

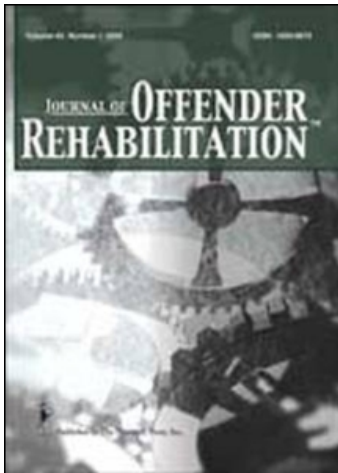
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The Effectiveness of Idaho DUI and Misdemeanor/DUI Courts: Outcome Evaluation

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As DUI Courts continue to expand through the United States, research needs to match the growth to inform administrators and the public on the effectiveness of these courts. The current study found that participation in a DUI or Misdemeanor/DUI Drug Court (23%) reduced recidivism compared to a comparison group (37%) with court filing records that resulted in a disposition of guilty. The current study measured multiple court sites and analyzed recidivism over a 4.5 year time frame, and through the use of a Cox Proportional Hazard model it was identified that those not in the DUI court group were 1.6 times more likely to recidivate. The authors discuss the limitations and results in their efforts to increase the research on this ever expanding criminal justice practice.

KEYWORDS *Cox Proportional Hazard Model, drug court, dui court, outcome evaluation, problem-solving court, recidivism*

INTRODUCTION

Driving Under the Influence courts (DUI) are a relatively new criminal justice phenomenon (Nolan, 2001). The first DUI court began in 1995 in Dona Ana, New Mexico (Huddleston, Freeman-Wilson, Marlowe, & Roussell, 2005). Research conducted on DUI courts (or DWI courts as each state refers to the type of court differently based on statutory language) is scarce but

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increasingly important due to the rise in courts across the nation. In 2003, there were 42 DUI courts operating in the United States. One year later, the number of DUI courts had more than quadrupled to 176 operating. Due to the dramatic increase, it is essential that empirical research be carried out on this increasingly prevalent justice practice, making this study all the more significant (Huddleston et al., 2005; Nolan, 2001, p. 3).

LITERATURE REVIEW

History of Drug Courts

The first drug court began in Dade County, Florida, in 1989, as a result of “the revolving door” of the justice system (Nolan, 2001). Criminal justice researchers and practitioners agreed that too many individuals entering the criminal justice system during the 1980s were simply pleading guilty, serving their time, and re-offending. This “revolving door of justice” became costly to taxpayers and a source of frustration for criminal justice professionals. Drug courts differentiated from traditional justice courts with the addition of treatment, intensive supervision, and immediate graduated sanctions/incentives for drug dependent offenders (Nolan, 2001). According to a recent estimate (Huddleston et al., 2005) there were total of 1,621 drug courts operating in the United States in 2005, which illustrates the growing use of this type of practice.

Drug Court Components

In order for an adult drug court to operate effectively certain guidelines must be followed (Drug Court Standards Committee, 1997). These guidelines were referred to as the “Ten Key Components of Drug Court” and have been utilized as a benchmark for adult drug court process evaluations and as a guide for program implementation on a national level. These components were formed through the collaborative efforts of academia and professionals in the field, with the intention of recording best practices of drug courts.

Defining DUI and Misdemeanor/DUI Courts

Similar to drug courts, DUI courts utilize a comprehensive approach to protect the public through addressing the underlying causes of driving under the influence with numerous criminal justice actors. According to Huddleston et al. (2005) a DWI or DUI court focuses primarily on altering the behavior of alcohol and/or drug dependent offenders arrested for driving while impaired. Misdemeanor/DUI courts (Misd/DUI) are similar to DUI courts but their eligibility criteria for potential participants is wider, as these courts admit offenders with misdemeanor charges other than DUI.

As of November 2007, in Idaho there were eight Misd/DUI and four DUI Courts serving participants in at least 15 counties. The DUI courts were located in the following counties: Bannock, Kootenai, Nez Perce, and Twin Falls. The Misd/DUI courts were similarly identified and located in: Bingham, Bonneville, Butte/Custer, Caribou, Madison/Jefferson/Fremont, Oneida, Power, and Teton.

Research conducted on DUI and/or Misd/DUI courts has been scarce. The studies that have been conducted thus far, suffer from low sample sizes, follow-up periods for recidivism measures under three years, only one DUI Court per study, and inadequate comparison groups (Breckenridge, Winfree, Maupin & Clason, 2000; Bouffard & Richardson, 2007; Crancer, 2003; Guerin & Pitts, 2002; Solop & Wonders, 2003; The Alaska Judicial Council, 2005). Although there were limitations, some positive outcomes were found from these studies. When measuring recidivism rates, each study reported lower rates of recidivism for DUI court or Misd/DUI court participants when compared to a nonequivalent control group. One study indicated that recidivism rates for DUI court graduates after two years was 15.5% and for the control group of successful probationers was 27% (Guerin & Pitts, 2002). Similarly, another study reported that a control group was reconvicted at a rate of 22.2% for alcohol related and other serious crimes, while the treatment group was reconvicted at a rate of 15.4% for alcohol related and other serious crimes (Breckenridge et al., 2000).

Conversely, one study of a Misd/DUI Court indicated that participation in a DWI/drug court reduced recidivism for offenders with a methamphetamine-involved current charge and not for DUI offenders. But like the previous studies, this study suffered from low sample size. Additionally, this study did not elaborate on the processes of the studied court which could have indicated whether or not the court was just a drug court that accepted DWI offenders, or had a specific track for DUI offenders (Bouffard & Richardson, 2007).

An additional study (MacDonald, Moyral, Raymond & Eibner, 2007) indicated that DUI court participation did not reduce recidivism. Although this study presented an experimental design with larger sample sizes ($N = 237$) and had a self-report survey on activities as a supplemental measure of recidivism, the study suffered from limitations as well. The 2-year follow-up period of recidivism was for the entire time since the implementation of the court. As a drug court or DUI court continues towards full implementation, an outcome evaluation can run the risk of capturing information that only represents the period of growth of the court and not the full measured impact of post implementation. Additionally, the study identified differences in the programming of the court and the notable differences between the experimental group and the control group were slight. The experimental group was subjected to either 2 weeks of electronic monitoring and breath testing or 110 tests, and the treatment portion of the DUI court participation was reported to be only 3 months, suggesting that the model utilized for the DUI court was not meant for long term treatment oriented participation like other drug or DUI courts.

Two of the courts identified high graduation rates of their participants with 70% and 80%, respectively (Crancer, 2003; Solop et al., 2003). Other positive outcomes correlated with DUI court graduates included increases in family stability, employment, and educational levels (Guerin & Pitts, 2002; The Alaska Judicial Council, 2005).

The goal of the current study is to ascertain if DUI courts or Misd/DUI courts reduced recidivism when compared to similar non-participants. In an effort to improve upon prior research conducted on DUI courts, we performed an outcome evaluation of two DUI courts and two Misd/DUI courts in counties with ranging population sizes and geographical differences (U.S. Census, 2007). Additionally, this study extends the research on DUI courts by examining a larger study population and increasing the follow-up time period for investigating rates of recidivism.

METHODS

In order to assess if these courts reduced the rate of recidivism compared to a non-equivalent control group, we have conducted an impact review. We evaluated the following four courts: Bannock DUI Court, Kootenai DUI Court, Bonneville Misd/DUI Court, and Bingham Misd/DUI Court. The treatment group (referred to hereafter as the drug court group) for this study was comprised of individuals selected from an automated database within a drug court module, called the Idaho Statewide Trial Court Automated Records System (ISTARS). All court records for the drug court group were selected out between January 2002 and September 2005 ($n = 216$). We included only those participants who had entered the courts with a primary DUI charge. Although there were other participants who had entered the courts without a primary charge related to a DUI, we wanted to focus primarily on the effect on DUI offenders.

The comparison group was matched by age and gender and was identified through the ISTARS database. The comparison group was also matched by geographical location through the abovementioned counties. The comparison group consisted of individuals who were known as potential drug court participants and had been accepted into the court but declined to enter. These individuals had met all eligibility requirements for the courts but had chosen not to participate in DUI or Misd/DUI court ($n = 200$).

Some arguments can be made against selecting a comparison group from a pool of individuals who were accepted but had declined to enter a DUI or Misd/DUI court. We must acknowledge that individuals who refuse treatment may have a fundamental difference from those individuals who have decided to participate in a substance abuse treatment program. Although some evaluations have utilized matched comparison groups of non-participating successful or unsuccessful probationers, those studies have a difficult time comparing the "addiction" aspect of the offenders (Guerin &

Pitts, 2002). The current study attempts to answer these questions by selecting individuals who met all admission criteria for participation.

For each court, the admission process examines three key issues: 1) if the offender has committed any current or prior violent or sexual offenses they are not eligible, 2) if the offender has undergone an assessment to determine if they have a substance use disorder, and 3) if the offender has been assessed to determine their risk level for criminal behavior (the Level of Service Inventory-Revised is performed) and are classified as medium-high to high risk. Once the potential participant meets the eligibility criteria, and the DUI or Misd/DUI court team agrees that the offender should be accepted, the offender is asked if they wish to participate in DUI or Misd/DUI court. Those who “accept,” enter the court and begin the process of DUI or Misd/DUI court, and those who are “accepted but decline” are routed through the traditional criminal justice system.

For the purpose of our study recidivism is defined as any felony or misdemeanor court filing charge resulting in a disposition of guilty that had an issue date at least 60 days post intake/action date. Intake/action date refers to the date of the potential participant’s decision to enter DUI court. We examined court filings records obtained through the ISTARs automated database from January 2002 through June 2006 to ascertain the recidivism rates of the study group. We chose to further delineate recidivism by indicating only those felony or misdemeanor charges that resulted in a disposition of guilty. Other studies may use arrests as a measure of recidivism; however, that measure does not effectively address the final outcome of criminal behavior, nor does it account for false arrests. Additionally, we chose to only examine those charges that were filed 60 days after the initial intake/action date of the potential DUI or Misd/DUI court participant because the initial incident that may have led to the offender’s referral to DUI or Misd/DUI court may have several charges tied to the initial incident, and charges are filed at the prosecutor’s discretion. A window of 60 days reduces the likelihood that new court filings are connected to the initial incident.

Furthermore, we sorted the recidivism charges chronologically and by seriousness if issued on the same day. If an individual had more than one new court filing record, we listed the first charge in order to calculate time to recidivate. Also, if there were more than one charge on the same day, we listed the most serious charge first (felony or misdemeanor) and if the charge degree was the same, we listed the charge most related to substance abuse.

RESULTS

The Study Group

The Bannock DUI Court and Kootenai DUI Court made up a significant portion of participants in the current study (85.6%). This allows us to view,

TABLE 1 Study Group Demographics

	Drug court group	Comparison group	Totals
Court population			
Bannock DUI	59	143	202
Kootenai DUI	105	49	154
Bingham Misd/DUI	18	2	20
Bonneville Misd/DUI	34	6	40
Totals	216	200	416
Gender			
Female	51 (24%)	48 (24%)	99
Male	165 (76%)	152 (76%)	317
Mean age	38.4	40.5	
Court type			
DUI court	164	192	356
Misd/DUI court	52	8	60

in more detail, the impact of, DUI Courts on recidivism rates specifically. The male to female ratio was identical in both the drug court group and the comparison group, with males comprising 76% and females 24% of both groups. The mean age of the comparison group was found to be 40.5 years and 38.4 years for the drug court group (see Table 1).

The Drug Court Group

The drug court group graduated 165 (76.9%) of the participants, over half (85) from the Kootenai DUI Court (Kootenai county is the most populated county in this study) alone. Of the drug court group, the two most frequent primary charges which led to their referral and participation in DUI or Misd/DUI Court, were Driving Under the Influence, (66.7%) and Driving Under the Influence; Second Offense (22.2%) (see Table 2).

Recidivism

Of the DUI and Misd/DUI Court participants ($n = 216$), 50 (23%) recidivated, while 74 (37%) of the comparison group ($n = 200$) recidivated (see Table 3). In regard to only those individuals that recidivated, 19 (38%) were DUI charges for the drug court group and 17 (23%) for the comparison group. Additionally, the most frequent charge type for the comparison group (33 or 45%) were Motor Vehicle Non-DUI related charges, but the same charge type comprised only 17 (34%) of the drug court group's new charges. The comparison group had 74 individuals with a new charge, and just over half of those offenders had multiple charges. Of the drug court group, 18 (8.3%) were multiple recidivating offenders, while the comparison group had 38 (19%) multiple recidivating offenders. The seriousness of the new charges

TABLE 2 Drug Court Group Demographics

	Bannock DUI	Kootenai DUI	Bingham Misd/DUI	Bonneville Misd/DUI	Totals
Court Grad/Terms					
Graduates	51	85	11	17	164 (76.9%)
Terminations	7	20	6	17	50 (23.1%)
Other	1	0	1	0	2
Primary charge					
Driving Under the Influence	23	88	12	21	144 (66.7%)
Driving Under the Influence (excessive)	9	5	1	4	19 (8.8%)
Driving Under the Influence (second offense)	23	12	4	9	48 (22.2%)
Driving Under the Influence (under age 21)	0	0	1	0	1 (0.5%)
Driving Under the Influence (excessive: second offense)	4	0	0	0	4 (1.9%)

indicated that the drug court group had 40 (80%) of the new charges as misdemeanors and 10 (20%) as felonies. Similarly, the comparison group had 64 (86.5%) new charges that were classified as misdemeanors and 10 (13.5%) that were felonies (see Table 2).

We also thought it would be beneficial to further delineate between the DUI Court graduates, unsuccessful terminations of the courts, and the comparison group while observing recidivism rates. We found that 164 DUI Court participants graduated and 50 were unsuccessfully terminated from DUI

TABLE 3 Recidivism

	Drug court group		Comparison group	
	N	%	N	%
Population	216		200	
New court filing charge*	50	23%	74	37%
Charge type				
DUI	19	38%	17	23%
Motor vehicle non-DUI	17	34%	33	45%
Alcohol or drug related	6	12%	3	4%
Property offenses	0	0%	3	4%
Theft	2	4%	1	1%
Violent	2	4%	7	9%
Other	4	8%	10	14%
Charge seriousness*				
Felony	10	20%	10	14%
Misdemeanor	40	80%	64	87%
Multiple charges?*	18	8%	38	19%

*Statistically significant at the $p < .05$ level.

TABLE 4 Recidivism by Termination Status**

	Graduates		Terminated unsuccessfully		(CG) No status	
	N	%	N	%	N	%
Population	164		50		200	
New court filing charge*	29	18%	19	38%	74	37%
Charge type						
DUI	15	52%	4	21%	17	23%
Motor vehicle non-DUI	6	21%	10	53%	33	45%
Alcohol or drug related	4	14%	1	5%	3	4%
Property offenses	0	0%	0	0%	3	4%
Theft	1	3%	1	5%	1	1%
Violent	2	7%	0	0%	7	9%
Other	1	3%	3	16%	10	14%
Charge seriousness*						
Felony	8	28%	2	11%	10	14%
Misdemeanor	21	72%	17	89%	64	87%
Multiple charges?*	7	4%	9	18%	38	19%

*Statistically significant at the $p < .05$ level.

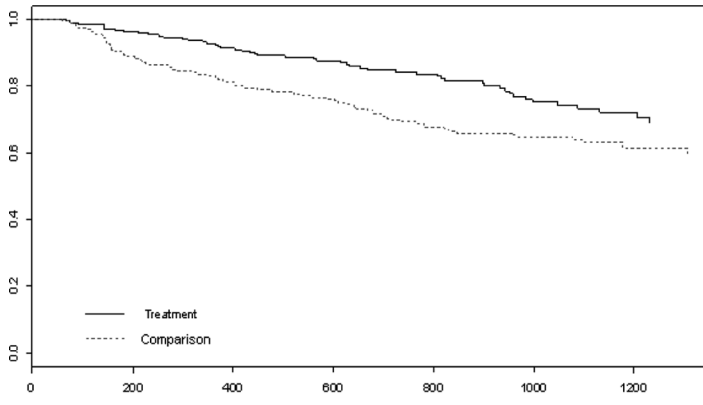
**The category of "other" from the Drug Court termination status has been removed from this table.

court. Of the graduates, only 29 (18%) recidivated, while conversely, 19 (38%) of the unsuccessfully terminated DUI Court participants recidivated; compared to 74 (37%) recidivists from the comparison group.

Arguably, it can be rationalized that a portion of those who were terminated unsuccessfully were terminated because of a new charge they may have incurred during their participation in DUI court, indicating that those who recidivated did so during their enrollment in DUI court and not as a result of their failure and then a subsequent new charge (see Table 4).

To estimate the effect of factors and covariates that influence recidivism and failure time, we employed a survival analysis method (Cox proportional hazard model) (Collett, 1994). Proportional hazard models assume that there is a common baseline failure rate for all subjects and that factors and covariance enhance or mitigate this baseline rate.

Three factors were included in the analysis to determine the influence of treatment type, gender, and age on recidivism. The overall proportional hazard model was statistically significant (0.002). Treatment type (0.007) and age (0.004) were statistically significant; gender was not significant (0.73). The results also indicated that those who were in the comparison group were 1.6 times more likely to recidivate than those individuals who were participants in DUI court. A plot (Figure 1) of the survival curves for the DUI Court and comparison groups reveals that overall; the comparison group was more likely to fail. Also a point of interest here is the time between 0 and 200 days, were as other empirical studies have shown, there is a sharp downturn for those in the comparison group.



X = Days
Y = Recidivism

	coef	exp(coef)	se (coef)	Z	P
Drug Court Group					
(sex)	-0.0743	0.928	0.2121	-0.35	0.7300
(age)	-0.0246	0.976	0.0085	-2.90	0.0038
(Drug Court Group)	0.4946	1.640	0.1839	2.69	0.0072
	exp(coef)	exp(-coef)	Lower .95	Upper .95	
Comparison Group					
(sex)	0.928	1.08	0.613	1.407	
(age)	0.976	1.02	0.960	0.992	
(ComparisonGroup)	1.640	0.61	1.144	2.352	
Likelihood ratio test= 14.9 on 3 df, p=0.00186					
Wald test =14.6 on 3 df, p=0.00224					
Score (logrank) test = 14.7 on 3 df, p=0.00205					

FIGURE 1 Idaho DUI Court & Comparison Hazard Model

DISCUSSION

The evidence here indicates that offenders that participate in Idaho DUI or Misd/DUI courts are less likely to recidivate and when they do recidivate, it takes longer. This information is increasingly important for states and counties wishing to establish new courts, and for those courts already in existence. The research here may not be generalizable to other disparate state court systems, but policy makers should consider the information provided within the current study when examining the impacts of DUI courts on the criminal population and the overall public safety as this criminal justice practice indicates it is an effective intervention. Furthermore, other studies have indicated that drug courts are more cost effective than traditional criminal justice case processing (Carey & Finigan, 2003; Carey, Crumpton, Finigan & Waller, 2005). The current study exams only the efficacy of these courts and not costs.

The current study would have benefited from more information regarding the treatment intensity and types of treatment, as well as the levels of criminogenic risks and needs of both groups of participants and

non-participants. Additionally, substance abuse assessment information would be useful in determining the level of addiction for both sets of groups and in turn determining the success of these groups. More research is needed to determine longer term impacts and to illustrate the effective of levels of addictions and risks/needs. Additionally, this research could benefit from a process evaluation component that would provide valuable information intended for a more in-depth analysis of the courts.

Several limitations can be identified from this study including the lack of treatment data, absence of risk and needs information, lack of additional demographic information, and low sample sizes of the Misdemeanor/DUI Court study group. Additionally, the measure of recidivism employed here is limited, as it fails to capture arrests that do not lead to a court filing or behavior, such as drug and alcohol use, which if known would result in participant failure. Moreover, previous research has shown that use of official data, such as court filings, tends to underestimate the true prevalence of criminal involvement (Inciardi & Chambers, 1972; Elliot, 1995; Inciardi, McBride, & Rivers, 1996). Therefore, future drug court research should integrate both self report data on illegal or illicit behavior, arrests, and official arrest records (court filings) in order to increase the validity and reliability of recidivism as an outcome measure. Although the authors have identified areas for improvement, the methodology utilized for this study was sound and indicated that participation in DUI court reduces recidivism. Further efforts at understanding the impact of participation in DUI courts should include the aforementioned data elements.

NOTE

1. Integrating treatment within the justice system; b. Forming a drug court team with team strategies for all principle actors (judges, defense and prosecuting attorneys, counselors, probation officers, etc.); c. Identifying participants early and promptly placing them in the program; d. Continuous treatment services for drug and alcohol addictions; e. Forging a coordinated strategy for responses to clients' conformity; f. Frequent randomized drug testing; g. Ongoing interaction between the judge and the drug court participant; h. Monitoring and evaluating the drug court program; i. Continuing education for all principle drug court team members; j. Finding support for the drug court program within the community.

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