

University of New Mexico

Institute for Social Research

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Wayne Pitts, PhD • Paul Guerin, PhD

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Highlights

Researchers found that most participants in the study successfully completed treatment. Additionally, the overall recidivism rate for participants was quite low.

Clients who successfully completed treatment were re-arrested at a slightly higher rate compared to clients who did not finish treatment.

The strongest variable affecting re-arrest in this sample was the number of prior DWI violations.

Most participants did not appear to recognize their substance abuse issues as a problem.

Males, Native Americans, participants with children, those who were not married or not living together, and those with low incomes, had greater odds of being discharged from a treatment program unsuccessfully.

Based on preliminary analyses the NEEDS instrument could be used to predict success or failure in a treatment program.

Race/ethnicity was statistically significant in the study for predicting treatment success. Slightly more than one-third of all Native Americans were discharged unsuccessfully from the program. Individuals in the under 21 years of age group were more than likely to be discharged unsuccessfully.

Report in Brief

Two-Year Outcome Study of the New Mexico Local DWI Grant Program in Five Counties

This study compares DWI offenders who were screened, received services, and successfully completed treatment in County DWI programs with DWI offenders who did not successfully complete treatment. The study also considers factors affecting re-arrest after discharge.

About this study

The Department of Finance and Administration, Local Government Division has supported a series of studies on the issue of DWI in New Mexico.¹

This study was conducted by the University of New Mexico Institute for Social Research (ISR). ISR used a sample of participants from the Local Driving While Intoxicated (LDWI) Program. Five counties were chosen and included in the study. ISR, with assistance from the New Mexico Department of Health Office of Epidemiology (DOH/Epi), collected data on program participants who were convicted and screened between July 1, 1999 and June 30, 2000. Researchers collected 917 cases from programs in Chavez, Otero, Sandoval, Santa Fe, and Torrance counties.

NEEDS screening information and tracking data from the ADE Inc.² Client Tracking Program (CTP) were matched with DWI arrest and conviction information from the NM Motor Vehicle

Division Citation Tracking System (CTS),³ and data collected from hard copy County files to provide a merged dataset. The merged data were used to profile discharge status and measure and compare recidivism to final discharge status.

Study findings

Demographics. The majority of DWI program participants were male, Hispanic and on average 35 years old. Almost 70% had a high school education. Most of the participants were single with at least one dependent and were employed at least part-time, earning less than \$20,000 a year. A large minority (43.8%) earned less than \$10,000 a year.

Criminal History. A small majority, (54.5%) of the participants did not have a prior arrest for DWI. A composite score from the screening and tracking data showed that 42.5% of the participants had no criminal history based needs. Over half were identified with beginning/possible criminal history factors requiring

Summary

This study compared convicted DWI offenders in five NM counties who were screened, received services, participated in a County DWI program, and successfully completed all requirements of their sanction with convicted offenders who did not successfully complete all sanction requirements. The study suggests that certain assessment tests may predict the clients' success in these programs. Prior DWI violations were the best predictor of future arrests.

Policy Implications

A focus on education would benefit clients who do not recognize the severity of their substance abuse problem.

Assessment tools are beneficial for predicting the success of a client in treatment. As ASAM levels indicate a greater need for treatment, fewer individuals successfully complete treatment.

An analysis of the NEEDS instrument data can identify demographic groups who are not succeeding in treatment programs. Programs could increase their therapeutic success for these groups by focusing resources on their specific needs.

Re-arrest information from this study shows that clients who were unemployed and clients who had prior DWI arrests were more likely to be arrested for another DWI. This information should increase the confidence of policymakers and treatment professionals to make changes to treatment and resource expenditures.

intervention. The majority of participants reported having legal issues that were not severe.

Drug and Alcohol Use. Most DWI program participants began using alcohol around age 20 and began using drugs in their early teens. Program participants had a wide range of substance preferences and drug use patterns varied greatly. Despite the substance abuse issues found in this population, few had ever been in in-patient or out-patient treatment. Only 4.9% were in in-patient treatment prior to their screening and only 11.1% had previously received outpatient services. Very few had ever been in a detoxification program (2.0%). Respondents were asked to rank the severity of their substance abuse issues. Most participants did not recognize their substance abuse issues as a problem.

Discharge from treatment. Eight demographic variables were included in the in-depth statistical analysis. Four of these variables were significant. As income increased in the sample individuals were statistically more likely to discharge successfully. Race/ethnicity was also statistically significant. Slightly more than one-third of all Native Americans were discharged unsuccessfully from the program.

Employment and age were also statistically significant. Individuals who self-reported they were unemployed at the time they were screened had an arrest rate that was almost twice as high as the rate for those who were employed. Almost 36% of those reporting they were unemployed were discharged unsuccessfully. Differences among the various age groups was statistically significant. Individuals in the group under 21 years of age were the most likely to be discharged unsuccessfully followed by those in the 21-34 age group. Individuals in the 45 and older age group had the smallest percentage of unsuccessful discharges.

Risk supervision level, needs supervision level, overall needs assessment scores, and criminal history assessment scores were all statistically significant. That is as risk

Table 1 Variables With Significant Value for Predicting Discharge Status

Risk Supervision Level
Needs Supervision Level
Overall Needs Assessment Scores
Criminal History Assessment Scores
ASAM Levels
Age
Employment
Income
Race/Ethnicity

supervision level and needs supervision levels increased and as overall needs assessment scores and criminal history assessment scores became more severe a greater percentage of individuals did not complete the county programs successfully. ASAM levels were also statistically significant.⁴ As ASAM levels indicated a greater need for treatment fewer individuals successfully completed programs. These are important findings.

The in-depth multivariate analyses considered independent factors affecting both program discharge status and the odds of committing a new DWI following discharge. A number of independent variables in this analysis had predictive value in determining program discharge status. Males, Native Americans, participants with children, those who are not married or are not living together, and those with low incomes, had greater odds of being discharged unsuccessfully. Older participants and participants that were employed tended to be discharged successfully. These are important programmatic findings. Perhaps some program pilot projects could target these populations specifically. Based on these preliminary analyses the NEEDS instrument could reliably predict success or failure in this study sample.

Recidivism. Analyses included in this section indicated there was not a statistically significant difference between individuals who completed the DWI program and individuals who did not complete the program. The two variables that were

statistically significant in predicting re-arrest were: whether an individual had a prior arrest for DWI; and whether they were employed at the time they were screened. Individuals who received a new arrest for DWI following discharge from the program were significantly more likely to have had a prior arrest for DWI. Individuals who self-reported they were unemployed at the time they were screened were statistically significantly more likely to be arrested for DWI following final discharge when compared to individuals who were employed.

Using a more complex logistic regression model, the researchers analyzed substantive factors that may affect the odds of being rearrested following discharge from the program. While being directly relevant to answering the research questions, this regression seemed to produce more questions than answers. For example, discharge status, successful or unsuccessful, was not statistically significant in predicting future arrests. Demographic variables, such as gender, race, ethnicity, age, education, income, and number of dependents, were also found to not be significant in predicting the likelihood of a new arrest. The strongest variable affecting re-arrest in this sample was the number of prior DWI violations. Participants with multiple prior DWIs had statistically significant greater odds of committing a subsequent DWI. Perhaps individuals with multiple DWIs should be given additional services.

Study caveats and conclusions

Several data issues affected the completion of this report. Some data in the client files could not be compared. Each county had unique data collection formats and storage procedures. Some data, readily available in one county, could not be consistently located in another. Additionally, client level

treatment data were not available in every county. Client files contained an assortment of information but varied greatly in content and format and it was difficult to utilize this information for the study. Some client files had been purged or were missing pages while others did not have sufficient information to determine whether the service requirement had been completed or not. For these reasons and for purposes of this report, researchers utilized data from the CTP for determining sanction and treatment completion.

Within the CTP, several database design issues affected the report. For example, screening and tracking information provided by DOH/Epi did not always match the locally maintained file. Another issue that affected the data analysis was the difficulty in determining whether a participant had been discharged from the program or not. This was a data integrity problem. There were instances where participants had both a termination and a completion date. In some cases, offenders who were not required to participate in one of these sanctions had terminations and/or completion dates. In other instances, offenders were required to complete a sanction but there was neither a termination date nor a completion date. These types of issues affected the researcher's ability to compare data and forced judgments about how to code the data. When it was necessary the hardcopy records were regarded as the most reliable. Throughout this study, the researchers used collected information first and replaced any missing data from the screening and tracking data.

Conclusions. The study findings support the contention that assessment test scores, even when administered in a variety of circumstances, have the ability to predict the probability of a client succeeding or failing in a DWI

program. Risk supervision level, needs supervision level, overall needs assessment scores, and criminal history assessment scores, were highly statistically significant. That is as risk supervision level and needs supervision levels increase and as overall needs assessment scores and criminal history assessment scores became more severe a greater percentage of individuals did not complete the county programs successfully. ASAM levels were also statistically significant. As ASAM levels indicated a greater need for treatment fewer individuals successfully completed the treatment programs.

Six variables were found to have predictive value in determining program discharge status. Males, Native Americans, participants with children, not married or not living together, and participants with low incomes had greater odds of being discharged unsuccessfully. Also older participants tended to be successfully discharged, as do those who were employed. These are important programmatic findings. Perhaps some program pilot projects could specifically target these populations. Another important finding was made concerning the risk and needs scores. Based on these preliminary analyses the NEEDS instrument could be used to predict success or failure in this study sample.

Two variables that were statistically significant for predicting re-arrest were whether an individual had a prior arrest for DWI and their employment status at screening. Individuals who received a new arrest for DWI following their discharge from the program were significantly more likely to have had a prior arrest for DWI. Individuals who were unemployed at the time they were screened were statistically more likely to be arrested for DWI following final

discharge when compared to individuals who were employed. Program discharge status, successful or unsuccessful, was not statistically significant in predicting future arrests. Demographic variables, such as gender, race, ethnicity, age, education, income, and number of dependents, were also not found to be significant in predicting the likelihood of a new arrest.

These findings should aid the DFA/LGD funded programs in several ways. First, by strengthening the justification for the development of standard definitions of treatment services, supervision levels, and sanctions. This recommendation has been included in other reports. This is one of the most problematic areas in the work of determining discharge status and program compliance. Standard treatment would increase the effective use of DWI funding statewide and help more participants. Future analysis and evaluations could document program improvements with greater precision.

Second, the findings justify the need for a database system with centralized maintenance and management protocols, which would be an improvement over the current system. The database should include a final disposition explanation and a clear indication of when the offender is no longer being tracked. Such a system should restrict the ability of users to delete records from the system. This recommendation is currently under discussion for future implementation.

Third, by refining the county level treatment information, researchers could collect and analyze client level treatment data that included the number of services received by type. A study of this type would result in an analysis similar to the just completed Bernalillo County study.

Finally, a detailed profile of clients who entered a county program should be done in order to measure any

differences between successful and unsuccessful clients. This analysis should also be completed for each county separately.



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. 2003. *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. 2003. *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. 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.
3. 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.
4. ASAM Guidelines: ASAM describes

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



**University of New Mexico
Institute for Social Research**

2808 Central Ave. SE
Albuquerque, NM 87106

(505) 277-4257
Fax: (505) 277-4215
E-mail: isrnet@unm.edu