

FINAL REPORT

Commission on VASAP

Evaluation of the Virginia Alcohol Safety Action Program

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Commission on VASAP
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Executive Summary

Introduction and Program Description

Every day in the United States, 29 people die in motor vehicle crashes that involve an alcohol-impaired driver.¹ In 2016, 10,497 people died in alcohol-impaired driving crashes, accounting for 28% of all traffic-related deaths in the United States.² In the same year, more than 1 million drivers were arrested for driving under the influence (DUI) of alcohol or narcotics.³ The cost of alcohol-related crashes is estimated at more than \$44 billion annually.⁴ According to the National Highway Traffic Safety Administration (NHTSA) 25% of all DUIs were repeat offenders (2014).⁵ The same study examined state-level driver data across states and found that Virginia had 16% subsequent convictions in a 5-year window (2007–2011). While the look-back period was not consistent for all the states, Virginia’s recidivism rate was among the lowest in the country. One of the most effective means to reduce DUI is to target known offenders. As a result, the Commonwealth of Virginia has continually increased its efforts to prevent offenses such as drinking and driving.

The Commission on Virginia Alcohol Safety Action Program (VASAP) is mandated to improve highway safety by decreasing the incidence of driving under the influence of alcohol and other drugs, leading to the reduction of alcohol and drug-related fatalities and crashes. VASAP provides multiple interventions to offenders. Persons convicted of a first or second offense of DUI in Virginia are required to attend and successfully complete an Alcohol Safety Action Program (ASAP). Today, there are 24 local programs operating across the state. The program combines the five central components of enforcement, adjudication, case management and offender intervention, public information, and evaluation and certification to achieve the goal of improving highway safety. ASAP case managers screen offenders in order to refer them to appropriate intervention services. A person convicted of a DUI is mandated to receive one of three different interventions: (1) a 10-week education course, (2) a 10-week intensive education course, or (3) treatment from a VASAP-approved, licensed treatment provider coupled with a 4-week ASAP treatment education class. In 2012, Virginia passed the Ignition Interlocks Law requiring mandatory ignition interlocks for all first-time DUI offenders seeking restricted licenses.

¹ National Highway Traffic Safety Administration (NHTSA). (2017, October). Traffic safety facts 2016 data: Alcohol-impaired driving." Washington, D.C.: U.S. Department of Transportation. Available at <https://ucr.fbi.gov/crime-in-the-u.s/2016/crime-in-the-u.s.-2016>. Accessed September 11, 2018.

² Ibid.

³ Federal Bureau of Investigation (FBI). Department of Justice (US). (2017). 2016 Crime in the United States 2016: Uniform Crime Reports. Washington (DC): FBI; 2017. Available at <https://ucr.fbi.gov/crime-in-the-u.s/2016/crime-in-the-u.s.2016/tables/table-18>. Accessed September 13, 2018.

⁴ Blincoe L. J., Miller, T. R., Zaloshnja, E., Lawrence, B. A. (2015, May) National Highway Traffic Safety Administration. *The economic and societal impact of motor vehicle crashes, 2010. (Revised)*. (Report No. DOT HS 812 013). U.S. Department of Transportation, Washington, DC: NHTSA; 2015. Available at: <http://www-nrd.nhtsa.dot.gov/pubs/812013.pdf>. Accessed September 6, 2018.

⁵ Warren-Kigenyi, N., & Coleman, H. (March, 2014). DWI recidivism in the United States: An examination of state-level driver data and the effect of look-back periods on recidivism prevalence. *Traffic Safety Facts Research Notes*. (DOT HS 811 991). NHTSA, U.S. Department of Transportation National Highway Traffic Safety Administration.

Evaluation Methods

The primary goal of this study was to determine the impact of ASAP and its different regimens on repeat DUI convictions. Secondary information on the perception of case management and offender intervention policies and procedures was collected for use by VASAP when contemplating future policy changes. ICF developed and implemented a mixed-methods approach to evaluate the effectiveness of VASAP in reducing recidivism and the effectiveness of VASAP operations. To examine program effectiveness, ICF collected individual-level data on driving records from all 24 ASAPs, and case management data regarding intake, screening, placement, and completion of regimens. Recidivism was measured as any repeat conviction, and calculated at 12 months and 24 months post-release from an ASAP. In order to gather information on the operations of the 24 ASAPs, we conducted a series of semi-structured telephone interviews; administered a comprehensive survey of program staff, education, and treatment providers; and undertook a systematic document review of program manuals, curricula, and policies/procedures. Exhibit 1 presents a crosswalk of evaluation questions as they relate to evaluation goals, data collections, and analyses.

Exhibit. Crosswalk of Evaluation Goals, Questions, Data Collections, and Analysis

Evaluation Goals	Evaluation Questions	Data Collections	Analyses
Determine the effectiveness of VASAP in preventing driving under the influence (DUI) recidivism	Does successful participation in ASAP impact the likelihood of DUI recidivism? If so, to what extent and for how long?	<ul style="list-style-type: none"> ▪ Administrative data on driving records (i.e., DMV convictions data) ▪ Case management data regarding intake, screening, placement, and completion of regimens (i.e., Inferno system) 	<ul style="list-style-type: none"> ▪ Descriptive analysis ▪ Multiple logistic regression analysis ▪ Multiple Ordinary Least Squares regression analysis
	Are ignition interlock requirements preventing recidivism? If so, to what extent and for how long?		
	To what extent do different regimens (e.g., 10-week education or intensive education course, treatment referral, plus 4-week ASAP education class, interlock requirement) of ASAP components impact recidivism?		
	How are intake, screening, placement, and completion of regimens implemented across ASAPs? To what extent are they associated with recidivism?		
	What individual characteristics are most predictive of recidivism among ASAP participants? That is, for whom does the program work/not work?		

Evaluation Goals	Evaluation Questions	Data Collections	Analyses
Assess related VASAP component areas (i.e., enforcement, adjudication, public information, and evaluation and certification), case management strategies, and intervention models	How do programs vary on policy and procedures across the 24 sites? To what extent do recidivism rates vary across the 24 ASAPs?	<ul style="list-style-type: none"> ▪ Administrative data on driving records (i.e., DMV convictions data) ▪ Survey of program staff, education and treatment providers ▪ In-depth interview of program staff, education, treatment providers ▪ Document review (e.g., manuals, curricula, and policies) 	<ul style="list-style-type: none"> ▪ Descriptive analysis ▪ Qualitative content analysis and pattern matching

Administrative Data

To examine program effectiveness, ICF collected individual-level data from all 24 ASAPs on driving records, and case management data related to intake, screening, placement, and completion of regimens. ICF worked with VASAP and the State Department of Motor Vehicles (DMV) to extract case management data from an internal data system, called “Inferno,” and the DMV database for convictions. The data from these two databases were merged for individual offenders by offender name and date of birth. We included all offenders completing the ASAP between January 1, 2013, and December 31, 2015, in the study sample. The merged file included 65,325 offenders with DUI or reckless driving convictions. This represents 80% of the offenders served by VASAP during the 3 years between 2013 and 2015. We focused solely on DUI convictions as the outcome measure and did not include reckless driving convictions, which account for about 11% of the subsequent convictions. To standardize the opportunity for recidivism, we calculated the 12-month recidivism and 24-month recidivism for (1) the total population of ASAP participants, (2) the 10-week education course participants, (3) the 10-week intensive education course participants, and (4) the treatment referral/4-week ASAP treatment education class participants. We used descriptive statistics to analyze differences between the 24 ASAPs and across intervention regimens. We also used these methods for assessing differences between the various study populations (e.g., gender, race/ethnicity, education, service regimen, and service completion). Multiple regression analysis was used to look at the relationship between recidivism and offenders’ participation and completion in program components such as education courses, treatment, and ignition interlock calibration.

Stakeholder Input

ICF used a multi-method approach for capturing critical information from all key stakeholders identified by VASAP, including telephone interviews with key VASAP Commission members and ASAP program staff, a comprehensive survey of program staff, education and treatment providers working in the 24 ASAPs, as well as a systematic document review of program manuals, curricula, policy and procedural directives. First, we conducted a review of relevant policies, procedures, manuals, and curricula at the State and local levels, including (1) the Commission on VASAP website and public information publications, (2) selected local ASAP websites, (3) VASAP Case Management Operational Guidelines, and (4) other relevant documents such as various position descriptions, fee guidance, treatment provider agreements, and so forth. Then we conducted 11 phone interviews of VASAP and local ASAP program directors/staff, case managers, and treatment/education staff. These interviews were used to inform survey development; examine what works, what does not work, and for whom; and solicit recommendations for improvement. Last, we worked closely with VASAP to develop a set of survey questionnaires to inquire about experience, perception of effectiveness, and recommendations from a wide range of respondents. The survey assessed all of the functions of VASAP case management, including referral enrollment, intake, classification, offender intervention, and case supervision/monitoring as summarized below:

- **Referral enrollment/intake:** The process for scheduling appointments, fee collection, and gathering objective and subjective information via standardized assessments and self-reports, etc.
- **Classification:** The process of transferring the assessment information in case management decisions and referrals to appropriate education, treatment, or other intervention services.
- **Offender intervention:** A review of direct service activities, including education/treatment and supervision strategies, and issues of treatment matching and referrals to outpatient, in-patient, or residential treatment services.
- **Case supervision/monitoring:** An assessment of case supervision practices, including client contacts, frequency, methods (i.e., in-person, telephone, etc.), case manager-participant interactions during visits, and the case management balance between supervision and human service activities.
- **ASAP-court interactions/reporting:** To assess the relationship between ASAP staff, court representatives, and processes for sharing information, meeting court expectations, and the sentencing of participants.

Using descriptive statistics such as means, frequencies and percentages, we analyzed survey data to describe how VASAP is implemented across the state. Using content analysis and pattern-matching for open-ended responses, we looked at respondents' assessments of what works and what does not work, reasons for and circumstances of these assessments, as well as recommendations for improvement.

Conclusions and Implications

Our results showed that among people who successfully completed VASAP, there was a 12-month recidivism rate of 2.8% and a 24-month recidivism rate of 5.1%. The average time between VASAP completion and the repeat conviction was 633 days. The low recidivism rates provide further evidence about the success of VASAP.

We also compared these outcomes between completers and those who did not complete the service. Completers had significantly lower recidivism rates (2.8%) than non-completers (3.1%) over the course of 12 months. Although the difference may seem small, it was statistically significant and substantively meaningful, representing a difference of about 200 fewer DUI convictions in the first year. In addition, completers averaged 67 more days than non-completers before their repeat offense, which was also statistically significant.

Comparing completers with non-completers does not fully capture the effect of the program for a number of reasons.

- In order to obtain a restricted license and regain full licensure, all first- and second-time DUI offenders are required to “enroll in and successfully complete” an ASAP. Those who are unsuccessful in completing the ASAP lose their restricted-driving privileges and are not eligible to drive. Thus, if they follow the law, they should not be recidivists because they are not supposed to be driving at all.
- While it is recognized that some of the ASAP non-completers who are not eligible to drive legally, will continue to do so, it is logical to assume that they will limit their trips and drive extra cautiously since they know that they are risking being charged with driving while their license has been revoked.
- Many of the ASAP non-completers referred from the court are unsuccessful due to failure to pay the ASAP fee. ASAPs try to provide payment plans and continue to work with offenders who are showing good faith by making regular payments. Per VASAP policy, no offender may be dropped from the program for non-payment of the ASAP fee until after the 5th week of intervention. Therefore, under the worst-case scenario, people who are found to be non-compliant due to non-payment of the ASAP fee will receive at least 5 weeks of education or treatment prior to being dropped from supervision.
- In cases of non-compliance for other causes, such as committing subsequent offenses while under supervision, etc., the ASAPs continue to provide monitoring and intervention until the non-compliance hearing occurs in court. Thus, an offender could be terminated from the program after having received quite a few weeks of intervention.
- Ignition interlock is mandatory for all first-time DUI offenders seeking a restricted license, and for all DUI second-time or subsequent offenders. The ASAPs strictly monitor all calibration reports and offender photos, checking not only for violations, but also illegal circumvention. Virginia’s level of ignition interlock monitoring is stricter than other States. Virginia’s ignition interlock laws are also some of the strictest in the country, with all offenders being required to have at least 6 continuous months of interlock without any violations. Any ignition interlock violation results in the 6-month period starting over.
- This study did not examine repeat arrests, which some argue is a good measure because it is not susceptible to the influence of court processes.⁶ In many instances, DUI charges are plea-bargained down to such offenses as reckless driving or other less serious traffic offenses. However, a DUI arrest may also indicate a higher number of DUIs than is accurate, simply because many DUI arrests do not result in conviction.

⁶ Centers for Disease Control and Prevention (CDC). (2011). Vital signs: Alcohol-impaired driving among adults—United States, 2010. *Morbidity and Mortality Weekly Report (MMWR)*, 60:1351–1356.

Although people receiving education or intensive education had lower recidivism outcomes than those receiving treatment, we did not find any significant differences between people receiving education and those receiving intensive education, which provides justification for the recent program change to combine the two education classifications into one.

Since the study collected data right up until the time Virginia required mandatory ignition interlocks for all first-time DUI offenders seeking restricted licenses, it would seem logical that Virginia's robust ignition interlock program has accounted for a drop in recidivism. This, coupled with alcohol education and treatment, seems to be resulting in very low recidivism rates in Virginia.

Another important part of this study was to examine the ASAP operations. From the survey results we can draw a number of conclusions about both the capacity (i.e., leadership, funding/resources, staff training and development, and quality assurance) and content (i.e., assessment, case management, treatment, and adherence to evidence-based practices) of the ASAPs. Some of the key findings, implications, and recommendations are summarized below:

- **Program Resources and Community Relationships:** Most directors felt that funding was inadequate for achieving the program's goals and that caseloads for case managers are very high. However, the program benefits from high levels of support from the criminal justice and treatment communities. While the ASAP completers demonstrate low recidivism rates, high caseloads and inadequate funding may make it challenging to adhere to the evidence-based practices necessary to achieve further reductions in recidivism. Evidence-based practices when working with offender populations offer a number of implications for assessment/diagnostics and case management, as well as for ASAP staff-client relationships.
- **Administrative Supports and Leadership:** Many ASAP staff felt that more case managers and administrative support staff were necessary to meet client needs. Generally, staff felt there was ample support from leadership. High caseloads limit the capacity of case managers to sufficiently motivate offenders toward behavior change, build relationships, be responsive to individual client needs, and hold offenders accountable. Greater communication between frontline staff and leadership, and creating more time for case managers to spend with individual offenders, may further assist VASAP in achieving larger reductions in recidivism.
- **Staff Training and Professional Development:** While most ASAP staff supported the importance of training and felt it was a priority, case managers and education staff felt that greater emphasis could be placed on staff training and professional development. Staff can make or break a successful intervention program for offender populations. In today's era of evidence-based practices, it is critical that staff continue to develop their competencies in case management and relationship-building. Education facilitators, in particular, did not feel that staff training and continuing education were priorities at their ASAP. Few also reported that they had learned new skills or techniques at professional conferences in the past year or that new techniques and case management strategies were regularly adopted for use in ASAP offices. Future training efforts should center on the known "Principles of Effective Offender Rehabilitation," including the use of the Risk-Need-Responsivity (RNR) principles in offender treatment, and develop staff skills in the use of cognitive-behavioral strategies to further support the efforts of external treatment providers. Practical skills such as motivational interviewing, skill-building strategies using cognitive-behavioral techniques, the use of reinforcement's strategies, and collaborative goal-setting should be considered. Time

for training (external in particular) was very limited due to caseloads and the requirement that the ASAPs be open for business when the courts are open.

- **Assessment and Classification:** Proper assessment and classification is critical for reducing the likelihood of recidivism among offender populations. A risk-and-needs assessment is often considered the first step in achieving evidence-based practices in offender rehabilitation. While most directors and case managers felt their diagnostics and assessment practices were adequate for guiding classification decisions, many felt that the program could benefit from more information on offenders, especially on each client's risk for recidivism and criminogenic needs. Moreover, none of the external treatment providers reported using an offender risk-and-needs assessment to develop treatment plans. Such assessments capture a broad array of information on the factors most predictive of offender recidivism (i.e., often referred to as "criminogenic needs") including substance abuse, but other areas such as employment, education, attitudes supportive of crime, familial supports, antisocial peers and acquaintances, and what they do in their spare time. The most effective rehabilitation programs for offenders center on these criminogenic needs and have strong adherence to the RNR principles.
- **Staff Attitudes and Orientation to Case Management:** Staff are critical to the development and implementation of successful human service interventions such as ASAPs. Program staff should be oriented toward basic beliefs about the efficacy of human services, and seek to develop close working relationships with the people they serve. Our results indicate that a large percentage of ASAP staff and external treatment providers are human service-oriented and understand the importance of developing an alliance with their offenders. This is a very positive finding which indicates that VASAP staff have a strong foundation toward delivering services in an evidence-based manner.

Other best practices include enhancing intrinsic motivations of offenders, reinforcing positive attitudinal and behavior changes, clear and consistent enforcement of program rules, collaborative goal-setting, responsivity, and the establishment of quality assurance mechanisms.

This study sought to examine the impact of VASAP on recidivism. We also wanted to learn about the operations and programmatic features of the program in order to ascertain its strengths and identify areas for potential improvement. We found low recidivism among successful completers of the ASAP, and the program appears to be well-positioned to continually improve its services. Through a comprehensive survey of ASAP program staff and external treatment providers, as well as interviews, ICF identified a variety of areas related to evidence-based offender treatment that can provide guidance for future program enhancements. It is hoped that the information contained in this report will prove useful to VASAP as it seeks to improve highway safety.

While it may not be possible to pinpoint what factors are the most significant in preventing recidivism due to lack of a true control group, the combination of the Virginia program's components (education, treatment, ignition interlock, offender monitoring) seem to be achieving low overall recidivism levels and a statistically significant 12-month recidivism difference among ASAP completers vs. non-completers. We recommend that VASAP continue to track recidivism rates for ASAP completers and non-completers for several more years in order to obtain a full picture of the long-term effects of the program.