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Chesapeake Bay ASAP

Program Evaluation 1996-1998

September 1, 2000



Background

Chesapeake Bay ASAP, formerly Tidewater ASAP, was founded in 1975 and has been serving the cities of Virginia Beach and Norfolk since its inception. In 1995, Tidewater ASAP merged with Eastern Shore ASAP to become Chesapeake Bay ASAP, serving the cities of Virginia Beach and Norfolk, and the counties of Accomack and Northampton.

This report contains an outcome evaluation for calendar years 1996 through 1998 for referrals received at the main office in Virginia Beach and does not include referrals to the Eastern Shore office. This information is provided to the program to assist in the administration of the program.

According to the Department of Motor Vehicles, there were 2,217 offenders in Norfolk and 5,714 offenders in Virginia Beach convicted of Driving Under the Influence (DUI) between 1996 and 1998. Of those convictions, Norfolk courts referred 86% (1,903) of all offenders and Virginia Beach referred 82% (4,685) of all offenders to Chesapeake Bay ASAP as part of their DUI sentence. In addition to referrals from Virginia Beach and Norfolk courts, 946 offenders were convicted of DUI in another locality in Virginia or another state and transferred to the Virginia Beach Office of Chesapeake Bay ASAP.

Chesapeake Bay ASAP has used Inferno, an automated case management system, since July 1992. The database contained 7,412 cases with valid referral dates between January 01, 1996 and December 31, 1998 that resulted in an intake being completed. These cases were used to complete the evaluation.

The evaluation consists of four parts:

1. Descriptive Statistics – Information regarding the court referral, client characteristics, and client performance in the ASAP program.

2. Bivariate Statistics – A variety of bivariate statistics were used to identify significant differences in success rates dependent upon client characteristics and other factors.
3. Multivariate Statistics – The multivariate technique of Binary Logistic Regression was used to identify the most important factors that affect success and failure in the ASAP program.
4. Summary – a summary of the significant findings and recommendations to the program for improved performance are provided.

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Descriptive Statistics

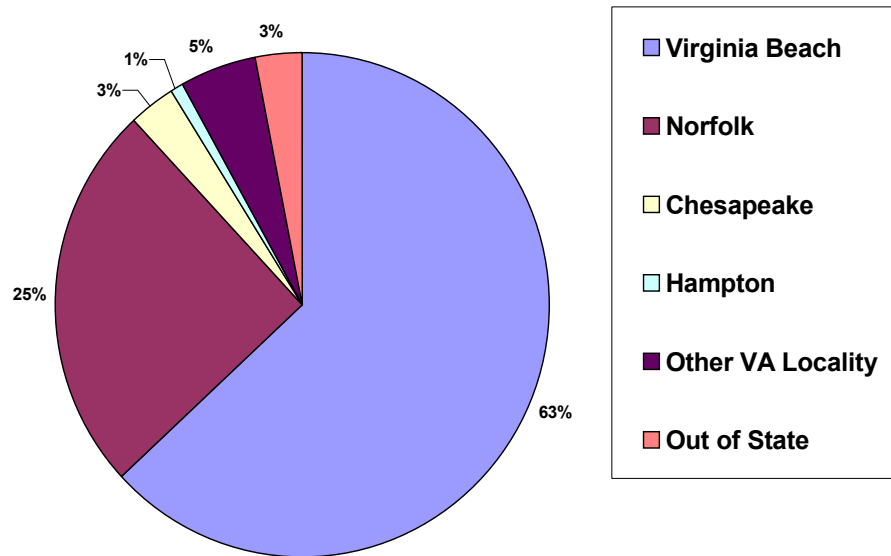
POPULATION

Court Referral

Of the 7,412 cases, the majority were referred from a General District Court. The complete breakdown is as follows:

- General District Court – 87%
- Circuit Court – 10%
- Other – 3%

Referring Jurisdiction



The majority, 63% of all referrals to Chesapeake Bay ASAP during the three year period, came from Virginia Beach Courts. Twenty-five percent of the cases were referred from Norfolk Courts. The remaining referrals constituting 12% collectively came from other Virginia localities and out of state localities.

Originating ASAP

Most referrals originated in localities served by the program. Southeastern ASAP transferred cases totaling 5% of all cases referred, while Peninsula ASAP transferred 2% of the total cases.

<i>CHESAPEAKE BAY</i>	<i>SOUTHEASTERN</i>	<i>PENINSULA</i>	<i>OTHER</i>
90%	5%	2%	3%

Alcohol Test Type

Eighty-three percent of all clients submitted to a breath test, one percent requested a blood test, while 16% refused to submit to a breath or blood test.

Blood Alcohol Content

The BAC for all clients ranged from .04 to .40. Of those clients submitting to a blood or breath test, the average BAC was .16. The most common BAC was .15.

Court Case Disposition

Ninety-three percent of all cases referred by the courts were convicted of DUI while five percent of the cases were convicted of a lesser charge of reckless driving. Another two percent received a deferred judgment.

License Action Taken

Eighty six percent of all clients received some type of restricted license while the remaining 14% were not issued restricted licenses. Of those clients whose license was suspended, 1% were restricted for 6 months, 88% were restricted for 12 months, 10% for 36 months, and 1% for some other period of time.

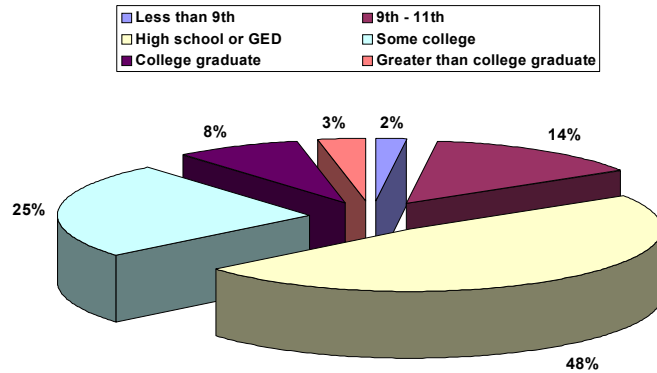
DEMOGRAPHICS

Sex, Race, Age

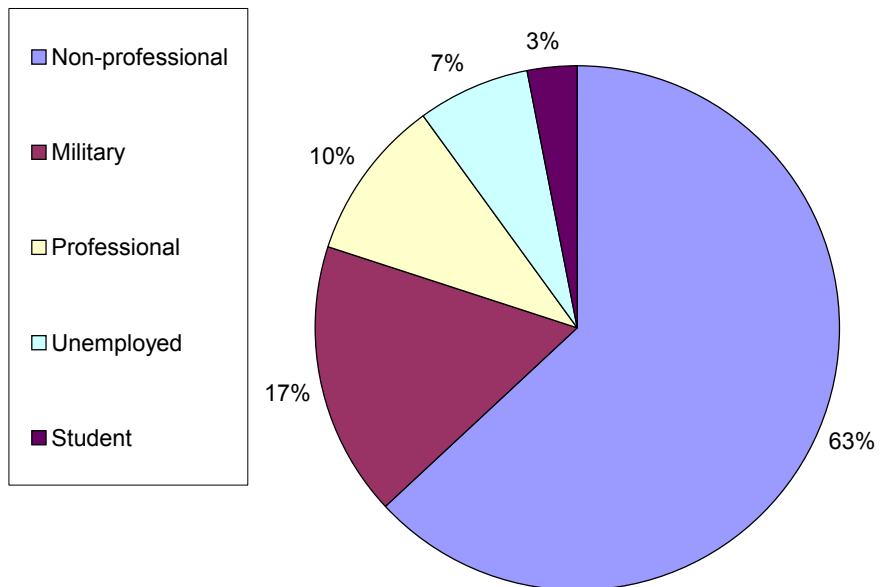
Men constituted 82% of the population while 18% of the population were women. The racial breakdown of the clients is as follows: 77% White, 21% Black, and 2% Other. The age of the clients ranged from 18 to 91 years old, with an average age of 34 years old.

Education

Nearly half of all program participants (48%) had a high school diploma or GED. The educational breakdown is demonstrated in the pie chart below.



Occupation



Of the clients referred, 93% were gainfully employed at time of intake in addition, 17% of all clients were employed by the military.

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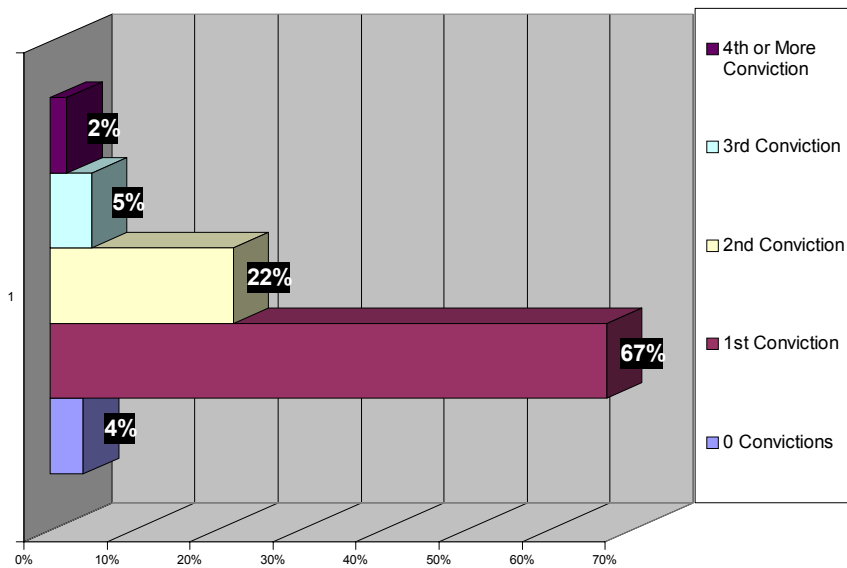
Additional Client Information

Prior ASAP / Treatment / Recidivism

Of the 7,412 cases evaluated, 20% had previously attended ASAP. There was a 29% incidence of recidivism indicated at intake and 17% of the total population reported having previously attended alcohol or drug related treatment.

Number of DUI Convictions

Four percent of the population were not convicted of DUI for the current referral and had never previously been convicted of DUI. The current conviction for sixty-seven percent of all referred clients was their first. The current conviction for referral was a second conviction for twenty-two percent of clients, a third conviction for five percent and a fourth or greater conviction for two percent of clients.

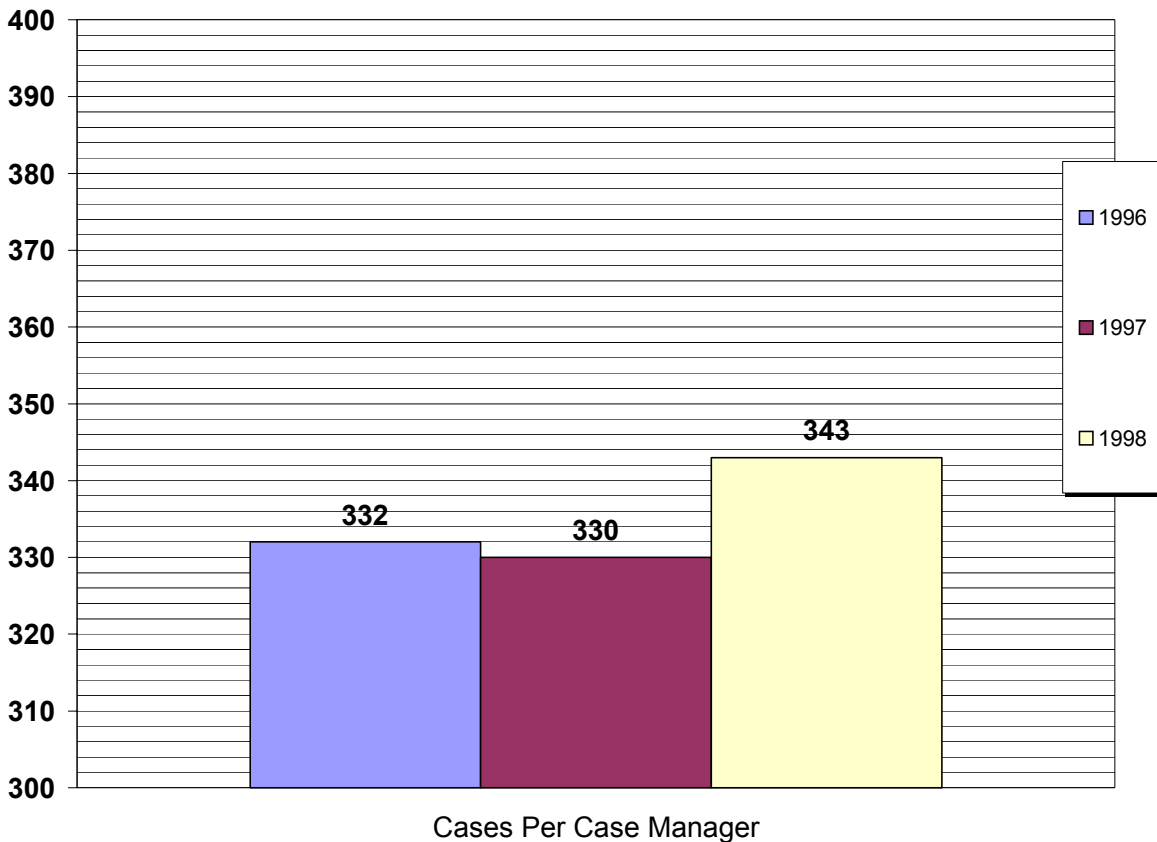


CASE INFORMATION

Classification Level

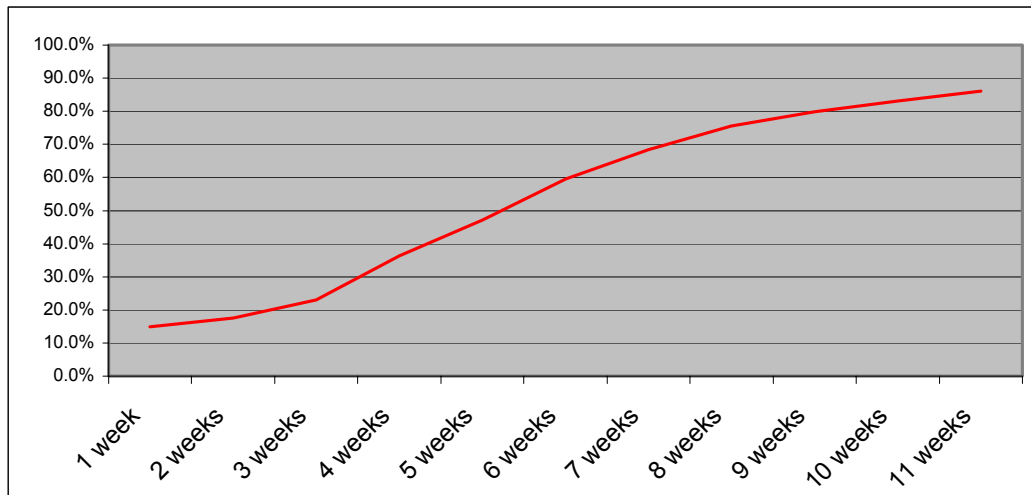
At intake, 30% of the clients were classified as level I (Education), 29% as level II (Intensive Education) and 41% as level III (Treatment).

Case Management Ratio



The case management ratio in 1996 was 332 cases per case manager. The case management ratio was highest in 1998 at 343 cases per case manager.

Referral and Intake



The time line presented above shows the amount of time that elapsed between court referral and ASAP intake. Fifteen percent of all clients had intakes completed within one day of court referral or program transfer. Also, 36% of all intakes were completed within one month from the time the court referred the case to Chesapeake Bay ASAP. Seventy-six percent of all referrals were seen for intake within two months. Additionally, 89% of all clients had completed intakes within three months of court referral.

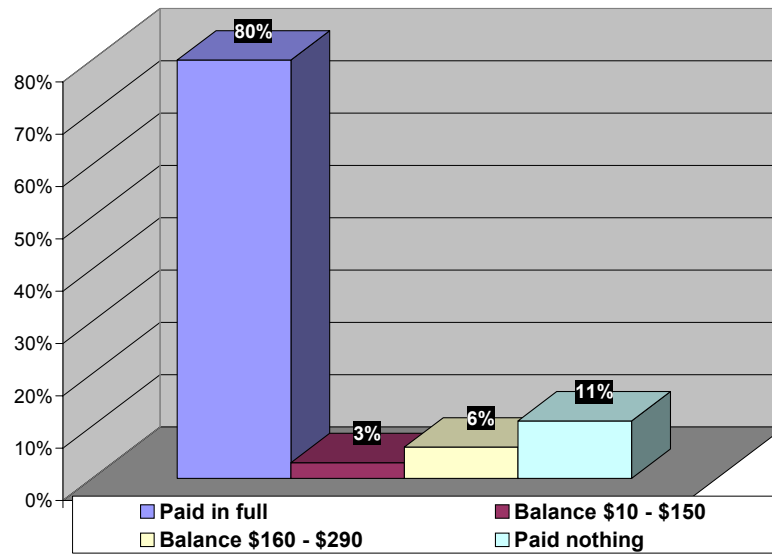
Intake and Case Closure

On average, the length of time between intake and case closure was approximately 9 months. There was a substantial decrease over the three year period in the amount of time required to close a case: 1996 – 10 months, 1997 - 9 months, 1998 – 7.5 months.

Fees Assessed

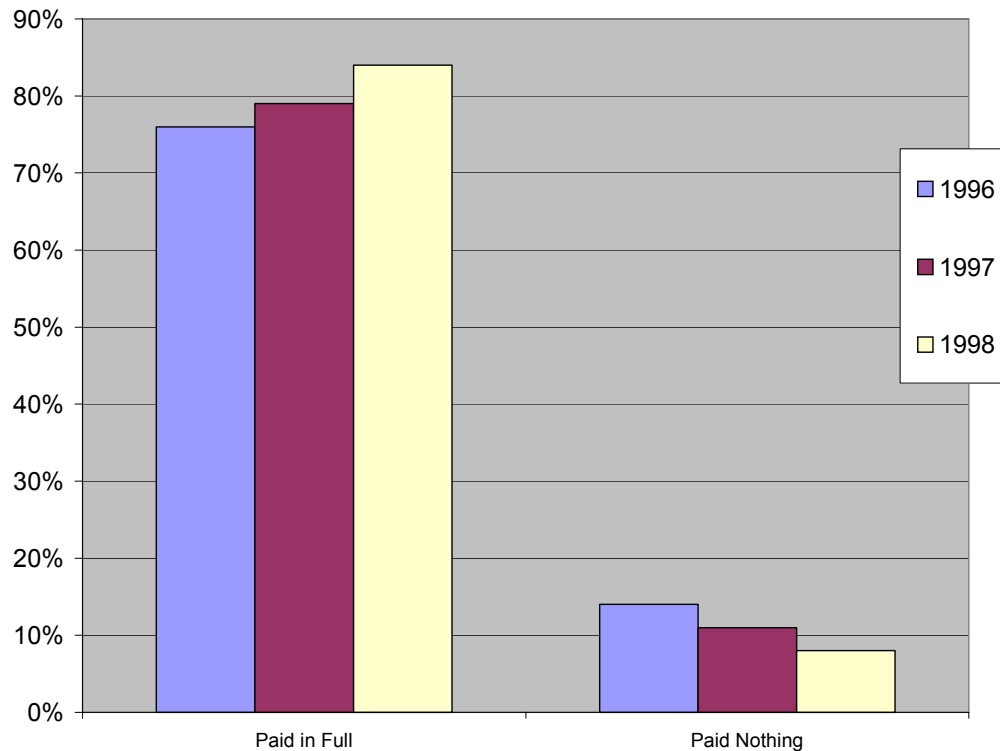
Ninety-eight percent of all clients were assessed the full \$300 ASAP fee by the court. The remaining two percent were assessed a portion of the fee or the fee was waived in its entirety.

Fees Paid



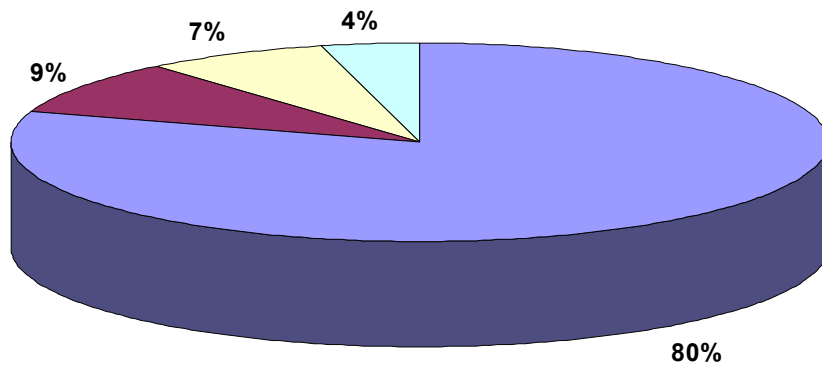
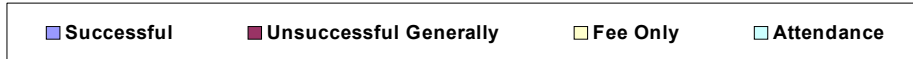
Eighty percent of all clients paid the ASAP fee in full. Eleven percent of the clients made no payments towards the fee. Three percent of the population had remaining balances of between 10 and 150 dollars while six percent owed between 160 and 290 dollars upon case closure.

The collection rate for fees increased between 1996 and 1998. In 1998, 84% of all fees were paid in full compared to 79% in 1997 and 76% in 1996. In addition, the percent of clients who paid nothing towards the fee decreased from 14% in 1996 to 11% in 1997 to only 8% in 1998.



Case Outcome

Of the cases closed at each evaluation period, an average of eighty percent were closed successfully. A detailed breakdown of case closure reasons can be found in the pie chart below.



The percent of clients successfully completing the ASAP program increased over the three-year period. In 1998, 82% of all clients were successful compared to 80% and 76% in 1997 and 1996 respectively.

Blood Alcohol Content - There was no difference in the average BAC level between clients who successfully and unsuccessfully completed the program (mean BAC for successful and unsuccessful cases was .153%).

Previous ASAP - There was a statistically significant difference in success rates between those clients who had previously attended ASAP and those who had not previously attended ASAP (no previous ASAP - 82% success rate / previous ASAP - 75% success rate).

Chi-Square $p=.01$ $n= 5495$

Previous Treatment - Clients who had previously attended treatment were 10% less likely to successfully complete the program than clients who had no previous treatment (previous treatment - 69% success rate / no previous treatment - 79% success rate). This difference was found to be statistically significant.

Chi-Square $p=.00$ $n=5592$

Recidivism - Clients who were not considered to be recidivists as determined by the program at intake were 7% more likely to successfully complete the program than clients who were considered to be recidivists (non-recidivists - 84% success rate / recidivists - 77% success rate). This difference was found to be statistically significant.

Chi-Square $p=.01$ $n=5126$

Classification Level – There was a statistically significant difference in success rates based on the classification level determined at intake. The higher the level of classification the less likely a client was to complete the program successfully.

- Level I (Education) – 90% successful
- Level II (Intensive Education) – 87% successful
- Level III (Treatment) – 75% successful

Chi-Square $p=.00$ $n=5411$

Time Elapsed Between Referral and Intake - There was a statistically significant difference in the average number of days between referral and intake between those clients who successfully and unsuccessfully completed the program. Clients closed successfully waited an average of 45 days between referral and intake; conversely, unsuccessful clients waited 61 days between referral and intake.

T test $p=.00$ $n=5825$

Time Elapsed Between Intake and Case Closure -Clients who completed the program successfully averaged 7 months and 3 weeks between intake and case closure. Clients who unsuccessfully completed the program averaged 11 months and 2 weeks between intake and case closure. This difference was found to be statistically significant.

T test $p=.00$ $n=5901$



Multivariate Statistics

Binary Logistic Regression was used to identify the factors that are related to case outcome (success or failure on ASAP) and the relative importance of these factors. This technique identifies whether the factor is a significant predictor of case outcome and the likelihood a client will fail dependent upon the specified factor. The identification of the variables that are indicators that a person is a high risk to fail is useful when determining appropriate levels of supervision or case management practices. All relevant factors found to be related to case outcome were examined, the results are discussed below.

Prior DUI Convictions

Clients who were not convicted of a DUI or who had one DUI conviction were the most likely to complete the program successfully. Clients with two DUI convictions were two and a half times more likely to be unsuccessful while clients with three or more DUI convictions were more than three times more likely to fail. The Blood Alcohol Content of the client at the time of the arrest was not a statistically significant predictor of case outcome.

Prior ASAP / Treatment / Recidivism

Clients who had previously attended ASAP were more likely to fail than clients who had not previously attended ASAP. This difference was found to be relatively small when compared to other factors. Clients who had previously attended drug or alcohol treatment were one and a half times more likely to be unsuccessful than those who had not previously attended treatment. Additionally, clients who were determined to be recidivists at the time of the intake were more than twice as likely to fail the ASAP program.

Classification Level

Clients who were classified as level I (Education) were the most successful. Clients classified as level II (Intensive Education) were nearly one and a half times more likely to fail and those classified as level III (Treatment) were two and a half times more likely to fail when compared to level I clients.

Length of Time to Intake

The length of time it took for a client to have an intake completed after court referral was a statistically significant predictor of case outcome. The longer the period of time between referral and intake the less likely a client was to complete successfully.

Summary

There were six factors related to case outcome. The strongest predictors of failure on ASAP were the number of prior DUI convictions, program classification of level (I, II, III), recidivism, and prior alcohol or drug treatment. The length of time between referral and intake and prior ASAP participation were also found to be related to failure in the ASAP program.

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Summary

The descriptive statistics provided in the first section of the evaluation describe the ASAP client population and their performance in the ASAP program. In addition, information on the overall performance of the program is provided.

Improvements in program performance were evidenced between 1996 and 1998 in three major areas. First, the overall success rate of the program increased to an impressive 82%, an increase of 6% from 1996. There was a substantial decrease in the amount of time that elapsed between a client referral and intake. In addition, the amount of time it took to close a case decreased considerably. Finally, the overall fees collected increased over the three-year period. The percent of clients paying the full ASAP fee increased from 76% in 1996 to 84% in 1998 while the percent of clients paying nothing towards the fee decreased from 14% to 8% during these years.

The bivariate and multivariate statistics identify relationships between client and program factors and the success/failure rates of clients. Not surprisingly, factors that were found to be statistically significant predictors of a clients likelihood of failure in the program tend to be characteristic of recidivism in general and the seriousness of the clients alcohol use. These factors include number of DUI convictions, prior ASAP participation, prior alcohol or drug treatment, recidivism, and a higher classification level at intake.

Although change in these areas cannot be directly effected by program efforts, the identification of clients who are a high-risk of program failure can be beneficial to the program. In an attempt to decrease failure rates, the high-risk clients may be targeted for closer supervision while in the program as well as subject to additional support and interventions to mediate the risk. These clients may also be assigned to a case manager specializing in supervising high-risk clients. The case manager could have a lower case management ratio and have extensive specialized training in the supervision of high-risk clients.

It is interesting to note the relationship between successful case closures and time between referral and intake. As time between referral and intake decreased, successful completion rates increased. It must be acknowledged that this time frame can be influence by the client as well as the program. However, attempts by the program to decrease the time between referral and intake could further decrease the program failure rate.