

Is Treatment Court Participation Associated with Better Health and Societal Outcomes?



BACKGROUND: People arrested for drug or alcohol related offenses can be sentenced to traditional correctional facilities or, in some cases, participate in treatment court programs – specialized dockets that address underlying issues which may contribute to criminal behavior. From 2019 - 2024, the CDC funded a team of experts in biostatistical analysis, legal epidemiology, medicine, modeling, and qualitative methods from Temple University, Indiana University, and the University of Pittsburgh to determine whether interventions offered by adult treatment courts are associated with positive health and societal outcomes. We studied 530 people who were eligible to participate in 30 Indiana treatment courts from 1/01/2018 - 06/30/2021. We followed outcomes for one year. From this group, we compared 350 people who completed a treatment court program versus 180 people who were accepted into a treatment court program but opted not to participate.

Participants by Treatment Court Type

Court Type	Study Cohort (n=530)	Eligible & Completed (n=350)	Eligible but did not Enter (n=180)
Adult drug and "Other"	272	226	40
Veterans	29	28	1
Mental Health	153	17	136
Re-Entry	82	79	3

Information concerning non-pharmaceutical interventions was primarily obtained through interviews with court personnel. We clustered these interventions into 11 categories. Most treatment courts in our study offered cognitive and behavioral therapy, support groups, trauma counseling, anger management, substance education, alcoholics anonymous group meetings, narcotics anonymous meetings, and illicit drug testing. Few treatment courts engaged in home visits or required mandatory substance counseling.

Interventions

Non-Pharmaceutical Intervention	Percentage of Courts Offering the Intervention
Cognitive and Behavioral Therapy	86.6%
Support Groups	80.0%
Trauma Counseling	80.0%
Substance Education	73.3%
Alcoholics Anonymous Group Meetings	73.3%
Narcotics Anonymous Group Meetings	73.3%
Illicit Drug Testing	66.6%
Inpatient Treatment Home Visits	53.3%
Home Visits	40%
Mandatory Substance Counseling	13.3%
Pharmaceutical Intervention	Percentage of Individuals
Prescription for Medications for Opioid Use Disorder	42%

Outcomes

Outcome	Overall Odds Ratio and 95%CI
Death	0.17 (0.07, 0.42)
Emergency Department Utilization	0.66 (0.36-1.19)
Emergency Management Services Utilization	0.17 (0.11, 0.26)
Emergency Management Services Utilization for Drug Use	0.26 (0.17, 0.38)
Emergency Services Utilization with Naloxone	0.60 (0.36, 0.97)
Re-Arrest	0.07 (0.04, 0.11)

LIMITATIONS: Given the total number of people who enter the legal system, the sample size is relatively small. However, we were able to access large proportions of the people within the treatment courts we studied. People who enter treatment courts do so after a selection process which could lead to selection bias. Our intervention data only identified whether an intervention was offered, not whether a person participated in a program or took their medication as directed.

RESULTS: Each treatment court can determine its eligibility criteria. Sixty percent of the courts we studied excluded people who were sentenced for violent felonies, such as voluntary manslaughter or felony assault, from their programs. Most of the people eligible to participate in a treatment court program were white males in their early 30's. The age range was from 18 years to 70 years. The percentage of women eligible to participate in treatment court programs was much higher than the percentage of women in the general prison population.

Demographic Characteristics

Characteristic	Eligible and Completed Treatment Court (n=350)	Eligible but did not Complete Treatment Court (n=180)	Prison Population in Indiana ^a
Median age	32	34	38
% male	79	59	90.5
% female	21	41	9.5
% black	18	39	34
% white	79	57	61

a. Indiana Department of Correction. FACT Cards. www.in.gov/doc/policies-and-statistics/data/statistical-data/fact-cards/#tab-656316-2016 2021_FACT_CARDS

Information regarding pharmaceutical interventions was collected from Indiana's Prescription Drug Monitoring Program. Overall, 42% of the 530 people we studied had a dispensation for opioid use disorder or pain relief (45% of people who completed treatment court programs and 35% of those who were eligible but did not participate in treatment court).

FINDINGS: We did not find that a particular intervention was associated with positive health or societal outcomes but the people who completed treatment court programs fared much better than those who did not. During the one year period that these people were followed, treatment court participants were 83% less likely to die than those who were eligible but did not participate. Participants were 34% less likely to present at an emergency department for a drug-related issue than those who did not. Participants were 83% less likely to be involved with EMS, 74% less likely to be involved with EMS for a drug related issue, and 40% less likely to be involved with an EMS call involving naloxone. Compared to before entering a treatment court program, participants were 93% less likely to be rearrested. These patterns were similar by race and gender.

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