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OPERATION UNITE: A QUALITATIVE ANALYSIS
IDENTIFYING CRITICAL FACTORS
FOR IMPLEMENTATION

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April 12, 2007

Capstone

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I. Executive Summary

UNITE is an acronym meaning Unlawful Narcotics Investigations, Treatment and Education. It reflects the three-pronged, comprehensive approach deemed necessary to combating substance abuse in Kentucky Fifth Congressional District. Of Kentucky's 120 counties, 24 of them do not have an organized regional drug task force. Fifteen of these counties with no active drug task force are represented in the Bluegrass Area Development District's region. Current social and political perceptions across Kentucky recognize Operation UNITE efforts as largely successful. The evaluation responded to the following research questions: What factors lead to success in Kentucky's Operation UNITE? Are these factors transferable in treating Central Kentucky's substance abuse problems? An open-ended interview guide was used to collect data from fifteen Operation UNITE and three partnering organizations staff. The results identified 6 critical factors needed to implement Operation UNITE: a three-prong approach, financial resources, strong employee qualities, cross training, communication mediums, and checks and balances. The data collected also identified staff perceptions of internal and external success and challenges to service delivery pathways. The study's findings are intended to assist in understanding the collaboration, coordination, and functionality of Operation UNITE. The study recommendations the findings be considered when implementing the UNITE regional drug task force model in the Bluegrass Area Development District region.

II. Background

Historically, the United States has dealt with widespread drug abuse since the 1860s (Shenkman, 1989). The dramatic rise in murder rates among gangs since the 1980s has also been directly or indirectly linked to substance abuse (Donziger, 1996). Over the years there has been much controversy over the effect of reducing drug usage and users on crime reduction.

According to Bennett, Dilulio, and Walters the most notable time period for intense drug usage occurred between 1960 and the 1980's, and by 1990 the War on Drugs became the U.S. top national security problem (As cited by Cardenas, 2002). The attention given to reducing drugs and crimes in America's cities and small towns prompted federal government involvement: the Reagan Administration developed programs like "Just Say No". Since then there have been other programs, including D.A.R.E. (Drug Abuse Resistance Education) which was created in 1983 to provide school aged children with the skills to avoid involvement in drugs, gangs, and violence (DARE). In 1998, the Anti-Drug Abuse Act was passed. The legislation called for the implementation of multi-jurisdictional drug task forces in an effort to join state, federal, and local drug deterring agencies together to help combat drugs abuse, trafficking, and crime across the U.S. Like other parts of the U.S., Kentucky experiences problems as a result of drug use and abuse.

In 2005, Kentucky was second in the nation with 510,000 marijuana plants eradicated, according to the Kentucky State Police. Cocaine trafficking is very profitable in small rural areas of Kentucky in comparison to larger metropolitan areas where there is more competition. According to sample data from the Kentucky medical examiner, 50% of overdose reports sent to the medical examiner for toxicology review involved methadone. Growing concerns amongst Kentuckians are the misuse of prescription drugs and number of crystal meth labs. In a 2004

Kentucky Incentives for Prevention (KIP) study of 93 counties, over 13% of 10th graders had reported using prescription drugs in the last 30 days to “get high” (ODCP 14). In August 2004, Governor Ernie Fletcher enacted a comprehensive drug control plan, creating an Office of Drug Control Policy (KODCP, 2005). The effort is aimed at reducing the use of drugs, minimizing the cost of repeat offenders, saving lives, offering more treatment facilities, and educating Kentucky’s youth on the dangers of drugs. Currently, the Kentucky Office of Drug Control Policy has set forth various core values and guiding principles, one of which is to coordinate overall research and evaluation of effectiveness of programs and services.

When looking at other effective drug programs and services within the state, one comes to mind, Operation UNITE. UNITE (Unlawful Narcotics Investigations, Treatment and Education) “reflects the three-pronged, comprehensive approach deemed necessary to combating substance abuse in Kentucky. UNITE’s goal is to educate and activate individuals by developing and empowering community coalitions to no longer accept or tolerate the drug culture” (UNITE).

In April 2003 U.S. Congressman Harold Rogers launched Operation UNITE. Rogers began UNITE after a special report published by the Lexington Herald-Leader titled “Prescription for Pain.” The report focused on the dependence and deception linked with drug abuse in Rogers’ South Eastern Fifth Congressional District. Operation UNITE serves 29 counties in Kentucky's Fifth Congressional District. Since 2003, UNITE has received almost \$32 million from the Department of Justice. Recent statistics shown below in Figure 1, collected by Operation UNITE, indicate a dramatic decrease in criminal charges, number of meth labs, drugs removed or seized, and total street value of drugs removed from 2004 through 2007 in the UNITE service region (Appendix 2).

Figure 1

	2007	2006	2005	2004
Criminal charges placed	163	1,030	1,504	801
Methamphetamine labs dismantled	2	14	16	13
Drugs removed or seized				
Pills	1,601	12,961	22,074	13,166
Methamphetamine (solid grams)	2	57	397	4,666
Cocaine (solid grams)	57	577	6,529	1,544
Processed marijuana (solid grams)	189	52,733	22,984	14,902
Marijuana plants	0	546	2,109	1,488
Total street value of drugs removed (Rounded to nearest dollar)	\$20,178	\$1,420,645	\$3,001,924	\$2,304,126

*Source Operation UNITE Website

As Operation UNITE makes successful gains in Eastern Kentucky, Central Kentucky has experienced a “spill over” effect (Gruber, 2004). This is believed to have caused many drug dealers and users to migrate into the Bluegrass Region, because they are no longer under the watchful eye of Operation UNITE. A recent report supports this assumption showing prescription pill usage per 1000 persons decreased 4.4% in the UNITE region and increased 4% in Central Kentucky (UNITE). As Operation UNITE moves towards success many Central Kentuckians, local, state, and federal elected officials feel something needs to be done to address the lack of a regional drug task force in the Bluegrass Area Development District.

For purposes of this study, success is defined as: the ability of Operation UNITE staff to collaborate with one another, to plan and implement education programs, facilitate treatment to drug users and their families, support law enforcement efforts to reduce illegal drug use, and the ability to meet goals set forth by the Federal Anti-Drug Abuse Act, the Kentucky Office of Drug Control Policy, and Operation UNITE. The Bluegrass Area Development District Region is comprised of 17 counties located in and around Central Kentucky (See Appendix 1). The

counties included in this region are Anderson, Bourbon, Boyle, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jessamine, Lincoln, Madison, Mercer, Nicholas, Powell, Scott, and Woodford. These counties also make up the majority of Kentucky's Sixth Congressional District represented by Congressman Ben Chandler. On January 19, 2006 Congressman Chandler announced that Powell, Estill, and Madison Counties would receive funding to begin Operation UNITE pilot programs, because of the increase and proliferation of drug dealers and users penetrating into the Central Kentucky region.

When conducting the analysis it was important to devise a research strategy and prognosticate possible outcomes of that strategy. The study includes a detailed qualitative analysis of Operation UNITE. Qualitative data themes include detailed, thick descriptions, inquiry in depth, direct quotations capturing people's perspectives and experiences. This analysis relies only on qualitative measures. Internal consistency and logic of each approach, or paradigm, mitigates against methodological mixing of different inquiry modes and data collection strategies (Guba and Lincoln 1998).

According to John Lofland (1971) there are four people oriented mandates in collecting qualitative data. First, the researcher must get close enough to the situation and the people being studied to understand the depth and details of what goes on. Second, the qualitative data must understand the perceived facts and take into account what takes place during program implementation. Third, the analysis must take down very descriptive detail of people, places, activities, interactions, and settings. Fourth, the qualitative analysis must include direct quotes from people, both what they speak and what they write down. This level of detail during interviews in the field helped to see things that may routinely escape conscious awareness among participants and staff, while discovering things that no one else has paid attention to. The

interviews will help the study to analyze the context of how the program operates and allows the interviewer to move beyond the selective perceptions of others (Lofland, 1971:93).

III. Research Questions

Current perception in Central Kentucky is that Operation UNITE efforts have proven to be successful. Therefore, the Bluegrass area could benefit by expanding UNITE into the Sixth Congressional District. The implementation evaluation responded to the following research questions: What factors lead to success in Kentucky's Operation UNITE, a regional anti-drug initiative focusing on education, treatment and investigations related to substance abuse? Are these factors transferable in treating Central Kentucky's substance abuse problems?

IV. Research Design

The goal of this research is to evaluate the factors leading to success in Kentucky's Operation UNITE, in order to replicate this program in Bluegrass Area Development District. A descriptive implementation evaluation requires an evaluation of implementation variables, implementation factors, a logic model, and assessments of program templates.

Before choosing components to use in the design of the evaluation, it is important to assess the "transparent box" paradigm (Wholey 2004: 212). This paradigm promotes careful study of program delivery, encouraging consideration of organizational and environmental factors outside the program. The paradigm provides a realistic perspective of the factors that produce program outcomes, helping the managers and staff strengthen the program. After implementing the use of the transparent box paradigm, the next step in this evaluation was to use the chronological model, identifying four stages of implementation evaluation: Stage 1) Assess need and feasibility, Stage 2) Plan and design the program, Stage 3) Deliver the program, and Stage 4)

Improve the program. It is important to note that the chronological model does not account for programs not following a systematic process from one development stage to the next.

Stage 1: The evaluation included an implementation research review pertinent to Operation UNITE. The research review establishes successes and failures associated with the current program. The research review helped to define the conceptual framework of the analysis and determined program indicators (Babbie 1998: 120). One way to perform a research review is to assemble a small team of managers and front-line staff knowledgeable about the program area (Wholey 2004:71). The research review entailed an extensive overview of current literature on Operation UNITE, helping to identify critical organizational factors. The variables and factors this study addressed were internal staff collaboration and coordination. Specifically, what components lead to Operation UNITE regional success and what impact these factors have on Central Kentucky? Implementation factors can best be attained through interviews with key informants with Operation UNITE. These interviews helped to identify opinions, perceptions, and facts from those officials that hold special knowledge on the networking of the program. The benefit of interviewing key informants is that they can help to assess the feasibility of implementing various program options (Wholey 2004: 72). The challenge to informant interviews is that they require an experienced interviewer to ask applicable questions in a brief period, while encouraging honest answers. The interview questions were subjected to a pre-test and reviewed before use in the general study. The interview questions were sent in advance to the key informants and we arranged a time and date for the interviews. This is one method of implementing a key informant interview (Wholey 2004: 72). When implementing interviews to organization staff it is critical to examine both reliability and the threats to validity.

Joppe defines reliability as the extent to which results are consistent over time and an accurate representation of the total population of the study is referred to as reliability. If the results of a study can be reproduced under a similar methodology, then the research instrument is considered to be reliable (2000: 1). During the research design, the accuracy of this qualitative study was judged by its own paradigm's terms (Healy and Perry, 2000). In qualitative paradigms Lincoln & Guba (1985) use terms such as “Credibility, Confirmability, Consistency, Dependability and Applicability or Transferability as the crucial standard for quality” (as cited by Golafshani, 2003). The reliability of this research data was verified through examination of such items as raw data, data reduction products, and process notes (Campbell, 1996). Next, the research design addressed the common threats to validity. Quantitative analysis uses two questions to determine validity: Are the means of measurement accurate? Is the measurement actually measuring what it is intended to measure (Golafshani, 2003)? However, qualitative analysis determines validity through credibility, transferability (Hoepf, 1997) and precision (Winter, 2000). These measures were accounted for during the research design. The next stage, Stage 2 includes plan and design of the program.

Stage 2 of the implementation evaluation includes a full review of Operation UNITE’s program categories and logic model, evaluation of the major service activities, program components, and logic behind Operation UNITE. Composing a program area assessment helped to identify key outcomes, program components, and major service activities.

Stage 3 of the evaluation included a component analysis. The component analysis focused on the physical internal organizational structure of Operation UNITE. Stage three included an organizational flow chart and logic model. This stage primarily takes aim at asking internal organizational structure questions to UNITE staff. These questions were geared towards

addressing critical structural factors for implementing Operation UNITE. This step helped to provided internal knowledge about the organization, which will be necessary if the program is replicated in the future.

Stage 4 is the final stage in the research design of Operation UNITEs implementation evaluation. This stage utilized the service delivery pathway. The service delivery pathway helps to identify why the program is achieving successful outcomes (Wholey 2004:91). Example: The study looked at the successful outcomes of an Operation UNITE partnering faith-based treatment program, and evaluated the success and weaknesses of the program's ability to get out their message and help drug addicts. Identifying the success and challenges has resulted in the ability to serve more patients, reduce inefficiencies in the current system, or provide guidance to new programs.

These four stages and the research components make up the research design of Operation UNITE's implementation evaluation. Upon completion of the research design a data collection plan was utilized.

V. Data Collection Plan

The implementation review and implementation factors were used to collect qualitative data. Data sources included Operation UNITE staff, Bluegrass Area Development Substance Abuse Forum, Bluegrass Area Development Human Services Committee, Operation UNITE Press Conference and rally, and partnering organizations staff. These entities helped to collect background information, organization system detail, and qualitative information on UNITE's impact in the Eastern Kentucky region.

The evaluation looked at the Operation UNITE model, and data was collected via one-on-one, phone, and group interviews. While conducting interviews during the fieldwork, it was

important to design the analysis around the evaluation questions. The evaluation questions, objectives, and issues of interest were identified and specific (Wholey 2004: 368). The process included clarifying each evaluation question, identified the types of information that were addressed in the study, and developed interview strategies. Operation UNITE is a large program and has many different players. Therefore, it is important to interview persons that represent the diversity of the program and how these different parts fit together. In addition, the study selected partnering organizations to interview, for a better grasp on external or grassroots collaboration.

Identifying the site selection and staffing is straightforward with Operation UNITE: there is only one program and one UNITE model to evaluate. There is only one selection sample UNITE employees, 26 in total. In addition, a sample of partnering agencies, representing treatment, education, and prevention were be contacted via phone interviews. In purposeful qualitative sampling, the size of the sample is determined by information considerations to the point of redundancy. The sampling is completed when no new information is forthcoming from new sample units (Lincoln and Guba 1985: 202). The qualitative data was collected from the sample via an open-ended interview guide. Standardized open-ended interviews prevented variation in the questions posed to interviewees, which reduces the possibility of bias that comes from having different interviews for different people (Patton 1990: 281). The open-ended aspect of the interview helped to provide the detailed information acquired through the natural flow of interaction (Patton 1990: 280).

After development of the data collection structure, unforeseen factors in the field were addressed. The site was visited before the interviews, field instruments were assessed, and interview standard skill procedures were studied and reviewed. As the interviewer, I maintained a schedule, followed interview protocol, introduced the project to the respondent, and concluded

with a post-interview task. Part of the post-interview task required sending thank you letters and providing a copy of the study upon completion to all participants.

VI. Data Analysis Plan

The unstructured or open-ended questions data was used to fill out research components that require more detail and opinions of the interviewee. Example: unstructured questions were used to find out detail information on the service delivery pathways. See Appendix 5 to view the interview guides.

The interviewee's answers were analyzed using a content analysis. A content analysis focused on coding the qualitative data. Coding broke the data down into discrete elements. There are various types of options for organizing the data; for example: a word, a phrase, or a whole sentence was used to assign codes. The codes were derived inductively during the data analysis (Wholey 2004: 422). Coding was a useful method for reducing the amount of qualitative data that was collected making the data more manageable and useful in application.

A utilization-focused approach was appropriate for this analysis. This approach proved helpful keeping the findings from becoming too abstract, obscure, or theoretical (Patton 1986: 187). After coding the data, cross-classification analysis was used to move back and forth from logical construction to the authentic data in search of important patterns (Patton 1986:188). Triangulating the data through the use of similar coding and categorizing processes with each of these data collection methods helped to uncover some consistently emerging themes.

Coding and ranking the data resulted in a critical structural component list of Operation UNITE. Critical components are the most important structural factors needed for replicating Operation UNITE in the Bluegrass Area Development District. Once the critical elements were

coded the study then coded for staff perceptions of internal and external successes and challenges.

VII. Analysis and Findings

Stage 1: Operation UNITE Analysis

Figure 1.2 indicates the events that were used to conduct research.

Figure 1.2

Field Research Assessment
Bluegrass Substance Abuse Forum 1
Bluegrass Substance Abuse Forum 2
Forming Committee Meeting for Bluegrass Area Development Districts Human Service Committee Meeting
Operation UNITE Press Conference
Operation UNITE Community Rally

Figure 2 below lists key informants interviewed.

Figure 2

N	Interview Participant Code	Identifier	UNITE	Other
1	Management	Executive Director	X	
2	Management	Executive Assistant		
3	Management	Project Coordinator	X	
4	Management	Communications Director	X	
5	Coordinator	Big Sandy	X	
6	Coordinator	Cumberland Valley	X	
7	Coordinator	Lake Cumberland	X	
8	Coordinator	Gateway	X	
9	Coordinator	Kentucky River		
10	Education	Director	X	
11	Education	Parent Organization		X
12	Education	Staff	X	
13	Treatment	Director	X	
14	Treatment	Faith Based		X
15	Treatment	Non-Faith Based		X
16	Law Enforcement	Director	X	
17	Law Enforcement	Manager UNITE's Drug Task Force	X	
18	Law Enforcement	UNITE Officer	X	

Operation UNITE is a multi-dimensional organization and required the development of three interview guides. One guide was specific to all Operation UNITE (Appendix 5). Another set of

questions were used to ask financial information to Operation UNITE's Executive Director (Appendix 5). Finally, a set of questions were created for partnering organizations (Appendix 5).

Stage 2: Plan and Design of Operation UNITE

Upon conducting field research and interviews, a complete organizational structure flow chart has been included in appendix 10. Indicated during interviews as an "internal success" to Operation UNITE, the organizational flow is a very unique component of the regional drug task force. In addition, it is also pertinent for the chronological model to have a complete logic model. The logic model is a resource Operation UNITE managers and staff use on a regular basis to assist in setting up new community coalitions and development of new programs. Other areas of Kentucky looking to use Operation UNITE as a pilot program should understand the physical organizational structure and logic behind the operation (Appendix 3). The implications of Operation UNITE organization flow chart and logic model will be discussed further in Stage 4.

Stage 3: Delivery of Operation UNITE

The chronological model requires documentation of a component analysis. The component analysis is a living document, which inventories specific events, partnerships, initiatives and programs Operation UNITE currently is involved with. The Program Area Assessment Guide is a useful tool in assessing how Operation UNITE reaches out to different segments of the population and addresses the needs of different communities. The Program Area Assessment guide was completed through field research and direct input from Operation UNITE staff (Appendix 4). Operation UNITE would not be able to sustain high community involvement or achieve short and long-term goals without identifying and utilizing the programs, organizations, and activities inventoried in the program area assessment guide.

Second, when implementing a new program or reevaluating a current program, a SWOT analysis is very beneficial for helping to identify strengths, weakness, opportunities, and threats. Operation UNITE currently uses the SWOT method to assess the delivery of the program. Attached in appendix 5 is a current SWOT analysis. As part of Operation UNITE's implementation strategy they also partake in group drafting of vision and mission statements, identify values, goal statements, strategic directions/key actions, and key steps. Other communities, organizations, or states interested in implementing Operation UNITE should follow their lead by conducting an initial SWOT analysis.

The third step in stage three of the chronological model is to assess critical implementation factors. This section of the analysis focuses solely on the structure of Operation UNITE and how the parts of UNITE relate to each other; how "it is put together". This contrasts with the term "process," which is how the things change. The interview schedule for UNITE employees contained questions geared towards determining staff perceptions of internal and external successes. These responses from the specific questions were used to assess critical implementation factors. The following codes were used to sort the raw data. The raw data included words and phrases derived from 15 interviews with key Operation UNITE employees. The rank indicates the frequency of raw data under each code. Definitions were used to help develop codes and match data with the correct code (See Code Book in Appendix 7).

The interview findings were highly consistent among UNITE staff. Six factors were identified as critical components to the physical structure of the Operation UNITE model. Figure 3 indicates the 6 critical structural factors in rank order.

Figure 3 Operation UNITE Critical Structural Components

Operation UNITE Structure	Rank
Three-Prong Structure	205
Financial	188
Employee Qualities	175
Cross Training	84
Communication Mediums	73
Checks and Balances	32

- 1) **Three-Prong Structure**- Operation UNITE’s three-prong approach is more than just three areas of focus. Unlike any other multi-jurisdictional drug task force in the state of Kentucky and most parts of the United States, UNITE’s three areas, are working together under the same umbrella (see organizational flow chart appendix 10). The UNITE structure is also unique because it has its own law enforcement. UNITE has a staff of officers who are highly trained and specialized. While other Kentucky regional drug task forces rely on city, county, or state law enforcement. UNITE works with state and local law enforcement agencies, but they also have their own law enforcement team who are independently sustained through organizational funding. “Having law enforcement, treatment, and education under one umbrella organization makes us very different from other task forces. We are much more than just a task force”- Staff

- 2) **Financial**- Financial was listed as the second critical structural factor. Though the Executive Director was only directly asked financial questions, there was a high response among the UNITE staff concerning the importance of funding all components equally. Funding questions were only asked to the Executive Director because she is ultimately responsible for the financial up keep of the organization. Additionally, it would have taken up precious time to ask all managers financial questions when the answers could be attained from the one source. Operation UNITE is primarily funded

through federal grants awarded by the Department of Justice (DOJ), Bureau of Justice Assistance. To date, over \$32 million from the DOJ has been earmarked for the counter-drug initiative. In addition, UNITE has received nearly \$1.6 million in National Institute of Justice (NIJ) funding through contracts with Eastern Kentucky University’s Justice and Safety Center, College of Justice and Safety, and The Center For Rural Development. Currently, UNITE has formed a foundation that accepts tax-deductible donations. UNITE receives allocated funds through Congressional Earmarks by preparing detailed budgets and providing a detailed scope of services. UNITE is funding under the three-pronged structure, not out of chance or convenience but as a measure to directly fight against short-term sustainability in times of state, local, and federal funding cuts. “Most other task forces’ money gets tight and then money is funneled out to other programs and broken down between treatment, education, and law enforcement. Not us. We are here to stay because we are not separating everyone through separate funding. We are UNITE.” –Staff

Below Figure 4 indicates the amount of funding devoted to treatment, education, and law enforcement initiatives from July 2004 to June 2005.

Figure 4

UNITE July 2004 - June 2005 Funding	Percent of Funding	Dollars
Treatment*	25.20%	\$1,374,436.00
Education	13.60%	\$ 740,804.00
Law Enforcement	46.00%	\$2,506,378.00
Total Expenses		\$5,449,614.00

Figure 5 indicates the amount of funding devoted to treatment, education, and law enforcement initiatives from July 2005 to June 2006.

Figure 5*

UNITE July 2005 - June 2006 Funding	Percent of Funding	Dollars
Treatment	29.60%	\$2,675,007.00
Education	26.50%	\$2,394,151.00
Law Enforcement	34.00%	\$3,087,617.00
Total Expenses		\$8,156,775.00

**Treatment initiative includes Drug Court and voucher programs. Does not include appropriation to WestCare and Chad's Hope Center. Education initiative includes community coalitions and youth programs. Law enforcement initiative includes the Diversion program.*

- 3) **Employee Qualities**- The third critical structural factor referenced during the interviews was employee qualities. This code refers specifically to importance placed upon personal qualities of UNITE employees. Employee qualities were determined to be an integral part the physical organizational structure because of the importance placed upon the uniqueness of the UNITE team and employees. It is important at UNITE to fill their organization with people who “believe and care about our mission.” -Staff Over and over again these phrases were used to describe the organization, “We are a family, we do what we do because we care and in some cases we are doing it for ourselves and our families”-Staff
- 4) **Cross Training**- The fourth critical structural factor is cross training. Operation UNITE’s employees are cross-trained in all areas. Example: Law enforcement employees and officers are trained in both treatment and education, and vice versa across the entire organization. Cross training for UNITE means UNITE certified officers have the ability to assess the needs of someone who has been arrested, and possibly refer them for treatment. Officers will go to the local schools and teach children important information regarding substance abuse. Cross training also means education staff would be trained to partake in a drug round up or help to assess whether or not a user is eligible for treatment. Operation UNITE’s cross training provides staff

with skills, knowledge, and abilities (KSA) not required by other Kentucky local law enforcement agencies and regional drug task forces.

- 5) **Communication Mediums-** UNITE staffers indicated communication as a 5th critical component to implementation. They listed having job descriptions that explain roles and attribute much success to internal collaboration via communication mediums. Having “communication by daily phone calls, weekly conferences, director’s meetings, and as well as quarterly staff meetings.” –Staff In addition to a communications director, UNITE has a website that allows staff to communicate with one another, partnering organizations, Congressman Rogers, board members, committee members, and the general public. The communications team and web site are critical factors in implementing the Operation UNITE structure.
- 6) **Checks and Balances-** Like every organization, there is a need for checks and balances and Operation UNITE recognizes this need by ranking it as a critical factor. UNITE’s law enforcement component makes arrests and seizes property. Therefore, there is a need for staff who account for police seizures, daily uses of equipment, and audit regularly for inefficiencies. Because the Operation has so many levels and activities going on at the same time, it is critical to establish an efficient system of checks and balances.

Stage 4: Operation UNITE Service Delivery Pathway.

When assessing the implementation of Operation UNITE, it is important to understand the structural framework. However, it is just as important to assess the pathways impacting the delivery of the program, i.e. service delivery pathway. In order to implement Operation UNITE, “something” must be achieved as defined in the codebook. We will refer to an

achievement as a success. The focus of the interview questions was to ask specific questions aimed at finding sources of internal and external success and challenges to implementation. Challenges were coded as the difficulty in a job or undertaking. Successes were coded in relation to the achievement of something desired, planned, or attempted. The data was also broken down into internal and external sources of implementation success and challenges. Internal data was defined to mean of, on or in the inside of something (e.g. UNITE Structure or partnering organizations). External was defined as situated or being outside something; acting or coming from without: external influences. (e.g. UNITE partners, communities, political influences, and volunteers) See codebook in appendix 7. While coding of data from the 15 interviews, critical factors emerged as key to the service delivery pathway/implementation of Operation UNITE. The frequency of response is listed in rank order, from highest rate of response to lowest. Below are the four key service delivery factors leading to Operation UNITE’s internal success

based on the study’s findings

Figure 6

Operation UNITE Internal Success	Rank
Teamwork	143
Personal Mission	122
Open Communication	88
Long-term Objective	43

- 1) **Teamwork**- During the interviews, one word became synonymous with the organization, “we”. The group of employees have built a strong internal relationship with one another and because of their attitude they refer not to themselves, but always in “we”. The employees knew themselves not as high hats but rather as a “very small part of Operation UNITE”- Staff.

- 2) **Personal Mission-** “Everyone here is here for a reason, we are personally devoted to this mission” -Staff . “Drug addition and drug dealing are not 9 to 5 and nor is the work we do. But we do it because we know the grave impacts of not being there for someone who in danger and needs help.” Staff
- 3) **Open Communication-** In addition to “teamwork”, the term “open communication” ran constant throughout the data. “We have an open-door policy and we are not repressed from talking to anyone.”-Staff Starting at the top executive and continuing down the organizational flow chart, all respondents indicated having an open-door policy as key to service delivery.
- 4) **Long-Term Objective-** “Everyone involved needs to be confident that what we are doing today will greatly benefit Kentucky in the future.”-Staff “Without the willingness to see beyond today, tomorrow, or next month the efforts leading this organization will not survive in the long-term. We are treating an epidemic and need an army focused in the long-term results, not a short-term intervention”-Staff

Based on the study’s findings below are the three key service delivery factors leading to Operation UNITE’s external success.

Figure 7

Operation UNITE External Success	Rank
Awareness	88
Community Buy-In	65
Partnerships	62

1) Awareness- Based on field research, many Central Kentucky residents are unclear on how to tackle the issue of implementing a regional drug task force. According to interviews, community awareness is the first step. Many people in the ADD district have expressed

concern over getting started or where to go from here. The advice of the research indicated to begin with community awareness. According to UNITE staff awareness is promoted by:

- Setting up committees- See appendix 9 for committee format.
- Community coalitions
- Holding town hall meetings
- Public Service Announcements (PSA)- in the newspaper, or on the radio, TV, and websites
- Have a mission and vision
- Get out in the community and talk to people, make it your mission.

2) Community Buy-in- One of the most reoccurring phrases indicated in respondent interviews was “Show that you are not a fly by night operation”-Staff. In order to be successful at reaching out, receiving funding, and providing treatment to help others, the organization must have support from the communities it serves. UNITE can have as much community awareness as they wanted, but “what makes the organization work is the support we get from those people and programs that have become aware of the mission and have gone to work” –Staff. Key factors that are important for community buy-in:

- Preparation- “be ready for the second meeting at the first”
- Communication- every day with all the communities, ask questions, be present, and have a voice in the communities. UNITE credits the website for helping communities become involved in the organization. Because the website list all events and opportunities a person, a group, a city, or state could use to help fight substance abuse.
- Respect- each other and one another
- Caring Attitude- care more about one another, the communities involved, and the mission at hand
- Law enforcement- should be creditable and upstanding in the eyes of citizens and other law enforcement agencies.
- Egos- are left at the door
- Be professional and have skilled staff

1) Partnerships- In addition to UNITE being effective at providing community awareness and getting community buy-in, there success depends on the willingness of other organizations to partner with them. Partnerships help to bring in more key players,

information, resources, and helping hands. UNITE does have 26 employees under the organizational structure, minus the law enforcement, and they do not even come close to making the organization work. They rely on the partnerships, indicated in the program area assessment guide and in the partnerships appendix 6. Operation UNITE is able to build various partnerships because it started with community awareness, then proceeded to community buy-in and then built a organization that was credible, reliable, helpful, organized, and met standard state and federal regulations. It is also very important to mention what one staff member said, “the faith based partnerships are the cornerstone of our operation.” Without partnering with faith-based organizations, UNITE would not be able to provide this type of religious support “it takes others, serving a higher calling to show Christ love to others.”-Staff

Based on the study’s findings below are the four key service delivery factors presenting internal challenges to the implementation of Operation UNITE.

Figure 8

Operation UNITE Internal Challenges	Rank
Geography	78
Funding	71
Checks and Balances	48
Additional Staff	13

- 1) **Geography**- As you can See in Appendix 2, Operation UNITE is stretched across 29 counties in rural and mountainous Eastern Kentucky. It takes upwards of 5 hours to reach one end in the Northeast to the other in Southwestern section of the UNITE region. This stretch of resources causes great financial cost in gas, car wear and tear, phone bills, difficulty traveling in inclement weather, and causes staff to work out of personal

vehicles. These factors can lead to great fatigue of UNITE staff. One of the recommendations given in the study was to place an additional UNITE office farther east, in Prestonsburg. An additional office would help account for shorter travel distance and to spread out management. In addition, this challenge would exist for Central Kentucky as well, however, not to the same extent. UNITE currently covers part or all of 5 different ADD districts (see appendix 1 and 2). If the Bluegrass region were to start a similar program, they would not have as large a region geographically to cover.

- 2) **Funding-** Like any business or government or non-profit, it is always a challenge to ensure continual funding. As previously discussed UNITE has received a great amount of funding based on federal earmarked dollars, and other funding is based on grants. UNITE requests funding for various different programs. Staff indicated funding for treatment and treatment facilities as the main issue impacting internal funding challenges. As mentioned in the program area assessment (Appendix 6) guide UNITE offers treatment vouchers for \$5,000 and \$10,000 dollars to persons who meet the UNITE criteria for treatment. Kentucky on average has a 6 to 8 week treatment facility wait list. UNITE and others on the Kentucky substance abuse frontlines are calling for more treatment facilities. “Kentucky needs to stop building jails and start building treatment centers”- Staff. In order, for Kentucky to have more treatment facilities, Kentucky has to show the need, prove treatment is beneficial, and also attain different funding sources. According to one staff member, “the voucher program is very important to what we do. Without it, we would not be able to permit treatment.” -Staff Everyone at UNITE is focused on the need to provide more treatment, and attaining the funding to provide more vouchers. The study also indicated a second internal funding challenge, the need for a

Foundations Director. With the constant threat for funding cuts and more competitive grant cycles, UNITE has realized they are in the position to hire someone focused on fundraising additional monies for the agency.

- 3) **Checks and Balances-** Operation UNITE staff indicated in this interviews, checks and balances must be used and constantly improved upon by staff. “Not only do we have a built in system of checks and balances, we work everyday to ensure we are meeting our duties and representing a creditable organization” -Staff.
- 4) **Additional Staff-** As UNITE grows and more people become involved, more staff are needed. Before, the partnership with Estill, Powell, and Madison Counties, UNITE had 29 counties and one director. The organization employees have to be very dedicated to the mission because they are not short of things to do or people who need their expertise. The staff indicated the need for more staff to avoid staff burnout and meet the growing needs of the organization.

Based on the study’s findings below are the four service delivery key factors presenting external challenges to the implementation of Operation UNITE.

Figure 9

Operation UNITE External Challenges	Rank
Grassroots Involvement	31
Partnerships	22
Long-term Cultural Change	19

- 1) **Grassroots Involvement-** “Every community is different, with a different set of problems, and a different type of leadership” –Staff. In order, to overcome differences among communities, UNITE is continually building a grassroots movement to help organize new community coalitions and adapt to ever changing community substance abuse problems. “In life if you don’t keep up you get shut out, with UNITE we have to

be aware of the emotions and drug environment within our communities. Therefore, we need the communities to become unified and organized.”-Staff

- 2) **Partnerships-** Partnerships also attributed earlier to success, also provided an external challenge. Though partnership currently exist there is always room for improvement. “Partnerships provided various resources, in our experience they have always made UNITE more effective, so you can never have enough of them.”-Staff The reason UNITE staff said they can never have enough is because, UNITE is not directly managing or overseeing the partnering organizations. Example: UNITE provides treatment vouchers to drug addicts, who qualify for treatment. UNITE could not afford to build and oversee all treatment facilities or treatment programs in Kentucky. Rather, UNITE works side by side with treatment facilities and programs to provide the best service possible with a combination of UNITE resources and partnering organizations resources. UNITE is simply providing support when and where they can, support in the form of funding, recruiting, providing information, and emotional and organizational support. UNITE needs partnerships, and partnering organization need UNITE; therefore, UNITE staff views the growth and development of more partnerships as an opportunity to reach more people and achieve it’s long-term goals.
- 3) **Long-Term Cultural Change-** “There is a long learning and educational process to bring about a mental change and an ideological approach, we need to understand we cannot put everyone in jail and it is not successful in the long term”- Staff “Getting the community and Kentuckians in general to wake up and understand the impact drugs are having on our state, and realize change today will result in a better Kentucky

tomorrow”-Staff “This is what will make Operation UNITE successful in the future, that is a general acceptance of long-term impact.” Staff

When assessing the implementation of Operation UNITE, it is important to understand what role-partnering organizations have. For this reason, the study interviewed three partnering organizations staff and spent time in the field observing their everyday work. Based on the study’s findings, below are the two key service delivery factors presenting internal success to implementation of those partnering organizations.

Figure 10

Internal Success Partnering Organizations	Rank
Personal Mission	21
UNITE Support/funding	17

- 1) **Personal Mission**- “Overall, we have a staff full of people who are very passionate about what they are doing and are here because of a higher calling”- Staff. Staff research indicated a strong tie to personal experiences having “seen the abuse and witnessed the death of loved ones has prompted me to take action in my community.”- Staff Research also indicated the staff as having a great desire to change someone’s perspective, situation, or attitude about drug addiction. It was critical to internal success of partnering organizations to have a staff who are strongly tied to the organizational mission and have a personal mission.
- 2) **UNITE Support/Funding**- “We greatly benefit from the UNITE treatment voucher program.”-Staff Many partnering organizations run on such little money that they would be forced into bankruptcy if they sent 2 people for treatment in a treatment facility per year. Without the UNITE treatment program many small communities

would not be able to provide the current level of treatment services. Staff also indicated a great need for more money for treatment vouchers and more treatment facilities.

Based on the study’s findings below are the three key service delivery factors presenting external success to implementation of those partnering organizations.

Figure 11

External Success Partnering Organization	Rank
Changing Community Norms	22
Providing an Alternative	19
Saving a Life or a Family	7

- 1) **Changing Community Norms-** “Be willing to step out of the box, get involved and be ready to change. For the first time in years we have had a clean election as a result of helping to change the community norms. Everyday we are working to overcome these challenges.” -Staff “No one wants to get on a sinking ship, and we have cut drugs by 60% in three years, now people are going to get in trouble and they know it” –Staff. We are teaching the community to “not be afraid and to get more good people involved” – Staff.
- 2) **Providing an Alternative** Staff indicated providing an alternative to substance abuse as the second external service delivery success. The main focus of the faith-based partnerships are to provide light, meaning, and choice back into to a life filled with abuse and denial. These groups are working to provide an alternative to the problem. “The church and Operation UNITE working together is a total dream team.”-Staff UNITE provides support and outreach programs for faith-based partners allowing them more opportunities to provide a different alternative to the drug problem. The research also indicated a high participation rate among faith-based participants. “We have 90% of the

Christian groups in our community working within the local churches to provide an alternative to substance abuse.”-Staff

- 3) **Saving a life**- “Our organization has pastors from the tri-state area and Kentucky coming to help here with our local drug problem. We provide various services, from praying with people who are in a time of need to picking up children from school. Basically, we do everything in our power to help save a family and a life.” –Staff. Fifty percent of the faith-based cases deal with women who have small children and have made it their mission to help save the life’s of the mother and her children. “Many times we have reached out to someone who was on the verge of death. A few months later through extensive rehabilitation they and their family have become members of our church.”-Staff. “It is critical to success to have recovered drug users join our team, tell their story, and provide support to help save more lives. We are talking back our community, one life at a time” -Staff

Based on the study’s findings below are the two key service delivery factors presenting internal challenges to implementation of those partnering organizations.

Figure 12

Internal Challenges Partnering Organizations	Rank
Staff	27
Funding	15

- 1) **Staff**- In order to have partnerships you really only need a few people working together; whether it is in a church, a gym, or a corporate office in Kansas. Many times you don’t need a lot of money to make a difference. “One set of hands can be just more valuable if not more valuable than a monetary donation. The problem in small towns is that you find the same people doing everything” –Staff. The research revealed it was a challenge for

partnering organizations to find qualified staff who will work for little money. Therefore, it is important for staff to hold the “personal mission” attitude.

- 2) **Funding-** Partnering organizations indicated the need for more funding as the second internal challenge. “We find it hard to get our message out because we are so small and have little resources to hire someone to build and maintain a website or run ads on local TV stations.” –Staff Having a partnerships with Operation UNITE allows these organizations to access different resources that would otherwise be unavailable. “Consequently, there are so many people out there doing great things and we would like to reach out and help all of them, but we simply cannot afford it.”-Staff. “While there are alternatives to going it alone, I know we cannot help everyone nor have all the money we want. Having more funding opportunities from the state and federal government would really help assist us in achieving our set goals”- Staff

Based on the study’s findings below are the two key service delivery factors presenting external challenges to implementation of those partnering organizations.

Figure 13

External Challenges Partnering Organization	Rank
Unwillingness to change	33
Volunteers	24

- 1) **Unwillingness to change-** Partnering organizations identified community unwillingness to change as the number one external challenge to implementation. Unwillingness to change was coded as “denial” or “fear”. The staff indicated various barriers in implementing such drastic change on the local level. Historically drug policy in Kentucky has been focused on “jailing our way out of the drug problem” -Staff. Repetitively throwing drug offenders in jail has caused local community residents to

ignore substance abuse as a real problem. “Substance abuse can effect everyone from soccer moms to very young children, and we have swept the problem under the rug for too long” -Staff “Most people do not even know how drugs are ruining lives and financially breaking Kentucky.” -Staff “If people do not know or care to understand, they have no desire to change.” -Staff Partnering organizational are facing a tremendous challenge trying to get correct information out to the local communities. According to staff, recognizing there is a problem and not be ashamed to talk about what is really going on in our communities is the key to implementing this change.

- 2) **Volunteers-** Partnering organizations identified staff and funding as the two main internal challenges. The need for more volunteers was identified as an external challenge. UNITE staff identified, “you can never have enough partnerships”-Staff, and the partnering organizations identified “you can never have enough volunteers.”-Staff Partnering organizations have identified the need for more volunteers to help get there message out. When asked how they recruited volunteers partnering organizations identified: church congregations, school groups, and parents as the main sources.

VIII. Conclusions and Recommended Course of Action

The 18 interviews provided highly consistent and reliable messages on the factors that lead to success and identified challenges to implementing Operation UNITE. The Bluegrass Area Development District or other parties interested in the unique UNITE model should consult the results of the study, because the data allows a glimpse into how the staff perceives the organizations functionality, sustainability, and overall achievement. Replicating UNITE without assessing these factors would lead to organizational missteps and inability to capture the type of success Operation UNITE has experienced.

Initial Recommendations to the Bluegrass Region

- 1) Assess the financial needs of the Bluegrass Region- How much money will it take and how are you going to attain it? Address alternative methods of raising money and educate local leadership and partnering organizations about grant and funding availability. There are many opportunities outside federal and state earmarks to attain funding for drug and community development partnerships.
- 2) Assess the drug problems in Central Kentucky- As the research indicated, every community is different. In Eastern Kentucky prescription drugs have caused grave devastation. “Almost everyone here, know someone who has overdosed and died or has had family problems directly related to substance abuse.” -Staff Local communities in Central Kentucky will have different issues and those issues can be addressed by starting to hold town hall meetings.
- 3) Start holding town meetings- UNITE started with two coalition coordinators and a lot of determination. Schedule town hall meetings and get the community aware and start to learn about the true issues facing the community. Getting started immediately expands outreach efforts, which were identified as a major challenge to successful implementation of both Operation UNITE and partnering organizations.
- 4) Start running public service announcements- In addition to holding town hall meetings, the Bluegrass ADD and individual communities, with the help of partnering organizations, could start different public service announcements and events within the community. Please refer to the Operation UNITE program are assessment guide for ideas.

- 5) Conduct more research with partnering organizations- It would be beneficial for the ADD to not only talk to the state and federal government leadership and Operation UNITE employees, but also the leaders of various partnering organizations and treatment facilities. As indicated by the study, UNITE partnerships are key to implementing a successful program. Therefore, the Bluegrass Region will need to better assess the partnership environment and attitudes in Central Kentucky.
- 6) Employees- Recruit new, vibrant, energetic people with dedication to the cause. UNITE is unique because of the energy and personal mission of the staff.
- 7) Address the faith-based component- This is not a political issue. Drug use is impacting Kentucky on so many different levels. “Do not make the faith-based component an avenue for religious guilt or a mechanism to pressure personal beliefs upon others. Use it as a means for guidance, forgiveness, and treatment” Staff

To conclude additional quote from an Operation UNITE staff member:

“It is important to remember when someone asks you how do you know this program is working, to tell them you cannot measure the children who were out at a party and said no to drugs, you cannot measure the value of a child life who’s mother was helped by one of UNITE’s programs. We can give you the statistical impact, but we are more than the hard numbers, we are out there everyday working together, seeing the impact UNITE has had on Eastern Kentucky and it will only improve in the long-run” –Staff

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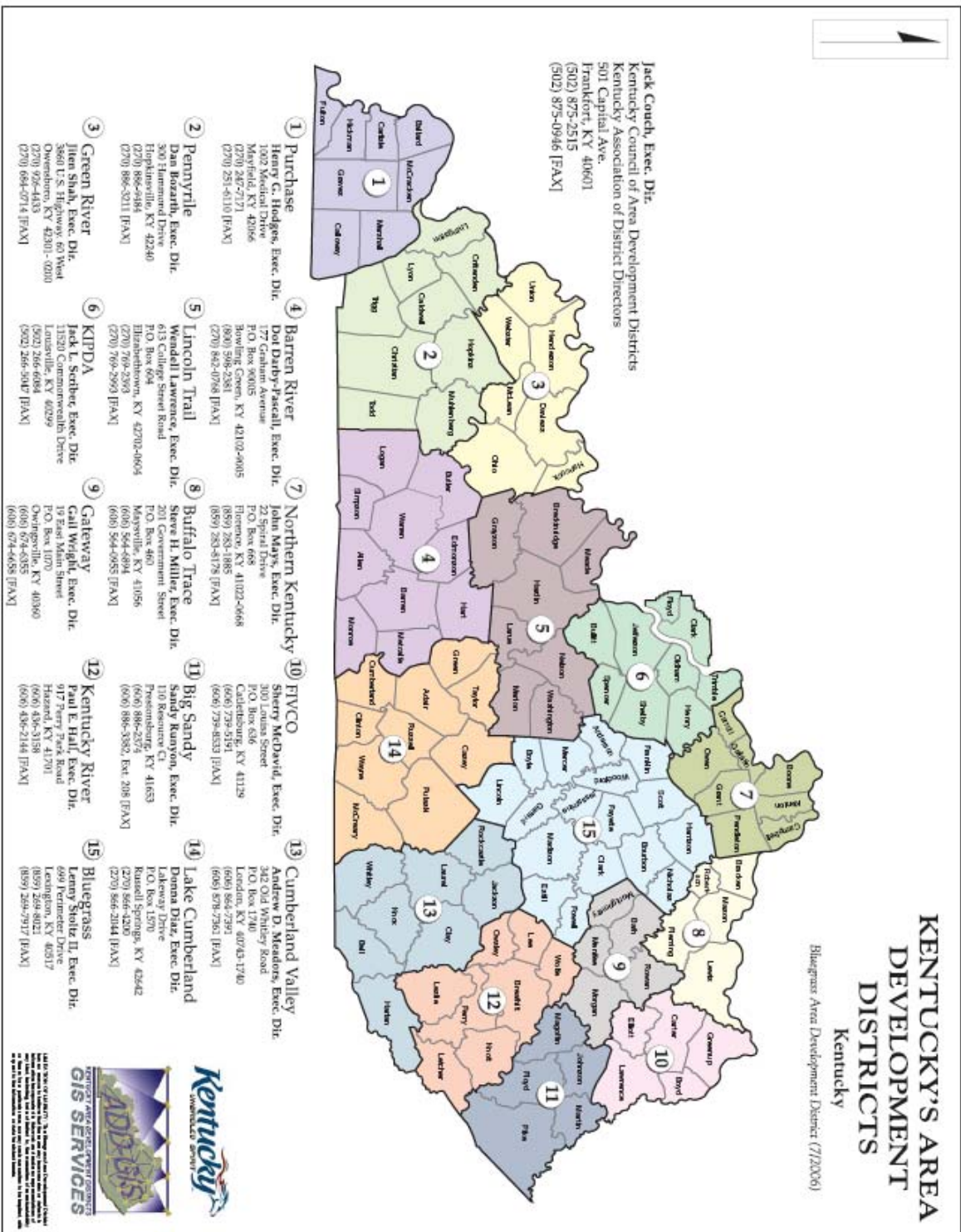
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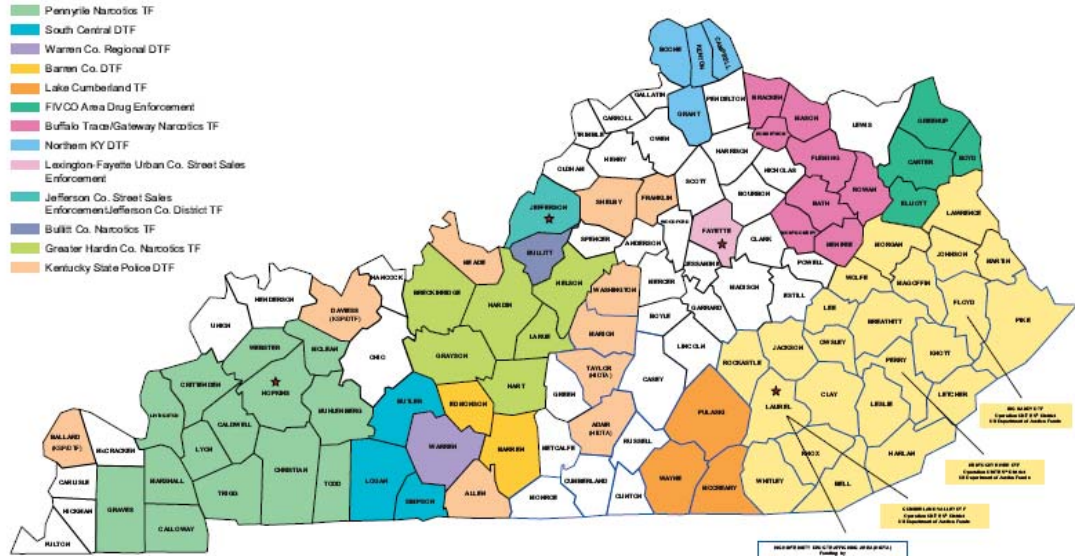
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Kentucky Drug Task Force Regions



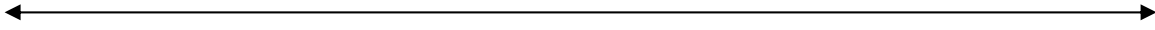
★ US Department of Justice Drug Enforcement Agencies
 Lexington – Fayette County
 Louisville – Jefferson County
 London – Laurel County
 Madisonville – Hopkins County

*Hart, Lanas, Breckanridge (Greater Hardin) proposals pending approval.

Alison L. Beck – Office of Drug Control Policy
 Revised 11/10/18

**Operation UNITE Logic Model
(3 pronged)**

HOW WHY



Resources	Activities	Outputs	Customers	Short-term outcome	Intermediate outcomes	Longer-term outcome (problem)
1. Law Enforcement	Law enforcement operations	Drug dealers arrested	Drug users and dealers	Empowering community coalitions to no longer accept or tolerate the drug culture. Educating the public about the dangers of using drugs	Providing support to families and friends of substance abusers	Rid communities of illegal drug use through undercover narcotics investigations, treatment, and education.
2. Treatment Groups	Provide effective treatment	Less people using drugs	Drug users		Coordinating treatment for substance abusers	
3. Educators and community Leaders	Educating	Community more educated on drug use	Students			

Exhibit 2: Interview Schedule

Script: Hello my name is Crystal Pryor. I am student at the University of Kentucky Martin School for Public Policy and Administration. I am conducting research to complete a Master of Public Administration. I would like to ask you some questions about Operation UNITE to help understand how the Operation UNITE model works. The information will be used in aggregate form-their will not be a name or county attached to the data you provide. Do you have any questions before we get started?

Code Background Information:

Coalition _____

Task Force Component

Education _____
Treatment _____
Coalition Coordinator _____
Investigation _____
Management _____
Other _____

I'd like to start by asking you a few questions.

- 1) Describe your role with Operation UNITE?
- 2) How are you assigned tasks?
- 3) Do you as a _____ participate in regularly scheduled meetings?

___ NO
___ YES

If yes, who do you meet with?
How often?

Appendix 4

s?
drug issues in your area?

___ NO
___ YES

If yes, how does Operation UNITE set priorities among different problems in your coalition area?

- 5) What factors lead to effective internal collaboration and coordination?
7) Are there any other features or practices you feel are important to the implementation of Operation UNITE model?

NO
 YES

If yes, explain?

- 8) Are there any challenges hindering your ability to reach higher levels of effectiveness? (e.g., working with so many people, in different counties who are focus in different area such as treatment, law enforcement, and education?)

- 9) If you were advising another county who is setting up a regional drug task force, what have you learned that you would share with them?

STRUCTURAL:

- 10) How did Operation UNITE break down the 29 counties into 5 coalitions?

- 11) To what extent would you change the internal organizational structure of Operation UNITE?

- 12) Other than Operation UNITE staff, who or what other organization do you work with the most?

- 13) What kind of relationship do you have with local Agency for Substance Abuse Policy (ASAP) boards?

NO
 YES

If yes, how?

- 14) How do you share information among coalition coordinators and executive staff?

- 15) How do you communicate with the Executive Director?

- 16) What makes the Operation UNITE model different from other multi-jurisdictional task force?

EXHIBIT 3

FINANCIAL: Executive Director ONLY

- 1) What types of funding sources do you receive?

- 2) How is funding allocated to Operation UNITE?

- 3) Do you distribute monies to local counties or partnering organizations? If so how?

- 4) How are financial allocations divide among coalition coordinators, treatment, education, and investigation components of the program?

Exhibit 1: Operation UNITE Program Purpose Areas

The Program Purpose Area is used only to act as a collection method for the different types of treatment, investigation, and education programs Operation UNITE use in combating substance abuse in Eastern Kentucky.

TREATMENT: Programs to improve the corrections system and provide additional public correctional resources, including treatment in prisons and jails, intensive supervision programs, and long range corrections, and sentencing strategies.

- Beginning stages of developing a 200-300-bed treatment jail in Rockcastle County.
- Senate Bill requiring corrections to provide treatment and assessment to incarcerated individuals.
- WestCare providing counseling to incarcerated persons in the Big Sandy Region
- UNITE funds 24 drugs courts across the 5th congressional district.

TREATMENT: Non-faith based programs aimed at treating Kentuckian suffering from substance abuse.

- UNITE contracts with traditional treatment programs across the state and a few out of state programs that meet UNITE requirements for care.
- Substance abusers across the 5th Congressional District who meet income, residency and assessment requirements are eligible for a UNITE voucher to pay for treatment one time.
- UNITE has placed 35 substance abuse counselors into area middle and high schools to provide counseling to student free of charge.
- UNITE has 3 liaisons to implement prevention programs in elementary schools across the 5th congressional district.
- UNITE has a treatment referral line to help make referrals to treatment facilities and determine voucher eligibility.
- Adanta- is composed of three major divisions which include Human Development Services, Clinical Services and the Regional Prevention Center.

Appendix 5

TREATMENT: Faith based programs aimed at treating Kentuckian suffering from substance abuse.

- **UNTIE has contracted with faith based programs to provide residential treatment through the voucher program**
- **UNITE recognized supports**
 - Celebrate Recovery
 - Lifeline
 - Hebron
 - Alcoholics Anonymous
 - Narcotics Anonymous
 - Comp Care
 - “The Anchor Holds”(faith-based)
 - Go Light Your World Candlelight Crusade (faith-based)
 - Jail Ministries (faith-based)
 - Recovery Sunday
 - Youth Prevention Initiatives

INVESTIGATION: Programs designed to help community and neighborhoods assist in preventing and controlling crime.

- Project Cease Fire Task Force
- Operation Hot Spot
- Committee meetings
- Town meetings
- Drug-tip line

INVESTIGATION: Programs designed to target the domestic sources of illegal substances, such as precursor chemicals, diverted pharmaceuticals, clandestine laboratories and cannabis cultivations.

- Drug Tip Line
- Operation UNITE law enforcement
- Drug round up

Appendix 5

INVESTIGATION: Multi-jurisdictional task force programs that integrate Federal, State, and local law enforcement and prosecutors for the purpose of enhancing interagency coordination and intelligence and facilitating multi-jurisdictional investigations.

- Operation UNITE is a drug task force operating under KRS 65.210-65.300 (Interlocal Cooperation Act). UNITE is a legal police agency and its law enforcement personnel have arrest powers under state law.
- Drug Tip Line
- Kentucky All Schedule Prescription Electronic Reporting (KASPER)
- Senate Bill 63
- 6 UNITE Detectives
- Accreditation by the Kentucky Association of Chiefs of Police (KACP)
- Drug Round Ups
- Operation Hot Spot
- Senate Bill 88
- Senate Bill 67
- Senate Bill 129

EDUCATION: Awareness programs which local organizations, community members, and local schools participate with Operation UNITE staff.

- “Drafting An Army” Campaign
- Substance Abuse Counselors
- UNITE Clubs
- Drug Testing
- School Liaisons
- Speakers Bureau
- Hooked On Fishing-Not On Drugs®
- Upward sports (ministry program)
- UNITE Leadership Training
- Soccer Program
- CADCA (Community Anti-Drug Coalitions of America)
- Resource Library
- “The Anchor Holds”(faith-based)
- Go Light Your World Candlelight Crusade (faith-based)
- [Lifeline](#) “Living Free” (faith-based)
- Hebron Ministries (faith-based)
- Jail Ministries (faith-based)
- Survey
- Drug Testing Policies
- Recognizing Drug Paraphernalia

Appendix 5

- Substance Abuse Councils
- Knox County Prevention Basketball League
- STAND
- Move in the park night
- Medical Advisory
- Neighbors UNITED
- Public Service Announcements

EDUCATION: Training Programs

- Drug Endangered
Child Training Network
- Neighbors UNITED
- Court Watch
- How To Drug Proof Your Kids
- UNITE Leadership Training
- Grant writing trainings

Appendix 6

Operation UNITE Partnering Organizations

Administrative Office of the Courts	Electronic Reporting) System
Drug Court	Home page
http://www.kycourts.net/AOC/DrugCourt/AOC_DrugCourt.shtm	http://www.chfs.ky.gov/oig/KASPER.htm
	Kentucky Alliance for Drug Endangered Children
Community Anti-Drug Coalitions of America (CADCA)	Home page
Home page	http://www.ca.uky.edu/heel/dec.htm
http://www.coalitioninstitute.org	
Newsletter	Kentucky Association of Chiefs of Police
	http://www.kyapc.org
Celebrate Recovery	
Home page	Kentucky Department of Corrections
http://www.celebraterrecovery.com/	Home page
	http://www.corrections.ky.gov/
The Center for Rural Development	
Home page	Kentucky Department of Criminal Justice Training
http://www.centertech.com	Home page
	http://docjt.jus.state.ky.us/
Drug Endangered Child (DEC)	
Training Network	Kentucky Department of Fish & Wildlife Resources
Home page	Home page
http://www.drugendangeredchild.org	http://www.kdfwr.state.ky.us/
Drug Enforcement Administration (DEA)	Kentucky Department of Juvenile Justice
Home page	Home page
http://www.dea.gov/	http://djj.ky.gov/default.htm
Diversion Control Program	Kentucky Justice and Public Safety Cabinet
http://www.deaiversion.usdoj.gov/	Home page
	http://justice.ky.gov/
Future Fisherman Foundation	
Home page	
http://www.futurefisherman.org	
Kentucky Medical Association	National Association of Drug Court Professionals
Home page	Home page
http://www.kyma.org	http://www.nadcp.org/

		National Institute on Drug Abuse
Kentucky Office of Drug Control Policy	Home page	
Home page		http://www.nida.nih.gov/
http://www.odcp.ky.gov/		
		Nonprofit Leadership Institute at the
Kentucky Press Association	Home page	University of Kentucky
Home page		Home page
http://www.kypress.com		http://www.uky.edu/Centers/Nonprofits/
Kentucky School Boards Association	Home page	Office of National Drug Control Policy (ODCP)
Home page		Home page
http://www.ksba.org/		http://www.whitehousedrugpolicy.gov/
Kentucky State Police	Home page	PRIDE (Personal Responsibility In a Desirable Environment)
Home page		Home page
http://www.kentuckystatepolice.org		http://www.kypride.org
Sex offender registry		
http://www.kentuckystatepolice.org/sor.htm		Rural Law Enforcement Technology Center (RULETC)
		Home page
Kentucky Valley Educational Cooperative	Home page	http://www.nlectc.org/ruletc/
Home page		
http://www.kentuckyvalley.org/		SAMHSA (Substance Abuse & Mental Health Services Administration)
		Home page
Lifeline of East Kentucky	Home page	http://www.samhsa.gov
Home page		
http://www.lifelineofeastky.com		Drug-Free Community Grant
		http://www.dfc.samhsa.gov
National Alliance for Model State Drug Laws	Home page	U.S. Drug Enforcement Administration (DEA)
Home page		Home page
http://www.natlalliance.org/		http://www.usdoj.gov/dea/
SEKTDA (Southern & Eastern Kentucky Tourism Development Foundation)	Home page	U.S. Soccer Foundation
Home page		Home page
http://www.tourseky.net		http://www.ussoccerfoundation.org
SKED (Southeast Kentucky Economic Development Corporation)	Home page	
Home page		
http://www.southeastkentucky.com		

Southeast/South-Central Educational Cooperative	
Home page	
http://www.coe.eku.edu/coop/	
Teen Challenge Kentucky	
Home page	
http://www.teenchallengeky.com	
U.S. Department of Justice	
Home page	
http://www.usdoj.gov/	
Bureau of Justice Assistance	
http://www.ojp.usdoj.gov/BJA/	
National Institute of Justice	
http://www.ojp.usdoj.gov/nij/	

Appendix 7

Code Book and Code Definitions

STRUCTURE CODES

Operation UNITE Structure	Rank
Three-Prong Structure	1
Employee Qualities	2
Cross Training	3
Checks and Balances	4
Communication	5
Financial	6

Definitions of Structure Codes

Structure- The structure of something is how the parts of it relate to each other, how "it is put together". This contrasts with process, which is how the things change. Structure is the fundamental property of every system, see systemics. (Wikipedia) See Appendix 222 The critical structural components disclosed by Operation UNITE staff were coded as: three-prong structure, employee qualities, cross-training, checks and balances, communication, and financial.

Three-Prong Structure- A schematic is a diagram that represents the elements of a system. (Wikipedia) Appendix 222

Employees- Part of the structure, employee is any person hired by an employer to do a specific "job". (Wikipedia)

Cross-Training- Cross training also known as conditioning refers to training in different ways to improve overall performance. It takes advantage of the particular effectiveness of each training method, while at the same time attempting to neglect the shortcomings of that method by combining it with other methods that address its weaknesses. (Wikipedia) Cross-training was added understructure because it is an integral part of "how it is put together".

Checks and Balances- To prevent one branch from becoming supreme, and to induce the branches to cooperate, governance systems employing a separation of powers typically are created with a system of "checks and balances". (Wikipedia)

Communication- is the sharing of knowledge by a number of means. Communication is used to relate to each other.

Financial- As money is the single most powerful liquid asset, managing money is essential to ensure a secure future, both for an individual as well as an organization.

Appendix 7

INTERNAL SUCCESS CODES

Operation UNITE Internal Success	Rank
Teamwork- "we"	1
Open Communication	2
Personal Mission	3
Long-term Objective	4

Success- The achievement of something desired, planned, or attempted: Internal successes Operation UNITE disclosed were coded as: teamwork, open communication, personal mission, and long-term objective.

Internal-of, on or in the inside of something (e.g. UNITE Structure).

Teamwork-cooperative or coordinated effort on the part of a group of persons acting together as a team or in the interests of a common cause

Open Communication- The actions of how the Operation UNITE staff deal with changes, challenges, and discuss problems they have arise.

Personal Mission- an assigned or self-imposed duty or task; calling;

Long-term Objective- Long-term attitude and dedication of the UNITE's employees the mission and a cure.

EXTERNAL SUCCESS CODES

Operation UNITE External Success	Rank
Awareness	1
Community Buy-In	2
Partnerships	3

Success- The achievement of something desired, planned, or attempted. External successes Operation UNITE disclosed were coded as: awareness, community buy-in, and partnerships.

External- situated or being outside something; acting or coming from without: external influences. (e.g. UNITE partners, communities, and volunteers)

Awareness- having knowledge; conscious; cognizant: aware of UNITE's Mission and community problems

Appendix 7

Community Buy-in- signifies the commitment of interested or affected parties to a decision (often called stakeholders) to 'buy in' to the decision, that is, to agree to give it support, often by having been involved in its formulation.

Partnerships- A relationship between individuals or groups that is characterized by mutual cooperation and responsibility, as for the achievement of a specified goal: UNITE's vision and mission.

INTERNAL CHALLENGES CODES

Operation UNITE Internal Challenges	Rank
Geography	1
Funding (emphasis on Treatment)	2
Checks and Balances	3
Additional Staff	4

Challenges- difficulty in a job or undertaking that is stimulating to one engaged in it. Internal challenges Operation UNITE employees disclosed were coded as: geography, funding, checks and balances, additional staff.

Internal-of, on or in the inside of something (e.g. UNITE Structure).

Geography- the arrangement of features of any complex entity: the geography of eastern Kentucky, UNITE's dispersed service area.

Funding-A source of supply; a stock: a fund of goodwill. A sum of money or other resources set aside for a specific purpose: Operation UNITE b. funds Available money; ready cash: short on funds.

Checks and Balances- Making sure the checks and balances components of the structural organization is being used "when things change": daily operations.

Additional Staff- Adding more staff to the structure to take care of new needs and changes to the organization.

EXTERNAL CHALLENGES CODES

Operation UNITE External Challenges	Rank
Grassroots Involvement	1
Partnerships	2
Long-term Cultural Change	3

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Challenges- difficulty in a job or undertaking that is stimulating to one engaged in it. External challenges Operation UNITE employees disclosed were coded as: grassroots involvement, partnerships, and long-term cultural change.

External- situated or being outside something; acting or coming from without: external influences. (e.g. UNITE partners, communities, and volunteers).

Grassroots involvement- of, pertaining to, or involving the common people, esp. as contrasted with or separable from an elite: a grass-roots movement for stopping drug dealing in a local community, and promote more grassroots involvement.

Partnerships- A relationship between individuals or groups that is characterized by mutual cooperation and responsibility, as for the achievement of a specified goal: UNITE's vision and mission and the need to build more partnerships.

Long-term Cultural Change- The need for a long-term attitude in local communities. An attitude focusing on acting now and seeing a change in the future. Changing the culture of Kentucky's drug use and understanding this is a long-term process.

PARTNERING ORGANIZATIONS INTERNAL SUCCESS CODES

Internal Success Partnering Organizations	Rank
Personal Mission	1
UNITE Support/funding	2

Success- The achievement of something desired, planned, or attempted. Internal successes partnering organizations disclosed were coded as: personal mission and UNITE support/funding.

Internal- of, on or in the inside of something (e.g. Partnering Organizations Organizational Structure).

Personal Mission- an assigned or self-imposed duty or task; calling

Establish a Presence- Getting their message out, getting the community involved, and helping people.

UNITE Support/Funding- The partnering organizations get support from UNITE in the form of treatment voucher, media releases, website, and staff support, which makes

PARTNERING ORGANIZATIONS EXTERNAL SUCCESS CODES

External Success Partnering Organization	Rank
Changing Community Norms	1
Providing a Alternative	2
Saving a Life or a Family	3

Appendix 7

Success- The achievement of something desired, planned, or attempted. External successes partnering organizations disclosed were coded as: change community norms, provide a solution, and saving a life or a family.

External- situated or being outside something; acting or coming from without: external influences. (e.g. Operation UNITE is an external influence to partnering organizations).

Changing Community Norms- Recognizing there is a problem, getting their message out, and getting the community to listen.

Providing an Alternative- Offering their services as a solution to the community.

Saving a Life or a Family- Achievement for partnering organizations are found in not only providing an alternative but in saving a life or nursing a user so they can become an active participant in life.

PARTNERING ORGANIZATIONS INTERNAL CHALLENGES CODES

Internal Challenges Partnering Organizations	Rank
Staff	1
Funding	2

Challenges- difficulty in a job or undertaking that is stimulating to one engaged in it. External challenges partnering organizations disclosed were coded as: staff, time, and funding.

Internal- of, on or in the inside of something (e.g. Partnering Organizations Organizational Structure).

Staff- Partnering agencies need more staff to handle every day workload. The current staff does not have enough time to devote to the needs of the communities.

Funding- More money to hire more staff, start new programs, open treatment facilities, pay for treatment, Public Service Announcements, educational materials, and pay current staff.

PARTNERING ORGANIZATIONS EXTERNAL CHALLENGES CODES

External Challenges Partnering Organization	Rank
Unwillingness to change	1
Volunteers	2
Checks and Balances	3

Challenges- difficulty in a job or undertaking that is stimulating to one engaged in it. External challenges partnering organizations disclosed were coded as: unwillingness to change, volunteers, and checks and balances.

External- situated or being outside something; acting or coming from without: external influences. (e.g. Operation UNITE is an external influence to partnering organizations)

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Unwillingness to change- the discontent surrounding the direct fact many communities are not willing to accept substance abuse as a problem. “Denial” and “Our community or my family member does not have a problem”

Volunteers- A person who renders aid, performs a service, or assumes an obligation voluntarily.

Checks and Balances- Refers the use of Operation UNITE moneys and making sure it is used to best meet the needs in each partnering organization.

Appendix 8

I. SWOT Analysis

The group was instructed to share ideas based upon strengths, weaknesses, opportunities and threats regarding UNITE. The group was also asked to prioritize the most critical opportunities and threats.

A. Strengths

What are the internal strengths of UNITE?

- Abundance of resources
- Caring personnel
- Checks and balances
- Compatibility
- Concept of 3-pronged approach
- Creativity of programs
- Family oriented
- Flexible / adaptable
- High standards / quality of work
- Motivated / dedicated staff and volunteers
- Organized
- Personnel varied and experienced / cross-trained / knowledgeable
- Proactive, not reactive
- Purpose driven
- Strong leadership/ Congressman Hal Rogers
- Teamwork
- Work hard, play hard

B. Weaknesses

What are the internal weaknesses of UNITE?

- Blending of all 3 components / lack of knowledge between programs
- Court systems
- Fear – community / treatment
- Geography
- IT computers – poor setup
- Job related pressures / stress / burnout
- Lack of program communication –
- Limited community involvement
- Micro-management
- More freedom to make decisions
- New hire orientation
- Overcome old ideology
- Physical space
- Time constraints

Appendix 8

- Too much, too fast / time management
- Under staffed
- Work overload

C. Opportunities

What are the external emerging trends and / or opportunities available to UNITE?

- Additional UNITE prosecutors
- Awards program
- Be a model program
- Correctional / treatment facilities
- Education prevention youth
- Expand drug courts
- Geography
- Increased awareness / professional groups / faith-based / youth / business / community involvement
- Media
- More joint investigations
- Partner with KTOS
- Political timing
- Politics / judicial accountability
- Staff development
- Technology, new database program
- Use tragedy to affect change

D. Threats

What are the external threats and / or barriers that UNITE faces?

- Adequate program supervision
- Community resistance / perception from community and police agencies –
 - Apathy
 - Lack of community involvement
 - Ostracization by citizens
 - Unreasonable community expectations
- Failed programs
- Fear
- Geography
- Inadequate prosecution
- Job burnout
- Physical harm / danger
- Political agendas / politics / corrupt judicial officials / weakened legislation
- Scandals / rumors / bad publicity
- Small personnel pool
- Territorial issues

Appendix 9

Operation UNITE Coalition Committees

