Windsor County DUI Treatment Docket

Preliminary Outcome Evaluation

and

Benefit – Cost Analysis

Final Report

September 2017
(Revised December 2017)

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WINDSOR COUNTY DUI TREATMENT DOCKET (WCDTD)
OUTCOME EVALUATION AND BENEFIT COST ANALYSIS

Introduction

The Windsor County DUI Treatment Docket (WCDTD) was established in 2012, with funding from the Governor's Highway Safety Fund. This funding has been renewed annually. The purpose of the DUI Treatment Docket is to hold repeat DUI offenders accountable and change their behavior through long-term treatment and other interventions. The program is designed to be approximately 18 months in duration.

The program accepted its first participant into the Orientation Phase in December of 2013. As of August 2017, 52 defendants were referred for screening. Thirty-two defendants went on to enter Phase 1, 29 defendants entered Phase 2, 20 defendants entered Phase 3, 13 defendants entered Phase 4 and 12 defendants graduated the program. There are currently 16 active participants, eight withdrew from the program, two were terminated and one participant died. Current status was missing for 13 participants.

Outcome Evaluation

This outcome evaluation is restricted to the 30 individuals who entered Phase 1 of the WCDTD and could be matched into the Vermont Crime Information Center's (VCIC) criminal history data base.[1] The analyses address the following questions:

- How many participants were charged with a criminal offense prosecuted in the Vermont Superior Court Criminal Division during the time that they participated in the WCDTD and after they exited the program?
- When did participants recidivate?
- In what county or counties did recidivism occur?
- What types of crimes were committed by those who recidivated?
- What other factors may contribute to success or failure in the program?

Description of Participants

Participant data for the analyses were provided by the WCDTD and include data from the program's inception in December, 2013 until May 19, 2017. Criminal conviction data were obtained from the Vermont Crime Information Center. Of the 52 individuals referred, 46 could be matched into VCIC's criminal history data base. Of those 46, 30 entered the WCDTD.

Among the 30 participants in the analyses, five (16.7 percent) were female and 25 (83.3 percent) were male. Ages ranged from 30-61. Of the 28 individuals whose race/ethnicity were included in the data base, one (3.6 percent) was African American and 27 (96.4 percent) were white. Of the 24 with marital status information in the data base, 17 were single (70.8 percent), six were married/cohabiting (25 percent), and one (4.2 percent) was separated.

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[1] Two individuals who entered Phase 1 could not be matched into VCIC's data base, probably because of discrepancies in the spellings of names or in birthdates.

Table 1 shows participants' status in the program, as of August, 2017. Fifteen of the 30 were active in the program (50 percent), 11 had graduated (46.7 percent), one was terminated (3.3 percent) and three had withdrawn (10 percent).

Table 1: Status of Participants who Entered Phase 1 (N=30).*				
Gender	Active in Program	Graduated	Terminated	Withdrew
Female (N=5)	2	2	0	1
Male (N=25)	13	9	1	2
Total	15	11	1	3
* All had entered Phase 1 by August, 2017.				

How Many Participants Recidivated and When Did They Recidivate?

For the 30 individuals who entered Phase 1, Table 2 shows the number who recidivated by status in the program. The table also shows average days to recidivism in each program status category for those who recidivated. Twenty-four participants (80 percent) had not recidivated as of August, 2017 (13 of the 24 were active in the program; nine had graduated and two had withdrawn). Six of 30 participants (20 percent) were arrested since entering Phase 1. All arrests took place while participants were in the program.

Table 2: New Arrest for Those who Entered Phase 1 (N=30).*			
Arrest Status	Status in Program*	Average Days to Arrest	Number of Individuals**
No New Arrest (N=24)	Active	n/a	13
	Graduated	n/a	9
	Withdrew	n/a	2
New Arrest (N=6)	Active	87	2
	Graduated	684	2
	Terminated	131	1
	Withdrew	1,258	1
* All had entered Phase 1 by August, 2017. Graduates earned new arrest while in program. ** All arrested individuals had only one arrest. Number of days to arrest is from entry into program orientation.			

Two of those arrested were still active in the program as of August, 2017. These two averaged 87 days to arrest from when they entered the program's orientation. Two individuals who entered Phase 1 and were subsequently arrested graduated. These two averaged 684 days to arrest from when they entered orientation. One individual who was terminated was arrested at 131 days from entering the program's orientation. Another who had withdrawn from the program was arrested at 1,258 days since entering orientation.[2]

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[2] The 1,258 days is more than double the target length of the program so may reflect a data entry error.

It is important to emphasize that any recidivism occurred when the participants were active in the program. As of August, 2017, the date of the data extraction, no post-program recidivism had occurred. It will be important to track those who have completed the program to determine if future recidivism occurs. There was also no recidivism related to the Vermont statutory definition of recidivism. To meet the statutory requirement to be a recidivist a participant would have to have spent a year incarcerated. All of these participants were placed on probation.

In What County or Counties did Recidivism Occur?

Table 3 shows the arresting agency, county where arrests occurred, and number of arrests for the six individuals who entered Phase 1 and were subsequently arrested while in the program. Four of six arrests took place in Windsor County, and one occurred in Rutland County. All but one of the arresting agencies was local; the other was the Vermont Parole Board.

Table 3: Arresting Agency and Number of Defendants for Individuals Who Entered Phase 1 (N=6).		
Agency	**County**	**Number of Defendants**
Hartford PD	Windsor	3
Killington PD	Rutland	1
Windsor PD	Windsor	1
VT Parole Board	N/A	1
* All had entered Phase 1 by August 2017.		

What Types of Crimes were Committed by those who Recidivated?

Table 4 compares the types of *prior* convictions among participants who entered Phase 1. It shows numbers and types of convictions individuals had *before entering the program* for those who were subsequently arrested (recidivists) and those who were not. As one would expect, the most frequent prior conviction was for DUI, followed by DMV offenses.

Table 4: Type of Convictions Before Entering Program by Recidivism Status for Those who Entered Phase 1 (N=30).*		
Type of Prior Conviction:	**No New Arrest (N=24)**	**New Arrest (N=6)**
Assault	1	1
DMV	21	8
Domestic	2	0
DUI	35	9
Property	2	4
Sex	1	0
VAPO	3	1
Total	65	23
* All had entered Phase 1 before August, 2017.		

Table 5 shows the type of new charges for those who were arrested while in the program. The most common type of charge was DMV, followed by "other," DUI and Property.

Table 5: Type of Charges for Those Who Recidivated by Status in Program (N=6).*					
	Active in Program	**Graduated**	**Terminated**	**Withdrew**	**Number of Charges**
DMV	0	0	8	4	12
DUI	0	0	5	1	6
Drugs	0	4	0	0	4
Property	0	0	5	1	6
Other	4	0	2	1	7
Total # Charges	4	4	20	7	35
* All individuals had entered Phase 1. Status in Program is as of August, 2017. All arrests occurred in program.					

What Other Factors Might Contribute to Success or Failure in the Program/Recidivism?

Mental Health Issues – Only three individuals in the WCDTD data base are documented as a having mental health disorder. Two of these individuals graduated as of August, 2017—one with bi-polar disorder and one with unspecified co-occurring disorders. Neither was arrested after entering the program. The third individual with a mental health disorder was arrested while in the program, but graduated.

Drug/Alcohol Use by Participants – Table 6 shows the number of participants who when they entered the program reported that they used alcohol and/or particular types of drugs. This table also shows program status as of August, 2017, and recidivism status. Twelve individuals reported that they did not use alcohol or drugs. Two of them (active in the program) were arrested. Four other individuals were also arrested. Two individuals said they used alcohol only (no new arrests). The remaining individuals used alcohol as well as one or multiple drugs. The most frequent combinations were alcohol/THC (seven individuals), and alcohol/THC/cocaine (four individuals).

Table 6: Self-Reported Alcohol/Drug Use When Entered Program for Those who Entered Phase 1 by Status in Program and Recidivism Status (N=30).*								
	Active in Program		**Graduated**		**Terminated**	**Withdrew**		
Alcohol/Drug(s):	no new arrest	new arrest	no new arrest	new arrest	new arrest	no new arrest	new arrest	**Total**
None	9	2				1		12
Alcohol	1		1					2
Alcohol/THC	1		4	1	1			7
Alcohol/THC/Cocaine	1		3					4
Alcohol/THC/Cocaine/ Hallucinogen						1		1
Alcohol/THC/Cocaine/Crack				1				1
Alcohol/Heroin			1					1
Alcohol/THC/Cocaine/ Heroin							1	1
Alcohol/THC/Cocaine/ Hallucinogenic/Heroin	1							1
* All had entered Phase 1 by August, 2017. Status in program and arrest status as of August, 2017.								

Preliminary Summary/Conclusions

The WCDTD outcome evaluation included the 30 individuals who entered Phase 1 by August 2017 and could be matched into VCIC's criminal history data base (two individuals could not be matched). Summary findings/conclusions are:

- The program's graduation rate among those who entered Phase 1 is 80 percent. Twelve individuals graduated from the program (one could not be matched into VCIC's data base, so was not included in analyses). One person was terminated, two withdrew and 15 were active in the program. Excluding those still active from the calculation leaves 15 individuals, 12 of whom graduated (80 percent).

- Six of 30 individuals who entered Phase 1 were subsequently arrested, representing a recidivism rate of 20 percent.

- All arrests occurred while individuals were in the program; none occurred after graduation.

- Length of time to recidivate varied. The two people who were still active in the program as of August, 2017 averaged 87 days to arrest from when they entered the program's orientation. Two individuals who graduated averaged 684 days to arrest. One individual who was terminated was arrested after 131 days. Another who withdrew from the program was arrested at 1,258 days.

- Two-thirds of arrests took place in Windsor County, and all but one arrest was made by an officer from a local police department (one arrest was made by the Vermont Parole Board).

- Among participants who recidivated and those who did not, arrests *prior* to entering the program were most likely to be for DUI and DMV charges, as would be expected.

- Among new arrests since entering the program, the most common type of charge was DMV, followed by "other," DUI and Property.

- Only three individuals had documented mental health issues. Although one recidivated, all three graduated from the program.

- Twelve individuals (40 percent) self-reported that they did not consume alcohol. Two said that they drank alcohol but did not use other drugs, while the remaining 16 used alcohol and at least one other drug.

Benefit-Cost Analysis

This section of the report analyzes the benefits and costs to taxpayers and victims of crime of the DUI Treatment Docket. The Benefit-Cost Analysis was completed using the Pew-MacArthur Results First Initiative. The Results First Initiative, a project of the John D. and Catherine T. MacArthur Foundation and the Pew Charitable Trusts, works with states to implement an innovative benefit-cost analysis approach that helps states invest in policies and programs that are proven to work and are cost effective. The model uses the best available research to predict the outcomes of each program, based on the state's unique population characteristics. It calculates the cost to produce these outcomes including separate projections for benefits that would accrue to taxpayers, through the reduction of criminal justice system resources used, and to society, through the reduction of victimizations.

Data Sources

The Results First Model uses Vermont data to predict the benefits and costs to taxpayers and victims of crimes. For analysis of the DUI Treatment Docket, the following data and sources were used:

1. Criminal Histories from The Vermont Crime Information Center of repeat DUI defendants who were released from a facility between 2000 and 2004. These defendants were followed for 10 years and captured the future criminal convictions (if any) and the timing of those convictions. These data represent the recidivism patterns of defendants if no new programming is offered. An effect size is then applied to this cohort to determine how much new crime will be avoided if the DUI Treatment Docket works as expected. The DUI Treatment Docket is predicted to reduce repeat crimes by 5% based on Vermont's DUI 2 and above re-offense patterns.

2. Costs of the regular criminal justice system were obtained from the Cost-Benefit Working Group's final report. This report calculated the marginal cost of arrest, prosecution, defense, adjudication, sentences and costs to victims for a variety of crimes. This cost represents the regular cost of doing business in the system.

3. Costs of the DUI Treatment Docket were obtained from the FFY2016 contract the Court Administrator's Office has with the Governor's Highway Safety Fund and conversations with former coordinators and current counsel.

DUI Treatment Docket Costs

The Results First Model uses marginal costs, the cost of adding one more person to the program, as the basis of the analysis. Marginal costs exclude capital costs such as the lease for the breathalyzer used by the WCDTC and the SCRAM units purchased by DOC. Costs are based on the FFY16 budget and the payments made. The program served 15 participants during that time. The costs are presented as the marginal cost per participant for this time period.

Table 7 provides the information on the service provided, the cost of the service for each participant and where the information was obtained.

Table 7: Service provided, Cost per Participant and Source of Information		
Service	Cost per Participant	Source
Defense Counsel and Prosecutor	$2800	Contract Billing and Conversations
Treatment for Defendants	$5,100	Contract Billing
Judge's Time	$328	Court Weighted Caseload Study
Coordinator time	$1433	Court Weighted Caseload Study
Substitute Judge's Time	$77	Contract Billing
Total Cost Per Participant	**$9,738**	

Discussion of Costs

Defense counsel and the former program coordinator agreed that the time defense counsel billed was less than was worked. Defense counsel said that in some cases billing for services would damage the attorney-client relationship. In other cases, billing for some things wasn't worth the hassle or documentation. Both defense counsel and the former program coordinator agreed that the amount billed $16,800 should be increased by 25%.[3] This was done for this analysis. For this analysis defense counsel and the prosecutor are assumed to have spent equal time on the case.

The time spent per case for the judge and coordinator came from the Vermont Trial Court System Weighted Caseload Study conducted by the National Center for State Courts. This study was finalized in 2016 and employed a timing methodology. Judges and clerks/coordinators recorded how much time they spent on cases. Judges spent 273 minutes per case in treatment court cases and coordinators/clerks spent 2,756 minutes per case. Dollar values are based on average hourly rates.

Treatment costs reflect those monies paid to fund a Clinical Supervisor and a Case Manager at the local treatment provider's office. The monies are only spent on the DUI Treatment Docket participant's care. The total amount expended was $76,503 for 15 clients.

Costs Not Included

The DUI Treatment Docket utilizes several methods to check a defendant's compliance with abstinence from drugs and alcohol. The breathalyzer is the most common method used. The cost of the breathalyzer machine itself is leased equipment and not included in the marginal cost. The cost of the plastic the defendant blows into should be included. However, the costs were not available. The former coordinator believes they are negligible costs.

The SCRAM is a device worn by the participant that can detect transdermally if a defendant is using alcohol or other drugs. The units are owned by the Department of Corrections and are considered a capital cost. There may be a small cost associated with personnel downloading the data from the unit. That cost is not captured here.

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[3] The Defense Counsel's payment was increased for the third year of the program.

The DUI Treatment Docket also utilizes urinalysis. The costs of the urinalysis are paid by Medicaid or the participant when tested by the program. Additionally, DOC may test as part of probation. We were not accurately able to determine the costs of the urinalysis for this analysis. This was due in part to trouble determining how many full panels were ordered from the database, the fraudulent billing by Burlington Labs (which the program used) and due to time constraints using the Results First Model. [4]

Benefit Cost Analysis Results

The marginal cost[5] of the program is $9,738 per participant. The marginal cost of traditional average sanction of a split sentence, with 60 days to serve inside a facility is $4,260. The marginal cost of the traditional average sanction is based on the out of state prison bed rate of $71 dollars a day (In 2014 dollars). In the Cost-Benefit Working Group final report, the Department of Corrections asserted that the marginal cost of probation is $0.

A program will be cost effective if the cost of the program is less than the cost of avoided crime, and the costs related to victims and the criminal justice system. When the DUI Treatment Docket was run through the Results First Model, it was predicted to be cost effective 62% of the time. The model predicts that for each participant who enters the program, the benefits to taxpayers would be $701 dollars, and the benefits in avoided victimization costs would be $10,547. For every 1 dollar invested in the program, the state can expect $1.28 in return.

The benefits to taxpayers are the savings that are anticipated to accrue because the participants have a lower overall re-offense rate than non-participants. The benefit to taxpayers of $701 is lower than other jurisdictions. For example, the expected benefit to tax payers of the same program in Washington State is $2,531. In the Cost-Benefit Working Group's final report, criminal justice stakeholders agreed by consensus to use opportunity cost[6] and not marginal cost. The justification the Cost-Benefit Working Group made is that practitioners were already working more than a standard 40 hour work week and any reduction in crime would either bring the hours worked closer to 40 hours or the time would be transferred to work more on other cases.

The benefits in avoided victimization include tangible and intangible costs to victims of crimes. If the program is successful, then victims will not incur $10,547 in costs because future crime is avoided. Tangible costs are defined as direct out-of-pocket expenses which the victim incurs due to being victimized. Examples of tangible costs include medical expenses, property loss, or property damage. Intangible victim costs include pain and suffering because of a violent victimization.

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[4] The Results First Model changed its method of calculating recidivism in the middle of this project, we needed to use the model before the new changes went into effect.

[5] Marginal cost is the cost of adding one more person to the program or service.

[6] Cost-Benefit Working Group's final report: "Opportunity costs are being defined here as variable costs associated with the cost of providing a criminal justice service. In this context opportunity costs are more about time than money. For example, if a law enforcement agency can prevent a sex crime, they would have avoided approximately 160 hours of personnel time which amounts to approximately $13,524. However, since those costs are primarily associated with personnel, the department would not save that $13,524 because the reduction of one crime is not sufficient to reduce the overall staffing pattern of the department. However, it is reasonable to suggest that if the 160 hours it takes to investigate a sex crime was not expended due to the prevention of that crime, those hours could be redirected within the department."