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To: Jim Greiner
From: Melissa Gayton
RE: Douglas Marlowe et al., *Are Judicial Status Hearings a Key Component of Drug Court?: During-Treatment Data From a Randomized Trial*, 30 Criminal Justice and Behavior 141 (2003).
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Title: Are Judicial Status Hearings a Key Component of Drug Court?: During-Treatment Data From a Randomized Trial

Authors: Douglas B. Marlowe, David S. Festinger, Patricia A. Lee, Maria M. Schepise, Julie E. R. Hazard, Jeffrey C. Merrill, Francis D. Mulvaney, A. Thomas McLellan

Location: Wilmington, Delaware, DE

Sample: N = 197

Timeline: February 9, 2000 to April 26, 2001

Target group: Misdemeanor drug offenders without a history of violent offenses

Intervention type: Judicial status hearings

Research papers: <https://doi-org.ezp-prod1.hul.harvard.edu/10.1177/0093854802250997>

Partners: National Institute on Drug Abuse

Abstract

There were increasing numbers of drug courts, generally understood to be effective, but little was known about which components of drug court were critical to their success. This study sought to isolate and evaluate the effects of ongoing judicial status hearings with offenders, a defining feature of drug courts. While the program overall reduced drug use as indicated by urinalysis samples, there was no significant difference in results obtained through bi-weekly judicial status hearing and as-needed judicial status hearings, indicating that more frequent hearings don't necessarily improve outcomes.

I. Policy Issue

At the time of the report, drug courts were operating or undergoing planning in all 50 states, 3 U.S. territories, 30 Native American Tribal Courts, and 8 countries. With evidence of drug courts succeeding in reducing substance use, criminal recidivism, and

employment, they served as a model for other “problem-solving courts” such as mental health courts, dependency courts, re-entry courts, and domestic violence courts.

However, little was known about which components of drug court are critical to their success. The National Association of Drug Court Professionals (NADCP) had defined the key components of drug court, which included frequent drug testing, progressive sanctions and incentives, collaboration between defense and prosecution, access to treatment and rehabilitative services, and regular ongoing judicial status hearings. Researchers have not evaluated whether all of these components are truly critical or what “dosage” for each component is most effective. One of the central components of drug court is ongoing judicial status hearings. Did more frequent judicial status hearings improve drug court outcomes?

II. Context of Evaluation

The study took place in Wilmington, Delaware, an urban city, from February 9, 2000 to April 26, 2001.

In Wilmington, defendants participated in the drug court program for 14 weeks, although a majority required additional time to satisfy the requirements of program graduation. All drug court clients received assignment to a case manager who coordinated referrals for treatment services and meet with the client. Clients provided urine samples at a random point each week under the observation of same-gender treatment staff. To graduate, participants needed to provide 14 drug-free urine specimens. All clients needed to complete eight 90 minute weekly educational groups in order to graduate. Staff could refer participants for individual counseling and, in rare instances, to intensive outpatient treatment, methadone maintenance, or residential treatment. The drug court judge could administer sanctions or remedial interventions, including more frequent urine testing, homework for education groups, additional counseling, more frequent court appearances, or extension of their time to complete program.

A guilty plea was a requirement to enter the drug court program. If the defendant graduated the program, the court dropped the charges, and the participants could elect to receive expungement. If they do not graduate, the court formally entered the guilty plea with a possible sentencing to probation with conditions similar to the drug court program.

III. Details

In order to be eligible for the study, defendants had to be 18 years of age or older, a resident of New Castle County, have a misdemeanor drug offense charge, and not have a history of an offense involving drug dealing or manufacturing or involving death or serious injury to the victim or use of a weapon. Researchers approached eligible defendants and offered the drug court program. Those who declined were assigned to a standard docket in the Court of Common Pleas, a misdemeanor criminal court, while those who accepted were randomly assigned to either attend judicial status hearings on a bi-weekly basis throughout their enrollment in drug court (n = 98) or be monitored by their case manager at the treatment program who would petition the court for a status hearing as needed in the case of poor performance in treatment (n = 99). Judges and case

managers reviewed the progress of all participants in weekly case conferences. Judges could call a status hearing for any participant at their own discretion.

Trained research technicians interviewed participants at baseline and monthly intervals. The researchers also collected participants' weekly urinalysis data and treatment program attendance information. In participant interviews, research technicians gathered responses to calculate the participants' Addiction Severity Index, reflecting problems in legal, medical, drug, alcohol, family/social, employment, and psychiatric areas. The researchers also used the Recent Treatment Scale, assessing services received in the same general areas as the Addiction Severity Index (ASI) and the participants' clinical status during treatment. Finally, participants completed a brief, monthly questionnaire assessing the number and type of rewards and sanctions received in drug court throughout the preceding month.

IV. Results and Policy Lessons

The researchers performed outcome analyses during the first 14 weeks of the drug court program. Nearly all participants (98 percent) were still active in the program after 14 weeks, and the data was therefore preliminary.

Of all eligible individuals approached, 96 percent went through intake with 47 percent agreeing to participate. Those who chose to participate were predominantly young, male, Caucasian or African American, high school educated, and employed with 53 percent producing ASI scores similar to a non-substance using population and 41 percent producing mild/moderate drug composite scores similar to a national sample of patients in outpatient treatment and 6 percent producing severe drug composite scores similar to a national sample of patients in residential treatment. Compared to those who chose not to participate, the study participants were more likely to receive representation by a public defender or be pro se and had more severe baseline ASI composite scores ($p < 0.01$).

The study maintained the integrity of their experimental conditions, with participants in the bi-weekly condition scheduled to and actually attending significantly more judicial hearings than those in the as-needed condition ($p < 0.001$). 16 participants assigned to the bi-weekly condition elected to drop out of the research study. This limits the study's statistical power for detecting attribution bias, since it could be that participants performing more poorly dropped out at a higher rate and that the study therefore overestimates the positive effects of the bi-weekly condition.

At 14 weeks, there was no statistically significant difference between the portion of participants in either condition in each condition demonstrating "positive progress" in the program, which the authors defined as having completed the minimum eight educational group sessions and 4 consecutive drug-free urine samples. Increasing numbers of participants in both conditions tested negative for drugs over time ($p < 0.001$), but without any significant differences between the conditions. There were also no significant differences between conditions on self-reported days of illicit drug use, intoxication, or illegal activity. Bi-weekly participants received roughly four times as many sanctions and remedial interventions compared to the as-needed participants ($p < 0.001$). This may be

due to more frequent contact with the judge providing greater opportunity to notice infractions.

While the drug court program reduced drug use among participants, more frequent contacts with the judge did not seem to bring more favorable outcomes compared to as-needed contact in the areas of counseling attendance, negative drug test results, self-reported substance abuse, or criminal activity.

V. Quality of the Study

First, the study is not generalizable to long-term results, since the participants had not yet completed the program and the data does not include the planned 6-, 12-, or 24-month follow-up assessments.

Additionally, this study focused on a fairly narrow sample of misdemeanor drug offenders in a single jurisdiction involving one judge and one treatment program. One may find different results with more serious offenders or in other contexts. The participants, 50 percent of those offered a position in the study, also had more serious drug, alcohol, and employment issues than the 50 percent who declined the participant in the study. The results may further be reflective of the fact that a large portion of participants dropped out of the study following random assignment with follow-up rates ranging from 50 percent to 80 percent.

Finally, this study does not analyze other components of drug court, and so it is still unclear what impact these other components have on outcomes for drug court clients. It is also unclear whether one would find the same results during treatment if judicial status hearings took place in the context of more or less intensive treatment.