

Evaluation of Enhanced Treatment Program for Repeat DUI  
Offenders through Treatment Alternatives to Street Crime (TASC)  
in Clermont County, Ohio

July, 1999

By

Sheli McDonough, M.S.  
Project Director

Edward J. Latessa, Ph.D.  
Principal Investigator

Division of Criminal Justice  
University of Cincinnati  
PO 210389  
Cincinnati, OH 45221-0389  
(513) 556-5827

---

This research was funded through a grant from the Ohio Department of Alcohol and Drug Addiction Services. The reviews expressed in this report do not necessarily reflect those of the sponsor.

## **ACKNOWLEDGMENTS**

The authors would like to thank Dena Hanley for her assistance in starting this evaluation. We would also like to thank Lawrence Travis and Alex Holsinger for their assistance during this evaluation. In addition we would like to recognize Kathi Strouse and Susan Gehrum at TASC, Steven Goldsberry and Kim Allen at CRC, and Joe Ellison and Stephanie Bohrer at Clermont County Probation, along with other staff from all three agencies for their help and cooperation with data collection.

## **Introduction**

Clermont County has a high level of DUI (Driving Under the Influence) offenders in the State of Ohio, particularly DUI offenders who recidivate. TASC (Treatment Alternatives to Street Crime), with treatment programs already in place for other types of repeat offenders (i.e. economic crimes such as burglary), expanded their treatment capabilities to include multiple DUI offenders. TASC created an enhanced treatment program for repeat DUI offenders to help combat the recidivism problem. Clermont Recovery Center (CRC) provides the DUI or substance abuse treatment and TASC provides intensive case management.

CRC assigns all clients a case manager who assesses each client's suitability for treatment programs, monitors treatment progress and program attendance. TASC clients who attend CRC for treatment also have a TASC case manager. After assessment and placement by the TASC coordinator, the TASC case manager follows client treatment progress through communication with the client's CRC case manager. TASC case managers ensure clients actively seek or hold employment, stay abstinent from drugs and alcohol through frequent screenings, perform court-mandated activities (such as community service hours), pay fines, and attend all treatment sessions and groups, providing transportation if necessary.

In November 1996 Clermont County TASC solicited proposals for evaluation of the enhanced program developed by TASC for the treatment of multiple DUI offenders. The Division of Criminal Justice at the University of Cincinnati was selected to conduct this evaluation. Several questions targeted the characteristics of those being served by TASC and CRC, the amount of treatment received, and the effectiveness of enhancing traditional treatment. It should be mentioned that several factors limited our ability to address the above issues as fully as intended. These factors were associated with data collection and caseload availability. Data

was difficult to obtain or incomplete and follow-up time of offenders was limited. These issues will be discussed further later in the report.

### **Research Questions**

To evaluate the effectiveness of the enhanced TASC program, the University of Cincinnati has compared multiple DUI offenders from both TASC and CRC programs. The evaluation addressed three main questions:

- 1. What are the characteristics of multiple DUI offenders being served in Clermont County?*
- 2. Does the amount of treatment vary between offenders assigned to enhanced case management (TASC) and regular treatment (CRC)?*
- 3. Does enhanced substance abuse service through TASC reduce the recidivism rates of multiple DUI offenders?*

### **Research Methods**

#### **Data Collection**

Data was collected onsite from each agency on a quarterly basis. Originally data was to be collected bimonthly, but due to the small sample sizes, quarterly visits were appropriate. Clermont County Probation submitted a list of all multiple DUI sentenced offenders and their agency assignment (TASC or CRC) to the evaluation team. The team then reported to each agency to gather information and follow the treatment progress of each offender.

#### **Study Groups**

Two groups were studied in this evaluation. The first group, those offenders assigned to CRC, made up the control group. This group received traditional treatment at CRC and served as a comparison group for the TASC group. The second group, those offenders assigned to

TASC, comprised the experimental group. The TASC group not only received traditional treatment services at CRC, but also experienced intensive case management at TASC.

Regardless of where they were assigned, all offenders had to meet three requirements: (1) be age eighteen or older, (2) must have been sentenced to probation and alcohol treatment, and (3) must have been convicted on at least one prior DUI.

Offenders were assigned to either the experimental or comparison group using random assignment according to the last digit of each client's case number. Clients whose case numbers ended in an odd number were assigned to TASC, while clients whose case numbers ended with an even number were assigned to CRC. CRC had a total sample size of forty clients. TASC had a total sample size of seventy-four clients, but only thirty clients were randomly placed into the program. The other forty-four clients were placed into the program by other means such as probation officers, without informing the Compliance Officer and without Court placement.

The entire sample of seventy-four TASC clients was used for the analyses because it did not significantly alter the results of the study. Data were analyzed using only those clients randomly placed into both groups and re-analyzed using both those clients placed randomly and those placed through other means. There were no significant differences in the results using either data set (all cases or only random cases); therefore the entire TASC group was used for the analyses. Using the entire TASC sample instead of only the randomly placed clients increased the sample size and produced better, although not significantly different, results.

The study was carried out for more than two years. Data collection began in April 1997 and concluded in May 1999. Clients remained in treatment an average of about six months across the two groups. TASC clients spent an average of less than six months in treatment (5.8 months), while CRC clients spent an average of six and one-half months. Clients in both groups

ranged in the length of time they could be followed for new offenses, determined by their discharge date. The mean length of time clients were followed in both samples was slightly less than eleven months, 10.8 months for TASC and 10.7 months for CRC.

Three primary types of information were collected on each client in both groups. The first type of information was the background information, which included demographics, criminal history, and offense information. Background information provided the description and profile of all offenders in the study and served as the control variables in the analyses. The second type of information collected from all clients was the supervision information, which served as the independent variable in the evaluation. Supervision information provided identification of any treatment/supervision groups, as well as any enhancements in treatment or case processing. The third type of information collected from all offenders was the follow-up information. Criminal record checks were conducted to identify new arrests or violations during treatment or follow-up periods.

Three categories were of particular interest in this study: any new incident of any type, an alcohol or drug related incident, and any new DUI offense. Data were collected from court and program records. TASC and CRC each provided their own case management and client files.

Several limitations exist in this evaluation. The short duration of follow-up, which at maximum was slightly less than two years, did not allow a large window to capture new offenses. Prior research indicates that, given the low probability of apprehension for DUI offenders, a longer follow-up period is necessary to adequately capture recidivism.<sup>1</sup> Another

---

<sup>1</sup> Once the experimental and comparison groups are established they can be followed indefinitely, however, the duration of this project is not sufficient to capture a complete picture of recidivism. See Langworthy, R. and E. J. Latessa (1996) Treatment of Chronic Drunk Drivers: A Four Year Follow-Up of the Turning Point Project. *Journal of Criminal Justice*, 24: 273-281.

problem pertains to total sample size in each group which was small and thus limits the outcome of the analyses.<sup>2</sup> Third, problems obtaining data led to disparity in sample sizes between the TASC sample and CRC sample, although this does not significantly affect the evaluation results. Data analyses were performed on both the randomly placed clients and the entire sample of both TASC and CRC clients. There were no significant differences between the analyses using only randomly placed clients and all clients assigned to a treatment facility.

### **Results**

The results are grouped according to background information, criminal history, substance abuse history, treatment data, and treatment outcome. Each category separates the information according to experimental (TASC) or comparison (CRC) group. Following the results of the specific categories is a list of problems that have occurred with the evaluation, primarily in the data collection process.

In order to address the question of "What are the characteristics of multiple DUI offenders in Clermont County?" information on clients was gathered in three areas: background characteristics, criminal history, and substance abuse history. The following results were obtained.

#### **Background Information**

Table 1 contains the background characteristics of both the CRC and TASC groups. The "typical" offender placed into one of the two treatment groups was a divorced, white male who did not complete high school, was employed at a full-time job that paid less than \$15,000 per year, had never been disciplined at work, lived with his family and had zero dependents, resided at the same address for two or more years, and was between 35 and 36 years of age. A "typical"

---

<sup>2</sup> Due to the small size of the two samples, a multivariate statistical analysis was not possible.

CRC offender was more likely to be single than the TASC group, but overall both groups had very similar demographic information.

### **Criminal History**

Table 2 shows a comparison on the criminal histories of the offenders in both groups. For this table, the "typical" offender did not have a juvenile record nor any admitted felony convictions, had two or fewer prior DUIs, had not been arrested with friends in the past, nor had been involved with domestic violence either as a perpetrator or victim. There was a significant difference in the two groups on the mean number of prior DUIs. CRC clients had an average of slightly more than two DUIs while TASC clients averaged almost three prior DUIs. This made the TASC group a higher risk group in terms of treatment, as they averaged significantly more prior DUIs than CRC.

### **Substance Abuse History**

Table 3 contains information on the substance abuse history of clients from both TASC and CRC groups. The "typical" offender across both TASC and CRC first used a substance (alcohol or drugs) between ages 16 and 20, named alcohol as his (due to the fact that the typical offender in this evaluation is male) drug of choice, does not admit current use of any substance, would not disclose current alcohol or drug usage frequency, does not believe a substance abuse problem exists, but admits previous addiction and attendance at AA (Alcoholics Anonymous meetings), has no other family members with a substance abuse or arrest history, and has never considered hurting himself.

Although TASC clients did prefer alcohol as a drug of choice, they also had a higher incidence than CRC of marijuana selection as a drug of choice. CRC group members were more

Table 1  
Background Characteristics

Factor	Group			
	TASC		CRC	
	N	%	N	%
Sex:				
Male	62	84%	29	73%
Female	12	16%	11	27%
Race:				
White	73	99%	40	100%
Non-white	1	1%	0	0%
Age in Years:				
Less Than 30	19	26%	13	33%
30-39	30	40%	14	35%
40 +	25	34%	13	32%
(Average age = 35.86 TASC, 35.35 CRC)				
Education:				
Less than H.S.	33	45%	16	40%
H.S. Grad	29	39%	16	40%
Post H.S.	12	16%	8	20%
(Average number of years of education = 11.45 TASC, 11.60 CRC)				
Marital Status:				
Single	19	26%	18	45%
Married	21	28%	12	30%
Divorced or Widowed	34	46%	10	25%
Currently Employed:				
Yes	52	70%	28	70%
No	22	30%	12	30%
Employment Status:				
Unemployed	22	30%	13	32%
Part-time	8	11%	4	10%
Full-time (35+ hrs/wk)	44	59%	23	58%

Table 1 Continued  
Background Characteristics

Factor	Group			
	TASC		CRC	
	N	%	N	%
Family Income:				
Under \$15,000	39	53%	15	38%
\$16,000-25,000	15	20%	10	25%
\$26,000-35,000	9	12%	4	10%
\$36,000 +	6	8%	3	7%
Did not disclose	5	7%	8	20%
Ever Disciplined For Substance Abuse At Work:				
Yes	2	3%	3	7%
No	72	97%	37	93%
Number of Dependents:				
Zero	28	38%	14	35%
One	14	19%	10	25%
Two	20	27%	6	15%
Three or more	12	16%	10	25%
(Average number of dependents = 1.31 TASC, 1.37 CRC)				
Whom Client Resides With:				
Alone	16	22%	5	12%
Family/Spouse	41	55%	23	58%
Other	15	20%	12	30%
Did not Disclose	2	3%	0	0%
Length of time at Current Residence:				
Less than 1 year	30	40%	12	30%
1-2 years	11	15%	8	20%
More than 2 years	33	45%	20	50%

Table 2  
Criminal History

Factor	Group			
	TASC		CRC	
	N	%	N	%
Juvenile Record:				
Yes	13	18%	5	12%
No	61	82%	35	88%
Prior Felony Convictions:				
None	61	82%	35	88%
One or More	13	18%	5	12%
Number of Prior DUIs:*				
2 or less	47	64%	33	83%
3-4	18	24%	7	17%
5 or more	9	12%	0	0%
(Average number of prior DUIs = 2.68 TASC, 2.20 CRC)*				
Arrested with Friends:				
Yes	9	12%	4	10%
No	65	88%	36	90%
Involved with Domestic Violence:				
Yes, as a victim	10	14%	6	15%
Yes, as a perpetrator	7	9%	5	12%
No	57	77%	29	73%

\* Differences were statistically significant at .05 level or greater

Table 3  
Substance Abuse History

Factor	Group					
	TASC		CRC			
	N	%	N	%	N	%
Age at First Use:*						
Before age 16	21	28%	6	15%		
16-20	35	47%	27	68%		
21 or older	13	18%	2	5%		
Did not disclose	5	7%	5	12%		
Drug of Choice:						
Alcohol	60	81%	38	96%		
Marijuana	10	14%	1	2%		
Tranquilizers	1	1%	0	0%		
Did not disclose	3	4%	1	2%		
Current Alcohol Or Drug User:						
Yes	26	35%	14	35%		
No	48	65%	26	65%		
Use of Alcohol:						
Daily	2	3%	1	2%		
2-5 times per week	4	5%	4	10%		
Weekends	16	22%	13	33%		
Other	17	23%	6	15%		
Did not disclose	35	47%	16	40%		
Use of Drugs:						
Daily	2	3%	1	2%		
2-5 times per week	1	1%	0	0%		
Weekends	6	8%	3	8%		
Other	8	11%	2	5%		
Did not disclose	57	77%	34	85%		
Admits to Drug or Alcohol Problem:						
Yes	24	32%	11	27%		
No	50	68%	29	73%		

\* Differences were statistically significant at .05 level or greater

Table 3 Continued  
Substance Abuse History

Factor	Group			
	TASC		CRC	
	N	%	N	%
Ever Addicted To Any Substance:				
Yes	40	54%	20	50%
No	34	46%	20	50%
Ever Attended AA:				
Yes	49	66%	26	65%
No	25	34%	14	35%
Previous Times In Treatment:*				
Zero	19	26%	19	48%
Once	41	55%	12	30%
Two or more	14	19%	9	22%
(Average number of prior treatment experiences = 1.07 TASC, 0.75 CRC)				
Other Family Members Have Substance Abuse Problems/History:				
Yes	15	20%	7	17%
No	59	80%	33	83%
Family Member Ever Arrested:				
Yes	21	28%	9	22%
No	53	72%	31	78%
Ever Considered Hurting Self:				
Yes	3	4%	3	7%
No	71	96%	37	93%

\* Differences were statistically significant at .05 level or greater

likely to be in treatment for the first time, whereas the TASC group members were more likely to have been treated once before for substance abuse problems. This difference between the two groups is significant, making the TASC group a much riskier group. Due to the greater incidence of at least one prior treatment experience, combined with multiple substance involvement (i.e. marijuana and alcohol), TASC clients as a group were more likely to offend again and unsuccessfully complete treatment due to their previous history of treatment and re-offending.

Tables 1 through 3 illustrate the TASC group was a much riskier group for treatment and clients were appropriately placed for enhanced case management. The TASC group had significantly more prior DUIs, more substance use beyond alcohol, and the majority of clients had been treated for substance use/abuse at least one other time. All of these factors combined made the TASC group a much riskier group in both treatment outcome and re-offending behavior.

### **Treatment Data**

The second question addressed by this study was "Does the amount of treatment vary between offenders assigned to enhanced case management (TASC) and regular treatment (CRC)?" Table 4 shows the results related to this question. The two groups were fairly dissimilar on treatment data. The "typical" TASC client spent less than six months in treatment and attended about eighteen meetings with perfect attendance. The "typical" CRC client spent significantly more time in treatment, about six and one-half months, attended about nineteen meetings, with one or two excused absences and no unexcused absences.

The amount of time spent in treatment by the client in both groups significantly differed with TASC clients spending less time in treatment and therefore having fewer meetings to

Table 4  
Treatment Data

Factor	Group			
	TASC		CRC	
	N	%	N	%
Time Spent in Treatment:*				
1-3 Months	8	11%	4	10%
3-6 Months	45	61%	14	35%
6-9 Months	14	19%	16	40%
9+ Months	7	9%	6	15%
(Average months in treatment = 5.78 TASC, 6.51 CRC)				
Number of Required Meetings:				
10 or Less	23	31%	8	20%
11-15	22	30%	10	25%
16-30	17	23%	16	40%
31 or more	12	16%	6	15%
(Average number of meetings required = 18.19 TASC, 18.90 CRC)				
Meetings Missed Excused:*				
Zero	41	55%	13	33%
1-2	23	31%	15	37%
3 or More	10	14%	12	30%
(Average number of excused absences = 1.01 TASC, .99 CRC)*				
Meetings Missed Unexcused:				
Zero	48	65%	22	61%
1-2	14	19%	11	22%
3 or More	12	16%	7	17%
(Average number of unexcused absences = .99 TASC, 1.12 CRC)				

\* Differences were statistically significant at .05 level or greater

attend. Attending fewer meetings makes absences less likely. The number of meetings missed that were excused significantly differed between the two groups. This is due to the significant difference in time spent in treatment and also the number of meetings required of clients in each group. Although the average number of excused absences is significant between the two groups, this appears to simply be an artifact of the small sample sizes.

### **Treatment Outcome**

The final question addressed by the evaluation was "Does enhanced substance abuse service through TASC reduce the recidivism rates of multiple DUI offenders?". Table 5 includes all of the treatment outcome information for both groups. For this evaluation, outcome was primarily measured by new offenses and how the program labeled each terminated client (as successful or not).

First, it appears that enhanced case management (TASC) had an effect on positive drug tests. The two groups significantly differed on the number of clients with positive substance screens, tested with either breathalyzers or urinalyses. Only eighteen percent of TASC clients tested positive for substance use while thirty-five percent of the CRC group tested positive one or more times. Second, the two groups were fairly similar in treatment outcome, specifically how each program labeled the client terminations. Eighty-two percent of the TASC group successfully completed treatment while eighty-seven percent of the CRC group did so.

Table 5 also presents the findings for the successfulness on offense-related factors. Comparisons on new charges received during follow-up were made between the enhanced case management group (TASC) and the regular treatment group (CRC). First, the two groups differed significantly on whether clients received any new criminal or traffic charge during or after treatment. Most (64%) of TASC clients did not receive a new charge during or following

Table 5  
Treatment Outcome

Factor	Group			
	TASC		CRC	
	N	%	N	%
Positive Substance Screens:*				
None	61	82%	26	65%
One or more	13	18%	14	35%
Outcome of Treatment:				
Successful	61	82%	35	87%
Unsuccessful	13	18%	5	13%
Any New Charge Received During Or After Treatment:*				
No	47	64%	17	43%
Yes	27	36%	23	57%
Any New Drug or Alcohol Related Charge:				
No	67	91%	35	88%
Yes	7	9%	5	12%
Had Follow-Up DUI Charge:				
No	68	92%	36	90%
Yes	6	8%	4	10%

\* Differences were statistically significant at .05 level or greater

treatment. Forty-three percent of CRC's clients did not receive a new charge. Second, very few clients in either group received any new drug or alcohol related charge. Only nine percent of TASC clients and twelve percent of CRC clients had a new drug or alcohol charge. Finally, only a handful of clients in each group received a new DUI charge. Eight percent of TASC and ten percent of CRC received a new DUI charge during or after treatment.

The overwhelming majority of clients in both groups had no positive substance screens, were released from their respective treatment program successfully, had no new substance-related charge, nor had any new DUI charge. However, significantly fewer TASC clients had positive substance screens. Also, the majority of TASC clients did not receive any new criminal or traffic charges during or after treatment, which significantly differed from the CRC group of whom the majority did receive some new charge during or after treatment.

### **Problems Encountered**

There were some difficulties in obtaining the data needed for this evaluation which limited our ability to address previously mentioned pertinent issues in this study as fully as we had intended. These difficulties were associated with data collection and caseload availability. The first problem involved the uncertainty of who had been assigned to each agency. Communication gaps appear to have caused a large difference in sample size between the two groups. This limited the type of data analyses that could be performed.

The second problem brought timely delays in data collection because the evaluation team was temporarily denied access to client files. The evaluation team did reconcile this problem, but not before the problem had caused some delay in the follow-up time period.

A third problem involved client non-compliance with treatment, particularly in the form of absconding. In many cases, no follow-up action appeared to be performed on offenders who

never appeared for their initial assessment appointment or who stopped attending after only a few treatment sessions. This seriously limited the analyses by reducing the number of offender cases that could be used in the evaluation samples. A second difficulty posed by the different rates of absconding is the possibility of a selection bias if the characteristics of absconders differ in important ways from those reporting for treatment. Unfortunately, we were unable to test for such differences.

Rates of absconding were significantly different between the two groups with TASC having a four percent rate of absconsion while CRC experienced a twenty percent rate of absconsion. It is probable that the difference in absconding rates can be attributed to differences in the programs. TASC has a case management orientation and devotes more resources to client monitoring and follow-up. Additionally, TASC has greater authority and resources from the court to enforce treatment attendance requirements. Whatever the impact of differential rates of absconding on treatment outcome, it appears that TASC is better able to insure that substance abuse treatment services are received by clients than is CRC.

Lastly, a concern related to the previous one was the initial confusion of offenders eligible for inclusion in the evaluation. The team originally included all clients submitted to them for data collection. Later it was discovered that several of the clients originally followed were not eligible due to location of treatment (facility other than CRC) or type of treatment administered. Some clients were treated elsewhere at another agency due to private insurance provider requirements. Other clients were not required (due to assessment results) to participate in general treatment, but instead only attended special topic groups.

These problems resulted in a large difference in size of the two groups, as well as the small size of each group. The evaluation team extended the project an additional three months

attempting to alleviate the problem of small samples. Due to the small sizes of the evaluation groups and the short follow-up time for most clients, the results of this evaluation should be interpreted with caution. A much longer follow-up time is recommended for this type of offender population (multiple DUI offenders) as mentioned earlier in this report.

### **Conclusion**

The two groups, TASC and CRC, were fairly similar on study variables. This was important for comparison purposes in the final analyses. This allowed any outcome differences found to be attributable to the treatment programs, regular (CRC) versus enhanced (TASC). The few differences that were noted in the data were likely caused by the small overall sample size across both groups, as well as the between group sample differences. The data collection problems, such as unavailability of data, were mostly resolved. The main concerns were the sample size and the length of follow-up, but neither had an available solution.

- Overall TASC appears to be a viable option for courts to use in enhancing treatment programs for repeat offenders. Although CRC had a higher percentage of clients released as successful from their program than TASC, this could be impacted by the smaller sample size of CRC. The difference was only minimal and not significant.
- Fewer TASC clients received new charges during treatment or follow-up than did the CRC group. Although this difference was significant between the two groups for any new general charge received, this may again be due to discrepancy in sample size. However, TASC had at least as promising an overall success ratio as did CRC.
- Although TASC managed a riskier offender group than CRC in prior offenses, use of multiple substances, and prior treatment success, TASC clients had significantly fewer positive substance screens than CRC clients. TASC also had better outcome results, in terms of both general offenses and substance-related offenses. The lower incidences of both substance use while in treatment (positive substance screens) and follow-up charges indicate that TASC is a promising enhancement to regular treatment. TASC's enhanced case management, in combination with CRC's regular treatment, has encouraging results for high-risk substance abusing offenders.

### **Recommendations**

- It appears that enhancing treatment services for DUI offenders through TASC has resulted in some positive findings (fewer positive drug screens, fewer new incidents). Given these results the State should consider expanding TASC to include enhanced treatment for repeat DUI offenders.
- There should be a long-term follow-up conducted on the samples used in this study. This will allow for a more comprehensive picture of recidivism to emerge.
- Although it was beyond the scope of this evaluation to examine program integrity, it is important to increase treatment compliance rates. If enhanced case management is not provided, other steps should be taken to ensure that offenders who are ordered to treatment participate.
- Due to the finding of differential absconsion rates from the two agencies, a follow-up evaluation would be helpful in identifying the characteristics of those who abscond. Identification of the specific characteristics of absconders may dramatically decrease the absconsion rate of offenders from both agencies.