The University of New Mexico

University of New Mexico
Institute for Social Research

Highlights

Preliminary analyses suggest that some individuals do better than others in regards to treatment completion and recidivism. A better process for targeting clients for supervision and treatment may be developed after analyzing how the risk and needs scores interact.

We discovered that individuals who successfully completed treatment were arrested statistically less frequently than study group members who did not complete treatment. This is an important finding of the study.

A large majority, over 75%, of the individuals in the study completed treatment.

Slightly more than 25% of the study group members were re-arrested for DWI through the time we have new arrest data, March 2002.

Higher NEEDS risk supervision and criminal history scores showed a significant increase in the chances of the client being arrested for a new DWI.

Summary

The assumption that substance abuse treatment can be effective in reducing the recidivism of DWI offenders has had a major impact on local DWI programs funded by Department of Finance Administration (DFA). This study looks at the

Report in Brief

Local DWI Grant Program Final Report: Bernalillo County Treatment Study

*R*esearchers found that individuals who successfully completed treatment were arrested less frequently than study group members who did not complete treatment.

The goal of this preliminary outcome study was to better understand the effectiveness of treatment funded by the Department of Finance Administration, Local Government Division in reducing the incidence of DWI . This study and report builds upon prior work.[1] These studies and reports in combination are designed to improve the local DWI programs funded by the Department of Finance Administration.

Research has shown that substance abuse treatment can be effective in reducing recidivism by addressing the substance abuse problems of DWI offenders.[2] This study looks at the effectiveness of outpatient substance abuse treatment for DWI offenders in Bernalillo County. The study reports on persons convicted of DWI in Bernalillo County; screened using the ADE Inc. NEEDS screening instrument; referred to the Albuquerque Metropolitan Central Intake (AMCI); and then assessed and referred into the AMCI's network of treatment providers. Researchers compared re-arrest data for clients who completed treatment with those who did not complete treatment. This study does not include other services

these offenders might have received while clients in the DWI program. For example, many individuals were probably required to complete community service, pay fines, attend DWI School, or attend a Victim Impact Panel. Future analyses should contain a complete review of treatment data, including profiles of successful and unsuccessful clients.

Research Design

To begin this study NEEDS data from the New Mexico Department of Health's Division of Epidemiology (DOH/Epi) was collected containing the names of everyone screened by the Educational and Community Services Division (ECSD) of the Bernalillo County Metropolitan Court (BCMC) between July 1, 1997 and June 30, 1999. This list was matched to AMCI treatment data and the matched list was merged to Citation Tracking System (CTS) data containing all DWI violations. Using an automated matching process we were able to successfully match 1,743 cases across the three data sources (AMCI, NEEDS and CTS). The entire merged dataset was used for the study.

effectiveness of outpatient substance abuse treatment funded by DFA for convicted DWI offenders in Bernalillo County, New Mexico. The research assesses effectiveness by documenting the number of individuals arrested, convicted, screened, referred to treatment, and treated for DWI in Bernalillo County, between July 1997 and June 1999. This report summarizes the research design and analysis, offers recommendations for future study, and suggests implications for policy and practice.

Policy Implications

- Screening and treatment provide a long term measurable solution by identifying and treating problems that lead to drinking and driving behavior.
- A comprehensive screening instrument is an important tool for increasing the probability of successful treatment. Using a standard screening tool statewide will allow the DFA Local Government Division to document the risk and needs of offenders and increase the benefits of treatment.
- This study demonstrates how meaningful control of the quality of treatment can strengthen a DWI treatment program.
- Future analysis should aim at determining why some clients complete treatment, while others do not and how this factor is related to recidivism.
- Policy initiatives in the DWI program continuum should be analyzed and measures of long term success, i.e., reduced recidivism, should be established to substantiate state and local community support.

The data from the merged sets were used to report measures of central tendency; frequency distributions; and levels of significance for demographic variables, arrests, treatment, and recidivism rates.

Data Analysis

Demographics. The majority of study group members were male. A slight majority were Hispanic and on average were 30 years old and had 12.5 years of education. Almost 50% of the study group members had never been married; almost two-thirds were employed at the time they were screened and more than 75% reported incomes under $20,000.

Criminal History. A total of 19.4% of those in the study group had at least one prior arrest for DWI (average 1.2) and reported an average of 1.4 prior alcohol/drug crime related arrests. The vast majority of study group members reported no felony convictions, assault convictions, or probation revocations.

Drug and Alcohol Use. Almost 30% of the study group members self-reported to have never used alcohol and almost 15% reported using no illicit substance in the three years prior to their screening. About 30% reported no alcohol use in the past three years and approximately 10% reported no illicit drug use in their lifetime. Just less than 30% (521 individuals) reported to use alcohol less than once a month. The NEEDS instrument assessed almost equal numbers of individuals as having either a beginning substance abuse problem or having a definite problem. Study group members did not believe substance abuse was a severe problem in their lives.

Treatment. The data revealed for DWI slightly higher significance of re-arrest for study group members who did not complete treatment

compared to those who completed treatment.

Twenty-five percent of the individuals referred to the AMCI that were assessed were not referred into the AMCI treatment network because the AMCI assessment showed they did not require treatment.

Of those referred to AMCI who received treatment services and for whom we have treatment data, individuals were most likely to receive group therapy (14.3 hours) and education groups (4.9 hours) with some case management (1 hour). A majority of the clients received just 23 minutes of individual therapy. Few clients received any family therapy, crisis intervention, discharge planning, or treatment planning. Slightly more than 75% of the individuals with discharge data completed treatment while almost 21% did not complete treatment and 4% did not complete for unknown reasons.

Further analyses should be completed to determine why some clients complete treatment, why others do not, and how this is related to new arrests for DWI.

Table 1 documents the different treatment services provided by treatment providers by the number of vouchers, the average

Table 1 TREATMENT SERVICES AND COSTS

	Number of Vouchers	Average Number of Minutes	Average Cost in Dollars
Case Management	369	62.4	48.87
Crisis Intervention	43	3.3	2.59
Discharge Planning	10	.8	0.61
Education Group	283	294.9	46.61
Family Therapy	24	16.0	6.47
Group Therapy	271	858.0	194.19
Individual Therapy	316	23.1	174.17
Treatment Planning	27	3.4	2.68
Miscellaneous	6	4.0	3.97
TOTAL	**505**	**1,462.5**	**$482.16**

number of minutes each client received the service and the average cost in dollars per client for each service. Most clients' vouchers were used to pay for group therapy, education groups, and case management. This is evidenced by the number of vouchers, the average number of minutes per client and the average cost per client.

Recidivism. Slightly more than 25% of the study group members were arrested for a new DWI between the time of the arrest for the DWI for which they were convicted and the time CTS data were pulled. On average, those arrested for a new DWI were arrested 1.2 times and the average time to arrest for a new DWI was 557.5 days. Individuals in this study who successfully completed treatment were arrested statistically less frequent than study group members who did not complete treatment. This is an important finding.

Table 2 NEW ARRESTS AND TREATMENT DISCHARGE STATUS

	New Arrest	No New Arrest
Completed Treatment	25.1%	74.9%
Did Not Complete Treatment	31.1%	68.9%

The preliminary analysis focusing on NEEDS variables and their relationship to new arrests was useful in preliminarily indicating if the variables used are useful in predicting new arrests. The relationship between risk supervision level and a new arrest was highly statistically significant while the relationship between needs supervision level and new arrest was not statistically significant. This means that as risk supervision level increased so did the number and percent of those who had a new arrest for DWI. A similar supportive finding indicates that as criminal history assessment scores increased in severity so did the number of individuals who had new arrests. This relationship did not exist between needs supervision level and new arrest. This also is an important finding and the relationship between risk and needs should be further explored.

The relationship between the NEEDS ASAM levels and re-arrest for a DWI was also statistically significant. Individuals in need of residential/inpatient treatment (Level IV) were re-arrested more frequently than individuals in need of intensive outpatient/partial hospitalization treatment (Level III). This is not a surprise. This relationship should be further studied for at least two reasons. First, all individuals in this study received outpatient treatment and none received Level IV care. Second, the AMCI assessment did not take into account the NEEDS screening and the treatment needs of the clients was based upon the AMCI assessment. For example, 40 individuals who were screened with the NEEDS and were given a Level II intervention when assessed at AMCI were given no referral to treatment.

Frequently Used Terms

NEEDS Instrument: The NEEDS is a comprehensive self-administered screening instrument developed by ADE Incorporated that is designed to address patterns of behavior in critical areas and provides a profile of an individual's functioning.

DWI Citation Tracking System: The DWI Citation Tracking System (CTS) is derived from the Driver Master (DWIM) database, which the Motor Vehicle Division (MVD) of the New Mexico Taxation and Revenue Department created and maintains. The CTS file contains citation, driver, reporting agency, MVD administrative hearing, and court hearing data. The CTS is created, used and maintained by the Division of Government Research at the University of New Mexico.

Albuquerque Metropolitan Central Intake: The Albuquerque Metropolitan Central Intake (AMCI) was created to improve access for individuals in need of substance abuse treatment services by providing assessment, unbiased referral, and placement into treatment through a single point of entry. The AMCI's primary goal is to eliminate the need for individuals and referral sources to call multiple treatment agencies in an attempt to find open treatment slots and to help them find their way through the maze of treatment programs, government agencies, and referral systems. The AMCI serves as a first point of contact for anyone in need of treatment. Assessment, treatment matching, and referral to the most appropriate treatment provider are completed. Substance abuse assessment professionals that are licensed alcohol and drug abuse counselors (LADAC) in the State of New Mexico conduct the assessments, and a complete copy of the assessment accompanies the client to the treatment provider. Additionally, the AMCI administers the City of Albuquerque's Voucher System. Persons evaluated at AMCI may be eligible for vouchers that can help subsidize certain types of treatment.

ASAM Guidelines: ASAM describes treatment as a continuum of care marked by five basic levels of care.
Level 0.5 – Early Intervention
Level 1 – Outpatient Treatment
Level II – Intensive Outpatient/Partial Hospitalization Treatment
Level III – Residential/Inpatient Treatment
Level IV – Medically Managed Intensive Inpatient Treatment

Conclusion

This preliminary study suggests, that some types of individuals can be predicted at screening to do better than other clients in regard to treatment completion and recidivism. Additionally, the risk scores generated by the NEEDS instrument may be a better predictor of re-arrest than the needs scores. It may be possible to better target clients for supervision and treatment by more completely understanding how the risk and needs scores interact.

The NEEDS self-reported data, as with any self-reported data, lacks some reliability. This is apparent in the questions that ask about alcohol and drug use. Individuals responding that they never have used alcohol may not be being truthful since they were convicted of DWI and in almost all cases either had a measurable BAC or there was sufficient evidence to convict them of DWI. It may be possible to improve the reliability of the data by using some types of checks in the data. This issue cannot be addressed by the current study.

The analyses presented in this report are preliminary and additional analyses should be completed that focus on:

- a detailed profile of clients who completed treatment. What makes them different from individuals who did not complete treatment?

- multivariate analyses focused on profiling individuals who have new arrests. For example, how is successful treatment completion related to a new arrest?

- the possibility of creating a comparison group comprised of those individuals who were screened by the NEEDS and assessed at AMCI who were not referred for treatment should be investigated and if possible, a comparison group study should be conducted.

- a more detailed analysis of NEEDS data with emphasis on documenting the reliability of the collected data is needed.

- the issue regarding why approximately 25% of those who were referred to AMCI and who according to the NEEDS required treatment but once assessed by AMCI required no referral for treatment should be investigated.

Notes

1. See Guerin, P., & Pitts, W. 2002. *Local DWI Grant Program Statewide Evaluation Final Report.* Albuquerque: University of New Mexico, Institute for Social Research; Guerin, P., & Pitts, W. 2002. *Report in Brief: Local DWI Grant Program Statewide Evaluation.* Albuquerque: University of New Mexico, Institute for Social Research; Guerin, P., & Davis, J. W. 2002. *Motor Vehicle Related Deaths in New Mexico: Alcohol and Ethnicity.* Albuquerque: University of New Mexico, Institute for Social Research and Division of Government Research; Guerin, P., & Davis, J.W. *Comparison of Trends in Alcohol-Involved Crashes Among New Mexico Counties.* Albuquerque: University of New Mexico, Institute for Social Research and Division of Government Research.

2. Wells-Parker, E., Bangert-Drowns, R., McMillen, D.L., & Williams, M. 1995. *Final results from a meta-analysis of remedial interventions with drink/drive offenders.* Addiction 90: 907-926.