85,830	Before graduation, sanctions imposed	28 Probation 61 Diversion
Boyd	45	17	49,371	Before graduation, sanctions imposed	17 Probation 8 Diversion
Breathitt, Wolfe	15	2	23,019	Before graduation, sanctions imposed	10 Probation 2 Diversion
Butler, Edmonson, Hancock, Ohio	60	27	57,931	Before graduation, violations reported to Probation and Parole	29 Probation 3 Diversion
Caldwell, Livingston, Lyon, Trigg	45	15	44,385	After graduation, sanction is demotion to Phase III	0 Probation 138 Diversion
Campbell, Kenton	105	67	241,777	Before graduation, sanctions imposed	443 Probation 3 Diversion
Carter, Elliott, Morgan	15	0	48,858	To be determined	(began 2007)

Drug Court	Approximate Maximum Capacity	Graduates (7/2005-4/2007)	Area Pop. (2006)	Aftercare	# Probation or Diversion (Inception - 6/2006)
Christian	45	38	66,989	After graduation, sanctions imposed	32 Probation 21 Diversion
Clark, Madison	15	3	114,290	After graduation No sanctions	64 Probation 16 Diversion
Clay, Jackson, Leslie	75	47	49,835	After graduation, sanctions imposed	12 Probation 73 Diversion
Clinton, Cumberland, Monroe, Russell, Wayne	75	35	66,061	Before graduation, sanctions imposed	35 Probation 95 Diversion
Crittenden, Union, Webster	45	8	38,524	Before graduation, sanctions imposed	16 Probation 2 Diversion
Daviess	75	63	93,613	After graduation; only sanction is extending Aftercare period; under consideration	186 Probation 11 Diversion
Fayette	135	92	270,789	Enter regardless of graduation date, sanctions imposed	958 Probation 15 Diversion
Floyd	45	13	42,282	Before graduation, sanctions imposed	33 Probation 13 Diversion
Greenup, Lewis	105	49	51,386	Enter regardless of graduation date, sanctions imposed	88 Probation 139 Diversion
Hardin	135	103	97,087	Before graduation, sanctions imposed	257 Probation 98 Diversion
Harlan	45	17	31,692	Before graduation, sanctions imposed	23 Probation 23 Diversion
Harrison, Nicholas, Pendleton, Robertson	45	6	43,216	After graduation, sanctions imposed	11 Probation 0 Diversion

Drug Court	Approximate Maximum Capacity	Graduates (7/2005-4/2007)	Area Pop. (2006)	Aftercare	# Probation or Diversion (Inception - 6/2006)
Henderson	45	14	45,666	After graduation, only sanction is extension of aftercare	19 Probation 0 Diversion
Henry, Oldham, Trimble	45	15	80,384	Enter regardless of graduation date, sanctions imposed	30 Probation 15 Diversion
Hopkins	45	14	46,830	After graduation, sanction is termination from program	19 Probation 19 Diversion
Jefferson	Under revision		701,500	Under revision	Not tracked
Johnson, Lawrence, Martin	45	26	52,602	Before graduation, sanctions imposed	59 Probation 8 Diversion
Knott, Magoffin	45	26	30,985	After graduation, sanctions imposed	14 Probation 41 Diversion
Knox, Laurel	135	61	89,506	After graduation, sanctions imposed	Knox, Laurel Circuit Court: 159 Probation 16 Diversion Knox District Court: 11 Probation 19 Diversion
Lee, Owsley	15	8	12,338	Enter regardless of graduation date, sanctions imposed	18 Probation 21 Diversion
Letcher	15	8	24,520	After graduation, sanctions imposed	30 Probation 5 Diversion
McCracken	45	10	64,950	Before graduation, sanctions imposed	7 Probation 26 Diversion
McCreary, Whitley	45	3	55,496	After graduation, sanctions imposed	35 Probation 3 Diversion
McLean, Muhlenberg	45	13	41,405	After graduation, No sanctions	16 Probation 7 Diversion

Drug Court	Approximate Maximum Capacity	Graduates (7/2005-4/2007)	Area Pop. (2006)	Aftercare	# Probation or Diversion (Inception - 6/2006)
Perry	30	6	29,753	Enter regardless of graduation date, counseling and self-help meetings imposed for positive drug screens	9 Probation 18 Diversion
Pike	75	24	66,860	Before graduation, sanctions imposed	District Court: 97 Probation 43 Diversion Circuit Court: 34 Probation 3 Diversion
Pulaski, Rockcastle, Lincoln (expanded into Lincoln in 2007)	45	11	101,967	After graduation, sanctions imposed	28 Probation 7 Diversion
Warren	120	85	101,266	After graduation, sanctions imposed	696 Probation 16 Diversion

Notes: "Approximate Maximum Capacity" is based on the capacity if all staff positions funded as of December 2007 were filled. The capacity is based on a rough formula of a maximum of 15 participants per program supervisor and 30 participants per case specialist in each jurisdiction. Treatment coordinators and recovery coordinators may be part of the staff but do not affect maximum capacity.
Jefferson County Drug Court operated independently until July 2007. Its staff is being reorganized, and capacity had not been determined at the time of this report. Its Aftercare program is being revised.
Source: Compiled by Program Review staff based on information provided by AOC.

Juvenile Drug Courts

Drug Court	Graduates (Inception - 6/2007)	Aftercare	# Probation or Diversion (7/2006 - 5/2007)
Campbell	14	Before graduation	22 Probation 0 Diversion
Christian	13	After graduation	0 Probation 8 Diversion
Clark	0	Before graduation	10 Probation 0 Diversion
Daviess	13	After graduation	10 Probation 0 Diversion
Fayette	5	Before graduation	0 Probation 0 Diversion
Henderson	1	After graduation	6 Probation 0 Diversion
Kenton	7	Before graduation	12 Probation 0 Diversion
Knox	3	Before graduation	5 Probation 0 Diversion
Laurel	4	Before graduation	5 Probation 0 Diversion
Letcher	3	Before graduation	2 Probation 12 Diversion
Lincoln	3	After graduation	0 Probation 5 Diversion
McCreary	18	Before graduation	12 Probation 10 Diversion
Madison	6	Before graduation	7 Probation 0 Diversion
Magoffin	0	Before graduation	2 Probation 0 Diversion
Pike	11	After graduation	4 Probation 4 Diversion
Pulaski	12	After graduation	0 Probation 10 Diversion
Rockcastle	1	After graduation	0 Probation 0 Diversion
Warren	5	Before graduation	4 Probation 0 Diversion
Whitley (2 courts)	18	Before graduation	36 Probation 0 Diversion

Source: Compiled by Program Review Staff from information provided by AOC Dept. of Juvenile Services.

Family Drug Courts

Drug Court	Graduates (7/1/06 - 5/31/07)	# Diversion or Probation (7/1/06-5/31/07)
Fayette	5	0 Probation 32 Diversion
Jefferson	6	0 Probation 14 Diversion

Source: Compiled by Program Review staff from information provided by AOC Dept. of Juvenile Services.

Appendix B

Eligibility Assessment for Adult Drug Court

Kentucky Drug Court Eligibility Assessment

Date of Assessment: /06/2006 -- *mm/dd/yy*
Interviewer: Sue Yates CADC, Treatment Coordinator
Drug Court Site: Harold *county*

Section 1: Locator Information

This first section asks about your contact information.

1. Client Information:
   First Name: Jane
   Last Name: Doe
   Middle Initial: A

1a. Maiden name/alias: Buck

1b. Date of Birth: 12/07/1980 Social Security Number: 000-00-0000 (please verify)

2. What is your current address? 100 Merry Lane Merry, KY. 41002
3. How long have you lived at this address? 2 years

3a. Who else resides in your household? (List name, age, and relation of those residing in the household) Fiancé: John Smith of age 29.

4. What is the best phone number to reach you? 000-0000
5. What is your cell phone number? None
6. Do you have a valid drivers license?
   NO If NO, why not? 1st offense DUI
   YES If YES, what is your drivers license number? (please verify)
7. Do you have an automobile available for use? NO **YES**

1. **Interviewer comments on participant contact information:**
   Jane Doe is a 26 year-old, white, divorced female who lives with her fiancé of 2 1/2 years, John Smith. She can be contacted at her home number. She has 2 children. A daughter, Lisa of age 8 and a son, Doug of age 7. She and her ex-husband have joint custody of the children. The children are currently living in Fayette County with her ex-husband. Jane relies on her fiancé and family members for transportation, as she is not eligible to have her license re-instated for at least 30 days.

Section 2: Medical Health Information

The following questions ask about your medical history.

1. How many times in your life have you been hospitalized for medical problems? (Include ODs and DTs; exclude birth of a child) 3 times (If 0, skip to Question #3)
2. How long ago was your last hospitalization for a physical problem? (Exclude child birth)

   less than 6 months 6-12 months 1-2 years ago

   2-3 years ago X more than 3 years
3. Do you have any medical problems that affect your activities of daily living?

   NO YES If YES, please describe:

3a. Indicate degree of severity: minimal moderate severe

4. Have you ever had any of the following health problems?

   None Hepatitis (B,C) Chlamydia (NGU) Syphillis

   Gonorrhea (GC, clap, dose) Pelvic Inflammatory Disease (PID)

   Genital Warts (HPV, veneral warts) HIV+ AIDS
5. Have you ever had a fit or seizure?

   NO YES If YES, what caused the seizure?

   How long ago was your last seizure?
6. Are you taking any prescribed medication on a regular basis for a physical problem?

   NO

   YES If Yes, What?

6a. Do you have a regular physician?

   None (name, address, phone number)
7. Do you receive a pension for a physical disability? (Exclude psychiatric disability)

   NO YES If Yes, What?
8. How many days have you experienced medical problems in the past 30? (Not pregnancy related) 0

9. **Interviewer Comments on medical health information:** Jane denies having medical issues and is prescribed no medications at the present time.

Section 3: Education and Employment Information

The following questions ask about your education and employment history.

1. How many years of education have you completed? (GED= 12 years) 10
1. Are you currently employed?

NO YES If Yes, Name of Employer:

3a. How long was your last job? Last employed 2 years ago. years months

3b. How long have you worked at your current job? years

4. Is (was) this job: Full-time
1. Have your ever lost or left a job due to substance abuse issues?

NO YES
1. How many days have you experienced employment problems in the past 30 days? 30
7. Does someone contribute to your support in any way? NO YES
8. Who is the person who contributes the most to your support? Spouse/partner
9. Does the support from [insert answer to Question # 8] constitute the majority of your support? NO Yes
10. **Interviewer comments on employment and education information:** Jane has a 10th grade education and does not have a GED. She has been unemployed for the last 2 years, but has a work history of working in fast food restaurants and as store clerk/cashier. She has an interest in obtaining a GED and finding full-time work. Her fiancé and her mother assists her with finances at the present time.

Section 4: Drug and Alcohol Information

Drug/Alcohol Information	History of Use	Frequency of Use	Duration of Use	Intensity of Use	Method of Use
	Ever	# Days used	# Years	How has your use changed since you began?	(Select all

	Used	in the past 30 days	used in Lifetime		that apply)
Alcohol, any use	NO **Yes**	0	5	Onset at age 17. Does not use alcohol on a regular basis. Has used it 5-6 times since her first use. Last reported use was 05/2006.	IV **Oral** Smoke Snort
Amphetamines (Adderall, Desoxyn) Uppers, Speed, Blue Boy, Blacks, Ecstasy	**NO** Yes				IV Oral Smoke Snort
Barbituates (Fiorinal, Seconal) Downers, Barbs, Barbies	**NO** Yes				IV Oral Smoke Snort
Benzodiazepines **(Ativan, Halcion, Klonopin, Librium, Prosom, Valium, Xanax)Forget Pills, Roofies**	NO **Yes**	20	4	Onset at age 22 when she used 1 Xanax. Progressed to using 5-10 Xanax per day. Last reported use was 10/13/06.	IV **Oral** Smoke Snort
Cocaine **Crack, Coke, Blow, Snow, Flake**	NO **Yes**	0	1	One time use at age 23.	IV Oral Smoke **Snort**
Club Drugs **(Ecstasy/MDMA, GHB, Ketamine, Rohypnol)** Love Drug, Roofies, Soap, Special K, Vitamin K, X, XTC	**NO** Yes				IV Oral Smoke Snort
Hallucinogens **(Ketamine, LSD, PCP)** Acid, Angel, Angel Dust, Blotter, Dots, Ozone, Trip	**NO** Yes				IV Oral Smoke Snort
Heroin **H, Junk, Ska, Smack**	**NO** Yes				IV Oral Smoke Snort

Inhalants (Glue, Gas, Paint, Nitrous Oxide)Poppers, snappers, Whippets	**NO** Yes				IV Oral Smoke Snort
Marijuana **(THC)** Ganga, Grass, Pot, Weed	NO **Yes**	0	1	One time use at age 24. Did not like the effects of the drug.	IV Oral **Smoke** Snort
Methadone **(Amidone, Dolophine)Fizzies**	NO **Yes**	18	3	Onset at age 23. Has progressed to using up to 80mg. per day. Last reported use was 10/13/06.	IV Oral Smoke **Snort**
Methamphetamine **Chalk, Crank, Crystal, Glass, Ice, Meth, Speed**	**NO** Yes				IV Oral Smoke Snort
Opiates **(Darvon, Demerol, Dilaudid, Lortab, Morphine, Oxycontin, Percoset, Vicodin) Antifreeze, Aunt Hazel, Horse**	NO **Yes**	5	6	Onset at age 20 when she used 1 Lorcet. Progressed to using 5-10 Lorcet per day. Last reported use was 10/3/06.	IV **Oral** Smoke **Snort**
Stimulants **(Adderal, Concerta, Dexedrine, Ritalin)**	**NO** Yes				IV Oral Smoke Snort

2. Which substance is the major problem? None Alcohol

Amphetamines Barbiturates **Benzos** Cocaine
Club Drugs Hallucinogens Heroin Inhalants
Marijuana **Methadone** Meth **Opiates**
Stimulants

2. How many days in the past 30 days have you experienced any life problems that were a direct result of your alcohol or drug use?
   Alcohol problems? 0 days **Drug problems?** 30 days
3. How many months long was your last period of voluntary abstinence from alcohol or
   other drugs? months **IF NEVER ABSTINENT, Skip to Question # 6**
4. How many months ago did this abstinence end? months

5. How many times have you had:
   DT's (horrors)? 0 times
   Overdosed on drugs? 0 times
   Experienced Withdrawal symptoms?Numerous times Describe symptoms: Nausea and vomiting, body aches and muscle cramps, sweating and chills, diarrhea, cravings, insomnia and irritability.

6. How many times in the last 30 days, or the last 30 days on the street did you stay up
   past 4 a.m. because of drug or alcohol use? 4

7. Have your ever been treated for alcohol or other drugs of abuse?
   NO YES
8. Please tell me how many times, not including AA/NA you have been treated for alcohol or other drugs of abuse:

	LIFETIME	PAST YEAR
How many times were you treated for drug abuse in an outpatient treatment program? *(not AA/NA)*		
How many times were you treated for drug abuse in a residential or in-patient program?		
How many of those were Detox only?		

10. **Interviewer comments on drug and alcohol information**: Jane presents with evidence of chemical dependency to methadone, benzodiazepines and opiates. She has a history of experimenting with / abusing alcohol, cocaine and THC. She denies having any history of IV drug use. She appears to have developed an increase in tolerance to her drugs of choice. She relates to experiencing repeated failed attempts to stop using substances and has suffered withdrawal symptoms when she tried to stop using. She reports that she experienced a "rough period of withdrawals" since being incarcerated, but is feeling better now. Per her report, she has no history of receiving substance abuse treatment services.

Section 5: Criminal Justice History Information

The following questions ask about your criminal justice history.

1. Are your currently on probation or parole? NO YES
   If Yes, what county and state?

1a. Have you ever been on probation or parole? NO **YES**
   If Yes, what county and state? Humble County, KY.

2. Have you ever been arrested in a state other than Kentucky? NO Yes
   If Yes, what state? What were you charged with?
   If convicted, what charge(s) were you convicted of?

3. How long have you been incarcerated in your life?
   County Jail: 8 months (please enter number of days, months, or years)
   Prison: 0 (please enter number of days, months, or years)

4. How long was your last incarceration?
   less than 1 month 1-3 months 3-6 months
   6 months to 1 year 1-3 years More than 3 years

1. Are you presently awaiting charges, trial, or sentence in this county or any other?
   NO Yes

2. Reason(s) for awaiting charges?

3. **Interviewer comments on criminal justice involvement information**: Has been convicted of 1st offense DUI, and possession of a controlled substance. She has a history of being convicted of other drug related charges including AI, possession of controlled substances and drug paraphernalia.

Section 6: Family/Social History Information

The following questions ask about your family and social history.

1. What has your usual living arrangements been in the past 12 months (past year)?
   With sexual partner alone
2. Are you satisfied with these living arrangements?
   NO YES INDIFFERENT
3. Do you live with anyone that has a drug and/or alcohol problem?
   NO Yes
4. Have the majority of your romantic relationships been with partners who use or abuse substances? NO YES
5. How many close friends do you have? 2 friends
6. Do you believe that your family and social relationships negatively impact your life?
   NO YES If Yes, please describe: Social Relationships: Many of her friends have a history of substance abuse issues. Family: No, not currently.

7. **Interviewer comments on family and/or social history information**: Jane relates to having been reared by her paternal grandparents, "because my parents were active alcoholics and were very young when I was born". Her grandmother passed away when Jane was 17 years of age and she went to live with her maternal grandmother at that time. She reportedly maintains a relationship with her parents, but reported that "they have never felt like my parents, more like friends". Jane married at the age of 17 and had 2 children with her husband, Ben. Their marriage ended 3 years ago and the couple now have joint custody of their 2 children. The children are currently living with their father in Fayette County. She is able to visit her children every other weekend. She began living with her fiancé 2 years ago. She reported that her fiancé is very supportive of her and has never used substances. She admits that she has few friends who do not use substances at the present time.

Section 7: Mental Health Information

The next set of questions ask about your mental health.

1. Have you ever been treated as an outpatient for psychological or emotional problems? NO YES

2. How many times have you been treated for any psychological or emotional

problems

In a hospital? 0 times

3. Have you ever been prescribed medication for any psychological or emotional problems:

NO Yes If Yes, what? Lexapro

4. Have you been prescribed medication (or taken any prescribed medication) for any psychological or emotional problem in the past 30 days?

NO YES If Yes, what?

5. Do you receive a pension for a psychiatric disability?

NO YES

6. Have you had a significant period (that was not a direct result of drug or alcohol use) in which you:

	PAST 30 DAYS NO YES	IN LIFETIME NO YES
Experienced serious depression?	NO Yes	NO Yes
Experienced serious anxiety or tension?	NO Yes	NO Yes
Experienced hallucinations?	NO Yes	NO Yes
Experienced trouble understanding, concentrating, or remembering?	NO Yes	NO Yes
Experienced trouble controlling violent behavior?	NO Yes	NO Yes
Experienced thoughts of suicide?	NO Yes	NO Yes
Attempted suicide?	NO Yes	NO Yes
Experienced anorexia, bulimia, or other eating disorders?	NO Yes	NO Yes

7. Have any family members or any others such as strangers, acquaintances, intimate partners ever abused you:

a. Emotionally (made to feel bad through harsh words, humiliation, manipulation)? (Do not include verbal abuse by strangers.)

NO Yes

a. Physically (cause or threaten to cause physical harm such as: slapping, punching, kicking, hitting with an object, assaulting with a knife or other weapon, etc.) ?

NO Yes

b. Sexually (rape, forced sexual advances or non-consensual sexual acts)?

NO Yes

c. Has anyone ever sexually harassed you (inappropriate physical contact, stalking, using threats to secure sexual contact, etc.)?

NO Yes

8. How many days in the past 30 have you experienced psychological problems?

0 days

9. **Interviewer comments on mental health information**: Jane relates to a history of seeking mental health treatment services at River View Counseling Services 2 1/2 years ago. She reported that she sought counseling due to experiencing feelings of anxiety and depression and felt that she needed to talk to someone about her personal issues and failed marriage. She was prescribed Lexapro at that time and denies ever abusing that medication. She stopped going to her counseling session after 6-8 months, due to her continued use of substance, but felt that the counseling was a help to her in dealing with life changes and issues. She now believes that her use of substances may have contributed to her mental health issues in the past. She denies having suicidal or homicidal ideations.

Please record any final comments you have about this client and/or this client's interview: Jane Doe is a 26 year-old, white, divorced female who was referred for a

Kentucky Drug Court Eligibility Assessment per Judge Law of the Harold County Court System. She is currently incarcerated in the Harold County Detention Center after being convicted of 1st offense DUI, and possession of a controlled substance. She has been incarcerated for the last 2 weeks.

Jane presents with evidence of chemical dependency to opiates, benzodiazepines and methadone. She has a history of abusing and/or experimenting with cocaine, alcohol and THC, but does not use these substances on a regular basis. She denies having a history of IV drug use. She has no history of receiving substance abuse treatment services, nor has she ever attended an AA/NA self-help meeting. She reported that she experienced numerous withdrawal symptoms after being incarcerated. She continues to experience cravings and thoughts of using her drugs of choice.

She has a 10th grade education and does not have a GED. She has a work history of working in fast food restaurants and as a store clerk/cashier. However, she has been unemployed for the last 2 years and admitted that her drug use contributed to the cause of her lack of employment. She hopes to eventually obtain a GED and find full-time work. She relies upon her fiancé and family for transportation at the present time. She has no current medical or mental health issues and is prescribed no medications. She denies having suicidal or homicidal ideations.

I find that Jane is eligible for admission to the Drug Court Program. She voiced a desire to participate in the program.

As she reported that she has detoxified while incarcerated, I suggest that she be referred to an outpatient substance abuse treatment program. If she is unable to maintain her recovery with that type of treatment alone, then a referral to a detoxification/residential treatment program should be considered at that time. Further, a referral to an Adult Continuing Education Program may be of benefit to her.

Sue Yates, CADC
Treatment Coordinator

Appendix C

GAIN-Q Assessment for Juvenile Drug Court

GAIN-Quick (GAIN-Q)

Version [GVER]: GQ02.05.01 FULL

Site ID **[XSITE]:**	| | | | |	Local Site ID **[XSITEa]:**	| | | | |
Staff ID **[XSID]:**	| | | | |	Part. ID **[XPID]:**	| | | | |
Edit Staff ID **[XEDSID]:**	| | | | |	Edit Date **[XEDDT]:**	| |/| | |/| | | |

BK. Background

1. What is the date you are starting this form? \| \|/\| \| \|/\| \| \| \| **(MM/DD/YYYY)**

2. What time is it? **(Please also circle AM or PM.)** \| \|:\| \| 1-AM 2-PM
   H H M M

3. What is your full name?
   a. _____ (First Name) b. _____ (M.I.) c. _____ (Last Name)

4. What is your gender? **(Circle one.)**
   Male 1
   Female 2

5. Which race, races or ethnicity best describes you? **(Circle Yes or No for each.)**

		Yes	No
a.	Alaskan Native	1	0
b.	Asian	1	0
c.	African American/Black	1	0
d.	Caucasian/White	1	0
e.	Hispanic, Latino or Chicano	1	0
f.	Native American	1	0
g.	Native Hawaiian	1	0
h.	Pacific Islander	1	0
j.	Some other group	1	0

(Please describe. v. _____**)**

6. What is your date of birth? \| \|/\| \| \|/\| \| \| \|
   (MM/DD/YYYY)

   a. How old are you today? \| \| Age **[IF 18 OR OVER, GO TO BK7.]**

   b. Who has custody of you? **(Record a relationship, not a name.)**
      v. _____

7. What is the highest grade of education you have completed? \| \| Grade **[IF 13 OR HIGHER, GO TO BK8.]**

		Yes	No	
a.	Do you have a high school degree or G.E.D. (General Equivalency Diploma)?	1	0	
8.	Have you ever completed this questionnaire before?	1	0	**[IF NO, GO TO GF1a.]**

   a. About when did you last complete it? \| \|/\| \| \|/\| \| \| \|
   (MM/DD/YYYY)

GAIN-Q

GF. General Factors

GLPI/ GFI

			Yes	No
1.	In your lifetime, have you. . .			
	a.	been treated 5 or more times in a hospital or emergency room for physical health problems?	1	0
	b.	ever received treatment or counseling for a mental, emotional, behavioral or psychological problem?	1	0
	c.	ever received treatment or counseling for alcohol, marijuana or other drugs?	1	0
	d.	been stopped by the police or arrested 5 or more times?	1	0
2.	During the past 12 months, have you. . .			
	a.	gotten bad grades or had your grades drop at school or training?	1	0
	b.	been absent 5 or more days from school or training for any reason?	1	0
	c.	skipped or cut school or training just because you didn't want to be there?	1	0
	d.	been suspended or expelled from school or training?	1	0
	e.	done badly at work or done worse at work?	1	0
	f.	been absent 5 or more days from work for any reason?	1	0
	g.	skipped or cut work because you didn't want to be there?	1	0
	h.	been fired, laid off or told not to come in to work?	1	0
	j.	been attacked by someone else?	1	0
	k.	attacked someone else?	1	0
	m.	been arrested?	1	0
	n.	been on probation, parole, or other kinds of court supervision?	1	0

			Days
3.	During the past 90 days, on how many days. . . **(Use "0" for None or Not Applicable.)**		
	a.	did you go to any kind of school or training program?	
	b.	did you miss school or training for any reason?	
	c.	did you get in trouble at school or training for any reason?	
	d.	did you go to work?	
	e.	did you miss work for any reason?	
	f.	did you get in trouble at work for any reason?	
	g.	have you gotten into trouble at home or with your family for any reason?	
	h.	were you in foster care, a group home or a ward of the state?	
	j.	have you lived in a place where you were not free to come and go as you please-such as jail, an inpatient program, or hospital?	

GAIN-Q

SS. Sources of Stress

GLPI/ SOSI

1. During the past 12 months, have you been under stress for any of the following reasons related to your family, friends, classmates or co-workers?

		Yes	No
a.	Birth or adoption of a new family member	1	0
b.	Health problem of a family member or close friend	1	0
c.	Major change in relationships (marriage, divorce, separation)	1	0
d.	Death of a family member or close friend	1	0
e.	Fights with boss/teacher or co-workers/classmates	1	0
f.	Other changes or problems in primary support groups	1	0

(Please describe. v. _____)

2. During the past 12 months, have you been under stress because of the following other kinds of demands on you?

a.	Major change in housing or bad housing	1	0
b.	New job, position, or school	1	0
c.	Hard work or school schedule	1	0
d.	Problems with transportation	1	0
e.	Discrimination in community, work, school, or transportation	1	0
f.	Threat of losing current housing, job, school, or transportation	1	0
g.	Interruption or loss of housing, job, school, or transportation	1	0
h.	Something you saw or that happened to someone close to you	1	0

(Please describe. v. _____)

j.	Other environmental demands on you	1	0

(Please describe. v. _____)

3. During the past 12 months, were you attacked with a weapon, beaten, sexually abused or emotionally abused? 1 0

4. Are you currently worried that someone might. . .

a.	attack you with a gun, knife, stick, bottle, or other weapon?	1	0
b.	hurt you by striking or beating or otherwise physically abusing you?	1	0
c.	pressure or force you to participate in sexual acts against your will?	1	0
d.	abuse you emotionally?	1	0

GAIN-Q

PH. Physical Health

GLPI/ HDI

1. During the past 12 months, would you say your health in general was...?

(Circle one.)

- Excellent 0
- Very good 1
- Good 2
- Fair 3
- Poor 4

		Yes	No
2.	During the past 12 months, has your health limited your ability to do. . .		
a.	vigorous activities like running, lifting heavy objects or active sports?	1	0
b.	moderate activities like moving a table, carrying groceries or light sports?	1	0
c.	light activities like bending, lifting or stooping?	1	0

		Yes	No
3.	During the past 12 months, have you. . .		
a.	lost or gained 10 or more pounds when you were not trying to?	1	0
b.	had a lot of physical pain or discomfort?	1	0
c.	been worried about your health or behaviors?	1	0
d.	had health problems that kept you from meeting your responsibilities at work, school or home?	1	0
e.	had lung or breathing problems?	1	0
f.	had pain when you urinated?	1	0
g.	coughed up or urinated blood?	1	0

		Days
4.	During the past 90 days, on how many days . . .	
a.	were you bothered by any health or medical problems?	__|
b.	did you have medical problems that kept you from meeting your responsibilities at work, school or home?	__|
c.	have you gone without eating (or threw up much of what you did eat?)	__|

GAIN-Q

EH. Emotional Health

The next questions are about common psychological problems. These problems are considered significant when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities or they make you feel like you cannot go on.

IBS/ DSS-5

1. During the past 12 months, have you had significant problems with...

	Yes	No
a. headaches, faintness, dizziness, tingling, numbness, sweating or hot or cold spells?	1	0
b. sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day?	1	0
c. feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	1	0
d. having no energy and losing interest in work, school, friends, sex or other things you cared about?	1	0
e. remembering, concentrating, making decisions, or having your mind go blank?	1	0

IBS/ SRS-5

2. During the past 12 months, have you...

a.	thought about killing or hurting someone else?	1	0
b.	thought about ending your life or committing suicide?	1	0 **[IF NO, GO TO 3a.]**
c.	had a plan to commit suicide?	1	0
d.	gotten a gun, pills or other things to carry out your plan?	1	0
e.	attempted to commit suicide?	1	0

IBS/ ATS-7

3. During the past 12 months, have you had significant problems with...

a.	feeling very anxious, nervous, tense, fearful, scared, panicked or like something bad was going to happen?	1	0
b.	having to repeat an action over and over, or having thoughts that kept running over in your mind?	1	0
c.	trembling, having your heart race or feeling so restless that you could not sit still?	1	0

4. During the past 12 months, have the following situations happened to you?

a.	When something reminded you of the past, you became very distressed and upset.	1	0
b.	Sometimes you used alcohol or other drugs to help yourself sleep or forget about things that happened in the past.	1	0
c.	You had a hard time expressing your feelings, even to the people you cared about.	1	0
d.	You felt guilty about things that happened because you felt like you should have done something to prevent them.	1	0

5. During the past 90 days, on how many days were you...

		Days
a.	bothered by any nerve, mental, or psychological problems?	___
b.	disturbed by memories of things from the past that you did, saw or had happen to you?	___

GAIN-Q

BH. Behavioral Health

EBS/ AIS-6

1. During the past 12 months, have you done the following things two or more times?

		Yes	No
a.	Had a hard time paying attention at school, work or home.	1	0
b.	Had a hard time listening to instructions at school, work or home.	1	0
c.	Had a hard time staying organized or getting everything done.	1	0
d.	Been unable to stay in a seat or where you were supposed to stay.	1	0
e.	Gotten in trouble for being too "loud" when you were playing or relaxing.	1	0
f.	Had a hard time waiting for your turn.	1	0

EBS/ BPS-6

2. During the past 12 months, have you done the following things two or more times?

a.	Been a bully or threatened other people.	1	0
b.	Lied or conned to get things you wanted or to avoid having to do something.	1	0
c.	Stayed out at night later than your parent or partner wanted.	1	0

3. During the past 12 months, have you had a disagreement in which you did the following things?

a.	Insulted or swore (cursed) at someone.	1	0
b.	Pushed, grabbed, or shoved someone.	1	0
c.	Kicked, bit, or hit someone.	1	0

EBS/ GCS-4

4. During the past 12 months, have you. . .

a.	purposely damaged or destroyed property that did not belong to you?	1	0
b.	other than from a store, taken money or property that didn't belong to you?	1	0
c.	hit someone or gotten into a physical fight?	1	0
d.	sold, distributed or helped to make illegal drugs?	1	0

5. During the past 90 days, on how many days did you. . .
(Use "0" for None or Not Applicable.)

		Days
a.	have any problems paying attention, controlling your behavior or breaking rules you were supposed to follow?	___
b.	have an argument with someone else in which you swore (cursed), threw something, or threatened, pushed or hit someone?	___
c.	do things that might get you in trouble or be against the law besides using (alcohol or) drugs?	___
d.	spend time on probation or parole?	___
e.	spend time under electronic monitoring or house arrest?	___
f.	spend time in jail or detention?	___

6. During the past 90 days, how many times did you get arrested, booked and charged with a crime? **(Use "0" for None.)** ___ Times

GAIN-Q

SR. Substance-Related Issues

			Yes	No	
SPS/ SUAS-9	1.	During the past 12 months, have you used any alcohol, marijuana, cocaine, heroin, or other substances?	1	0	**[IF NO, GO TO SR5.]**
		During the past 12 months. . .			
	1a.	have you tried to hide that you were using alcohol, marijuana or other drugs?	1	0	
	b.	have your parents, family, partner, co-workers, classmates or friends complained about your alcohol, marijuana or other drug use?	1	0	
	c.	have you used alcohol, marijuana or other drugs weekly?	1	0	
	d.	has alcohol, marijuana or other drug use caused you to feel depressed, nervous, suspicious, uninterested in things, reduced your sexual desire or caused other psychological problems?	1	0	
	e.	has alcohol, marijuana or other drug use caused you to have numbness, tingling, shakes, blackouts, hepatitis, TB, sexually transmitted disease or any other health problems?	1	0	
	2.	During the past 12 months. . .			
	a.	have you kept using alcohol, marijuana or other drugs even though you knew it was keeping you from meeting your responsibilities at work, school, or home?	1	0	
	b.	have you used alcohol, marijuana or other drugs where it made the situation unsafe or dangerous for you, such as when you were driving a car, using a machine, or where you might have been forced into sex or hurt?	1	0	
	c.	has alcohol, marijuana or other drug use caused you to have repeated problems with the law?	1	0	
	d.	have you kept using alcohol, marijuana or other drugs even after you knew it could get you into fights or other kinds of legal trouble?	1	0	
SPS/ SDS-7	3.	During the past 12 months. . .			
	a.	have you needed more alcohol, marijuana or other drugs to get the same high or found that the same amount did not get you as high as it used to?	1	0	
	b.	have you had withdrawal problems from alcohol, marijuana or other drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or have you used any alcohol, marijuana or other drugs to stop being sick or avoid withdrawal problems?	1	0	
	c.	have you used alcohol, marijuana or other drugs in larger amounts, more often or for a longer time than you meant to?	1	0	
	d.	have you been unable to cut down or stop using alcohol, marijuana or other drugs?	1	0	
	e.	have you spent a lot of time either getting alcohol, marijuana or other drugs, using them, or feeling the effects of them (high, sick)?	1	0	
	f.	has alcohol, marijuana or other drugs caused you to give up, reduce or have problems at important activities at work, school, home or social events?	1	0	
	g.	have you kept using alcohol, marijuana or other drugs even after you knew it was causing or adding to medical, psychological or emotional problems you were having?	1	0	

GAIN-Q

(If there were days in a controlled environment, use the calendar to identify personal anchors for the last 90 days in the community.)

For the next set of questions, please answer for the last 90 days that you lived in the community. Do not count days when you were living in a jail, hospital, or other place where you could not use alcohol, marijuana, or other drugs.

		Days
4.	During the last 90 days that you lived in the community, on how many days did you. . . **(Use "0" for None.)**	
b.	drink beer, wine, or any kind of alcohol?	__|
c.	get drunk or have 5 or more drinks at one time?	__|
d.	smoke or use any kind of marijuana, blunts or hashish?	__|
e.	use LSD, cocaine, heroin, ecstasy, inhalants or any other kind of drug? **(What did you use? v. _____)**	__|
f.	go without using any alcohol, marijuana, or other drugs?	__|
5.	During the last 90 days that you lived in the community, on how many days did you smoke or use any kind of tobacco?	__|

GAIN-Q

RQ. Reason for Quitting

(For Staff Use Only)

		Yes	No	
RQ0.	Do you want to enter additional RFQ information?	1	0	**[IF NO, GO TO SU1.]**

Below are some reasons that some people give for wanting to quit using alcohol or other drugs (including marijuana, cocaine, heroin, and other drugs you may have mentioned). Please respond to the following items using yes or no.

RFQ/ PMS	RQ1a. You want to quit using alcohol or drugs at this time. . .	Yes	No
1.	so that you will be able to think more clearly.	1	0
2.	because you will like yourself better if you quit.	1	0
3.	because your memory will improve.	1	0
4.	so that you can get more things done during the day.	1	0
5.	because you want to have more energy.	1	0
6.	because you are concerned that using alcohol or drugs will shorten your life.	1	0
7.	so that your hair and clothes won't smell.	1	0
8.	so that you can feel in control of your life.	1	0
9.	because you have noticed that alcohol or drug use is hurting your health.	1	0
10.	so that you won't burn holes in clothes or furniture.	1	0
11.	because you are concerned that you will have health problems if you don't quit.	1	0
12.	because alcohol or drug use does not fit in with your "image".	1	0
13.	to prove to yourself that you are not addicted.	1	0
14.	because alcohol or drug use is becoming less "cool" or socially acceptable.	1	0
15.	because you won't have to leave social functions or other people's houses to drink, smoke or use.	1	0
16.	because you have known other people with health problems that were caused by alcohol or drug use.	1	0
17.	to show yourself that you can quit if you really want to.	1	0
18.	because you want to save the money that you spend on alcohol or drug use.	1	0

GAIN-Q

RQ1a. (continued)		Yes	No
19.	so that you can get a lot of praise from people you are close to.	1	0
20.	because people you are close to will be upset with you if you don't quit.	1	0
21.	because you don't want to embarrass your family.	1	0
22.	because your parents, girlfriend, boyfriend or other person you are close to will stop nagging you if you quit.	1	0
23.	because someone has told you to quit or else.	1	0
24.	because you will receive a special gift if you quit.	1	0
25.	because there is an alcohol or drug testing policy in detention, probation, parole or school.	1	0
26.	because of legal problems related to your alcohol or drug use.	1	0

RQ1a27. What is your "main" or most important reason for wanting to quit now?

v1. _____

v2. _____

v3. _____

GAIN-Q

RQ1b. Have you quit yet? Yes.....1 **[PLEASE ANSWER b1.]**

No.....0 **[PLEASE ANSWER b2.]**

Please answer the following questions from 0% for "not ready at all" to 100% "completely ready."

b1. How ready you are **RIGHT NOW** to remain abstinent (not use) alcohol, marijuana, cocaine, heroin and other drugs? |__|__|__| % **[GO TO SU1.]**

0%-------20%-------40%-------60%-------80%-------100%

not ready to remain abstinent — ready to remain abstinent

Please answer the following questions from 0% for "not ready at all" to 100% "completely ready."

b2. How ready you are **RIGHT NOW** to stop using alcohol, marijuana, cocaine, heroin and other drugs? |__|__|__| %

0%-------20%-------40%-------60%-------80%-------100%

not ready to quit — ready to quit

GAIN-Q

SU. Service Utilization
(Please use "0" for None or Not Applicable.)

1.	During the past 90 days, how many times did you go to an emergency room for. . .	Times
	a. physical health problems?	__|
	b. mental, emotional, behavioral or psychological problems?	__|
	c. alcohol or drug use problems?	__|
2.	During the past 90 days, on how many nights did you stay in a residential, inpatient, or hospital program for . . .	Nights
	a. physical health problems?	__|
	b. mental, emotional, behavioral or psychological problems?	__|
	c. alcohol or drug use problems?	__|
3.	During the past 90 days, how many times did you go to an outpatient program, clinic or counselor for. . .	Times
	a. physical health problems?	__|
	b. mental, emotional, behavioral or psychological problems?	__|
	c. alcohol or drug use problems?	__|
4.	During the past 90 days, on how many days did you take medication for. . .	Days
	a. physical health problems?	__|
	b. mental, emotional, behavioral or psychological problems?	__|
	c. alcohol or drug use problems?	__|
5.	During the past 90 days, on how many days did you see a counselor or other professional about your health, emotional, behavioral, alcohol or drug problems at a. . .	Days
	a. school or student assistance program?	__|
	b. job or employee assistance program?	__|
	c. spiritual program or religious organization?	__|

GAIN-Q

EN. End

1. Do you want help with any family, school, work, health, emotional, behavioral, alcohol, drug, or legal problems? Yes 1 No 0

(If Yes, please describe below.)

v1. _____

v2. _____

v3. _____

		Yes	No
2.	Did anyone read these questions to you or help you fill out this form?	1	0
3.	Is English your first language?	1	0

a. **(If No, what is?** v. _____ **)**

4. What kind of place best describes where you completed this form?

(Circle one.)

Home	1
School or training program	2
Employment or work setting	3
Prison, jail, or detention	4
Probation, parole, or other non-controlled correctional setting	5
Treatment or intake unit	6
Research office	7
Other **(Please describe. v.** _____ **)**	99

5. What time is it? **(Please also circle AM or PM.):** |__|__|:|__|__| 1-AM 2-PM
H H M M

Thank You! Please return this form to the person who gave it to you.

(For further information on this form see www.chestnut.org/li/gain/gain_q.)

GAIN-Q

CD. Case Disposition - For Staff Use Only

1. Referral Source(s) v. _____

a. [| |] b. [| |] c. [| |] d. [| |] e. [| |]

2. Issues	1. Reasons for Referral		2. Recom-medations	
	Yes	No	Yes	No
a. Random screening	1	0		
b. General concern (v. _____)	1	0	1	0
c. Family problems (v. _____)	1	0	1	0
d. Peer or partner problems (v. _____)	1	0	1	0
e. Grief or other emotional crises (v. _____)	1	0	1	0
f. Spiritual issues (v. _____)	1	0	1	0
g. Race/ethnicity/gender identity issues (v. _____)	1	0	1	0
h. Teenage parenting issues (v. _____)	1	0	1	0
j. Environmental problems (v. _____)	1	0	1	0
k. School problems (v. _____)	1	0	1	0
m Physical health problems (v. _____)	1	0	1	0
n. Emotional problems (v. _____)	1	0	1	0
p. Behavioral or conduct problems (v. _____)	1	0	1	0
q. Gang or illegal activity (v. _____)	1	0	1	0
r. Substance use (v. _____)	1	0	1	0
s. Noncompliance (v. _____)	1	0	1	0
t. Continuing care/support (v. _____)	1	0	1	0
u. Other (v. _____)	1	0	1	0

3. Placement(s) v. _____

a. [| | |] b. [| | |] c. [| | |] d. [| | |] e. [| | |]

4. Additional Comments:

GAIN-Q

For Staff Use Only (Optional Special Study Detail)						
XSS1. Do you want to enter additional special study information?				Yes 1	No 0	**[IF NO, END.]**
XSSN. Special Study Number:			Name: v.			
aa.		ba.		ca.		
ab.		bb.		cb.		
ac.		bc.		cc.		
ad.		bd.		cd.		
ae.		be.		ce.		
af.		bf.		cf.		
ag.		bg.		cg.		
ah.		bh.		ch.		
aj.		bj.		cj.		
ak.		bk.		ck.		
am.		bm.		cm.		
an.		bn.		cn.		
ap.		bp.		cp.		
aq.		bq.		cq.		
ar.		br.		cr.		
as.		bs.		cs.		
at.		bt.		ct.		
au.		bu.		cu.		
av.		bv.		cv.		
aw.		bw.		cw.		
ax.		bx.		cx.		
ay.		by.		cy.		
az.		bz.		cz.		

Appendix D

Duration of Adult Drug Courts

Program	3 Phases (Months)	Aftercare (Months)	Total (Months)
Adair, Casey	14 to 18	6	20 to 24
Ballard, Carlisle, Fulton, Hickman	12 to 18	12	24 to 30
Barren, Metcalf	14	3	17
Bath, Montgomery, Rowan	12	6	18
Bell	12	6	18
Bourbon, Scott, Woodford	12 to 18	6	18 to 24
Boyd	14 to 18	6	20 to 24
Breathitt, Wolfe	18	6	24
Butler, Edmonson, Hancock, Ohio	12	6	18
Caldwell, Livingston, Lyon, Trigg	12 to 14	6	18 to 20
Campbell, Kenton	18	6	24
Christian	18	6	24
Clark, Madison	18 to 24	6	24 to 30
Clay, Jackson, Leslie	14	6	20
Clinton, Cumberland, Monroe, Russell, Wayne	14	6	20
Crittenden, Union, Webster	14	6	20
Daviess	12 to 18	6	18 to 24
Fayette	18	12	30
Floyd	21	3	24
Greenup, Lewis	12	6	18
Hardin	30 (Felony), 12 to 18 (Misdemeanor)	6	36 (Felony), 18 to 24 (Misdemeanor)
Harlan	14	6	20
Harrison, Nicholas, Pendelton, Robertson	18 to 24	6	24 to 30
Henderson	15	6	21
Henry, Oldham, Trimble	12	6 (Felony), 3 (Misdemeanor)	18 (Felony), 15 (Misdemeanor)
Hopkins	12	6	18
Johnson, Lawrence, Martin	18	6	24

Program	3 Phases (Months)	Aftercare (Months)	Total (Months)
Knott, Magoffin	12 to 18	12	24 to 30
Knox District	15	3	18
Knox, Laurel Circuit	15	6	21
Lee, Owsley	16	6	22
Letcher	18	6	24
McCracken	18	6	24
McCreary, Whitley	14	6	20
McLean, Muhlenberg	12	6	18
Perry	14 to 16	6 to 8	20 to 24
Pike	12 to 14	6	18 to 20
Pulaski, Rockcastle	14	6	20
Warren	12	6	18

Source: Compiled by Program Review staff from information provided by AOC.

Appendix E

Federal Funds by Source
Fiscal Years 2000 to 2007

Source	FY 2000	FY 2001	FY 2002	FY 2003
Byrne/Justice Assistance Grant	$788,949	$868,944	$842,877	$867,958
Bureau of Justice Assistance	0	0	0	$483,644
Office of Justice Program	$812,723	$146,013	$592,563	$653,327
Operation UNITE	0	0	0	0
State Justice Institute	0	$40,000	0	0
National Institute on Drug Abuse	$1,900,000	0	0	0
Substance Abuse and Mental Health Services Administration	0	0	0	0
Juvenile Accountability Incentive Block Grant	0	0	0	0
Total	$3,501,672	$1,054,957	$1,435,440	$2,004,929
	FY 2004	**FY 2005**	**FY 2006**	**FY 2007**
Byrne/Justice Assistance Grant	$1,298,340	$500,000	$60,367	0
Bureau of Justice Assistance	$1,147,801	$1,422,192	$1,139,524	$503,236
Office of Justice Program	$495,359	0	0	0
Operation UNITE	$1,273,400	0	$1,044,000	$2,000,000
State Justice Institute	0	0	0	0
National Institute on Drug Abuse	0	0	0	0
Substance Abuse and Mental Health Services Administration	0	0	$193,026	$221,200
Juvenile Accountability Incentive Block Grant	$38,500	0	0	0
Total	$4,253,400	$1,922,192	$2,436,917	$2,724,436

Source: Compiled by Program Review staff from information provided by AOC.

Appendix F

Staff and Caseload by Drug Court

Drug Court	Staff					Active Clients (6/2007)	Caseload	
	Full Time	Part Time	Full Time + Part Time	Vacant Positions	Full Time + Part Time + Vacant		Full Time + Part Time	Full Time + Part Time + Vacant
Adair, Casey	1	0	1	1	2	27	27	14
Ballard, Carlisle, Fulton, Hickman	3	0	3	0	3	23	8	8
Barren, Metcalfe	2	0	2	0	2	39	20	20
Bath, Menifee, Montgomery, Rowan	1	0	1	1	2	17	17	9
Bell	1	0	1	1	2	34	34	17
Bourbon, Scott, Woodford	1	0	1	1	2	48	48	24
Boyd	2	0	2	0	2	26	13	13
Breathitt, Wolfe	1	0	1	0	1	22	22	22
Butler, Edmonson, Hancock, Ohio	2	1	3	0	3	51	17	17
Caldwell, Livingston, Lyon, Trigg	2	0	2	0	2	36	18	18
Campbell, Kenton	4	0	4	0	4	91	23	23
Christian	2	0	2	0	2	25	13	13
Clark, Madison	1	0	1	0	1	17	17	17
Clay, Jackson, Leslie	3	0	3	0	3	63	21	21
Clinton, Cumberland, Monroe, Russell, Wayne	3	0	3	0	3	49	16	16
Crittenden, Union, Webster	1	0	1	1	2	20	20	10

	Staff						Caseload	
Drug Court	**Full Time**	**Part Time**	**Full Time + Part Time**	**Vacant Positions**	**Full Time + Part Time + Vacant**	**Active Clients (6/2007)**	**Full Time + Part Time**	**Full Time + Part Time + Vacant**
Daviess	2	0	2	1	3	55	28	18
Fayette	5	0	5	0	5	144	29	29
Floyd	2	0	2	0	2	32	16	16
Greenup, Lewis	2	0	2	1	3	82	41	27
Hardin	4	0	4	1	5	87	22	17
Harlan	2	0	2	0	2	17	9	9
Harrison, Nicholas, Pendleton, Robertson	1	0	1	1	2	20	20	10
Henderson	2	0	2	0	2	13	7	7
Henry, Oldham, Trimble	2	0	2	0	2	21	11	11
Hopkins	2	0	2	0	2	41	21	21
Johnson, Lawrence, Martin	2	0	2	0	2	61	31	31
Knott, Magoffin	2	0	2	0	2	40	20	20
Knox, Laurel	3	0	3	2	5	77	26	15
Lee, Owsley	1	0	1	0	1	14	14	14
Letcher	1	0	1	0	1	15	15	15
Lincoln, Pulaski, Rockcastle	2	0	2	0	2	23	12	12
McCracken	2	0	2	0	2	37	19	19
McCreary, Whitley	1	0	1	1	2	17	17	9
McLean, Muhlenberg	2	0	2	0	2	23	12	12
Perry	1	1	2	0	2	26	13	13
Pike	2	0	2	1	3	34	17	11
Warren	3	1	4	1	5	67	17	13
Total	76	3	79	14	93	1,534		
Average							19	16

Source: Compiled by Program Review staff based on information from AOC.

Appendix G

Response From the Administrative Office of the Courts

Administrative Office of the Courts
100 Millcreek Park
Frankfort, Kentucky 40601-9230
502-573-2350 or 800-928-2350
www.courts.ky.gov

Joseph E. Lambert
Chief Justice

Jason M. Nemes
AOC Director

M E M O

TO: Program Review and Investigations Committee
FROM: Jason Nemes, Director, Administrative Office of the Courts
DATE: September 13, 2007
RE: Response to 2007 Program Review and Investigations Report on Drug Courts

On behalf of Chief Justice Joseph E. Lambert and the Administrative Office of the Courts (AOC), I want to express our sincere appreciation for the Committee's review of Drug Courts. We are very proud of Kentucky Drug Courts and welcome opportunities to evaluate our efforts and enhance our services in order to be more effective and efficient. I also want to thank the Project Staff for the professionalism and thoroughness with which they conducted this review.

The response to the Committee's report is organized as follows: (1) Adult Criminal Drug Courts (overseen by the AOC Drug Court Department); and (2) Family and Juvenile Drug Court programs (overseen by the AOC Juvenile Services Department).

ADULT CRIMINAL DRUG COURTS

As the number of inmates in Kentucky prisons and jails increase, so do the costs of incarceration.[1] Drug Court provides a viable, effective and less expensive alternative to incarceration for non-violent drug addicted defendants. [2] In addition, drug courts provide a much needed opportunity for addicts to break the revolving door cycle of the criminal justice system and have a positive cost/benefit impact.[3]

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1 Kentucky prison population grew from 16,377 in June 2003, to 17,763 in June 2004 (8.5% increase) and to 18,897 in June 2005, (6.4% increase). U.S. Department of Justice, Office of Justice Programs, Prison and Jail Inmates at Midyear 2005 and Prison and Jail Inmates at Midyear 2004. The most current data (FY 03-04) places the average cost per inmate for incarceration in prison at $17,293; in jail, $9,967. Kentucky Department of Corrections, Cost to Incarcerate Table, FY 04.

2 A 2002 survey of jails found that 68% of jail inmates met the criteria for substance abuse or dependence. Karberg, J.C. and James, D.J. *Substance Dependence, Abuse and Treatment of Jail Inmates, 2002.* Washington DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2005.

3 In February 2005, the U.S. Government Accountability Office (GAO) concluded that most adult drug court programs demonstrated: lower re-arrest and conviction rates for drug court participants than a comparison group; recidivism reductions that were maintained for substantial intervals of time after the participants had completed the drug court program; and a positive cost/benefit ratio for the drug court participants. Government Accountability Office (February 2005). *Adult drug courts: Evidence Indicates Recidivism Reductions and Mixed Results for Other Outcomes. Report to Congressional Committees.* Washington, D.C., U.S. Government Accountability Office.

Since the inception of the Administrative Office of the Courts' Drug Court Department in 1996, it has focused on meeting the needs of the communities and the desire of judges to expand the programs.[4] As federal funding became more limited, this program was fortunate that the Kentucky General Assembly provided funding to continue existing programs and expand to jurisdictions without a program. As of November 2007, an operational drug court will be implemented in every jurisdiction desiring a program.

In order to implement a drug court, there must be a judge in the jurisdiction willing to volunteer his/her time to: 1) lay the groundwork for implementation of a program; 2) implement the program; 3) conduct the pre-court team meetings; 4) conduct the drug court sessions; and 5) be available as needed throughout the week to discuss participant situations that need immediate intervention. Due to large dockets, travel time between counties in multi-county jurisdictions, and other factors, judges in some jurisdictions have indicated that they are not able to commit to implementing a program at this time.

Having accomplished the goal of statewide programs, AOC looks forwards to enhancing services provided by Drug Court staff. The Committee's report will be a valuable tool to use in our efforts to more comprehensively analyze and improve our programs. We agree with the recommendations in the Committee's report and have set forth ways in which we intend to implement the recommendations or have articulated possible impediments to the recommendations.

Recommendation 2.1: The Administrative Office of the Courts should define the term graduate to include only those participants who successfully complete the three phases of the program and aftercare.

Agree. The Drug Court Department will change the Management Information System so as to define and capture "graduation" statistics as only those who have completed all three phases and aftercare. We will also encourage Drug Court Judges to hold graduation ceremonies after completion of the phases and aftercare. However, the ultimate decision of when to hold a graduation ceremony will continue to be determined by the local Drug Court Judge.

Recommendation3.1: The Administrative Office of the Courts should consider allocating more funding for treatment services.

Agree. Additional funding will be needed to increase the allocation for treatment services. In FY 07, the Department of Corrections provided $400,000, which was used to increase the amount of funding for treatment. Without the extra funding, all Comprehensive Mental Health/Mental Retardation (MH/MR) Boards would have provided treatment services without being fully reimbursed. Even with the extra funding, seven MH/MR Boards provided services without being fully compensated. For FY 08, the Department of Corrections has again provided $400,000 for treatment.

Recommendation 3.2: The Administrative Office of the Courts should consider conducting periodic assessments of program needs, design an action plan based on those needs, and integrate it into its budget requests.

Agree. Currently, prior to each General Assembly budget year, the Drug Court Department

4 For FY 07, 2,148 participants had graduated from drug court's 3 phases and aftercare, $2.2 million dollars in court obligations (including child support) was collected, and 2,000 participants were participating in the program's phases and aftercare.

conducts an assessment of the program's needs and provides that information to the AOC Budget Department so as to create a budget request. With the 2006 General Assembly's appropriation, the Drug Court Department achieved a statewide program. With a statewide program, the Drug Court Department can now focus on programmatic action plans in lieu of focusing on statewide growth.

As of July 1, 2007, the Drug Court Department has a sufficient number of Regional Supervisors to conduct quarterly formal site visits/audits of each Drug Court (in addition to other "informal" site visits and reviews). After the Supervisors review each program's number of referrals, accepted participants, case load, terminations, graduations, and court obligations collected, we will discuss ways in which to make services more efficient and effective for each program.

Recommendation 3.3: The Administrative Office of the Courts should consider negotiating fees for treatment services that more closely correspond to the costs of providing services.
Agree. However, due to a range of different fees charged by each of the 14 MH/MR Boards and the fixed funding available for treatment, it may be difficult to successfully satisfy this recommendation.

While treatment fees are paid by AOC, the majority of the Memorandums of Agreement do allow for fees up to $5 to be assessed for participants to pay after the MH/MR takes into consideration their socio-economic status.

Recommendation 3.4: The Administrative Office of the Courts should consider initiating more outreach efforts in counties in which relevant staff have relatively low caseloads.
Agree. AOC Drug Court staff will actively pursue educating Court of Justice disciplines in order to increase appropriate referrals. To best utilize staff, Drug Court Regional Supervisors will regularly review the number of participants in each program to determine if staff could assist other programs with higher caseloads.

Recommendation 3.5: The Administrative Office of the Courts should consider adding training on team dynamics for members of drug court teams.
Agree. AOC Drug Court staff will work with AOC Educational Services Department to find the best materials for team dynamics and will also consult with the National Association of Drug Court Professionals and the National Drug Court Institute to obtain information and materials.

Recommendation 3.6: The Administrative Office of the Courts should consider initiating a mentoring program through which more experienced drug court judges advise less-experienced drug court judges.
Agree. There is currently an informal mentoring process available to all new drug court judges. They are strongly encouraged to attend existing drug court sessions and to communicate with experienced judges in areas similar to their own jurisdictions. Due to calendar and docket schedules, it would be difficult to formalize this process. The AOC will continue to make new drug court judges aware of this resource and to encourage our more experienced judges to reach out to the new judges.

Recommendation 4.1: The Administrative Office of the Courts should consider trying to secure funding for a pilot program to assist with transportation for potential participants in drug court who would otherwise qualify for the program.

Agree. This is of particular concern for drug court programs in the rural areas of the Commonwealth. AOC will search for available grants designed to enhance existing drug court programs and make every attempt to secure funding to implement a transportation system to assist eligible drug court participants with meeting this requirement. Currently drug court staff performing eligibility assessments attempt to work with potential participants during the assessment to identify any and all possible modes of transportation, including utilizing the faith based community, prior to deeming participants ineligible.

The availability of transportation can be an issue due to the numerous requirements of the program. Prior to entering drug court, the majority of participants are unemployed and are not involved in structured activities. One goal of drug court is to assist participants in establishing a daily routine. The more a participant's time is structured, the less time s/he has to respond to the triggers and cravings associated with relapse. Ongoing involvement in productive, meaningful activities promotes recovery, strengthens employment skills, enhances education and serves to improve the overall quality of life for drug court participants following completion of the program.

Recommendation 4.2: The Administrative Office of the Courts should consider doing more outcome evaluations of adult drug courts. Priority should be given to courts that have been established longer. Drug court participants should be compared to members of appropriate control groups. Measures of recidivism should be over periods of time that are as long as feasible.

Agree. The AOC Drug Court Department has contacted the University of Kentucky Center on Drug and Alcohol Research (UKCDAR) for the purpose of obtaining grant funding to provide this evaluation[5]. AOC will also actively search for funding for an outcome evaluation. As indicated in Chapter 4 of this report, nationally there are valid concerns regarding evaluation methods and selection of groups for the studies.[6] If funding is secured, AOC will work with the evaluators to ensure approved, effective methods of evaluation and to implement the best possible model. With approved methodology, the Drug Court program would prefer to research recidivism rates over a five year period post-graduation from Drug Court. Currently, in Kentucky and nationally, the longest period for evaluation is two year post-graduation.

Nationally, research indicates that drug court participant's recidivism rates are approximately 10% less than the recidivism rates among traditional probationers. A 2004 Outcome Evaluation on Kentucky Drug Courts, conducted by UKCDAR, found that 2 years post-graduation, Kentucky drug court participants had a felony recidivism rate of 20% compared to 57% for defendants with similar backgrounds and criminal charges who were supervised through traditional probation.

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5 The 2001 Outcome Evaluation, which cost $153,363.56, was conducted by the UKCDAR and was paid for by federal grant funds.

6 However, the U.S. GAO's 2005 review of drug court research considered the 2001 Kentucky Outcome Evaluation to have met the rigid requirements set forth by the GAO. The GAO report did not review the 2004 Outcome Evaluation; therefore, made no findings as to it. Government Accountability Office (February 2005). Adult drug courts:

Recommendation 4.4: The Administrative Office of the Courts should strongly consider doing more cost-benefit analyses of selected drug court programs.
Agree. A major component of the 2001 Outcome Evaluation was the cost-benefit analysis. The AOC recognizes that this is a very valuable element of the evaluation and will ask that a cost-benefit analysis be included in an outcome evaluation if grant funding for the project is secured.

Recommendation 4.5: The Administrative Office of the Courts should consider devoting additional resources to inputting data into and analyzing data from its management information system to better evaluate the outcomes of drug courts. The system should be implemented to allow for long-term measures of outcomes for drug court participants and valid control groups and to compare the effectiveness of variations in local drug courts.
Agree. The current Management Information System (MIS) was initiated in FY 2006 and Drug Court began full reliance on the information in the system in FY 2007. The Drug Court Department will work with AOC Court Services, Research and Statistics to develop a mechanism by which data can be captured and analyzed more effectively and efficiently. As of July 1, 2007, the Drug Court Department added two new Regional Supervisors, for a current total of six. One of the responsibilities of the Regional Supervisors is to do quarterly site visits (which include reviews of participant charts and reviews of the MIS data), report findings back to central office and discuss those findings with local staff so as to increase the effectiveness and efficiency of the programs.

JUVENILE AND FAMILY DRUG COURTS
The Department of Juvenile Services at AOC began administering the Family and Juvenile Drug Court Programs in September 2006. The Department for Juvenile Services has collaborated with the Department for Mental Health & Mental Retardation and the Cabinet for Health & Family Services to enhance treatment for the unique population served by these programs. This unique population, the youth at risk and the families affected by substance abuse, are better served through the Department of Juvenile Services due to their array of programs and expertise to assists families and youth involved in the court system. This is most apparent since 80% of the cases before the courts today are due to substance abuse related offenses.

The focus of the AOC Juvenile Services Department regarding the administration of these programs is to provide consistency throughout by enhancing assessments tools, educational materials and specialized training for the staff. In addition, the Management Information System has been updated to be more specialized in Juvenile and Family Drug Court needs regarding reporting mechanisms and data collection.

<u>Juvenile Drug Courts</u>
Since September 2006, the Department for Juvenile Services has developed the first Juvenile Drug Court Policy and Procedure Manual specifically designed to provide program services to adolescents across the commonwealth and have begun using the GAIN-Q, a mental health substance abuse assessment tool designed by Chestnut Health Systems. The tool and training were provided through the Department of Mental Health and Mental Retardation. Three Juvenile Drug Court staff have been certified as trainers and all juvenile drug court staff are certified to use the assessment tool.

Juveniles may now receive services provided by the Juvenile Drug Court Program prior to any formal sentencing or charges against the youth. This prevention program model, a diversion process, may be utilized when juveniles are referred through the Court Designated Worker program, the Truancy Diversion Program or through other means to Juvenile Drug Court for assessment. If eligible, this diversion model allows the Juvenile Drug Court to serve a preventative function in addition to an intervention function. The incorporation of a psych-educational curriculum, SIGNALS, provides materials to specifically address substance abuse and prevention techniques.

There are 20 Juvenile Drug Courts in 19 counties with two separate Juvenile Drug Courts in Whitley County. There has been a 31% increase in participants since Juvenile Services began administering Juvenile Drug Courts in September 2006.

Family Drug Court

The Department of Juvenile Services began administration of evidence-based pilot Family Drug Courts in September 2006. Currently, participants are served in Fayette County and Jefferson County. The Department has partnered with the Cabinet for Health & Family Services and Operation UNITE to expand pilot Family Drug Courts in other judicial circuits.

Both Fayette and Jefferson Counties have included *Celebrating Families,* a child and parent program through the University of Kentucky, to provide parenting and child development skills through interactive and group activities for both parents and children. The program encourages involvement by foster parents, grandparents and siblings.

In addition, since the Family Court process is civil in nature, the use of criminal sanctions in pilot Family Drug Courts is being examined. Numerous studies have indicated that motivational incentives enhance the success of drug court participants.[7] In studies conducted using voucher based incentives for cocaine dependence, the results were that combined with behavioral counseling, there was an increase in cocaine abstinence,[8] and that there was an increase in cocaine abstinence relative to behavioral counseling with no incentives.[9] Therefore an incentives based program is being developed to provide an array of incentives to better empower participants and establish social bonding and relationships.

Recommendation 2.1: The Administrative Office of the Courts should define the term graduate to include only those participants who successfully complete the three phases of the program and Aftercare.

Agree: The issue of Aftercare occurring before or after graduation is being reviewed to provide a consistent policy throughout all sites.

Recommendation 4.3: The Administration Office of the Courts should consider doing more outcome evaluations of juvenile and family drug courts. Standard outcome measures should be developed so that evaluations of different courts are comparable. If possible, drug court participants should be compared to members of appropriate control groups.

Agree: There will be a research study conducted by the University of Kentucky entitled *Intergenerational Drug Endangerment of Children Drug Court Pilot Study*. Participants of the

7 Silverman et al., 1996; Kidorf et al., 1996; Stitzer et al., 1982
8 Higgins et al., *American Journal of Psychiatry*, 1993, 150, 763-769
9 Higgins et al., *Archives of General Psychiatry*, 1994, 51, 568-576

Family Drug Courts will take part in this study. Additionally, the AOC has contacted the University of Kentucky Center on Drug and Alcohol Research (UKCDAR) for the purpose of obtaining grant funding to provide an evaluation specific to juvenile drug courts and family drug courts.