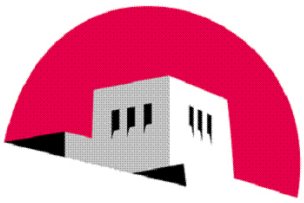

The University of New Mexico

Bernalillo County Metropolitan Court DWI-Drug Court Stage One Outcome Study

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INTRODUCTION

The goal in conducting this study is to better understand the effectiveness of the Bernalillo County Metropolitan Court DWI-Drug Court in graduating program participants and reducing the recidivism rates of participants (graduates and non-graduates) compared to a matched comparison group. Program effectiveness is defined as a reduction in re-arrest for DWI and increased time to arrest for participants after leaving the program when compared to the matched comparison group. This report includes data from a matched comparison group of Metropolitan Court Probationers. In a future study we intend to include a second matched comparison group comprised of clients from the Sandoval County DWI & Prevention Program.

This study incorporates two stages. Stage 1 includes a broad examination of the DWI-Drug Court program and an outcome evaluation of the DWI-Drug Court, which compares program participants (graduates and non-graduates) with a matched comparison group of individuals who were referred and eligible for the program but chose not to enter the program. The outcome study is focused on analyzing two different outcomes:

- Recidivism-defined as official re-arrest for DWI.
- Time to re-arrest.

Stage 2 elaborates on these findings by including a second comparison group comprised of similarly situated individuals (e.g. DWI offenders convicted of similar offenses with similar characteristics such as age, gender, and race-ethnicity) served by a DWI program in neighboring Sandoval County, and by expanding the time frame of the study to five years from the current three years. Stage 2 also includes a prospective study that provides detailed information regarding behavioral and attitudinal change at three critical phases in the DWI-Drug court process including at admission, in treatment, and near discharge. Stage 2 is not a part of this report but will be included in a future study and report. For a description of the proposed Stage 2 portion of the study, see Appendix A.

This study addresses two primary research interests. First, our goal was to identify the variables most closely associated with graduation from the DWI-Drug Court program. Related to that interest, was the goal of identifying the differences between both graduates and non-graduates. Second, we identify the variables associated with recidivating for both graduates and non-graduates and DWI-Drug Court members compared to comparison group members after exiting from the DWI-Drug Court program.

This report contains several sections. Following this introduction is a literature review that briefly describes the literature on Drug Courts and DWI Courts. Next the research design describes the Stage 1 study that briefly examines the

operation of the program and the outcome study. A brief discussion of the operation of the program is then provided that is designed to provide context for the outcome study. After the research design, we analyze and discuss DWI-Drug Court client data. This includes a brief description of the treatment sample and a more detailed analysis and discussion of factors affecting graduation and a recidivism profile of graduates and non-graduates. We then include a section that analyzes and discusses the DWI-Drug court treatment group and the comparison group focused on profiling what factors contribute to recidivism and time to recidivism and how these two groups differ. Finally, we include a discussion and conclusion section.

Outcome studies are useful for a number of reasons. First, knowledge involving client success and a program can be used in an interactive manner to create a self-adjusting system and improve programs. Second, both funding sources and service providers have a vested interest in utilizing scarce resources in the most effective manner. Programs that are effective in reducing future contact with the criminal justice system should be replicated. Third, outcome evaluation findings, if valid and reliable, can be used to make programs more useful to the target population.

LITERATURE REVIEW

"A drug court is a form of mandated judicial supervision and addiction treatment alternative to incarceration (Anderson, 2001, p. 470)." Drug courts emerged in the late 1980s as a response to rapidly increasing felony drug convictions that placed a serious strain on the Nation's courts as well as its jails and prisons. (National Institute of Justice, Drug Courts: The Second Decade, 2006). Drug Courts are specialty dockets designed to handle cases involving addicted citizens under the adult, juvenile, family, and tribal justice systems. The drug court model represents a blending of justice, treatment, and social service systems to actively intervene and break the cycle of substance abuse, addiction, crime, delinquency and child maltreatment (National Drug Court Institute, http://www.nadcp.org/).

Drug court participants receive an intensive regimen of substance abuse treatment, case management, drug testing, as well as supervision and monitoring by a judge with specialized expertise in the drug court model, all in an effort to pressure addicts to enter into and stay in treatment. Drug court interventions vary by individual and are designed to match the needs of the clients based on results of individual clinical assessments (Turner, Longshore, et al., 2002, p. 1492). In addition to treatment, drug court participants are often provided with ancillary services to increase the probability of success. These services often include mental health treatment, trauma and family therapy, and job skills training (National Drug Court Institute, http://www.nadcp.org/). Generally, drug courts are framed in the philosophies of restorative justice and therapeutic jurisprudence, in which the criminal justice system is used as a therapeutic tool

and less as formalistic and punitive one (Turner, Longshore, et al., 2002, p. 1491).

Similar to a traditional court model, judges have the power and authority to keep a drug offender in treatment by employing a system rewards for successes and sanctions for compliance failures. Offenders who successfully complete the drug court program may have charges dropped or sentences revoked, while unsuccessful participants, including dropouts, are returned to the regular court system and face possible imprisonment (Anderson, 2001, p. 470). Unique to the drug court is the use of a non-adversarial approach, in which the defense and prosecution work together to promote public safety and encourage participant compliance.

Comparative to the traditional court model, drug court participants appear more frequently in front of judges; are required to enter into an intensive treatment program; undergo frequent random urinalysis and are encouraged to become drug-free and develop personal and professional skills that promote successful re-entry into the community (Turner, Longshore, et al., 2002, p. 1492).

What is the Purpose of the Drug Court Model?

Although implementation and program specifics vary widely across the spectrum, the overall objective of the drug court model is universal, "to engage defendants charged with drug-related offenses in comprehensive, enduring programs that integrate adjudication, substance abuse treatment and close supervision" (National Drug Court Institute, http://www.ndci.org/dwi_drug_court.htm). Through the drug court process, offenders are held accountable for their actions and afforded the tools they need to reduce their dependence on drugs, change their behavior, and take control of their lives (Drug Courts: The Second Decade, 2006). The major goals of the drug court model have been established to benefit multiple parties, including the offender and the affected community at large, as well as court system itself. Table 1 provides a summary of the most frequently cited goals of the drug court model as stated by the National Drug Court Institute.

Drug Court Goals

- To reduce drug use and associated criminal behavior.
- To concentrate staff expertise about drug cases into a single courtroom.
- To address other defendant needs.
- To remove drug cases from traditional courtrooms, freeing them to adjudicate non-drug cases.

The drug court model was systematically extended and applied to repeat DUI/DWI cases starting around 1998 after early evaluations of the drug court model demonstrated positive outcomes. A 1998 analysis on over two dozen drug court programs conducted by the National Center on Addiction and Substance Abuse at Columbia University (CASA) concluded that drug courts lower

recidivism, reduce drug use, and reduce both direct and indirect costs of investigating and adjudicating drug-related crime (Belenko, 1998). These successes inspired court jurisdictions to search for other potential applications for the drug court model, including domestic violence courts, mental illness courts, and even "deadbeat dad" courts (National Drug Court Institute, http://www.ndci.org/dwi_drug_court.htm). The most prominent application of drug court principles were to DWI/DUI cases, where punishment alone has proven to be an unsuccessful deterrent for the repeat DWI offender. The goal of the DWI court is to "protect public safety by using the drug court model to address the root cause of impaired driving, alcohol, and other substance abuse" (National Drug Court Institute, http://www.ndci.org/dwi_drug_court.htm). One primary difference between the two courts is that the DUI/DWI operates as a post-conviction model, meaning that they are not used as a diversionary court to avoid a record of conviction or license sanctions. Referral to drug court usually takes place only after multiple DWI/DUI arrest. There are currently 81 designated DWI Courts and 249 hybrid DWI/Drug Courts, which take both drug offense and DWI offenders (National Drug Court Institute, http://www.ndci.org/dwi_drug_court.htm).

What are the Principles of the DWI/Drug Court Model?

In 1997 the Drug Court Standards Committee of the National Association of Drug Court Professionals designated ten defining components of the drug court model in an attempt to describe "the very best practices, designs, and operations of drug courts" (National Association of Drug Court Professionals, Defining Drug Courts: The Key Components: http://www.nadcp.org/whatis/). In a similar effort, the DUI/Drug Court Advisory Council compared the goals of the DWI and Drug court models to develop a list of guiding principles for DWI Courts. Both the drug court key components and DWI court guiding principles are summarized in Table 2. These ten components and guiding principles represent the best known conceptualization of the drug and DWI court model.

Drug Court Components and DWI Court Guiding Principles

DWI Court (Guiding Principles)	Drug Court (10 Key Components)
• Determine the population	• Integrate treatment services with justice case processing
• Develop the treatment plan	• Nonadversarial approach
• Perform a clinical assessment	• Early identification and placement
• Supervise the offender	• Access to a continuum of treatment services
• Forge agency, organization, and community partnerships	• Monitor with frequent alcohol and drug testing
• Take a judicial leadership role	• Govern drug court response to compliance
• Develop case management strategies	• Ongoing judicial interaction
• Address transportation issues	• Evaluation of program goals and effectiveness
• Evaluate the program	• Continuing interdisciplinary education
• Ensure a sustainable program	• Forging partnerships among drug courts, public agencies, and community-based organizations

Within the DWI court model the strategic targeting of offenders is a critical consideration. Best practice suggests that courts should place emphasis on recruiting offenders who have the most serious criminal and dependency issues, those who are repeat offenders, and those who are seen to pose the most negative community impact. A functional DWI court requires that clients first undergo a clinical assessment that identifies impairments and strengths in related bio-psychosocial domains, including alcohol use severity, drug involvement, medical status, psychiatric status, employment and financial status, family and social status, alcohol triggers and cognitions, self-efficacy and motivation for change, as well as level of patient care (National Drug Court Institute: The Ten Guiding Principles of DWI Courts, http://www.ndci.org/pdf/Guiding_Principles_of_DWI_Court.pdf). Based on the results of a clinical assessment, the DWI court should develop a treatment plan that provides each client with an individually prescribed constellation of treatment services that facilitate long term recovery.

Because relapse presents a serious threat to community safety, functional DWI courts must include close supervision and monitoring by the court, probation department, and treatment provider. Supervision must take place not only in the court, but in the community and in the offender's home. Monitoring can take many forms, but frequently includes the use of risk screeners, frequent drug testing, breathalyzers, and ignition interlocks. In addition to supervision and monitoring, DWI courts must provide offenders with a court order clearly delineating expectations and consequences for non-compliance. DWI courts embody a collaborative spirit, and must also forge partnerships with community agencies to increase the spectrum of service providers, solicit broader support and understanding regarding the mission of the DWI court setting, and to build a

foundation of financial and other resources to encourage long-term sustainability of the DWI court.

The judge is considered to be the team leader and success often depends on the level of judicial involvement in the process. As the team leader the judge's responsibility is to provide general oversight and motivation to DWI team members. Additionally, the DWI court judge is charged with the authority to employ sanctions and rewards when necessary (National Drug Court Institute: DWI Courts and DWI/Drug Courts: Reducing Recidivism Saving Lives http://www.ndci.org/dwi_drug_court.htm). The involvement of the DWI treatment team requires that the DWI court have established team management strategies that ensure seamless collaboration between all stakeholders. This case management strategy should ensure clients are linked to the appropriate services, that these services are monitored, and that real-time assessment information is collected for evaluation purposes (National Drug Court Institute: The Ten Guiding Principles of DWI Courts, http://www.ndci.org/pdf/Guiding_Principles_of_DWI_Court.pdf). Reliable evaluation of the DWI court model is essential to convince stakeholders of the power of the DWI court. Court, probation, and treatment data should be able to document clear behavioral change within DWI court participants that can be directly linked back to DWI court services. In addition to a plan for evaluation, DWI courts must have a plan to ensure the sustainability of the program which includes considerations of structure and scale; organization and participation, and funding (National Drug Court Institute, http://www.ndci.org/dwi_guidingprinciples.html). A final consideration for DWI court is the issue of transportation. Upon conviction for a DWI offense, in nearly every state, a person driving privileges are revoked. This issue of transportation must be addressed by DWI/Drug courts and other stakeholder to prevent participants from driving without a license.

How Do the Courts Differ?

Though there are variations in implementation, both models share a number of characteristics in common. Both models include intense alcohol addiction treatment, heavy court supervision, and require compliance with treatment and other court-mandated requirements that is verified by frequent alcohol and drug testing, close community supervision, and interaction with the judge in non-adversarial court review hearings" (National Center for State Courts: The Newest Problem Solving Courts, 2004). Despite these similarities, operational and structural distinctions remain. One of the most important distinctions is the nature of the offenders served in both types of courts. In the case of the DWI courts, offenders are referred as a result of an impaired driving arrest and/or documented history of impaired driving while the traditional drug court docket targets individuals who have engaged in non-traffic related criminal behavior as a result of their illegal drug use (National Drug Court Institute, http://www.ndci.org/dwi_drug_court.htm). Therefore, drug court participants tend to be viewed as more serious offenders. Hybrid DWI/Drug courts target a

mix of DWI offenders and illicit drug abusers. Additionally, participants in the DWI court setting tend to be employed with emotional resources that are helpful in the recovery process, including family support, education, and religious ties. This stands in contrast to the typical Drug Court participant who tends to be out of work or unable to support themselves. Participants in the DWI court setting also have a "legal orientation" because they view themselves as being on the right side of the law whereas drug court participants are aware of their "illegal orientation" (DWI Drug Court Courts: Defining a National Strategy, 1999). DWI offenders tend to be in a state of denial regarding their substance abuse issues, while their drug-using counterparts have a more realistic perception of their addiction.

The Effectiveness of Drug Courts and DWI-Drug Court Programs

Much of the literature to date on Drug Court effectiveness, including DWI-Drug Courts, has been plagued by methodoligcal issues. Therefore careful interpretation of many drug court studies is necessary (Washington State Institute for Public Policy, 2003). Notably, a number of studies have relied on inappropriate comparison groups (i.e, studies where drug court graduates are compared to drug court failures; drug court participants compared to those who were found ineligible for the program) or lacked a comparison group entirely. In a nationwide review of drug court evaluations conducted in the United States, the Washington Institute Public Policy identified only 30 evaluations that met minimum research design standards including the inclusion of a non-treatment comparison group and evidence that some statistical effort was taken to ensure that the comparison groups were reasonably well matched (Washington State Institute for Public Policy, 2003).

Overall, methodologically sound studies have consistently shown that drug court programs are effective in that they reduce recidivism and improve treatment retention (Belenko, 1998; Cissner & Rempel, 2005; Goldkamp, 2003; Harrell, 2003; Marlowe, Dematteo & Festinger, 2003; Roman, Townsend & Bhati, 2003). In 1998 Columbia University's National Center on Addiction and Substance Abuse (CASA) provided the first major academic review and analysis of drug court research in which researchers analyzed 30 evaluations pertaining to 24 drug courts across the nation. The evaluation found, that despite varying structures, jurisdictional compositions, and evaluation methods, a number of consistent findings emerged. The study found that drug courts have been more successful than other forms of community supervision in closely supervising drug offenders in the community through frequent monitoring and close supervision, providing treatment and related services to offenders who have not received such services in the past, generating actual and potential cost savings and substantially reducing drug use and recidivism while offenders are in the program (Belenko, 1998). These results were supported by a 2003 meta-analysis conducted by the Washington State Institute for Public Policy Institute. The study examined 30 evaluations with reasonably strong research designs as well as six adult drug courts in Washington State. The analysis found that the 30 studies analyzed, on

average, produced a 13.3 percent reduction in recidivism. Within the Washington State program, five of the six drug courts analyzed produced similar results both in terms of recidivism and cost savings. The cost-benefit analysis study found that while drug courts are more expensive to operate, they also produce more benefits than costs, including savings from future crime prevention and by minimizing contacts with the criminal justice system (Washington State Institute for Public Policy, 2003).

Fewer evaluations have been completed on true DWI Courts. Although the body of research is small, most evaluations have demonstrated effectiveness through both reduced recidivism and increased monetary savings (Future Trends in State Courts, 2008). However, many of these outcome evaluations have been limited in scope. Additionally, DWI Court evaluations have focused primarily on recidivism rates, with little attention to the specific elements of the court that most contribute to successful outcomes. Differences in drug court approaches and structure can influence effectiveness of the program. According to Longshore et al (2001) the set of characteristics based on which drug courts vary are numerous and these differences may be encapsulated along the following dimensions: (1) leverage, (2) population severity, (3) program intensity, (4) predictability, and (5) rehabilitative emphasis. Early identification and enrollment, treatment, the use of rewards and sanctions, legal coercion, judicial supervision, and adherence to the drug court team approach have all been identified as research supported effective components of the drug court model (Center for Court Innovation, Moving Beyond 'Do They Work?).

RESEARCH DESIGN

Objective 1: Examine Operation of Program

As noted in the introduction, Stage 1 research includes two primary objectives. The first, and more limited objective was to study the characteristics of this court, its' program design, and the population the court serves in order to report the characteristics of this program and document the program is fully implemented. Critical to meeting this objective was the inclusion of both a DWI-Drug Court team survey and program survey.

The program survey included a number of different sections that collected information useful for describing when the program began, how individuals are referred to the program, how clients are accepted and transition through the program, how the program operates, aftercare, program funding, and community involvement. The DWI-Drug Court team survey was designed to gather information about the DWI-Drug Court operations directly from the DWI-Drug Court team members. Specifically, the survey gathered information regarding team member's opinions about team member interaction, client characteristics, court processes, and outcomes. The program survey included a number of different sections that collected information useful for describing when the program began, how individuals were referred to the program, how clients are

accepted and transition through the program, how the program operates, aftercare, program funding, and community involvement. The completion of this first objective serves to place the outcome study in context. To confirm the Bernalillo County Metropolitan Court DWI-Drug Court is in adherence with national drug court standards, both of these surveys are compared to the drug court key components and DWI court principles in a later section.

Objective 2: Outcome Study

The completion of a quasi-experimental outcome study using historical data is the primary objective of this research. The objective studies the effectiveness of this program in terms of re-arrest for DWI compared to a matched comparison group of DWI offenders handled through standard probation programming.

The DWI-Drug Court treatment sample consists of participants who were referred, admitted, and discharged from the program. Study group members must also have been discharged a minimum of approximately one year, participated a minimum of ninety days, and the sample includes graduates and non-graduates.

The design includes the use of a matched comparison group. This comparison group includes matched individuals convicted of DWI in Bernalillo County who were referred to the program, were eligible, and did not become part of the DWI-Drug Court. These individuals were supervised by the Metropolitan Court Probation program. The size of both groups is approximately the same size and is dependent on the number of participants who had been admitted and left the DWI-Drug Court during the study period.

Statistical techniques were used to ensure a match between the treatment study group and comparison group members on critical variables. To match the two groups, we utilized Propensity Score Matching, a methodology that corrects for the issue of selection bias. Using this methodology, we were able to obtain a comparison group that had similar probabilities of involvement in the DWI-Drug Court program. We matched on available demographic variables including race, gender, and DWI charge. Comparison group members were also matched in time. This means comparison group members are taken from the same time period as the DWI-Drug court group so we can control for what might be occurring in the larger community (e.g. change in state laws).

Comparison group members are those who typically are under the supervision of the local probation department. Information collected for the comparison group, to the extent possible, was comparable. This consists of age, gender, race/ethnicity, referring offense, and re-arrests for DWI post exit date. Both the DWI-Drug Court group and comparison group data is taken from official records and does not consist of any self-report information.

Using historical information only allows us to collect official information that is available for the DWI-Drug court and comparison group. It is our experience that historical information for the comparison group is more limited than what is available for the DWI-Drug court group. This primarily occurs because the DWI-Drug Court uses a client management information system that routinely collects information necessary to complete this type of study, while information for the comparison group is typically maintained in electronic and/or hard copy files that typically contain less information and often in different formats making data extraction and compilation difficult. Studies using historical information are limited to those measures that can be obtained through official sources. This is a weakness of this type of study. A strength of this type of study is it is relatively inexpensive to complete and requires much less time than other types of studies.

Another portion of the study was to conduct a cost study for the Bernalillo County Metropolitan Court DWI-Drug Court program. Cost analyses are important because they can lead to more efficient use of resources and can expand what can be accomplished for any particular budget or resource. The cost study is provided as a separate report.

DATA COLLECTION

A number of sources were identified for data collection; the Bernalillo County Metropolitan Court DWI-Drug Court, the Bernalillo County Metropolitan Court for probation and court data, and the contract treatment provider for the DWI-Drug Court.

Data collection occurred on two different levels. First, we collected information at the program level including policies and procedures, a survey of the program, and surveys of DWI-Drug Court team members that described the program and its development. Second, we collected information on study group members that included DWI-Drug Court clients and comparison group members. We collected DWI-Drug Court referral, admission, treatment service data, court, and probation data on DWI-Drug Court clients and court and probation data on comparison group members who were on probation. Data collection included data collected to help complete the program review and outcome study using historical data.

SITE DESCRIPTION AND PROGRAM REVIEW

The program is located in Bernalillo County with a current design capacity of 350 clients and includes 3 judges who hold eight hearings bi-weekly. Four of the hearings are regular DWI-Drug court hearings and four are special track hearings (two Spanish, one Native American, and one Co-Occurring). The program is designed to be nine months in length with three phases and a transitional care phase; has been in operation since 1997; and uses a local, private, for-profit alcohol/substance abuse treatment agency.

The program targets repeat convicted DWI offenders. The program includes offenders convicted of a second or third DWI, offenders who are convicted of a first DWI that was originally charged as a second DWI or higher, and offenders charged and convicted of a first DWI that have previous convictions for a first DWI.

The program has mandatory treatment requirements that vary by phase and are partly based on individual progress and compliance with program and court requirements. For these reasons the length of stay varies by client. Following is a brief description of the treatment component of the program.

Table 1 Treatment Requirements by Phase

Phase 1	Phase 2	Phase 3	Transitional Care
ASI/Treatment Plan	Individual Tx. As Needed	Individual Tx. As Needed	Individual Tx. As Needed
Motivational Interview	Weekly Chemical Dependency Group Session	Weekly Chemical Dependency Group Session	Weekly Integrity Recovery Group Session
Weekly Chemical Dependency Group Session	Weekly Integrity Recovery Group Session	Weekly Integrity Recovery Group Session	AA/Sponsor
Weekly Integrity Recovery Group Session	AA/Sponsor	AA/Sponsor	ETOH/Drug Testing
16 Acupuncture sessions	ETOH/Drug Testing	ETOH/Drug Testing	
AA/Sponsor			
ETOH/Drug Testing			
Individual treatment as needed			

Clients must complete the requirements of each phase in order to progress and graduate. This includes negative drug tests, negative breathalyzers, and 12-step self-help groups. According to the program, clients receive tailored services based upon individual needs and include individual treatment planning. Clients that relapse, depending on which phase they are in when they relapse, are often placed on Intensive Outpatient and receive additional individual therapy. For example, if a client stalls or relapses near the end of Phase 3 or while in Transitional Care they are placed back at the beginning of Phase 3 and reassigned to a Chemical Dependency Group for Relapse Prevention. According to the program, emphasis is placed on seeing the individual client in terms of their present level of motivation, their strengths and level of functioning, their chemical dependency and mental health issues, fostering the recovery or development of integrity, and holding them accountable for abstinence.

During each phase clients are required to attend DWI-Drug Court court sessions and meet with their Probation Officer. The next table describes the frequency of contact with Probation Officers and DWI-Drug Court session attendance by phase. Both frequency of contact with Probation Officers and attendance at DWI-Drug Court sessions reduces as client's progress through the program.

Prior to each DWI-Drug Court session the assigned Judge meets with the Probation Officer(s), treatment staff, and the DWI-Drug Court Program Manager to staff the cases scheduled for the session. Each case is discussed and any behaviors subject to a sanction are discussed as well as progress in treatment. During the session graduates are first seen followed by clients facing a possible sanctions, participants in Transitional Care, participants being advanced to a new phase, then all other participants, starting with individuals having the highest number of program points and phase to participants with the least amount of points accumulated and phase. New clients are the last to be reviewed.

Table 2 DWI-Drug Court Sessions and Probation Officer Contacts

	Officer Contact Frequency	DWI-Drug Court Sessions
Phase 1	2 times per week	Every other week
Phase 2	1 time per week	Once per month
Phase 3	2 times per month	Once per month
Transitional Care	1 time every three weeks	Midpoint and at graduation

DWI-Drug Court Program Adherence to National Standards

Before addressing the primary objective of the project, it was first necessary to review the characteristics of the court, its' program design, and the population served to confirm that the Bernalillo County DWI-Drug Court is in adherence with national DWI Court principles and Drug Court components as developed by the both the National Association of Drug Court Professionals and the DUI/Drug Court Advisory Council (see Literature Review for discussion of these standards). It is important to note our scope of work did not include a detailed process evaluation of the program and our review is limited. Further, because the program has been in operation since 1997 and it was designated by the National Association of Drug Court Professionals as a "DWI Mentor Court" for a number of years which means this program had been designated as an example of a fully implemented and well run DWI-Drug Court, there is reason to believe the program is fully implemented.

Critical to this review was the collection of data regarding DWI-Drug Court process. We utilized a number of sources for this data collection. First, we administered both a program and team survey. The program survey was designed to provide an overall description of DWI-Drug court functioning. The survey was designed to collect information useful for describing when the program began, how individuals are referred to the program, how clients are accepted and transition through the program, how the program operates, aftercare, program funding, and community involvement. The treatment survey examines internal dynamics of the DWI-Drug Court team. The team survey collected information related to team member perspectives, client information, court process, treatment, and outcomes. The team survey was administered in (May 2009) and was completed by active members of the DWI-Drug Court team. A total of 12 responses were collected from various members of the DWI-Drug Court team in time for this report.

In addition to the two surveys, we also reviewed a copy of the program's current Policies and Procedures manual. We did not review other program materials that could have included job descriptions, contracts with treatment providers and other groups, treatment schedules, and any meeting notes.

It is important to note this portion of the report is only intended to place the outcome study in context by broadly confirming whether or not the program is a

functioning and fully implemented DWI-Drug Court as indicated by this brief and cursory review. The purpose of this review was to identify evidence within the reviewed materials of adherence with national standards. This review does not report which components or principles affect client outcomes. For the purpose of this report, evidence was defined as either survey responses from the program survey or team member survey confirming an aspect of the court or a mention in policies and procedures manual.

Review

Tables 3 and 4 report how the Bernalillo County DWI-Drug Court compares to both the DWI Court Principles and Drug Court Components. A check mark indicates we were able to locate evidence within the program survey, team survey, or policy and procedure manual illustrating adherence with a particular principle or component. .The term "not available" indicates that due to the nature of the materials examined, we did not expect to find evidence of adherence to a particular DWI-Drug court component or principle. This can also indicate the particular component or principle cannot be compared to the limited materials we reviewed for this part of the study. "Unable to find" refers to a principle or component that we would expect to be covered within the materials examined and were unable to locate after two reviews of the documents.

The results in Table 3 and 4 indicate the Bernalillo County Metropolitan Court DWI-Drug Court adheres closely to national standards, with a number of areas of strength. First, there is a strong indication that the DWI-Drug Court has clear policies and procedures for quickly identifying and targeting a specific population of DWI-Drug offenders. For example, the program survey and policies and procedures manual both include information related to specific screening procedures used to identify suitable DWI-Drug court clients. There is also particularly strong evidence to support the presence of interagency collaboration amongst DWI-Drug Court stakeholders. The program survey clearly illustrates the specific roles of other agencies in the monitoring and supervising of DWI-Drug court clients. An initial analysis of available team surveys indicated that overall, team members reported high levels of collaboration between institutions and programs involved in the DWI-Drug Court program. In addition to collaboration, our analysis indicates that the court makes frequent and structured use of sanctions in the supervision of drug court clients. Both surveys provide information related to sanction prompts, frequency, and general policies. In addition to a discussion of sanctions, the policies and procedures manual provides a thorough breakdown of supervisory activities by phase in the DWI-Drug Court. There is also evidence of the prominent role of the judge in the process and that the judge is the central player in the court directing the program. It would be useful for the policy and procedure manual to more clearly outline the specific responsibilities of the judge including information related to how the judge interacts with other major stakeholders.

Less clear from the results are specific mention of policies in place to address the transportation issues faced by program clients. It is important to note our examination of the court process was limited and a lack of mention in these materials does not mean a description of these policies does not exist. It is also critical to note some of the components and principles are too abstract to compare based only a cursory analysis of the two surveys and policies and procedures manual. Generally, the court mirrors best practices and should be considered to be a fully functional DWI-Drug court by national standards.

Table 3 DWI Court Guiding Principles

Information related to DWI Court Guiding Principles	DWI-Drug Court Policies and Procedures	DWI-Drug Court Program Survey	DWI-Drug Court Team Survey
• Determine the population	√	√	√
• Perform a clinical assessment	√	√	Not Available
• Develop the treatment plan	√	Not Available	Not Available
• Supervise the offender	√	√	Unable to find
• Forge agency, organization, and community partnerships	√	√	√
• Take a judicial leadership role	Unable to find	√	Not Available
• Develop case management strategies	Unable to find	√	Not Available
• Address transportation issues	Unable to find	Not Available	Not Available
• Evaluate the program	√	Not Available	Not Available
• Ensure a sustainable program	Not Available	Not Available	Not Available

Table 4 Information related to Drug Court Component

Information related to Drug Court Components	DWI-Drug Court Policies and Procedures	DWI-Drug Court Program Survey	DWI-Drug Court Team Survey
• Integrate treatment services with justice case processing	√	√	√
• Non-adversarial approach	√	Not Available	Not Available
• Early identification and placement	√	√	√
• Access to a continuum of treatment services	√	√	√
• Monitor with frequent alcohol and drug testing	√	√	Not Available
• Govern drug court response to compliance	√	√	√
• Ongoing judicial interaction	√	Not Available	Not Available
• Evaluation of program goals and effectiveness	√	Not Available	Not Available
• Continuing interdisciplinary education	Not Available	Not Available	Not Available
• Forging partnerships among drug courts, public agencies, and community-based organizations	√	√	√

DWI-DRUG COURT SAMPLE ANALYSIS

In this section, we analyze the treatment sample of clients who entered the drug court program between January 1st, 2005 and December 31st, 2007. Our primary interest is the development of a model of those variables that best profile and predict whether a client graduates or does not graduate. In addition to developing a profile of graduates and non-graduates and how they differ, a model is developed that focuses on graduation status and recidivism.

Independent variables utilized and modeled in this section are those that showed significant statistical relationships, have been shown to be important in other research, and that are of theoretical importance. The majority of these tables are included in Appendix B. Those independent variables using t-tests that did not show a significant relationship, have not been shown to be important in previous research, and that are not of theoretical importance are not included in this section. These variables are also included in Appendix B.

DWI-Drug Court Sample

This section uses the complete treatment group sample. This sample differs from the sample used and described in the next section which uses a sub-sample of the total sample that is matched on a variety of characteristics using propensity score

matching and risk score matching with clients in the Metropolitan Court Probation program.

The DWI-Drug Court data base included 1,144 clients with a DWI-Drug court intake date between January 1st, 2005 and December 31st, 2007. Ninety-nine of these clients did not have an Evolution Group treatment intake date, another 109 clients did not have an exit date, and 81 clients were in the program less than 90 days. After removing these clients we had a final treatment study sample of 855 members.

As noted earlier, in Appendix B, we describe the complete treatment sample using frequency tables. We also include bivariate and t-test tables that describe the relationship between a large number of variables and graduation and recidivism. The analysis in this section focuses on analyzing and reporting the effect of the program on graduation from the program and recidivism measured as a new arrest for DWI after the program.

Almost 80% of the sample was male and 67.8% was between 18 and 39 years of age with a mean age of 34.8 at intake into the program. Slightly more than half (51.9%) of the sample was Hispanic, 26.0% was White, 19.6% was Native American, 1.8% was African American, and 0.5% was Asian American. Half (50.4%) of the sample did not complete high school, 36.3% achieved some college, 11.5% had a high school degree or GED, and 1.8% had a college degree. Almost half of participants listed single as their marital status (47.3%), 17.9% reported being married, 16.3% listed divorced, 12.6% listed never married, 4.9% reported being separated, and 1.0% reported they were widowed. Living arrangement was fairly evenly divided between with family (24.6%), alone (30.9%), and with own family – spouse and children (36.0%), and 8.5% reported an 'other' living arrangement. On average, participants had two dependents. The majority of participants were employed at both entry into the program (76.4%) and exit from the program (77.4%).

As indicated by the ADE, the state mandated web-based DWI screening and tracking instrument, 90.4% of the sample had a substance abuse problem at entry into the program, where almost always the primary substance of abuse was alcohol. The average age of first use of the primary substance of abuse was 18 years of age. About half of the sample had previously received outpatient substance abuse treatment, but only 13.7% of participants had previously received inpatient substance abuse treatment.

Almost 75% of the sample graduated from the DWI-Drug Court, while 17.7% were terminated, and 8.8% absconded. Table 5 presents the average length of stay for all clients and clients with different exit dispositions from the program. Clients were in the program an average of 332 days. The average length of stay was longer for graduates by 27 days (8.1%) and shorter for non-graduates by 77 days (21.4%). Interestingly, on average absconders spent 55 days less in the program than clients who were terminated from the program.

Table 5 Average Length of Stay in Days by Client Exit Disposition

Client Type	Frequency	Percent	Average Length of Stay in Days
All Clients	855	100.0	332
Graduates	628	73.4	359
Non-Graduates	227	26.6	255
Terminated	152	17.8	273
Absconders	75	8.8	218

Table 6 presents the mean number of services received by clients. Clients averaged 13.4 acupuncture treatments and on average, clients received 71.9 Integrity Recovery Group sessions and 32.6 Chemical Dependency Groups. Overall, on average clients attended a little over 120 group sessions while participating in the DWI-Drug Court. Clients were rarely sanctioned, with an average of 0.3, where 694 of the 855 participants in the sample were never sanctioned while in the DWI-Drug Court. The average number of urinalysis drug test's (UA) performed was a little more than 92. The vast majority of the tests (96.8%) were negative, 0.7% were positive, and 2.5% were stalls (client "stalls" on providing a urine sample). Finally, only 0.4% of all breathalyzers performed tested positive.

Table 6 Average Number of Treatment Services Provided by Type

Service	Average Count by Service Type
Acupuncture	13.4
Chemical Dependency Group	32.6
Integrity Recovery Group	71.9
Integrity Recovery Orientation Group	2.6
Intensive Outpatient Program Group	7.6
Other Group	5.5
Total Number of Groups Attended	120.1
Other Services	10.8
Incident Assessments	0.3
Total Number of UA's Performed	92.2
Total Percentage of Negative UA's	96.8%
Total Percentage of Positive UA's	0.7%
Total Percentage of Stalls	2.5%
Total Percentage of Positive Breathalyzers	0.4%

Preliminary Analysis

In this analysis, our two main research questions concern the differences between graduates and non-graduates, and the differences between those who recidivate and those who do not after exiting the DWI-Drug court. In this section we used two-sample t-tests to study these two research questions.

A common statistical technique, two-sample t-tests compares the means of variables between two different groups. In this analysis, we compared two

different groups on two different measures; graduation and recidivism. For example, we looked at the difference in average age between graduates and non-graduates and also between recidivists and non-recidivists. Additionally, this test allows for the comparison of two means providing statistical evidence of a true difference in response answers between the two groups. In these tests, there are generally accepted significance levels that are represented with the p-values of 0.05, 0.01, and 0.001. The smaller the p-value, the more evidence the two means are truly different. However, these tests do not control for other factors. For example, graduates will likely have more services because they are in the program longer on average, but this does not necessarily mean more services lead to graduation. In the next section, we use more sophisticated statistical techniques to explore this issue.

Table 7 displays the variables that are significantly different between graduation and recidivism. Though informative, the findings are limited because t-tests do not control for other factors. For example, many of the services provided in the DWI-Drug Court program are significantly different between graduates and non-graduates. Because, as noted earlier, graduates, on average, spend more time in the program; and so have had more time to accumulate services this is an expected finding. The results from these two-sample t-tests are used to inform the multivariate analysis model of graduates.

These two-sample t-tests provide a preliminary profile of graduates compared to non-graduates. From Table 7, we see that, on average, graduates were a little more than four years older than non-graduates, 8% more white, 7.7% more likely to have had some college or a college degree, and 7.6% more likely to have been married than non-graduates. Non-graduates were 10.9% more likely to live with their family (parents, siblings, or extended family). Graduates were 12.5% more likely to be employed at entry into the program, and 50.9% more likely to be employed at exit from the program, while non-graduates were 13.3% more likely to be unemployed at entry and 57.2% more likely to be unemployed at exit. Additionally, graduates were 11% more likely to have had a vehicle and 12.0% more likely to have had an ignition interlock installed in their car. Finally, graduates had a higher percentage of negative UA's, and a lower percentage of positive UA's, UA stalls, and positive breathalyzers.

Table 7 Significant Two-Sample T-Test (Difference of Means) Results

Variables	Difference of Means By Graduation (Graduates – Non Graduates)	Difference of Means By Recidivism (Non Recidivates – Recidivates)
Age	*** 4.4	2.1
Race/Ethnicity		
White	* 8.4	5.2
Education		
Some College or College Degree	* 7.7	4.7
Marital Status		
Married	** 7.6	4.3
Never Married	- 2.6	* - 11.2
Living Arrangement		
With Family	*** - 10.9	4.6
Employment at Entry Into Program		
Employed	*** 12.5	6.7
Unemployed	*** - 13.3	- 3.1
Employment at Exit From Program		
Employed	*** 50.9	* 12.4
Unemployed	*** - 57.2	** - 14.8
Other Employment	** 6.3	2.3
Client Has Received Inpatient Substance Abuse Treatment	* - 0.07	- 0.06
Client Has a Vehicle	*** 11.0	** 13.9
Client Had an Ignition Interlock Installed in Their Car	*** 12.0	** 13.3
Client's Exit Disposition		
Termination		- 8.9
Graduation		* 13.7
Absconded		- 4.7
Total Percentage of UA's Performed (Including Stalls) that were Negative UA's	*** 5.07	1.28
Total Percentage of UA's Performed (Including Stalls) that were Positive UA's	*** - 0.87	0.04
Total Percentage of UA's Performed (Including Stalls) that were Stalls	*** - 4.20	* - 1.24
Total Percentage of Breathalyzers Performed that were Positive	*** - 1.18	* - 0.44

*p<0.05 ** p<0.01 ***p<0.001

Graduation and Recidivism Analysis

In this section, we analyze the effects of multiple variables (demographics, treatment, etc.) on the odds of both graduating from the program and recidivating after the program utilizing logistic regression. Additionally, we model recidivism measures as re-arrest for DWI post discharge from the program.

Logistic regression is a common statistical technique that allows us to separately profile the likelihood of graduating or recidivating based on the set of relevant explanatory variables. With this technique, it is possible to understand the effect

of each explanatory variable on the likelihood of graduating and recidivating, while controlling for all other explanatory variables. Additionally, in both logistic models we pared down our sample to those clients who have a recidivism exposure time of at least 365 days and not more than 1,095 days. Cox regression is a statistical technique that allows us to analyze the effect of multiple variables (demographics, treatment, graduation, etc.) on recidivism over time.

Profiling Graduation and Recidivism

Table 8 presents the results from the logistic regression model used to analyze the data collected on the treatment group. As noted earlier the smaller the p-value, the more likely the explanatory variable affects the odds of graduating or recidivating. The "Odds Ratio" in each column displays the effect of each explanatory variable on the likelihood of graduating or recidivating. An odds ratio less than one decreases the odds of graduating or recidivating, while an odds ratio greater than one increases the likelihood of graduating from the program or recidivating after the program. Further, an odds ratio of two means the odds of graduating or recidivating would be double. Finally, some explanatory variables, groupings of dichotomous variables, are interpreted differently than others in the analysis. These groupings have bolded headings: Race/Ethnicity, Living Arrangement, and Marital Status. These variables are different because they are analyzed as a group instead of as a single variable where each of these groupings has a reference variable that is left out of the model and all of the other variables in the group are analyzed against the reference variable. For example, all of the race/ethnicity variables (Hispanic and Native American) are analyzed against the reference category White.

The logistic regression models both the probability of graduating from the program and recidivating after the program in the "Graduation Model" and "Recidivism Model". The explanatory variables used in the model were included because of either theoretical importance or statistical importance. The most important part of this analysis is how the probability of graduating and recidivating is affected by the explanatory variables.

Graduation

In general, in the graduation model, the logistic regression presents evidence that age, unemployment at entry into the program, number of incident sanctions, number of negative UA's, number of stalls, and percentage of breathalyzers given that tested positive help explain the probability of graduating from the DWI-Drug Court program. Age at intake is statistically significant with an odds-ratio over one, meaning an increase in age at intake increased the odds of graduating from the program. Conversely, the unemployment odds ratio is about half, indicating unemployment at entry into the program profiled an unsuccessful release from the program. Neither of the treatment variables, Integrity Recovery Group Count and Other Group Count are statistically significant, but neither were they detrimental to graduating. The percent of breathalyzers that were

positive has the lowest odds ratio of all the significant variables in the model at 0.03. The odds of graduating are significantly increased with more negative UA tests. Finally, an increase in either the stall count or incident sanction count was statistically significant in lowering the odds of graduating.

In summary, the Graduation Model presented in Table 8 profiles graduation from the DWI-Drug Court program. Only about a quarter of the explanatory variables in the model (6 out of 23) have significant odds ratios. Only two demographic variables were statistically significant, age and unemployment at entry into the program. None of the treatment variables included in the model was statistically significant, but they did show a positive effect on graduating. Finally, increasing the number of negative UAs significantly increased the odds of graduating, while increasing the number of incident sanctions, stalls, and percentage of breathalyzers that were positive all significantly decreased the odds of graduating.

Recidivism

In general, in the Recidivism Model, the logistic regression presents evidence that only graduation was a statistically significant predictor of recidivism. More importantly, the odds ratio shows that a client that did not graduate from the program was 2.3 times more likely to recidivate compared to a client who graduated from the program. Another interesting finding was none of the treatment and drug screening variables significantly predicted the odds of recidivating.

Time to Recidivism Analysis

The final column, "Cox Regression", in Table 8 displays the results of the Cox regression. Unlike the "Recidivism Model", graduation is not a significant predictor of the time to recidivism. Additionally, no other variables in this model significantly predicted time to recidivism. We know from the logistic regression that graduation makes a difference in whether or not a client recidivated. The Cox regression provides evidence that when graduates recidivated, the length of time to arrest for another DWI was about the same as non-graduates (Figure 1).

The results of these multivariate analyses present a picture about graduation and recidivism. Graduate from the DWI-Drug Court program were much less likely to recidivate compared to non-graduates. Further, when graduates did recidivate their time to arrest was about the same as non-graduates. Other factors (demographics, treatment, etc.) did not significantly affect recidivism. The model analyzing recidivism shows that the completion of the DWI-Drug Court program had an effect on recidivism, and that participation in the program was not enough.

These results help us understand what influences clients to graduate from the DWI-Drug Court program. At entry into the program, clients who were older

and employed were significantly more likely to graduate from the program. Once in the program clients with more negative UAs were significantly more likely to graduate from the program, while those with more sanctions, more stalls, and a higher percentage of breathalyzers that were positive were statistically less likely to graduate.

Table 8 Graduation and Recidivism Models and Time to Recidivism Model

	Graduate Model	Recidivism Model	Cox Regression
Variables	Odds Ratio	Odds Ratio	Odds Ratio
Demographic Variables			
Age At DWI-Drug Court Intake Date	* 1.06	0.98	0.99
Male	0.91	1.42	1.52
Unemployed At Entry into the Program	* 0.46	0.83	0.67
Race/Ethnicity			
Hispanic	0.65	0.89	0.92
Native	0.53	0.74	0.83
Living Arrangement			
Alone	0.97	1.30	1.37
With Family	1.15	0.86	1.02
With Own Family	0.86	1.37	1.80
Marital Status			
Divorced	1.47	2.43	2.23
Married	3.23	1.84	1.51
Never Married	1.65	3.05	1.92
Single	1.57	1.68	1.68
Drug Court Screening Variables			
Number of Years of Abuse of Primary Substance	0.99	0.99	0.99
Age of First Use of Primary Substance	1.03	1.03	1.02
Whether or Not Client Has a Interlock Installed	1.00	0.87	1.51
Evolution Group/Treatment Activities*			
Treatment			
IRW Group Count	1.24	1.09	1.03
Other Group Count	1.00	1.00	1.00
Drug Screening			
Incident Sanction Count	** 0.34	0.49	0.69
Number of Negative UA's	*** 1.06	1.01	1.01
Number of Positive UA's	1.02	0.97	0.93
Stall Count	*** 0.48	0.96	0.96
Percentage of Breathalyzers that Were Positive	*** 0.03	1.16	1.17
Probation Variables			
Percentage of Attendance for Probation Contacts	1.32	0.91	1.42
Exit Disposition Variables			
Graduated		* 0.43	1.80
Constant	* 0.03	0.06	
Log-Likelihood	274.511	371.465	641.616
Nagelkerke R^2	.705	.081	

*p<0.05 ** p<0.01 ***p<0.001

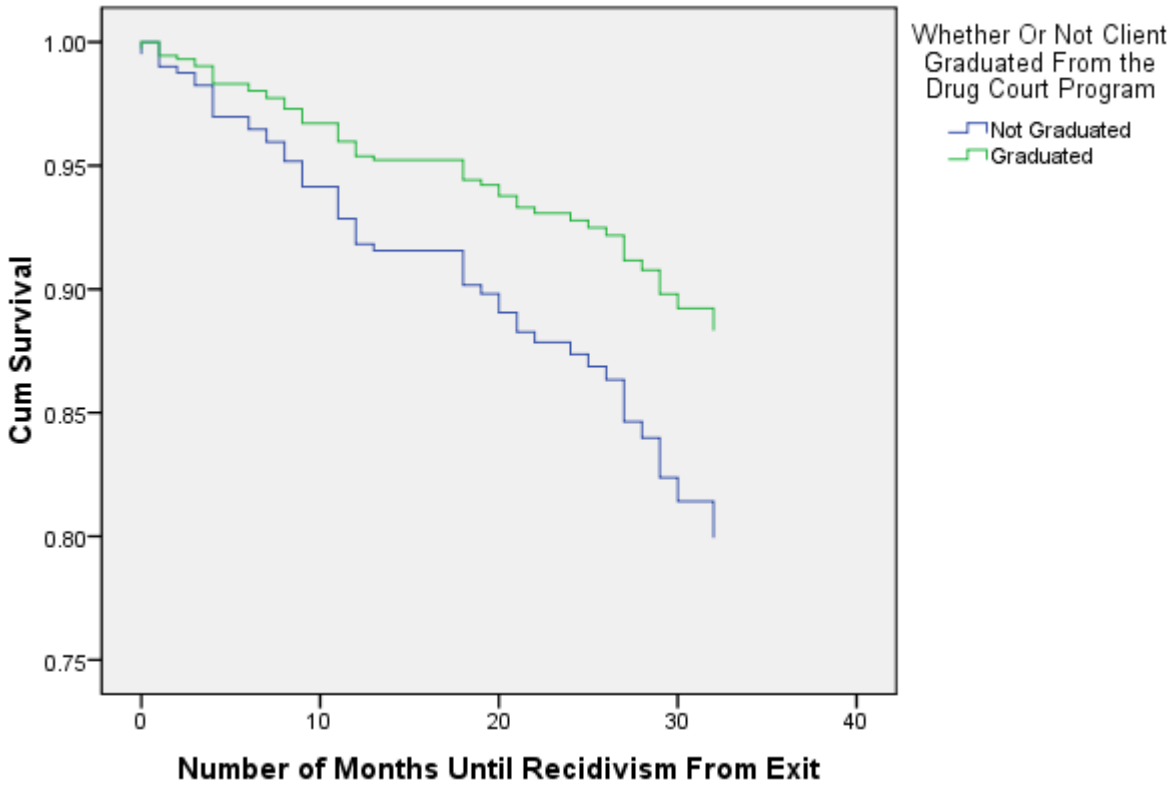

Figure 1. Survival Analysis Curve Modeling Days To Recidivism by Two Groups: Graduated and Not Graduated.

DWI-DRUG COURT TREATMENT GROUP AND COMPARISON GROUP ANALYSIS

Drug Court participants and their eligible but non-participating counterparts were matched using several different methods to limit selection bias and improve the match between the two groups. The simplest matching method available would be to select two individuals, one from the program, and the other from the comparison group, who have the same characteristics that might influence participation and completion in the program (i.e. age, gender, and race/ethnicity). However when a large number of these characteristics are thought to contribute to participation and sample size is limited (as is the case here) it is appropriate to use other methods.

DWI-Drug Court members and comparison group members were matched on race/ethnicity, gender, age, and referring DWI offense. Participants in both groups were matched using propensity score matching and risk score matching.

Propensity Score Matching

This method seeks to determine how likely individuals in both the treatment and comparison group were to participate in the study. Using a binary logistic regression, with participation in the DWI-Drug program as the dependent

variable, and the demographic factors described above as independent variables, predictions for the probability for each offender to participate were calculated. Two individuals, one from the treatment group and one from the comparison group, were then matched if they had similar participation probabilities.

Various thresholds were used to determine whether two participant's probabilities were close enough to consider them matched. Small thresholds can result in individuals in the treatment or comparison group going unmatched, while large thresholds can result in dissimilar individuals being matched. A threshold of 1% was used as it allowed a reasonable expectation of two individuals' probabilities being equal, as well as an attrition rate of non matched individuals below 1%.

Propensity score matching was carried out not only on whether the individual participated in the program, but also whether the individual completed the program. This corresponds to a change in the dependent variable of the binary logistic to testing whether the individual graduated from the program or not. While similar, there is an important difference present in the motivation between the two matching techniques. The propensity-to-participate score matching helps indicate whether participating in any portion of the drug court program is effective, while the propensity-to-graduate score matching helps indicate if graduation from the program is effective. We consider both matched samples in the subsequent analysis.

Risk Score Matching

Another method used to match is risk score matching. Rather than using the participation in or graduation from the drug court program to determine how likely an individual is to participate in the program, individuals are matched on their likelihood to recidivate. The same characteristics above were used in the risk score matching.

Recidivism Analysis

To determine the nature of the relationship between DWI-Drug Court program clients and Metropolitan Court Probation comparison group members on recidivism a logistic regression analysis was conducted.

As indicated in Table 9, across all three models, two significant variables effecting recidivism were participation in and graduation from the program. Specifically, those who graduated from the program were 1/3 as likely to recidivate as comparison group members in the propensity to recidivate model, while those who entered the DWI-Drug Court program but did not finish were 1.8 times as likely to have another DWI as comparison group members. While counterintuitive, this may have occurred because some individuals in the comparison group may have successfully completed court ordered treatment programs.

Race/ethnicity and age had an effect in some samples but not others, with white, Native American, and younger offenders being more likely to recidivate.

Table 9 Recidivism by Sample

	Propensity to Participate	Propensity to Graduate	Propensity to Recidivate
Variables	Odds Ratio	Odds Ratio	Odds Ratio
Demographic Variables			
Age At Drug Court Intake Date	***0.947	*0.970	1
Female	0.296	0.627	0.924
Race/Ethnicity			
White	*2.251	9.32	0.912
African American	2.153	0.612	0.762
Native American	**2.910	9.215	1.033
Referring Offense			
DWI	1.530	0.988	1.017
Aggravated DWI	0.972	1.229	0.922
Treatment			
Participated in Drug Court	***3.154	****3.098	****1.832
Graduated From Drug Court	***0.368	****0.342	***0.337
Constant	***0.124	.000	0.861
Included in Analysis	617	1229	197
Missing Cases	1	1	1
Nagelkerke R^2	0.119	0.084	0.078

*p<0.1 **p<0.05 *** p<0.01 ****p<0.001

Time to Recidivism

In this section we model the effects on the time to recidivism using Cox Regression. This allows us not only to determine the effects on the likelihood of re-offending but also on the time horizon for recidivism.

Graduation from and participation in the DWI-Drug Court program were the only factors that consistently had an effect on time to recidivism. In the propensity to recidivate model graduates took 1.8 times as long to re-offend as comparison group members, while participants who did not graduate recidivated in less than half the time as the comparison group. This finding was consistent across all three models.

Table 10 Time to Recidivism

	Propensity to Participate	Propensity to Graduate	Propensity to Recidivate
Variables	Odds Ratio	Odds Ratio	Odds Ratio
Demographic Variables			
Age At Drug Court Intake Date	0.959	*0.973	0.980
Female	0.943	*1.847	1.724
Race/Ethnicity			
White	0.848	1.255	1.332
African American	2.565	0.954	3.315
Native American	2.322	2.54	1.000
Referring Offense			
DWI	*0.398	0.908	1.009
Aggravated DWI	*0.666	0.054	1.149
Treatment			
Participated in Drug Court	***0.483	**0.410	*0.481
Graduated From Drug Court	***2.06	**2.00	*1.803
Included in Analysis	617	1229	297
Missing Cases	1	1	1
Log-Likelihood	129.42	435.671	444.124

*p<0.1 **p<0.05 *** p<0.01 ****p<0.001

DISCUSSION AND CONCLUSION

Our brief review of the Metropolitan Court DWI-Drug Court was designed to study if the program follows national standards. This includes the ten key components for Drug Courts and ten guiding principles for DWI Courts. Our review did not study the extent to which the program follows these standards, or how the different components of the program contribute to successful outcomes, or whether the program follows best practices. For example, we did not study the extent to which the treatment provider uses scientifically based treatment practices. The goal of this brief review was to place the program in context to the outcome study and not to study how program level components influence outcomes. While this study does not answer questions related to what about the program leads to successful outcomes, Stage 1 profiles differences between graduates and non-graduates from the program and points to how this program compares to a matched comparison group of individuals who were referred to the program, were found eligible, but who did not become participants. Stage 2 adds to Stage 1 by adding two additional years of data, the addition of a comparison group of clients served by a DWI program in a neighboring county that is not a DWI Court, and includes a prospective study of clients surveyed near admission into the program, while in treatment, and near discharge.

This study included a brief review of the program, a separate analysis of DWI-Drug Court program clients and DWI-Drug Court program clients and comparison group members.

Key Findings

- The Bernalillo County Metropolitan Court DWI-Drug Court follows national standards. This includes the ten key components for Drug Courts and ten guiding principles for DWI Courts.

- Our review did not study the extent to which the program follows these standards, or how the different components of the program contribute to successful outcomes, or whether the program follows best practices.

- Our review of DWI-Drug Court participants and comparison group members focused on determining differences in the recidivism rates of the treatment group members compared to comparison group members.

- Almost 75% of the sample graduated from the DWI-Drug Court, while 17.7% were terminated, and 8.8% absconded. Clients were in the program an average of 332 days. The average length of stay was longer for graduates (359 days) and shorter for non-graduates (255 days).

- A number of variables profiled successful graduation from the program. Increasing age, being employed at entry into the program, a higher number of negative UA's, a smaller number of UA stalls, a small number of sanctions, and a smaller number of positive breathalyzers increased the odds of graduating. None of the treatment variables in the model was significant, although they showed a positive effect on graduation.

- A client that did not graduate from the program was 2.3 times more likely to recidivate than a client who graduated from the program.

- Graduation compared to not graduating was not a statistically significant predictor of the time to recidivism. When graduates recidivated they did so in about the same amount of time as non-graduates.

- Graduates from the program were approximately 1/3 as likely to recidivate as comparison group members. Those who entered the DWI-Drug Court program but did not finish were 1.8 times as likely to have another arrest for DWI as comparison group members.

- Graduates took 1.8 times as long to re-offend as comparison group members, while participants who did not graduate recidivated in less than half the time as comparison group members.

- Other variables including race/ethnicity and age had an effect in some samples but not others, with whites, Native American, and younger offenders being more likely to recidivate.

- Overall, methodologically sound studies have consistently shown that drug court programs are effective in that they reduce recidivism and improve treatment retention.

In conclusion, our Stage 1 study found a number of variables profile graduation from the DWI-Drug Court program including age at intake, employment status at intake, a higher number of negative urinalysis tests, the number of stalls and sanctions, and a lower percentage of positive breathalyzer tests. We also found graduates recidivate at a lower rate compared to non-graduates. Further, we found when graduates do recidivate they do so in about the same amount of time as non-graduates from the DWI-Drug Court program. We found participation and graduation from the DWI-Drug Court program were the only variables that consistently profiled recidivism across the different models. Graduating from the program was more important for reducing DWI recidivism than participation in the program.

Stage 2 of this study will expand the current study by adding two additional years of data, by adding a second comparison group of individuals who participated in a treatment program in a neighboring county, and by adding a prospective study of DWI-Drug Court clients surveyed near admission, in treatment, and near discharge.

The addition of two years of Metropolitan Court DWI-Drug Court and Metropolitan Court Probation data will allow us to study five years of recidivism. The addition of a program of clients from Sandoval County will allow us to compare DWI-Drug Court clients to clients from another treatment program that will include treatment data. Using only Metropolitan Court Probation clients in the current study we could not control for treatment effects. The addition of a prospective study will allow us to better understand how the program works for clients at different stages of the program. This includes barriers to treatment, satisfaction with life, evaluation of self and treatment, satisfaction with treatment, and a set of interview questions designed to provide important information about aspects of a client's life which may contribute to his/her substance abuse problem.

About The Commission

The New Mexico Sentencing Commission serves as a criminal and juvenile justice policy resource to the State of New Mexico. Its mission is to provide information, analysis, recommendations, and assistance from a coordinated cross-agency perspective to the three branches of government and interested citizens so that they have the resources they need to make policy decisions that benefit the criminal and juvenile justice systems. The Commission is made up of members from diverse parts of the criminal justice system, including members of the Executive and Judicial branches, representatives of lawmakers, law enforcement officials, criminal defense attorneys, and members of citizens' interest groups.

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APPENDIX A – STAGE 2 STUDY DESCRIPTION

Stage 2 of the Bernalillo County DWI-Drug Court study extends Stage 1 in several important ways that are discussed below.

1. Adding Two Years of Data

Stage 2 will add an additional two years of treatment and comparison group members from Bernalillo County to the Stage 1 study. DWI-Drug court clients admitted between January 1, 2003 and December 31, 2004 will be added and comparison group members who were supervised on regular probation and were either convicted of a 2nd DWI, 3rd DWI, or a 1st DWI that was charged as a 2nd or higher DWI will be added. This will extend the Bernalillo County Metropolitan Court DWI-Drug Court treatment group and the Metropolitan Court Probation group from January 1, 2005 through December 31, 2007 o January 1, 2003 through December 31, 2007.

Similar to Stage 1, DWI-Drug Court study group members will be extracted from the DWI-Drug Court database and will have identical information. Because we were not able to obtain electronic treatment data from the contracted treatment provider for the Stage 2 time period this information was abstracted from scanned treatment files. We were able to review and abstract scanned treatment data on N clients out of a possible, approximate N client eligible for the Stage 2 study time period. Metropolitan Court Probation comparison group members were obtained in the same manner as Stage 1 and contain the same information.

Stage 1 comparison group members were extracted from the DWI-Drug Court database. Between January 1, 2005 and December 31, 2007 individuals referred to the program who were not accepted for a variety of reasons were entered into the database and minimal information including demographics and the reason they were not admitted was entered. For the Stage 2 study period this did not happen and so it was necessary to request from the Metropolitan Court a list of individuals convicted of a 2nd DWI, 3rd DWI, or a 1st DWI that was charged as a 2nd or higher DWI.

Similar to Stage 1, we collected Metropolitan Court court and probation information as well as Motor Vehicle Division Citation Tracking System data used to measure recidivism for Stage 2.

2. Adding Sandoval County DWI Program

The Stage 2 study includes a second comparison group composed of clients of Sandoval County DWI Program admitted between January 1, 2005 and December 31, 2007. These comparison group members include clients in the Sandoval County DWI Program for the study period who were convicted of 2nd DWI, 3rd DWI, or a 1st DWI that was charged as a 2nd or higher DWI.

For this comparison group we are able to collect similar information as for the DWI-Drug Court treatment group. This includes treatment information and

probation information. Similar to Stage 1, we collected Motor Vehicle Division Citation Tracking System data used to measure recidivism for Stage 2.

Including this comparison group will allow us to compare the DWI-Drug Court treatment group to a comparison group comprised of individuals who participated in a different treatment program.

3. Prospective Study

The prospective study involves the survey of separate groups of subjects at three different points in the DWI-Drug Court program.

A. Prospective study of program participants near admission in the program.
B. Prospective study of program participants while in the program.
C. Prospective study of program participants at or near discharge from the program.

A. Client at Admission Survey Group 1 –
We intend to survey approximately 50 subjects within approximately one month of entering the program. The survey contains several sections, does not include any personal identifiers (i.e. name, DOB, SSN) and is anonymous. First, we include a cover page that describes the survey and research. The cover page serves as the information form and describes the Institute; the survey; it notes individual survey results will not be shared; it notes we will collect court information, eligibility/referral information, screening information and intake/assessment information. It notes return of the completed survey provides consent to be included in the study; and notes an incentive will be provided if a name and address is supplied with the stamped return envelope. Second, we ask potential respondents to respond to a series of questions regarding any barriers to treatment (Barriers to Treatment Questionnaire), satisfaction with life (Satisfaction with Life Scale), evaluation of self and treatment (TCU CEST), and client satisfaction questions (CSQ-8).

B. Client in Treatment Survey Group 2 –
We intend to survey approximately 50 subjects who have been clients in the program a minimum of 90 days and are not within an estimated 30 days of discharge. The survey contains several sections, does not include any personal identifiers (i.e. name, DOB, SSN) and is anonymous. The instrument we are using for part of the in-treatment survey is: the Client Evaluation of Self and Treatment (TCU CEST). We also ask potential respondents to respond to a series of questions regarding satisfaction with life (Satisfaction with Life Scale), and client satisfaction questions (CSQ-8). .

C. Client at Discharge Survey Group 3 –
We intend to survey approximately 50 subjects who are near discharge or have been recently discharged from the program (no more than 60 days). This survey will be conducted in-person with the subjects. This is necessary because part of the survey (the ASI) is not meant to be self-administered. The survey contains

several sections, does not include any personal identifiers (i.e. name, DOB, SSN) and is anonymous. This survey is based upon the composite score questions of the Addiction Severity Index (ASI). The composite score questions include questions on the subjects medical status, psychiatric status, drug and alcohol use, employment status, legal status, and family status. We also ask potential respondents to respond to a series of questions regarding satisfaction with life (Satisfaction with Life Scale), and client satisfaction questions (CSQ-8).

APPENDIX B – DWI-DRUG COURT TREATMENT SAMPLE TABLES

Table 1 Treatment Sample Demographics

	Count	Percentage
Gender		
Male	667	78.1
Female	187	21.9
Total	854	100.0
Missing	1	
Age		
18 to 29	333	38.9
30 to 39	247	28.9
40 to 49	201	23.5
50 and Older	74	8.7
Total	855	100.0
Race/Ethnicity		
African American	15	1.8
Asian	4	0.5
Hispanic	441	51.9
Native American	167	19.6
White	221	26.0
Other	2	0.2
Total	850	100.0
Missing	5	
Education		
Less than High School	399	50.4
High School Graduate or Equivalency	91	11.5
Some College	287	36.3
College Degree	14	1.8
Total	791	100.0
Missing	64	
Marital Status		
Divorced	134	16.3
Married	147	17.9
Never Married	104	12.6
Separated	40	4.9
Single	390	47.3
Widowed	8	1.0
Total	791	100.0
Missing	32	
Living Arrangement		
Alone	259	30.9
With Family	206	24.6
With Own Family (Spouse and Children)	302	36.0
Other Living Arrangement	71	8.5
Total	838	100.0
Missing	17	
Number of Dependents		
0	64	14.7
1	129	29.6
2	126	28.9
3 or More	117	26.8

Total	436	100.0
Missing	419	
Number of Children in Family		
0	234	39.7
1	124	21.0
2	119	20.2
3 or More	113	19.1
Total	590	100.0
Missing	265	

Table 2 Treatment Sample Employment Information

	Count	Percentage
Income		
$0 to $1,200	120	48.8
$1,200 to $5,000	98	39.8
$5,001 to $85,000	28	11.4
Total	246	100.0
Missing	609	
Employment at Entry Into Program		
Employed	651	76.4
Unemployed	158	18.5
Other Employment	43	5.1
Total	852	100.0
Missing	3	
Employment at Exit From the Program		
Employed	617	77.4
Unemployed	114	14.3
Other Employment	66	8.3
Total	797	100.0
Missing	58	

Table 3 Treatment Sample DWI-Drug Court Services

	Count	Percentage
Drug Court Count		
0 to 5	218	25.5
6	209	24.4
7 to 9	304	35.6
10 to 24	124	14.5
Total	855	100.0
IOP Count		
0	836	97.8
1	18	2.1
2	1	0.1
Total	855	100.0
Group Counseling Count		
0	840	98.2
1	13	1.5
2	1	0.1
3	1	0.1
Total	855	100.0
Individual Counseling Count		
0	844	98.7
1	11	1.3
Total	855	100.0
Initial Interview Count		
0	11	1.3
1	837	97.9
2	7	0.8
Total	855	100.0
Moved to Phase 1 Count		
1	836	97.8
2	18	2.1
3	1	0.1
Total	855	100.0
Moved to Phase 2 Count		
0	90	10.5
1	736	86.1
2	27	3.2
3	2	0.2
Total	855	100.0
Moved to Phase 3 Count		
0	194	22.7
1	593	69.4
2	63	7.4
3	5	0.6
Total	855	100.0
Moved to Transitional Care Count		
0	186	21.8
1	625	73.1
2	43	5.0
3	1	0.1
Total	855	100.0
Reporting T-C Client Count		
0	287	33.6
1	521	60.9
2 to 4	47	5.5
Total	855	100.0
28 Day Detox Count		
0	817	95.6
1	34	4.0
2	4	0.5

Total	855	100.0
Interlock Device Count		
0	821	96.0
1	27	3.2
2	7	0.8
Total	855	100.0
Stall Count		
0	740	86.5
1	94	11.0
2	17	2.0
3	4	0.5
Total	855	100.0
Attended Count		
3 to 12	241	28.2
13 to 15	360	42.1
16 to 39	254	29.7
Total	855	100.0

Table 4 Metropolitan Court DWI-Drug Court Data Base:

	Count	Percentage
Number of Prior DWI Convictions		
1	369	43.8
2	340	40.3
3 or More	134	15.9
Total	843	100.0
Missing	12	
Number of Prior Misdemeanor Convictions		
0	101	21.5
1	79	16.8
2	91	19.4
3	63	13.4
4 or More	136	28.9
Total	470	100.0
Missing	385	
Whether Client Has A Substance Abuse Problem		
No	78	9.6
Yes	736	90.4
Total	814	100.0
Missing	41	
Clients Primary Substance of Abuse		
Alcohol	834	97.5
Cannabinoids	2	0.2
None	18	2.1
Other	1	0.1
Total	855	100.0
Clients Age of First Use of Primary Substance of Abuse		
Under 15 Years	151	19.5
16 thru 17	230	29.7
18 thru 19	200	25.8
Over 20 Years	194	25.0
Total	775	100.0
Missing	80	
Whether or Not Client is Receiving Mental Treatment		
No	718	90.2
Yes	78	9.8
Total	796	100.0
Missing	59	
Whether or Not Client Has Received Inpatient Substance Abuse Treatment		
No	707	86.3
Yes	112	13.7
Total	819	100.0
Missing	36	
Whether or Not Client Has Received Outpatient Substance Abuse Treatment		
No	384	47.5
Yes	425	52.5
Total	809	100.0
Missing	46	
Whether or Not Client is Currently Taking Drugs of Abuse by Prescription		
No	758	93.8
Yes	50	6.2
Total	808	100.0
Missing	47	
Whether or Not Client Had the Rules Explained to Them		
No	10	1.2
Yes	841	98.8
Total	851	100.0
Missing	4	

Client's Officer		
PO 1	26	3.0
PO 2	127	14.9
PO 3	92	10.8
PO 4	70	8.2
PO 5	3	0.4
PO 6	23	2.7
PO 7	11	1.3
PO 8	129	15.1
PO 9	138	16.1
PO 10	43	5.0
PO 11	56	6.5
PO 12	137	16.0
Total	855	100.0
Referring Offense		
DWI 1	509	59.5
DWI 2	216	25.3
DWI 3	28	3.3
DWI 5	1	0.1
Aggravated DWI 1	74	8.7
Aggravated DWI 2	25	2.9
Aggravated DWI 3	2	0.2
Total	855	100.0
Whether or Not the DWI Offense Was A True Second Offense		
No	494	58.8
Yes	346	41.2
Total	840	100.0
Missing	15	
Client's Track Number		
0	409	78.8
1	24	4.6
2	86	16.6
Total	519	100.0
Missing	336	
Whether or Not Client Has A Vehicle		
No	677	79.2
Yes	178	20.8
Total	855	100.0
Whether or Not an Ignition Interlock Was Installed in the Client's Car		
No	682	79.8
Yes	173	20.2
Total	855	100.0
Client's Exit Disposition		
Involuntary Termination	1	0.1
Termination	151	17.7
Graduation	628	73.4
Absconding	75	8.8
Total	855	100.0

Table 5 Treatment Sample Treatment Provider Services

	Count	Percentage
Acupuncture Treatments		
0	170	19.9
1 to 15	102	11.9
16	235	27.5
17	142	16.6
18 to 57	206	24.1
Total	855	100.0
CD Group Count		
0 to 25	169	19.8
26 to 30	219	25.6
31 to 40	265	31.0
41 to 83	202	23.6
Total	855	100.0
IT Group Count		
0 to 45	213	24.9
46 to 75	225	26.3
76 to 90	193	22.6
91 to 217	224	26.2
Total	855	100.0
Total Number of UA's Performed (Including Stalls) Count		
4 to 70	198	23.2
71 to 85	245	28.7
86 to 115	207	24.2
116 to 299	205	24.0
Total	855	100.0
Total Percentage of UA's Performed (Including Stalls) That Were Negative UA's		
55.6% to 95%	148	17.3
95.01% to 97.5%	189	22.1
97.51% to 99.9%	306	35.8
100.0%	212	24.8
Total	855	100.0
Total Percentage of UA's Performed (Including Stalls) That Were Positive UA's		
0%	697	81.5
0.01% to 1%	45	5.3
1.01% to 2.5%	66	7.7
2.51% to 40%	47	5.5
Total	855	100.0
Total Percentage of UA's Performed (Including Stalls) That Were Stalls		
0%	229	26.8
0.01% to 1.5%	221	25.8
1.51% to 3%	179	20.9
3.01% to 45%	226	26.4
Total	855	100.0
Incident Assessments Count		
0	694	81.2
1	108	12.6
2	44	5.1
3	7	0.8
4	2	0.2
Total	855	100.0
Total Percentage of Breathalyzers Performed That Were Positive		
0%	656	76.7
0.01% to 1%	79	9.2
1.01% to 2%	63	7.4
2.01% to 12.5%	57	6.7
Total	855	100.0
IRW Group Count		

0	72	8.4
1	31	3.6
2	460	53.8
3	91	10.6
4	115	13.5
5 or More	86	10.1
Total	855	100.0
IOP Group Count		
0	543	63.5
1 to 15	117	13.7
16 to 25	115	13.5
25 to 69	80	9.4
Total	855	100.0
Other Group Count		
0	193	22.6
1	192	22.5
2	130	15.2
3 to 5	191	22.3
6 to 93	149	17.4
Total	855	100.0
Other Services Count		
0	163	19.1
1 to 3	176	20.6
4 to 10	174	20.4
11 to 20	213	24.9
21 to 122	129	15.1
Total	855	100.0
Exit Interview Count		
0	402	47.0
1	429	50.2
2	24	2.8
Total	855	100.0
Regular Orientation Count		
0	101	11.8
1	690	80.7
2	61	7.1
3	3	0.4
Total	855	100.0
Total Number of Groups Attended Count		
10 to 90	213	24.9
91 to 115	239	28.0
116 to 140	187	21.9
141 to 344	216	25.3
Total	855	100.0

Crosstabulations:

Table 1 Exit Disposition by Days in Program Categories

Exit Disposition		Days in Program				
		91 to 270	271 to 365	366 to 450	451 to 806	Total
Absconder	Count	58	7	4	6	75
	Percent	31.4%	1.7%	2.8%	5.1%	8.8%
Terminated	Count	84	34	20	14	152
	Percent	45.4%	8.4%	13.8%	11.9%	17.8%
Graduated	Count	43	366	121	98	628
	Percent	23.2%	89.9%	83.4%	83.1%	73.5%
Total	Count	185	407	145	118	855
	Percent	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Pearson Chi-Square statistic is significant at the 0.001 level.

Table 2 Exit Disposition by Exit Employment Status

Exit Disposition		Exit Employment Status			
		Employed	Unemployed	Other Employment	Total
Absconder	Count	28	31	1	60
	Percent	4.5%	27.2%	1.5%	7.5%
Terminated	Count	49	82	6	137
	Percent	7.9%	71.9%	9.1%	17.2%
Graduated	Count	540	1	59	600
	Percent	87.5%	0.9%	89.4%	75.3%
Total	Count	617	114	66	797
	Percent	100.0%	100.0%	100.0%	100.0%

Note: Pearson Chi-Square statistic is significant at the 0.001 level.

Table 3 Exit Disposition by Race/Ethnicity

Exit Disposition		Race/ Ethnicity			
		Hispanic	Native American	White	Total
Absconder	Count	35	23	11	69
	Percent	7.9%	13.8%	5.0%	8.3%
Terminated	Count	83	31	34	148
	Percent	18.8%	18.6%	15.4%	17.9%
Graduated	Count	323	113	176	612
	Percent	73.2%	67.7%	79.6%	73.8%
Total	Count	441	167	221	829
	Percent	100.0%	100.0%	100.0%	100.0%

Note: Pearson Chi-Square statistic is significant at the 0.05 level.

Table 4 Exit Disposition by Living Arrangements

Exit Disposition		Living Arrangements				
		Alone	Other	Family	Own Family	Total
Absconder	Count	16	12	25	21	74
	Percent	6.2%	16.9%	12.1%	7.0%	8.8%
Terminated	Count	44	8	48	50	150
	Percent	17.0%	11.3%	23.3%	16.6%	17.9%
Graduated	Count	199	51	133	231	614
	Percent	76.8%	71.8%	64.6%	76.5%	73.3%
Total	Count	259	71	206	302	838
	Percent	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Pearson Chi-Square statistic is significant at the 0.01 level.

Section 3 T-Tests:

Table 1 Demographics

Variables	Difference of Means By Graduation (Graduates – Non Graduates)	Difference of Means By Recidivism (Non Recidivates – Recidivates)
Male	3.8	- 4.6
Age	*** 4.4	2.1
Race/Ethnicity		
Hispanic	0.1	- 2.4
Native American	- 5.7	- 4.2
White	* 8.4	5.2
Other Race	- 2.6	1.4
Education		
High School Dropout	- 5.2	- 1.7
High School Graduate or Equivalency	- 2.5	- 3.0
Some College or College Degree	* 7.7	4.7
Marital Status		
Divorced	3.0	- 2.9
Married	** 7.6	4.3
Never Married	- 2.6	* - 11.2
Single	- 5.4	8.9
Separated	- 0.8	0.2
Living Arrangement		
Alone	5.6	2.7
With Family	*** - 10.9	4.6
With Own Family (Spouse and/or Children)	5.9	- 3.6
Other Living Arrangement	- 0.6	- 3.7
Number of Dependents	0.2	0.4
Number of Children in Family	0.1	- 0.2
Net Income	*** 4,512.3	1,299.46
Employment at Entry Into Program		
Employed	*** 12.5	6.7
Unemployed	*** - 13.3	- 3.1
Other Employment	0.8	- 3.6
Employment at Exit From Program		
Employed	*** 50.9	* 12.4
Unemployed	*** - 57.2	** - 14.8
Other Employment	** 6.3	2.3

Table 2 Metropolitan DWI-Drug Court Database

Variables	**Difference of Means By Graduation (Graduates – Non Graduates)**	**Difference of Means By Recidivism (Non Recidivates – Recidivates)**
Drug Court Count	*** 1.89	0.11
IOP Count	* - 0.03	-0.01
Group Counseling Count	* - 0.04	- 0.03
Individual Counseling Count	- 0.01	0.01
Initial Interview Count	0.01	- 0.03
Moved to Phase 1 Count	- 0.01	0.01
Moved to Phase 2 Count	*** 0.19	0.06
Moved to Phase 3 Count	*** 0.60	0.08
Moved to Transitional Care Count	*** 0.87	0.10
Reporting T-C Client Count	*** 0.90	0.07
28 Day Detox Count	*** - 0.10	- 0.08
Interlock Device Count	- 0.03	0.01
Stall Count	*** - 0.14	- 0.01
Attended Count	*** 3.05	- 0.01

Table 3 Metropolitan DWI-Drug Court Database

Variables	**Difference of Means By Graduation (Graduates – Non Graduates)**	**Difference of Means By Recidivism (Non Recidivates – Recidivates)**
Number of Prior DWI Convictions	0.11	0.07
Number of Prior Misdemeanor Convictions	- 0.17	- 0.18
Substance Abuse Problem	0.01	0.05
Clients Age of First Use of Primary Substance of Abuse	0.01	- 0.16
Client Receiving Mental Treatment	- 0.03	- 0.04
Client Has Received Inpatient Substance Abuse Treatment	* - 0.07	- 0.06
Client Currently Taking Drugs of Abuse by Prescription	0.01	- 0.05
Client Had the Rules Explained to Them	0.00	- 0.01
Clients Referring Offense Was:		
DWI 1	- 5.9	8.5
DWI 2	8.0	- 8.8
Aggravated DWI (1, 2, or 3)	- 1.9	- 5.1
Client Has a Vehicle	*** 11.0	** 13.9
Client Had an Ignition Interlock Installed in Their Car	*** 12.0	** 13.3
Client's Exit Disposition		
Termination		- 8.9
Graduation		* 13.7
Absconded		- 4.7

Table 4 Treatment

Variables	**Difference of Means By Graduation (Graduates – Non Graduates)**	**Difference of Means By Recidivism (Non Recidivates – Recidivates)**
Acupuncture Treatments	*** - 0.03	0.01
CD Group Count	*** - 0.02	- 0.01
IT Group Count	*** 0.04	* 0.02
Number of UA's Performed (Including Stalls) Count	*** - 0.05	- 0.01
Total Percentage of UA's Performed (Including Stalls) That Were Negative UA's	*** 5.07	1.28
Total Percentage of UA's Performed (Including Stalls) That Were Positive UA's	*** - 0.87	0.04
Total Percentage of UA's Performed (Including Stalls) That Were Stalls	*** - 4.20	* - 1.24
Incident Assessments Count	*** - 0.01	0.01
Total Percentage of Breathalyzers Performed That Were Positive	*** - 1.18	* - 0.44
IRW Group Count	*** - 0.01	* - 0.01
IOP Group Count	*** - 0.04	- 0.01
Other Group Count	* - 0.01	- 0.01
Other Services Count	*** - 0.02	- 0.01
Regular Orientation Count	* - 0.08	0.09
Total Number of Groups Attended Count	*** - 0.03	- 0.01