

# The Impact of Treatment: The Jefferson County (Kentucky) Drug Court Program

BY GENNARO F. VITO, PH.D., AND RICHARD A. TEWKSBURY, PH.D.\*

## *Introduction*

**T**HE JEFFERSON County Drug Court Program is based upon the Dade County, Florida, model—“the best known special treatment approach” of this kind (Smith, Davis, & Lurigio, 1995, p. viii).<sup>1</sup> This model diverts first-time, drug possession offenders into a 12-month community treatment program that includes acupuncture and the development of social and educational skills. It is monitored directly by the drug court judge who helps supervise the offender’s treatment program. This model breaks down the traditional adversarial roles assumed by defense attorneys and prosecutors. If the judge believes that offenders are trying to break the pattern of addiction, offenders remain in treatment even after they test positive for drugs several times. Therefore, the treatment period may continue indefinitely until the offender successfully completes the program. Following a detailed review of Dade County drug court procedures and outcomes, the Jefferson County Drug Court was established in November 1992.

The core of the drug court is a 1-year (minimum) treatment program divided into three phases. Each phase has specific requirements for participation in the various treatment modalities or educational programs. A unique feature of the drug court is that treatment and education programs are combined with direct judicial oversight and involvement. In this respect, the Jefferson County Drug Court Program is focused primarily on provision of treatment services and secondarily on drug abuse prevention.

The drug court extends judicial oversight throughout all phases of the program rather than just the initial diversion stage. Besides participating in treatment, clients are required to attend sessions of drug court on a schedule set by the judge. Before weekly sessions of drug court, the judge is provided with progress reports on each client scheduled to appear. During these court sessions, the judge reviews program progress with the client. Upon review, the judge may: 1) continue client participation, 2) permanently remove the client from the program, or 3) remand the client to a term of jail incarceration for failure to meet program requirements.

The central role played by the drug court judge introduces a personal touch not typically evident in court proceedings. Although the main objective is diversion (to keep clients from failing and being returned to jail), treatment is emphasized.

Participation in the drug court is voluntary. Referrals may come from public or private attorneys. Clients must be 18 years of age and meet the following criteria that have been set by the prosecutor:

- **Possession versus Trafficking Cases.** Preference is given to cocaine possession cases. Trafficking cases only are considered after a review of possession cases.
- **Prior Drug Arrests.** Defendants with multiple trafficking arrests in their history are not considered. Individuals with prior arrests for possession remain in the pool for review.
- **No History of Violent Offenses.** Offenders with a record of violent offenses are not eligible for participation in the drug court program.
- **Eligibility.** Only Jefferson County cases are eligible for the program.
- **Police Approval.** The lead officer in the arrest is consulted in the decision to recommend a client for diversion to drug court.
- **Quantity of Cocaine.** Any offender in possession of one or more ounces of cocaine is not eligible for drug court. Any offender arrested with five or more grams of cocaine is presumed to be trafficking in drugs and is placed on the trafficking list of offenders eligible for program review.

In addition, the prosecutor may include or exclude clients for program consideration based upon extenuating circumstances.

Once clients meet the initial screening criteria, they must undergo a psychosocial assessment by drug court personnel. This assessment contains several items that seek to establish a baseline of demographic, social, and psychological information on the client. The purpose of the assessment is to determine whether the client is amenable to treatment and does not pose a risk to the community. The assessment serves as the basis for the development of a treatment plan.

Drug court participants agree to abide by program rules before entry. The client must meet all program

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\*Both authors are with the Department of Justice Administration, University of Louisville. Dr. Vito is a professor and Dr. Tewksbury is an associate professor.

regulations, be punctual, attend all required program sessions, be nonviolent, refrain from attending treatment sessions while under the influence of drugs, and behave lawfully. The aim is to create and maintain a receptive treatment environment, promote prosocial behavior, and establish a sense of individual accountability among clients.

The various treatment programs offered through the drug court include: acupuncture, meditation, individual counseling, group therapy, Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), and chemical dependency education. Clients are encouraged to maintain employment or enrollment in academic or vocational programs or to actively seek such involvement. Detailed treatment plans are developed for each client and used to monitor program compliance and progress. Treatment plans may be adjusted with the agreement of the client and appropriate staff.

### ***Treatment Phases***

The three phases of drug court treatment are: detoxification, stabilization, and aftercare. Clients are required to meet or exceed treatment requirements at each phase.

#### *Phase 1—Detoxification*

The initial phase of the treatment program is designed to provide intensive treatment modalities that will ease the client's abstinence from substance abuse. The length of this phase is a minimum of 10 working days and includes the following requirements:

- Four random drug tests.
- Attendance at a minimum of five weekly meetings of AA/NA.
- Participation in all individual and group counseling sessions as determined by program staff.

Additionally, acupuncture and/or meditation sessions are suggested, but not required, aspects of the treatment program.

To move from Phase 1 to Phase 2, the client must:

- Receive a maximum of four negative drug screens.
- Attend all assigned individual and group therapy sessions.
- Attend all weekly AA/NA meetings.

As the range and intensity of treatment modalities during Phase 1 indicate, the goal is to ease and maintain abstinence from drug use. Acupuncture and meditation are incorporated as components of treatment to help the client reduce the anxiety and stress that may accompany cessation from drug use. Both acupuncture and meditation are offered as options. Clients may elect to use either or both procedures.

#### *Phase 2—Stabilization*

Phase 2 is based upon the details outlined in the individualized treatment plans. The duration of this phase is a minimum of 108 days. The goal is to continue the intensive treatment program to stabilize the abstinence of the client. Since the program requirements are based upon individualized treatment plans, they may vary. However, all treatment plans contain the following provisions:

- Acupuncture and/or meditation sessions as needed/requested.
- Two weekly drug tests. A minimum number of positive drug screens during each of the first 4 weeks and no positive drug screens by the sixth week of this phase are necessary to move to Phase 3.
- Attendance at a minimum of four AA/NA meetings as prescribed by the treatment plan. Clients must obtain an AA/NA sponsor.
- Attendance at all individual and group counseling sessions as prescribed by the treatment plan.
- Significant progress toward meeting treatment plan goals as determined by treatment program staff and the drug court judge.

#### *Phase 3—Aftercare*

Phase 3 begins once clients have met the requirements for stabilization. This phase is the lengthiest in the treatment program (6 months). The requirements for Phase 3 are based upon individual treatment plans and are progressively less intensive. The treatment includes educational and community "reentry" components not present in the prior two phases. The requirements for this phase are:

- Acupuncture and/or meditation sessions as requested by the client.
- Random drug tests.
- Participation in educational, vocational, remedial, and other training programs as specified in the individual treatment plan.
- Individual and group counseling as needed.
- Attendance at a minimum of three AA/NA meetings per week.
- Maintenance of and regular contact with a full-time AA/NA sponsor.

To graduate from the drug court program, clients must meet the following requirements: 1) remaining drug-free as shown by the results of their drug tests in the last 2 months of this phase; 2) securing or maintaining employment or enrolling or maintaining enroll-

ment in an educational program; and/or engaging in full-time parenting responsibilities. Additionally, only those clients who have paid all accrued fees will be permitted to graduate from drug court. The judge is continually informed of client progress through each phase. The judge determines the level of progress in each phase and through program completion.

### ***Effectiveness of Drug Court Treatment Programs***

The findings concerning the effectiveness of drug court programs are mixed. Improvements in recidivism rates are minimal at best. For example, Smith, Davis, and Goretsky (1992) reported 1-year rearrest rates for drug court defendants of 14 percent in Milwaukee, 22 percent in Chicago, and 35 percent in Philadelphia. These rates were not significantly different from those of comparison groups in each of the three cities.

An evaluation of the Maricopa County (Arizona) Drug Court examined the performance of 630 offenders who were randomly assigned to drug court or regular probation. Offenders were tracked for 1 year. The program was designed for probationers convicted of a first-time, felony drug possession offense. These clients participated in a comprehensive outpatient drug treatment program. Their progress was monitored by the drug court judge. The research determined that the drug court achieved most of its goals. Forty percent of the drug court participants successfully completed treatment within 1 year. Yet, while the program gave clients more supervision and a structured system of rewards and punishments, there was no evidence that it reduced recidivism or drug use. Offenders in the drug court program did not have fewer new arrests (16.95 percent versus 15.37 percent for the control group), but they did have a lower overall rate of technical violations (7.91 percent versus 11.9 percent) (Deschenes, Turner, & Greenwood, 1995, p. 113). The drug court reduced system workload because 30 percent of its clients were released from probation after 1 year instead of completing the 3-year sentence imposed.

A study of the Miami Drug Court Model followed 326 defendants into and through the program in the fall of 1990 over an 18-month period. Rearrest rates for drug court defendants (33 percent) were lower than those registered by the members of the four comparison groups (rates ranging from 53 to 55 percent) (Goldkamp, 1994, p. 129). When drug court defendants were rearrested, they averaged two to three times longer to first rearrest than all comparison group defendants. It also was noted that "the longer defendants remain in the program the greater the chances for achieving favorable treatment outcomes" (Goldkamp, 1994, p. 134). Remaining in the treatment program also was a key element in the success of clients treated under the national model program, Treatment Alternatives to Street Crime (TASC) (see Inciardi & McBride, 1991).

New York City's drug court model was evaluated by tracking recidivism outcomes from 2,758 drug court defendants and 3,225 members of a comparison group. This study reported all forms of recidivism: rearrest, reconviction, and reincarceration. There were no significant differences in the rates of offenders convicted in a first felony rearrest case—approximately 52 percent of the drug court defendants and 54 percent of the comparison group (Belenko, Fagan, & Dumanovsky, 1995, p. 67). Failure or lag times between the sample arrest and rearrests did not differ between the groups. There was little evidence that the more rapid processing and more lenient sentences received by felony drug offenders in the drug court altered either the likelihood or the temporal pattern of recidivism compared with defendants disposed in the regular courts (Belenko, Fagan, & Dumanovsky, 1995, p. 76).

In sum, these studies document only one instance where drug court clients had a lower rearrest rate (Miami) and three studies from five sites (Chicago, Maricopa County, Milwaukee, New York City, and Philadelphia) where they did no worse than their research counterparts.

### ***Research Design***

This research followed a quasi-experimental design. First, we compare the demographic and social attributes of clients in the drug court program ( $N = 237$ ) and those of persons who were screened for, but elected not to enter, the program ( $N = 76$ ). This "self-drop" group serves as a comparison group (see Adams, 1975).

### ***Demographic Comparisons***

At this point, comparisons between the drug court clients (experimental group) and the self-drop group (comparison group) will suggest whether significant differences exist between those individuals who enter the program and those who do not. The results will indicate the type of client that the drug court program serves.

Obtained from program files, data were compiled by using the Offender Profiling Index, a computer program developed under a grant to the National Association of State Alcohol and Drug Abuse Directors from the Office of Justice Programs, Bureau of Justice Assistance, U.S. Department of Justice (see Inciardi, McBride, & Weinman, 1993). We determined that both groups were nearly identical in their demographic attributes. The only statistically significant difference between the groups was sex. There were more males in the drug court clientele (79 percent versus 66 percent).<sup>2</sup>

The two groups also were comparable regarding their educational attributes. The only difference was in the school stake index score compiled by the OPI.<sup>3</sup> Here, the drug court clients had a higher average score, suggesting a greater investment in educational pursuits and achievement. This result was probably due to the

cumulative impact of the educational performance of the drug court group. Most of them had received a GED (76 percent) and had enrolled in vocational or technical courses (63.3 percent). The drug court clients may be more motivated to be involved in educational programs. Concerning social functioning, the OPI indicators revealed no statistically significant differences between the drug court clients and the comparison group. Both groups seem equally committed to working and supporting themselves. Both the drug court clients and the comparison group appeared to receive equal amounts of support from their families. There were no statistically significant differences between the two groups on these variables. Further analysis determined that there also were no statistically significant differences between the two groups regarding their history of substance abuse.

The analysis revealed two statistically significant differences between the two groups regarding their mental health history. Drug court clients were more likely to have been treated for mental health problems (85.5 percent). Drug court clients also registered a higher average score on the Psychological Stake Index score, suggesting a greater investment in maintaining psychological stability. This higher score was probably due to the higher percentage of drug court clients who had “acted out of control” (75.5 percent) and considered suicide during their lives (26.4 percent). These results show that drug court clients have a more severe mental health history than the comparison group.

On the basis of this analysis, it appears that the drug court clients were somewhat unlike the members of the comparison group. There were more males and a more severe mental health history in the drug court group. These factors may lead to a higher risk of failure. However, the drug court defendants volunteered for the program, so selection bias is a threat to the validity of the research findings. These defendants may have greater motivation to enter and complete the treatment program.

*Impact Findings: Graduation Rates*

Here, we conducted a multivariate analysis to determine the factors associated with completion of the Jefferson County Drug Court Program in the experimental group (N = 235). Over the period in question, 56 (23.8 percent) of the drug court defendants graduated from the program. This rate is comparable to those listed by other programs in the literature on drug courts.

This inquiry was based upon the use of the chi-squared automatic interaction detector (CHAID) technique (see Jones, 1994). Basically, this technique segments the sample of respondents and reveals the interrelationship between the independent variables<sup>4</sup> and graduation from the drug court program. The categories that result from the analysis display the vari-

ables that have the strongest relationship to program completion while controlling for the effects of all other independent variables. The result of this analysis is presented in Table 1.

TABLE 1. CHAID ANALYSIS—DRUG COURT GRADUATION

Category	Rate
African Americans	41.54% (N = 65)
Whites who have a GED	21.93% (N = 114)
Whites who do not have a GED	7.14% (N = 56)

These results show that African American defendants were most likely to complete the Jefferson County Drug Court Program successfully. An additional comparison between drug court defendants by race revealed no statistically significant differences between the groups. African Americans appeared to respond to the treatment program better than whites who took part in the drug court. No other variables were related to drug court program completion among African Americans. Among white drug court defendants, clients with a GED were more likely to complete the treatment program. No other variables emerged from the analysis.

*Impact Findings: Recidivism Results*

In this portion of the analysis, we compared the performance of both groups regarding reconviction rates over a maximum follow-up period of 1 year. Unlike the previous studies, we used reconviction for a felony (or a probation violation for a new felony) as the outcome measure of effectiveness. Reconviction provides the best indicator of failure since it shows that diversion has completely collapsed. Data were collected from the files of the Jefferson County (Kentucky) District and Circuit Courts.

Here, the experimental group was subdivided into two subgroups according to their program completion status. This breakdown reflects how drug court defendants responded to the treatment program and thus gives a more comprehensive indication of program performance. As the results in Table 2 show, drug court graduates outperformed their counterparts. About 13 percent of the graduates were reconvicted while the non-graduates and the members of the self-drop comparison group had similar failure rates (59.5 and 55.4 percent).

Although previous evaluations of drug courts used rearrest as an outcome measure, the lower reconviction rates registered by the Jefferson County Drug Court Program graduates is remarkable by comparison. Only one of the other published reports shows any

difference in rearrest rates between drug court defendants and other similarly situated groups (Miami). However, this finding is conspicuously consistent with research findings that consistently demonstrate that criminal justice clients who complete drug treatment programs are less likely to recidivate (Anglin & Hser, 1990; Gendreau & Ross, 1987; Hubbard et al., 1989; Vito et al., 1990, 1992, 1993). The experience of the Jefferson County Drug Court treatment program bolsters these findings. Drug treatment programs can effectively reduce recidivism rates.

TABLE 2. RECONVICTION RATES FROM THE DRUG COURT IMPACT EVALUATION<sup>5</sup>

Convicted?	Comparison Group	Drug Court Graduates	Drug Court Non-Graduates
Yes	41 (55.4%)	7 (13.2%)	97 (59.5%)
No	33 (44.6%)	46 (86.8%)	66 (40.5%)

We also examined the nature of the new charges among the persons convicted across the three groups. If the new charge involved drugs or alcohol, such activity would suggest an inability to abstain from substance abuse. The results in table 3 show that the drug court graduates had the lowest rate of convictions for a drug- or alcohol-related offense. However, the size of the subgroup sample was too small to make statistical analysis possible.

TABLE 3. NATURE OF CONVICTION CHARGE

New Charge	Comparison Group	Drug Court Graduates	Drug Court Non-Graduates
Drugs or Alcohol	23 (56.1%)	3 (42.9%)	45 (46.4%)
Other	18 (43.9%)	4 (57.1%)	52 (53.6%)

Again, CHAID analysis was conducted to determine which independent variables were related to reconviction. Given the aforementioned differences between these groups, multivariate analysis could provide some measure of control for these differences. The same set of independent variables was used plus the variable indicating group membership (comparison, graduate, and non-graduate groups). The analysis revealed that completion of the drug court program was strongly related to low reconviction rates even when the other independent variables were taken into account. Program completion was the best predictor of success. Among the comparison and non-graduate groups, the use of mari-

juana was significantly related to high reconviction rates. No other significant predictors emerged.

TABLE 4. CHAID ANALYSIS—RECONVICTION RATES

Category	Rate
Members of the comparison and drug court groups who used marijuana daily	70.53%
Members of the comparison and drug court groups who used marijuana less than once a week	50.0%
Drug court graduates	13.21%

### Conclusion

The results of the impact evaluation of the Jefferson County Drug Court were positive, especially concerning reconviction rates. Completion of the treatment program was a definite indicator of success. However, some questions remain.

First, some explanation of why African Americans were more likely to complete the program must be determined. Perhaps, they are more amenable to change or more appreciative of the second chance that the drug court program provides. The best way to approach this question is to conduct exit interviews with the program graduates in the future.

Second, daily marijuana users who did not complete the treatment program were most likely to recidivate. The treatment providers should explore why this group had a particular problem with recidivism. One would expect that cocaine users would be the worst risk.

Finally, some attention should be given to the factors related to success in TASC programs (Inciardi & McBride, 1991). Overall, research findings showed that most of these programs effectively performed their designed functions. The research noted their ability to focus on the "critical elements" of TASC:

- Broad-based support by the justice system and treatment community;
- An independent TASC unit with a designated administrator;
- Policies and procedures for regular staff training;
- A management information program evaluation system;
- Clearly defined client eligibility criteria;
- Screening procedures for early identification of TASC candidates within the justice system;
- Documented procedures for assessment and referral;
- Policies, procedures, and technology for monitoring clients' drug abuse status through urinalysis or other physical evidence; and

- Monitoring procedures for ascertaining clients' compliance with established TASC and treatment criteria and regularly reporting clients' progress to referring justice system components.

These elements can serve as a guide to the development of sound and effective drug court programs. Drug court program administrators should perform their own management audit using these components as a benchmark.

#### NOTES

<sup>1</sup>For information about this program, contact: Linda Weis, Program Manager, Jefferson County Drug Court, Jefferson County Health Department, 2516 West Madison Street, Louisville, KY 40211.

<sup>2</sup>The only significant between group difference was SEX (Chi-square value = 4.99, df = 1, significance level = .025).

<sup>3</sup>The only statistically significant score between groups was on the SCHOOL STAKE INDEX SCORE (t-value = 1.45, df = 237.79, sign. = .02).

<sup>4</sup>The independent variables for the CHAID analysis were either demographic (age, race, sex) or were drawn from the Offender Profile Index (Cocaine Frequency, Criminal Justice Score, Crack Frequency, Educational Stake Score, Family Support Index Score, GED, Marijuana Frequency).

<sup>5</sup>Pearson Chi-Square Value = 35.459, significant at .000 with two degrees of freedom.

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