

# Los Angeles County Evaluation System: An Outcomes Reporting Program (LACES)

University of California, Los Angeles  
Integrated Substance Abuse Programs



## DRIVING UNDER THE INFLUENCE (DUI) SYSTEM REVIEW

Prepared by

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### **AUTHORS' NOTE**

While this is a final report, all findings are based on the information available at the time of the writing of this report, March 2012. If additional data are collected and analyzed subsequent to this report, changes to the conclusions and/or recommendations may occur.

This report summarizes the observations of the Los Angeles County Evaluation System: An Outcomes Reporting Program (LACES) of the programs that provide education and counseling for those found guilty of driving under the influence (DUI). The report includes an analysis of the information gathered from the following sources:

- Program responses to the Drinking Driver Program Survey developed by UCLA/LACES;
- Client responses to the Los Angeles County Participant Reporting System (LACPRS) admission and discharge questions;
- Observations of educational sessions held at about a dozen agencies; and
- Abstracts of violations and convictions provided by the California Department of Motor Vehicles (DMV).

All data collection and analyses were conducted under the supervision and approval of the UCLA Human Subjects Committee (G01-11-028-21A) and the Los Angeles County Department of Public Health, Institutional Review Board (2002-04-58).

If you have questions regarding this report, please contact Desirée Crèvecoeur-MacPhail, Ph.D., Principal Investigator, at (310) 267-5207.

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LACES – [www.laces-ucla.org](http://www.laces-ucla.org)

SAPC - <http://publichealth.lacounty.gov/sapc/>

## EXECUTIVE SUMMARY

This is the final report of findings from a review of the Drinking Driver Programs in Los Angeles County. This review consisted of an analysis of program surveys, site visits, and admission and discharge data collected from the alcohol and other drug treatment system in Los Angeles County, and data from the California Department of Motor Vehicles.

At the end of this report (and briefly summarized below) is a set of recommendations based on the available data.

The following Information was reviewed for this report:

- DUI program surveys received from 32 Drinking Driver Program sites.
- Site visits at 12 programs, where the evaluator(s) sat in on the educational sessions.
- Interviews with program staff (directors, managers, facilitators, etc.) at eight sites.
- Analysis of data from the admission and discharge forms for those participants who entered alcohol and other drug (AOD) treatment.
- Analysis of data from the Department of Motor Vehicles for a random sample of participants ordered to enroll in a drinking driver program.

Some of the findings were as follows:

- Many programs reported that they collected only minimal information from the client (e.g., some demographics and information on their arrest).
- Only about half of the programs were knowledgeable of medication-assisted treatment.
- Almost all of the programs reported at least one staff member who is AOD certified.
- Most, if not all, programs provided some form of counseling.
- Outcomes for clients who were ordered to treatment were similar to those for clients who entered treatment through other means (e.g., voluntarily), with the exception of the reductions noted for primary and secondary substances.
- The mean time to enrollment in a DUI program, post conviction, was almost 50 days.
- DUI recidivism was fairly low, with only 10.2% of clients committing a new DUI offense during the time frame examined.
- Of the clients who had a subsequent DUI conviction, the majority (69.1%) was originally enrolled in the AB541 (First Offense - 3 months) program.
- Of those cases sampled, 13.3% had a prior DUI conviction.

- Over one-third (36.1%) of clients committed a non-DUI violation after their conviction. These new, non-DUI offenses violations from driving with a suspended license to failure to appear in court or pay a fine.
- The mean number of new non-DUI violations was 2.2.

*Educational session findings*

- The skill level of facilitators varied—some were very good at engaging clients.
- There was limited consistency regarding rules for participation—in some programs there was a five- or ten-minute grace period for late arrivals; in others, there was no grace period.
- Clients noted repetitious content and educational processes. In addition, much of the content was tedious and did not provide the level of education that these clients might benefit from, given the serious nature of their offenses and how long they had to be in the program.
- In some programs, the rooms were packed with so many participants that the space became crowded and stuffy, which made facilitation and interaction with the individuals in attendance difficult.
- Providers also reported frustration with the DUI system, specifically regarding lenient court practices for clients who break the program rules, financial incentives to turn away certain clients (General Relief [GR] & CalWORKS), and reports from clients and prior staff about poorly operated DUI programs.

Recommendations based on the above findings include:

- Develop a simple data system to collect basic demographic, behavioral, and clinical assessment information. This would allow programs and the county to track program participants, particularly clients who are allowed lower payments, to ensure that every program that is qualified to do so admits a certain proportion of lower-paying clients.
- Provide sample content, news articles, statistics, etc., to facilitators to be used in educational sessions. These additional resources will help improve program content by making the sessions more relevant and compelling and less repetitious.
- In addition to the provision of resources and materials for educational sessions, some training of facilitators should be provided. Trainings of facilitators should include topics such as engaging difficult-to-engage audiences, as well as training on evidence-based counseling practices.
- Further revise the educational program to require participation and assessment of knowledge retention. Because these programs are primarily educational, there should be

some knowledge attainment expectation. The sessions should also include more opportunities for interaction with the clients so that they can learn through a less passive, and therefore more engaging, process.

- DUI Programs could develop memorandums of understanding (MOU) or other forms of connections with treatment programs. It is not known how many DUI clients would benefit from formal AOD treatment; however, clients in the multiple-offender program should at least be assessed to ascertain if more formal treatment is necessary. The development of MOUs between the DUI program and an AOD treatment program would help to make such a referral easier for both the client and the program and may help to facilitate client transfer.
- County and DUI agencies should work with judges and the criminal justice system to ensure that use of the 18-month program for second offenses and 30-month program for third offenses is used consistently. Some providers noted that there were many repeat offenders in the “First Offender Program” (as verified from the DMV data). These clients are not receiving the level of sanctions that they should receive, given their offenses.
- The county should work with the judges and probation officers (where applicable) to address poor adherence to program rules by clients (e.g., their showing up under the influence to sessions, taking several months to complete a 90-day program, etc.). Addressing these issues with the court may help to reduce the incidence of these rule violations once it becomes common knowledge that such violations will result in a sanction.

In conclusion, many of the programs appeared to function well. The suggestions made here are not made based on the observation of a single program; rather, these suggestions are made to benefit the system as a whole. The provision of additional support from the criminal justice system and the County of Los Angeles could only serve to improve the DUI system and its providers.

## **DRIVING UNDER THE INFLUENCE: A SYSTEM OVERVIEW**

According to the California State Department of Alcohol and Drug Programs (ADP), the purpose of the Driving Under the Influence (DUI) program is to:

*...reduce the number of repeat DUI offenses by persons who complete a state-licensed DUI program and provide participants an opportunity to address problems related to the use of alcohol and/or other drugs (Department of Alcohol and Drug Programs, 2011).*

DUI programs were developed out of legislation enacted in 1978 that allowed statewide implementation of programs for DUI offenders. In 1980, pressure was placed on the legislature to strengthen and increase the penalties for those caught driving under the influence. It was at this time that fines increased, more restrictions were placed on driver's licenses, limitations were placed on plea bargains, and more jail terms became mandatory for DUI offenders. It was also determined that access to DUI programs should be increased and program requirements standardized (Department of Alcohol and Drug Programs, 2011).

In 1990, ADP was authorized to license programs of at least three months duration for first offenders. In 1999, legislation was passed that ordered individuals convicted of "wet and reckless" driving to a DUI educational program. In 2006, ADP licensed nine-month programs for first offenders with a blood alcohol content of 0.20 or higher (Department of Alcohol and Drug Programs, 2011).

ADP now licenses over 470 DUI programs that provide first and/or multiple offender program services throughout California's 58 counties.

DUI programs typically consist of an educational component and, depending on the level of the offense and at the discretion of the judge, may also include group or individual counseling, self-help group attendance, and community service. There are several types of programs within the DUI system including: Wet Reckless, First Offender, Multiple Offender, and Third and Subsequent Offender Programs. Each of these will be reviewed in greater detail in this report.

According to a February 2011 memorandum of understanding between the County of Los Angeles and DUI program providers, Los Angeles County Substance Abuse Prevention and Control (SAPC) "shall ensure that there are sufficient licensed programs within [the] County to meet the DUI service needs of County residents. SAPC's determination of any need for additional DUI programs in Los Angeles County shall be in compliance with the criteria established in §9805, Chapter 3, Division 4, Title 9, California Code of Regulations." Furthermore, under Section §9801.5., County Responsibilities, the County is required to provide

written assurance that the establishment of additional DUI programs will not jeopardize the fiscal integrity of existing licensed DUI programs.

### **“Driving Under Influence of Alcohol or Drugs” Legal Overview**

According to California Vehicle Code Section 23152, Driving Under Influence of Alcohol or Drugs:

- It is unlawful for any person who is under the influence of any alcoholic beverage or drug, or under the combined influence of any alcoholic beverage and drug, to drive a vehicle.
- It is unlawful for any person who has 0.08 percent or more, by weight, of alcohol in his or her blood to drive a vehicle.
  - For purposes of this article and Section 34501.16, percent, by weight, of alcohol in a person's blood is based upon grams of alcohol per 100 milliliters of blood or grams of alcohol per 210 liters of breath.
  - In any prosecution under this subdivision, it is a rebuttable presumption that the person had 0.08 percent or more, by weight, of alcohol in his or her blood at the time of driving the vehicle if the person had 0.08 percent or more, by weight, of alcohol in his or her blood at the time of the performance of a chemical test within three hours after the driving.
- It is unlawful for any person who is addicted to the use of any drug to drive a vehicle. This subdivision shall not apply to a person who is participating in a narcotic treatment program approved pursuant to Article 3 (commencing with Section 11875) of Chapter 1 of Part 3 of Division 10.5 of the Health and Safety Code.
- It is unlawful for any person who has 0.04 percent or more, by weight, of alcohol in his or her blood to drive a commercial motor vehicle, as defined in Section 15210.
  - In any prosecution under this subdivision, it is a rebuttable presumption that the person had 0.04 percent or more, by weight, of alcohol in his or her blood at the time of driving the vehicle if the person had 0.04 percent or more, by weight, of alcohol in his or her blood at the time of the performance of a chemical test within three hours after the driving.
- This section shall become operative on January 1, 1992, and shall remain operative until the director determines that federal regulations adopted pursuant to the Commercial Motor Vehicle Safety Act of 1986 (49 U.S.C. Sec. 2701 et seq.) contained in Section 383.51 or 391.15 of Title 49 of the Code of Federal Regulations do not require the state to prohibit operation of commercial vehicles when the operator has a concentration of alcohol in his or her blood of 0.04 percent by weight or more.

When an individual is found to have operated a vehicle while under the influence of alcohol or drugs, that individual can be arrested and charged with any of the following offenses:

- “Wet Reckless”
- “Driving while under the Influence – First offense”
- “Driving while under the Influence – Multiple offense”
- “Driving while under the Influence – Third and Subsequent offense”

Each of these offenses has a sentence that requires a specific number of hours of education, counseling, self-help meetings, and additional requirements. Each is detailed below.

### **Levels of Program Participation**

In the State of California, there is no legal amount of alcohol allowed in the system of an individual who is driving a car, truck, motorcycle, or other motor vehicle. The consumption of any alcohol that is followed by the operation of a vehicle can result in arrest, trial, and incarceration. The level of sanction often depends on a number of factors:

- *Blood alcohol content of the driver* – the higher the blood alcohol content, the more sanctions that can be imposed.
- *Age of the driver* – driving under the influence is considered to be especially dangerous for those who are too young to drink legally.
- *Other occupants in the car* – if there are children or other minors in the car, the judge may impose greater sanctions.
- *Reason for the traffic stop* – if the individual with the DUI is stopped by law enforcement for driving behaviors that would be considered dangerous (e.g., driving on the wrong side of the street) this may also result in more severe sanctions.

Irrespective of any extenuating circumstances that may lead to more severe sentencing, the level of sanction typically depends on the blood alcohol level of the individual arrested and the number of prior DUI convictions. There are several levels of sentencing, although assignment to each level may depend on the circumstances of the arrest, the judge, and the testimony and actions of the defendant in court.

#### *Wet Reckless Programs (AB 1172)*

The “Wet Reckless” program is designed for individuals who were arrested with a measurable amount of alcohol in their system, but with blood alcohol content of less than 0.08. In the “Wet Reckless” program, participants must complete a 12-hour DUI education program (California Department of Alcohol and Drug Programs, 2011).

### *First Offender Programs*

The “First Offender” program is designed for those convicted of a single DUI within a 10-year span (a second offense within 10 years disqualifies an individual for the first offender program). The program consists of education and counseling. The number of hours of education and counseling depends on the blood alcohol level of the individual at the time of arrest.

#### First Offender Program (AB 541)

A person convicted of a first DUI under this law is required to complete a three-month program that consists of the following:

- An intake process
- Alcohol Assessment
- 12 Hours of Alcohol and Drug Education
- 10 Hours of Group Counseling
- 8 Hours of Group Counseling and/or Educational Sessions (any combination)
- 3 Fifteen-Minute Face-to-Face Interviews
- 6 Self-Help Meetings
- A requirement of sobriety while participating in the program.

#### First Offender Program (AB 762)

In those instances where the judge deems it necessary, a person convicted of a first DUI may be required to complete a six-month program, rather than a three-month program. The six-month program has requirements similar to the three-month program, but the amount of program participation is greater. The six-month First Offender Program requires the following:

- An intake process
- Alcohol Assessment
- 12 Hours of Alcohol and Drug Education
- 28 Hours of Group Counseling
- 4 Hours of Educational Sessions, Group Counseling, or Face-to-Face Interviews (any combination)
- 4 Fifteen-Minute Face-to-Face Interviews
- 13 Self-Help Meetings
- A requirement of sobriety while participating in the program.

#### First Offender Program (AB 1353)

In addition to the three- and six-month programs, there is also a nine-month First Offender program. If a person convicted of a first offense has a blood alcohol content level greater than

0.20 or more, the individual may be required to complete a nine-month program. According to ADP, these programs are designed to assist the offender in reducing or eliminating the use of drugs or alcohol as well as providing an environment where the program participant can consider his or her attitudes and behavior regarding alcohol and drug use and develop positive lifestyle changes (Department of Alcohol and Drug Programs, 2011). The requirements are similar to the three- and six-month programs, but program participation is more intensive. Participation in the nine-month First Offender Program includes the following:

- An intake process
- Alcohol Assessment
- 12 Hours of Alcohol and Drug Education
- 43 Hours of Group Counseling
- 4 Hours of Educational Sessions, Group Counseling, or Face-to-Face Interviews (any combination)
- 4 Fifteen-Minute Face-to-Face Interviews
- 19 Self-Help Meetings
- A requirement of sobriety while participating in the program.

In those instances where an individual is arrested and convicted of a second, third, or subsequent DUI within 10 years, the individual is required to complete an 18-month or a 30-month program. Requirements are similar to those of the first offender programs, but the program requires more of the participant. Each of these programs is detailed below.

#### Multiple Offender Program - 18-Month (SB 38)

Individuals who are arrested for a second or subsequent offense for driving under the influence must complete an 18-month Multiple Offender program. Program requirements include:

- An intake process
- Alcohol Assessment
- 12 Hours of Alcohol and Drug Education
- 52 Hours of Group Counseling
- 6 Hours of (Re-Entry Phase) Individual or Group Counseling
- Biweekly Face-to-Face Interviews (minimum 24)
- 26 Self-Help Meetings
- A requirement of sobriety while participating in the program.

Third and Subsequent Offender Program - 30-Month (SB 1365)

In Los Angeles County, in particular, 30-month programs are provided for individuals who have a third or subsequent offense (this is not common in the State of California as a whole).

Program requirements include:

- An intake process
- Alcohol Assessment
- 12 Hours of Alcohol and Drug Education (to be completed in the first 18 months)
- 78 Hours of Group Counseling
- Biweekly Face-to-Face Interviews (minimum 39)
- 130 Self-Help Meetings
- Book Report/Community Service
- A requirement of sobriety while participating in the program.

**Program Licensing**

The California Department of Alcohol and Drug Programs (ADP) licenses all driving-under-the-influence (DUI) programs in California. Programs are licensed to provide first and/or multiple offender and/or third/subsequent offender program services.

The department currently licenses 240 three-month first offender programs and 186 eighteen-month and 29 thirty-month multiple offender programs statewide. At this time, 30-month multiple offender programs for third and subsequent DUI offenders are only available in Los Angeles and Stanislaus counties.

**Drinking Driver Program Review**

The review of Los Angeles County Drinking Driver Programs by the Los Angeles County Evaluation System: An Outcomes Reporting Program (LACES) enlisted a multi-prong approach so as to gather information from a variety of sources. The review included a survey of the providers, site visits, analysis of admission and discharge treatment data for those DUI participants who entered substance abuse treatment in Los Angeles County, and analysis of DMV data. These various components of the review provided a broad perspective on the functioning of the system. When analysis of each component was complete, overlapping themes emerged, and these themes provided a foundation for the conclusions and suggestions for changes to the DUI system that are provided later in this report. Each of the elements of the DUI System Review is described below.

**Provider Survey**

A brief survey was administered to DUI treatment providers at their quarterly meeting in 2010. The survey requested information about the program's DUI client population, the services

offered by the program, staffing ratio, and training. In addition, the survey requested that the programs grant permission to the LACES staff for a site visit. The survey included qualitative and quantitative questions. A copy of the survey can be found in Appendix A. Findings from the survey are detailed in the Results section.

### **LACPRS Data Analysis**

The Los Angeles County Participant Reporting System (LACPRS) provides demographic and outcome information on individuals who received treatment in any of the programs contracted to provide alcohol and other drug treatment in the County of Los Angeles.

Over the last four years, approximately 8,000 individuals who participated in the DUI programs were later admitted to treatment. The demographics and treatment outcomes of these clients are included in this report.

### **Site Visits**

In addition to the survey and data analyses, site visits were also arranged with DUI programs. Permission to visit the sites was first requested in the provider survey. Of the 45 agencies with state licenses to conduct DUI programs in Los Angeles County, 26 agreed to a site visit.

When a site visit was agreed to, an appointment was made and one or two individuals visited the site and sat in on the educational groups. In many instances, they were introduced to the group (or were asked to introduce themselves). During the sessions, notes were taken regarding the following:

- Number of people in attendance;
- If the group started on time and whether the program offered a grace period for late attendees;
- The subject matter covered that day;
- How well organized the facilitator appeared to be;
- What tools were used to teach the session (handouts, booklets, PowerPoint presentations, etc.); and
- How much participation was required of the attendees (level of engagement).

In many of the site visits, there was time to discuss the program and the DUI system with the program director or the executive director. During these interviews, the researcher(s) asked questions concerning how long the program had been in existence, what barriers they see to clients completing the program, whether the program staff refer their clients to substance use

disorder treatment programs, and what changes they would make to the system if they could make any changes.

The findings are noted in the Results section.

### **DMV Data Analysis**

The Department of Motor Vehicles (DMV) collects information relating to reportable abstracts of violations and convictions. The California Vehicle Code (CVC) Section 1808 describes this information as "public record." Individual conviction records for the sample were requested beginning in February 2011. The final batch of data was received in December 2011. Findings including DUI recidivism, time to DUI program enrollment, and other post-conviction non-DUI offenses noted in the Results section.

## Results

### Provider Survey Data

Of the 45 providers who were contacted to complete the survey, 32 (71.1%) submitted the survey to UCLA. Results of both the quantitative and the qualitative questions are noted below.

#### Quantitative Information

When providing either education or clinical services to an individual, two of the most important areas to assess are participant demographics and knowledge retention. Overall, it appears that most providers collect some demographic information; however, few reported assessing participant knowledge retention.

- Most providers (96.9%) collect information concerning gender, race, and age.
- Most also collect information on convictions or employment (93.8% and 90.6%, respectively).
- Level of blood alcohol content at the time of arrest is requested by many providers (90.6%).
- About half of the providers ask about prior program participation (59.4%).
- Less than half collect information on living arrangements (43.8%).
- Few ask about psychiatric diagnoses (28.1%).
- A quarter of the providers reported that they provide adjunct services (25%).
- Almost half of the respondents knew of programs that provide medication-assisted treatment (MAT; 46.9%) and about half reported interest in learning more about MAT (56.3%); however, very few use MAT in any context (3.1%).
- Most programs require payment upfront (90.6%), and the required payments vary greatly depending on the program and status of the participant (e.g., if the participant is a GR client).
- Most of the programs reported at least one staff member who was certified in AOD treatment (96.9%).
- When asked if UCLA staff would be allowed to sit in on education sessions, 81.3% ( $n = 26$ ) programs replied they would allow it.

#### Qualitative Information

In addition to the questions above, some additional free-response questions were also asked. Many of these questions called for expansions on the quantitative information reviewed above.

*When providers were asked what additional information is collected from program participants, the most common responses were:*

- Contact information
- Information concerning marital status and dependents
- Income
- Substance use history of the individual and family
- Medical and psychiatric history
- Information on the DUI (e.g., violation date, BAC level, pending court dates)
- Barriers to attendance

Some programs reported collecting assessment information (e.g., Michigan Alcohol Screening Test - MAST).

Eight respondents indicated that they did not collect additional information.

*Providers were asked about the topics covered in the educational sessions. According to the survey, topics included:*

- The 12 topics mandated by the state
  - Legal issues such as DUI laws, conditions of the DUI conviction, probation
  - Blood Alcohol Content/Concentration (BAC) levels
  - Defining addiction and alcoholism, including use of the medical model
  - Marijuana and prescription drug effects and DUI risks
  - Other drugs (cocaine, meth)
  - Drug and alcohol interactions
  - Motivating change, self-awareness, and responsible behavior
  - Preventing another DUI
  - HIV/AIDS
  - Sexually transmitted diseases (STDs) and sexually transmitted infections (STIs)
  - Culture and family and how they impact (and are impacted by) alcohol use.
  - Values and understanding the recovery process
- Spirituality, AA, and other community resources to help with sobriety.
- Causes of alcoholism, such as stress.
- Other vehicle-related offenses such as road rage.
- Alternatives to drinking; preventing excessive drinking.

*When asked if the same educational topics are covered in the first offender, multiple offender, and third/subsequent offender education groups:*

- About a third (37.5%) of the respondents said the same topics are covered.
- About a third (37.5%) reported that they are licensed as a first offender program only.

- Less than one fifth (15%) gave no response.
- About 10% reported that multiple offender program participants have longer sessions and must complete more of them.

*Providers were asked about the topics covered in the counseling sessions. According to the survey, topics included:*

- Topics similar to those reported for the educational groups.
- Assessment of progress toward program completion including fees and AA attendance.
- Personal consequences of DUI.
- Examination of the causes of alcohol use (family history, personal values, social awareness, stress).
- How to resist drinking, and problem drinking identification.
- Examination of the program participants' lifestyle and what led to the arrest, as well as determination of what changes need to be made to prevent recurrence.
- Denial of problems with alcohol and/or drugs and breaking through this denial.
- Family history of alcohol and/or drug use and DUIs.
- Barriers to completion of the program.

*When asked if the same topics are covered in the first offender, multiple offender, and third/subsequent offender counseling groups:*

- About a third (37.5%) reported that they are licensed as a first offender program only.
- Others reported that content differs because first offenders have 15-minute sessions and second offenders have 30-minute sessions.
- One respondent reported that heavy emphasis is placed on maintaining or striving for abstinence in multiple offender programs.

*When asked what additional services are offered beyond education and counseling, providers reported offering the following adjunct services:*

- Brief intervention and motivational enhancement techniques.
- Interventions and referrals when additional needs are identified and/or requested (i.e., referral to outpatient or residential treatment, food banks, mental health, etc.).
- Parenting classes in English and Spanish.
- Educational services (e.g., high school diploma [GED], tutorial program).
- Housing weatherization program and resource center (housing, jobs, food, medical, clothing, furniture, legal referrals, etc.).
- Support and ongoing counseling available for substance abuse, marriage and family counseling, anger management, and domestic violence.

- Over 40% reported they do not provide any additional services.

Providers were also asked to speculate on potential barriers to program participation and completion. Responses included:

- Participants reporting/experiencing problems meeting program requirements (2-hour groups, no allowed absences, returning to court for non-compliance).
- Assumption that the program participant will be offended if the program staff suggests they have an alcohol problem.
- Cost of the program and other financial obligations.
- Schedule of classes/groups and lack of flexibility (e.g., grace period).
- Lack of childcare.
- Transportation problems (suspension of license, vehicle impoundment).
- Employment problems (inflexible work schedule, loss of employment due to DUI).
- Mandatory attendance at AA meetings disliked by participants.
- Other substance abuse problems.
- Shame/guilt, coping, and overall consequences.
- Harassment from local law enforcement after a restricted license has been re-instated.
- Outdated materials (videos), few DVDs and other resources available.
- Few low-fee slots made available to General Relief (GR), unemployed, and other clients.

*When asked if the treatment programs recommend medication-assisted treatment (MAT), the responses were as follows:*

- About a third (32.4%) responded that they do recommend MAT.
- About 10% indicated that they do not recommend MAT. Some of the reasons why they do not recommend it included:
  - Not mandatory.
  - The medication may result in an addiction.
  - If the participant is ambivalent about treatment in general, referral to MAT, which can be expensive, is futile.

*When asked if the program would approve of a site visit from UCLA, the responses from the programs included:*

- Would not agree to a visit due to confidentiality or privacy reasons.
- Would allow a visit if group members sign a release (or agree verbally to maintain confidentiality).

- Would allow if authorization is granted by the executive director or other managing personnel.
- No visit due to programmatic reasons (training new staff, applying for RFPs, etc.).

Although some providers, in effect, replied “No” to UCLA’s request to visit, the majority of programs (80%+) reported that they would agree to a visit and some actually wanted a visit that involved more than a record review.

**LACPRS Data Analysis**

From January 1, 2005, – June 30, 2010, there were 8,716 individuals enrolled in DUI programs who had also been admitted to alcohol and other drug treatment. Of these individuals, 74.1% were from first offender programs, 24.6% were from 18-month programs, and 1.3% were from 30-month programs.

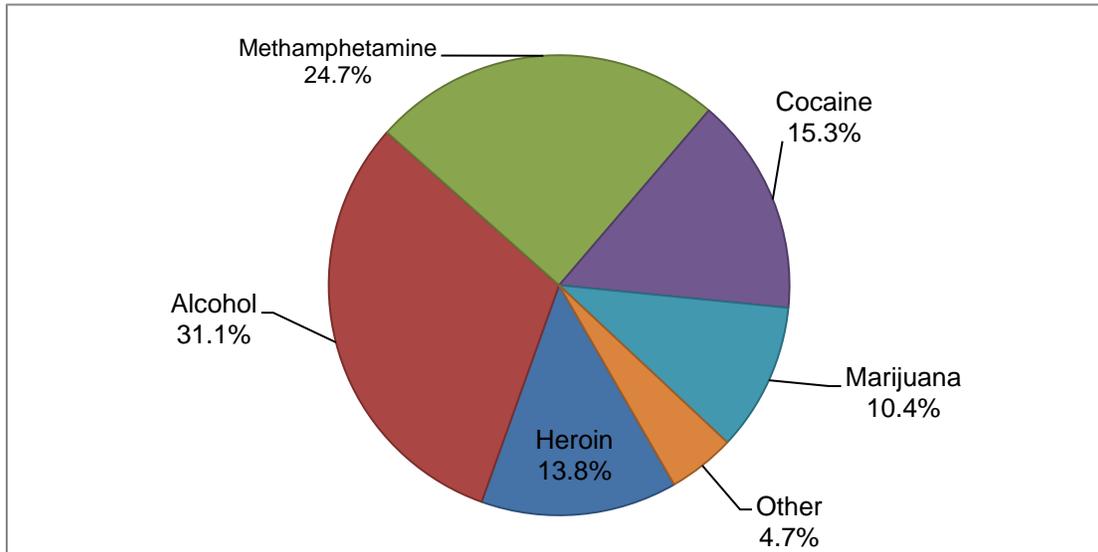
- Just over half (50.6%) of clients were admitted to an outpatient counseling program.
- About a quarter (28.1%) were admitted to residential treatment.
- The remaining 21.3% were admitted to narcotic treatment programs (NTPs), drug court, and detoxification programs.

Additional demographic data are presented below in Table 1.

Table 1: Characteristics of DUI Program Participants Admitted to AOD treatment from 2005–2010 (N = 8,716)

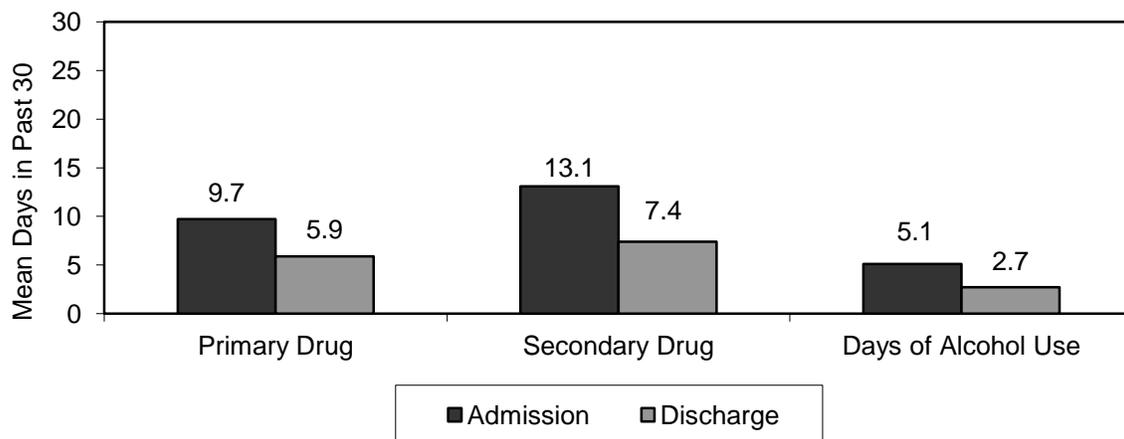
Characteristics	N	Percent
Gender		
Male	6,807	78.1%
Female	1,909	21.9%
Total	8,716	100%
Race/Ethnicity		
White	3,272	37.5%
Black/African American	1,429	16.4%
Latino	3,575	41.0%
Mexican/Mexican American	2,702	31.0%
Cuban	33	0.4%
Puerto Rican	49	0.6%
Other Hispanic/Latino	791	9.1%
American Indian/Alaskan Native	61	0.2%
Asian/Pacific Islander	173	2.0%
Other Race	178	2.0%
Mixed Race	28	0.3%
Special Population Information		
SACPA (Prop. 36) Participant	2,554	29.3%
Medi-Cal Beneficiary	1,033	11.9%
Cal WORKS Recipient	160	2.0%
General Relief (GR)	632	7.3%
Homeless	732	16.2%
Average Age at Admission	35.8 years	
Average Age of First Use	19.4 years	

Chart 1: Percent Reporting Specified Primary Substance of Abuse (N = 8,716)



As seen in Chart 1, the most commonly reported drug for DUI clients entering treatment was alcohol (31.1%), followed by methamphetamine and cocaine (24.7% and 15.3%, respectively). DUI clients were more likely to be admitted for primary alcohol use than the general population of AOD clients in Los Angeles County; however, that is to be expected.

Chart 2: Admission-to-Discharge Changes in Primary Drug, Secondary Drug, and Alcohol Use (N = 8,716)



As illustrated in Chart 2, the mean days of use of participants' primary drug, secondary drug, and alcohol decreased across the board.

- Primary substance use was reduced by 39.2%.
- Secondary substance use was reduced by 43.5%.

- Alcohol use (for those who did not report alcohol as their primary or secondary substance) was reduced by 47.1%.

These reductions are somewhat lower than what was found for the general population of clients in AOD treatment in FY 2009–2010.

In terms of employment, 71.3% of clients reported being unemployed. Of the total sample:

- 42.3% reported that they are not actively seeking employment,
- 29.0% of clients are actively seeking work,
- 14.1% indicated that they are employed full time,
- 6.4% reported being employed part time, and
- 8.2% stated that they are not in the labor force.

Since these data cover many years, employment rates are reflective of both the better economic times of a few years ago as well as the worsening economic times of recent years.

Almost half of the DUI program participants reported being on probation in a federal, state, or local jurisdiction (40.5%). Another 7.4% were under parole supervision of California Department of Corrections and Rehabilitation, and 1.7% were awaiting trial, charges, or sentencing.

Chart 3: Changes in Criminal Activity and Incarceration Time from Admission to Discharge (N = 8,716)

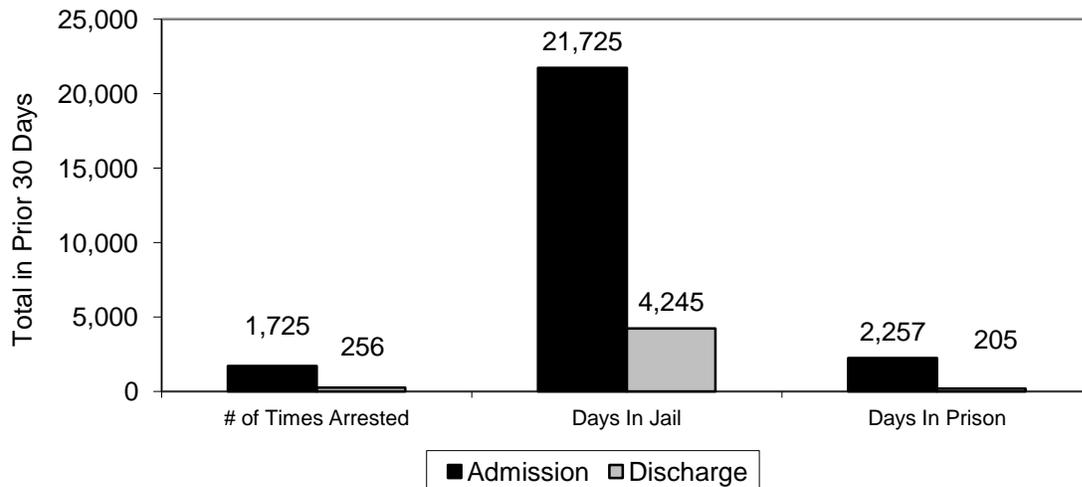


Chart 3 illustrates the reduction in criminal activity and incarceration time from admission to discharge.

- There was a reduction in the number of times arrested by 1,469 (85.2%).
- A similar drop in the number of days spent in jail was also reported (17,480 days, or 80.5%).
- And a decrease of 2,052 days (90.9%) spent in prison was reported by participants.

These reductions in contact with the criminal justice system are similar to those found for the general population of Los Angeles County clients in AOD treatment for FY 2009–2010.

### **Observations from Site Visits**

Each site visited had both unique and similar characteristics. Areas that could be improved upon overall include the following:

- Varied skill levels among the facilitators
- Limited consistency regarding rules for participation
- Repetitious content and educational processes
- Inadequate room space
- Provider frustration with the system

Each of these areas is detailed below.

#### *Varied Skill Levels Among the Facilitators*

At all of the sites visited, the facilitators worked very hard to maintain the interest of group participants. Some adopted a more casual approach to the educational group facilitation, whereas others adopted a more formal approach. Both the casual and the formal approaches worked well in some individual programs; however, there were also occasions when either approach failed to maintain group engagement. In addition, it appeared that some of the facilitators had previous teaching experience or some presentation skills training, whereas other facilitators appeared nervous and uncomfortable speaking to the program participants. Whether this was due to the presence of the UCLA observers is unknown, although one can assume that the presence of UCLA staff may have resulted in some anxiety on the part of the group facilitators.

To increase the comfort level of the facilitators and improve their ability to engage the audience, formal training could be offered by the county to those who facilitate the educational groups. The training could be brief but should cover topics such as public speaking techniques, use of support materials, and how to engage a “resistant” audience. Additional educational materials would also provide structure to the sessions and would give the facilitators more tools for engaging the audience.

#### *Limited Consistency Regarding Rules for Participation*

In some of the programs visited, participants were allowed a grace period for arriving late to the educational sessions. In other instances, no grace period was allotted. Whatever the state or

county policy is on late arrivals, it should be clearly communicated to the programs, which, in turn, should communicate this to the participants to ensure consistency in the DUI system.

#### *Repetitious Content and Educational Processes*

The purpose of the DUI education programs is to inform participants about AOD use and the laws surrounding use. In addition, it can be argued that these educational sessions also function as a penalty for the DUI arrest. Regardless, the educational sessions should offer more than the promise of 90 minutes spent reviewing material that has little value to the attendees (e.g. watching a movie not related to alcohol use or its consequences) or, as occurred in some instances, repeated coverage of the same material.

The training of the facilitators discussed previously should help in this regard; in addition, materials with suggestions of individual and interactive small- and large-group tasks could also be developed and provided. Participation in these activities should provide additional opportunities for the participants to engage with the facilitator and may provide for a more stimulating educational session. In addition, an assessment of what was learned during each session might also be helpful in engaging the participants. A brief quiz taken at the beginning and again at the end would provide the facilitator with some indication that the participants are taking something away from the time they spend at the educational sessions. Concepts for activities, up-to-date statistics, recent news items, and draft quizzes could be posted on the SAPC website and then downloaded by the program facilitators and used during the educational sessions. Use of all materials provided would not be required; however, for those programs where supplemental materials are not already in use, incorporation of the materials available on the website could be strongly encouraged.

#### *Counseling Services*

Most, if not all of the programs reported that they provide some counseling in addition to the educational sessions. It is not known what type of counseling is offered, but training on certain types of evidence-based practices might be a good addition to the tool-kit counselors have available to them. Some providers reported using brief intervention, but the number of counselors that offer this without having been properly trained on brief intervention therapy is unknown. In addition, motivational interviewing and cognitive behavioral therapies may also be helpful to the counselors who work with this population.

#### *Inadequate Room Space*

In a few instances, the number of people who attended a session seemed to be more than what the room could hold comfortably. Programs should take into consideration the number of

people scheduled for each session and plan accordingly. In addition, individual and group participation should be encouraged and, as such, the room should be set up to allow for participation and more individual attention. This might eliminate the instances where program participants spend time checking their phones or engaging in other inappropriate activities. In addition, if the room slated for the group does not have adequate ventilation or is not adequately climate controlled, either the room or the number of people in that room should be adjusted.

#### *Provider Frustration with the System*

In the meetings with providers, some reported frustration with the operation of the current system. Noted frustrations included dissatisfaction with the criminal justice system and the lack of sanctions for those clients who abuse the system or fail to follow the rules. For example, directors noted that clients who were referred to the courts for noncompliance or for showing up intoxicated to the sessions were simply told to report back to the program with little or no consequences for these actions.

Other providers stated that their programs appeared to be the only program that accepted General Relief (GR) or CalWORKS clients into their DUI programs. Because these clients are allowed to attend the programs at a greatly reduced fee, these programs reported that they were at an economic disadvantage compared to those programs that accepted fewer GR or CalWORKS clients or did not accept these clients at all.

Finally, programs providers remarked that they had staff who, having had worked at other DUI programs, informed the directors at their current employment that that the amount and quality of training for facilitators varied, at best. One individual noted that prior to being the designated DUI group facilitator at one program, she received less than 30 minutes of training. In addition, UCLA was notified of complaints received regarding other providers from new clients who had attempted to enroll in other programs prior to attending their current program. The complaints from the clients ranged from rude and unprofessional staff, to delays in the admission system, to poorly coordinated services.

#### **DMV Data Analysis**

Data from the Department of Motor Vehicles (DMV) was requested beginning in February 2011. The final batch of data was received in December 2011. Analysis of a random sample of 4,559 records was completed in February 2012. The sample was selected from a SAPC database of 109,000 individuals convicted of a DUI and sentenced to a drinking driver program between fiscal years 2006–2007 and 2010–2011. The mean age at the time of the DUI violation was 34 years, with the youngest individual being 18 years old and the oldest, 84 years old. The sample

was 81% ( $n = 3695$ ) male and 19% ( $n = 864$ ) female. Individuals in the sample were required to enroll in a drinking driver program following their DUI conviction. The mean time to enrollment post conviction was 49.7 days. The earliest enrollment occurred 1,269 days (3.5 years) prior to the searched for DMV conviction date and the latest enrollment occurred 5,343 days (14.8 years) after the conviction date.

In terms of the type of program individuals were enrolled in, the breakdown is as follows:

- AB541 - First Offense - 3 months: 72.9%
- SB38 - Multiple Offense - 18 months: 15.0%
- AB762 - First Offense - 6 months: 6.3%
- SB117 - Wet Reckless: 2.5%
- No Program Type Found: 1.7%
- SB136 - Multiple Offense - 30 months: 1.6%

At the time the records were requested, 13.3% of the sample had a prior DUI conviction. In terms of DUI recidivism, only 10.2% of individuals committed a new DUI offense after their reported conviction. The mean number of new DUIs was less than 1 (0.93).

The majority of re-offenders ( $n = 395$ ) were individuals originally sentenced to a First Offense – 3-month program. The complete breakdown appears below:

- AB541 - First Offense - 3 months: 69.1%
- SB38 - Multiple Offense - 18 months: 20.5%
- AB762 - First Offense - 6 months: 8.1%
- SB136 - Multiple Offense - 30 months: 1.5%
- SB117 - Wet Reckless: 0.8%

In regard to additional offenses, 36.1% of the sample committed a non-DUI violation after their conviction. The mean number of new non-DUI violations was 2.2. The most common non-DUI violations were driving with a suspended license (12.8%) and reckless driving (5.5%). In addition, 14.2% of individuals were provided with a Court Advisory DUI statement that reads, "You are hereby advised that being under the influence of alcohol or drugs, or both, impairs your ability to safely operate a motor vehicle. Therefore, it is extremely dangerous to human life to drive while under the influence of alcohol or drugs, or both. If you continue to drive while under the influence of alcohol or drugs, or both, and, as a result of that driving, someone is killed, you can be charged with murder." These statements can be included in a plea form and the court shall include on the abstract of the conviction or violation the fact that the person has been formally advised.

## Conclusions and Recommendations

Given the information obtained from the site visits, survey, LACPRS admission and discharge forms, and DMV data, the following suggestions are recommended in order to improve the DUI system.

*Develop a simple data system to collect basic demographic, behavioral, and clinical assessment information.* Given the responses to the survey, DUI programs do not collect a specified set of demographic and outcome data. A centralized, standardized data collection system that requires minimal data entry would be beneficial to both the county and to DUI programs. Information such as demographics, program participation, status of program completion, and some program participant follow-up (e.g., when the participant completed the program) would allow the programs, as well as the county, to keep track of the clients moving through the DUI system. This system would also allow the county to monitor the number of clients admitted to each program who qualify for discounted rates (e.g., GR, CalWORKS), allowing the county to work with programs to increase their penetration rates into these populations. This system would also allow the county to review program participant data on a regular basis.

*Provide resources such as sample content, news articles, and statistics to facilitators to be used in educational sessions.* Only a handful of facilitators discussed statistics or provided other examples in their sessions. Real-world examples, news articles, etc., can be helpful to both the facilitators and the participants by providing additional material to work from and demonstrating to the participants that their actions have far-reaching impact beyond their current experiences. In addition, such material would be helpful to new facilitators or those who need additional resources for clients who are required to participate in the multiple offender programs.

*In addition to the provision of resources and materials for educational sessions, some training of facilitators should be provided.* Training for the facilitators should cover topics such as the use of additional tools (PowerPoint presentations), possible points of discussion based on the topic areas, a review of resources available online (see above), as well as some training on techniques to engage the audience. The training could be brief (90 minutes to 2 hours), but it should provide a good foundation upon which the individual programs would then follow-up with specific training on how the DUI educational program works in that agency. For example, content covered in a “Wet Reckless” program would not be the same as content covered in a “Multiple Offender” program. In addition, each agency should have at least two staff members who are trained on at least one evidence-based therapeutic practice. This training can be

obtained through the Addiction Technology Transfer Center (ATTC) or through various training opportunities available through LACES or other County contracted agencies.

*Revise the educational program to require participation and assessment of knowledge retention.* The basis of the DUI program is educational; as such, it should include some measure of knowledge acquisition and retention. In addition, most of the programs visited required little, if any, client participation. This lack of participation contributed to (in the evaluator's opinion) the sessions where audience engagement was minimal. It is not being argued that the DUI programs should be entertaining; however, requiring even minimal participation should increase the participant's understanding of the material, increase engagement, and promote a better understanding of purpose of the program.

*DUI agencies should develop MOUs or other collaborative agreements with treatment programs.* Collaborative agreements, such as MOUs would serve to enhance the referral process for any client with a high BAC or who may require more intense treatment than what is provided at the DUI program. Such linkages may be particularly useful if the treatment program also provides (or has an MOU with an agency that can provide) medication-assisted treatment. The use of medication-assisted therapy as an adjunct to AOD treatment is a recognized evidence-based practice.

*County and DUI agencies should work with judges and others in the criminal justice system to ensure that the use of the 18-month program for second offenses and 30-month program for third offenses are used consistently.* Providers reported to the evaluators that there are cases when clients who had prior DUIs were allowed to enroll in the first offender program. If this is accurate, educating those in the criminal justice system on how this oversight impacts the DUI agencies and participants might help to decrease its occurrence and increase the appropriate use of multiple offender and third and subsequent offender programs.

*The county should work with the judges and probation officers (where applicable) to address poor client adherence to program rules (e.g., showing up under the influence to sessions, taking several months to complete a 90-day program, failing to pay all fines, etc.).* According to some providers, when it is reported to the court that participants have broken the rules, the participants are told little more than to return to the program. Providers expressed some concern and frustration with program participants who were allowed multiple opportunities to participate and/or seemingly abused the system with little penalty. Some sort of disincentive to act contrary to program rules is needed. Collaboration between the program, the county, and the courts may help to alleviate this issue.

As described in the data analysis section of this report, DUI recidivism where a conviction is noted with the DMV is fairly low, with only 10% of the sample having been convicted of a new DUI offense. It is important to keep in mind that while the drinking driver programs in this sample appear effective for the majority of clients, a rate of 10% still represents a large number of individuals, considering the population of Los Angeles County.

In conclusion, many of the programs appeared to function well; however, there was significant variance between different programs and the DUI system could benefit from the provision of additional resources. The suggestions made here are not based on a single program or on the observation of a single program; rather these suggestions are made to benefit the system as a whole. All programs could benefit from the provision of additional resources and most could benefit from a brief training on how to better engage clients and how to best deal with difficult clients. In addition, the provision of additional support from the criminal justice system and the County of Los Angeles could only serve to improve the DUI system.

### **Limitations and Future Research**

Much of the data analyzed for this report are self-report data (e.g., provider surveys, LACPRS admission and discharge data) and thus are subject to the biases inherent in self-report data including but not limited to measurement bias (social desirability in the responses provided). In addition, sampling bias (selecting volunteers rather than a random sample) may have impacted the data collected from the site visit and survey. These are typical biases that would be expected given the methods and type of study conducted; however, they must be kept in mind when reading and interpreting the results noted in this report.

Future research could focus on the impact of addressing the concerns noted in this report. Additionally, the 3-Month First Offender program could be examined more closely to examine why the majority of re-offenders were enrolled in this program and not the other First Offender program.

## References

California Department of Alcohol and Drug Programs (n.d.). Driving under the influence programs: Overview. In *California Department of Alcohol and Drug Programs – Criminal Justice*. Retrieved March 9, 2011 from [http://www.adp.cahwnet.gov/Criminal\\_Justice/DUI/overview.shtml](http://www.adp.cahwnet.gov/Criminal_Justice/DUI/overview.shtml)

California Department of Motor Vehicles (n.d.). Division 11.5 — Sentencing for driving while under the influence (sections 23500 – 23702). In *California Vehicle Code Book*. Retrieved March 9, 2011 from <http://www.dmv.ca.gov/pubs/vctop/vc/vctoc.htm>

**Appendix A**

**Driving Under the Influence (DUI) Program Survey**

*Please complete the information below. This information will be kept separately from the survey responses, but is necessary for future contact regarding the evaluation.*

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Contact Email Address: \_\_\_\_\_

Name of Program: \_\_\_\_\_ Program Phone Number \_\_\_\_\_

Program Address: \_\_\_\_\_

Unique Identifier: \_\_\_\_\_  
*For UCLA Use only*

Unique Identifier: \_\_\_\_\_

*For UCLA Use only*

**Driving Under the Influence (DUI) Program Survey**

*Please complete the following survey based on your specific program. Please print your responses legibly.*

1. What information do you collect from program participants? Please mark with an "X."

- |                                |                                      |
|--------------------------------|--------------------------------------|
| _____ Demographics (sex, race) | _____ Convictions (prior, pending)   |
| _____ Age (date of birth)      | _____ Blood Alcohol level/content    |
| _____ Employment               | _____ Previous program participation |
| _____ Living Arrangements      | _____ Psychiatric diagnosis          |

2. What additional information is collected from the participants?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Do you provide adjunct services (education, employment, psychiatric)? (Yes / No)

4. Do you use medication-assisted treatment? (Yes / No)

5. Do you know of programs that provide medication-assisted treatment? (Yes / No)

6. If yes to #5, do you recommend these programs? (Yes / No) If no, why or why not?

\_\_\_\_\_

7. Are you interested in information on medication-assisted treatment? (Yes / No)

8. Does your program require payment up front? (Yes / No) If yes, how much? \$\_\_\_\_\_

9. How many staff do you have at your agency that are certified AOD Counselors? \_\_\_\_\_

10. What percentage of your staff does this make up? \_\_\_\_\_%

11. How many people who have participated in your program are referred to additional alcohol and other drug treatment in a year? \_\_\_\_\_

12. Would you allow our staff to sit in on the educational sessions? (Yes / No). If no, why not?

\_\_\_\_\_

13. What topics are discussed during your education sessions?

Unique Identifier: \_\_\_\_\_  
*For UCLA Use only*

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14. What topics are discussed during your counseling sessions?

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15. Do you offer the same type of educational sessions (in terms of content or topic) for each program type? (First Offender and Multiple Offender)? (Yes/No) If no, how are they different?

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16. Do you offer the same type of counseling sessions (in terms of content or topic) for each program type? (First Offender and Multiple Offender)? (Yes/No) If no, how are they different?

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17. Does your program offer anything above and beyond the standard counseling or educational sessions? (Yes/No) If yes, what?

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18. What barriers have participants reported experiencing in your program or any other Driving Under the Influence Program?

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