

2016

# Mecklenburg County Driver License Restoration Clinic Pilot Summary



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## Executive Summary

In September 2014, Mecklenburg County, North Carolina launched the Driver License Restoration Clinic (DLRC), a pilot project funded as part of Mecklenburg County's local Justice Reinvestment Initiative (JRI). The Mecklenburg County DLRC began operation on September 15, 2014 and concluded the pilot period on September 30, 2015. The DLRC pilot operated as a network of partnerships between the Mecklenburg County Criminal Justice Services Department, the Mecklenburg County Public Defender's Office, a private attorney who specializes in North Carolina Division of Motor Vehicles (DMV) law, and the Charlotte School of Law.

Multiple research questions were of interest to the staff of CJS and the stakeholders of the clinic when evaluating the DLRC pilot period. These questions and the associated findings are detailed below.

Research Question	Finding
Was the treatment group of the clinic was more successful than the control group of clinic clients?	The Clinic treatment group had a success rate nearly 2.5 times that of the control group.
Did the location, by County, of the issues resulting in license revocation influence client success rates?	Clients whose revocation issues were only in Mecklenburg County were 1.75 times more successful at reinstating their driving privileges than those clients whose revocation issues were not limited to only Mecklenburg County.
To what extent does the amount of time a client has been without valid driving privileges impact on their rates of success in the clinic?	A client referred to the clinic who had been without a license for more than three years was nearly twice as likely to be successful in reinstating their driving privileges as clients who had been without their license for three or fewer years.
Are there differences in success rates between clients who were referred to the clinic from the Public Defender's Office compared to referrals from the District Attorney's Office?	Referrals originating in the District Attorney's Office had a success rate of nearly 33% whereas those referrals originating in the Public Defender's Office had a success rate of only 20%.
Is the proportion of clients with new charges after DLRC record closure lower in the treatment group than in the control group?	Approximately 20% of the treatment group and 23% of the control group were charged with new offenses. There is no statistical difference in the rates of the two groups.
Is there evidence that the clinic reinstates the driving privileges of clients within 120 days from the date of referral?	The average number of days from referral to record closure was found to be 149 days.

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## Introduction

In September 2014, Mecklenburg County, North Carolina launched the Driver License Restoration Clinic (DLRC), a pilot project funded as part of Mecklenburg County's local Justice Reinvestment Initiative (JRI). JRI began as an initiative of the United States Bureau of Justice Assistance (BJA) in 2006 as a means to address an increase in spending on services provided to the corrections and criminal justice systems at both state and local levels, targeting a reduction in corrections spending without compromising public safety. JRI efforts are highly data-driven and require an in-depth analysis of criminal justice data to identify the drivers of criminal justice costs. Following these in-depth analyses, JRI teams are tasked with identifying evidence-based approaches and policies to address the issues identified in the data.

Mecklenburg County began participating in JRI in 2011, building upon the work of the Mecklenburg County Criminal Justice Advisory Group (CJAG). The CJAG is a workgroup of local criminal justice executives, who work together to improve issues in the local criminal justice system. Through the JRI, with the assistance of the Center for Effective Public Policy (CEPP) and Applied Research Services (ARS), the CJAG received significant data analysis support and technical assistance to identify the primary drivers of the use of local criminal justice resources and potential approaches to better respond to the needs of local criminal justice service agencies.

Applied Research Services provided Mecklenburg County with a detailed analysis of jail data from January 1, 2008 through December 31, 2011, which the CJAG used as a foundation upon which to propose strategies to address the identified drivers of local criminal justice costs. The key finding from the ARS data analysis related to this project was that in cases where the defendant's most serious charge was Driving While License Revoked (DWLR), there were 9,285 jail episodes during this time period, the second most frequent charge for booking a defendant into the Mecklenburg County jail.

Additional data related to DWLR charges in Mecklenburg County, collected using the Mecklenburg County Criminal Justice Data Warehouse, during the Fiscal Years (FY) 2009-2013 are included in Figure 1. It should be noted that these counts do not necessarily reflect cases where DWLR was the only or most serious charge of a defendant; rather, these are aggregate counts of all instances where at least one of the charges a defendant faced in court or was booked into jail for included a charge of DWLR.

In 2013, after the research for Phase I of the JRI was completed locally, the state of North Carolina reclassified Class 3 Misdemeanors, the class in which DWLR is included. This reclassification resulted in changes to the point at which a defendant could be sentenced to jail as the result of a conviction. Many of the charges impacted by the reclassification now require a defendant to be convicted of at least 3 prior charges before he or she can be sentenced to serve time in jail. Therefore, many of the defendants of DWLR charges who previously were able to receive representation by a Public Defender are not eligible for a court appointed

attorney since they are no longer facing the potential of incarceration as a result of conviction for Class 3 Misdemeanor charges.

The majority of defendants for DWLR charges began receiving citations instead of being arrested for DWLR as a result of

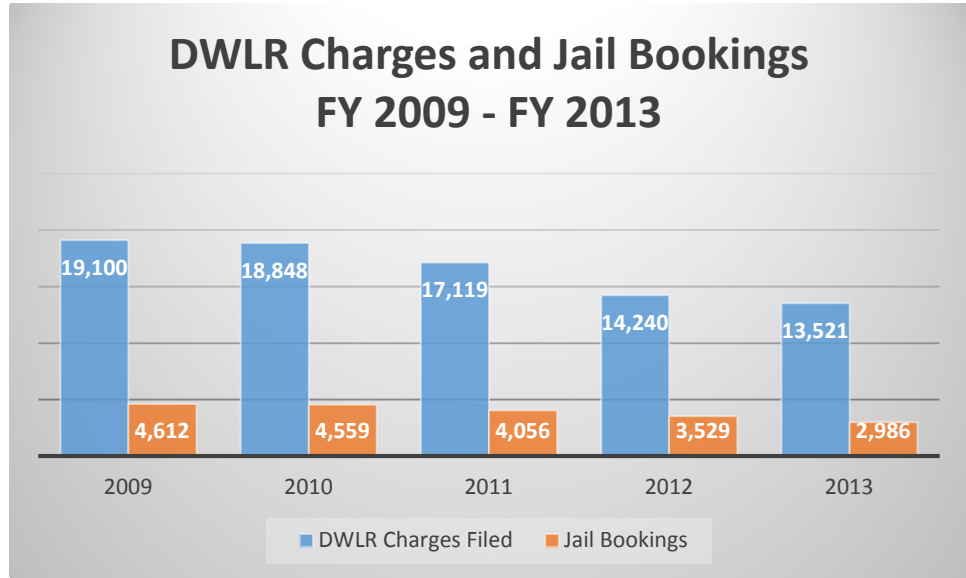


Figure 1

this change to Class 3 Misdemeanors. In December 2013, the previously used charge of Driving While License Revoked was further delineated into a charge of either Driving While License Revoked- Not Impaired Revocation or a charge of Driving While License Revoked- Impaired Revocation. This change was necessary due to the charge of DWLR-Impaired Revocation being a higher class misdemeanor than DWLR-Not Impaired Revocation, which is still a Class 3. The chart below provides the volume of the various DWLR charges filed in District Court and jail bookings for the three different DWLR charges for FY 2014 and 2015. It should again be noted that these are aggregate counts of all instances where at least one charge filed against or charge for booking a defendant included one of the DWLR related charges.

Considering the low-level offense status and the volume of DWLR charges in Mecklenburg County, the CJAG proposed to target this area in Phase II of the JRI by developing an intervention to assist persons without a valid driver license to restore their driving privileges. Navigating the process of restoring one’s driving privileges can be an extremely daunting, difficult, and costly process for many people; without the additional support of an attorney, many indigent residents in particular, may become overwhelmed by completing the necessary steps to reinstate their license.

The intervention proposed by the CJAG was a Driver License Restoration Clinic (referred to as either DLRC or Clinic), which was proposed to operate as a pilot program during the Phase II JRI funding period. The proposed DLRC targeted indigent individuals without a valid driver license. The Mecklenburg County DLRC began operation on September 15, 2014 and concluded the pilot period on September 30, 2015. The DLRC pilot operated as a network of partnerships between the Mecklenburg County Criminal Justice Services Department, who provided a staff member to oversee the implementation of the clinic and provided data analysis; the Mecklenburg County Public Defender’s Office, who provided office space and supervising

attorneys for the clinic operations; a private attorney who specializes in North Carolina Division of Motor Vehicles (DMV) law, who provided specialized training to clinic volunteers and assistance to clinic clients whose cases were particularly difficult; and the Charlotte School of Law, who provided law students who volunteered to participate in the specialized DMV training and volunteered to staff the clinic for the duration of the pilot period.

Briefly, the clinic operated as follows. Clients without a valid driver license were identified by one of the following referral sources: their Public Defender, the District Attorney (if they had pending charges of DWLR), or their Re-Entry case manager (if they were active clients of the local Re-Entry Services program and were recently returning to Mecklenburg County from a state or federal prison). The clients completed a referral form, which allowed for the clinic to request the client's DMV records. Law student volunteers reviewed the DMV records to screen for clinic eligibility and for eligible clients, identified all outstanding issues which required resolution in order for the client to become eligible to reinstate their driving privileges. Based on the specialized DMV training, the law students then drafted an action plan for each eligible client which outlined the necessary steps to resolve all outstanding DMV issues in order to reinstate their driving privileges. The action plans were then delivered to the clients by the law students via telephone or mail and law students conducted follow up contacts on a regular basis with each client to provide additional assistance with implementing their action plans. For some clients, the reinstatement of their driving privileges involved multiple court hearings, applications for limited driving privileges, or a DMV hearing. In these cases, the contracted clinic attorney provided this additional legal assistance.

This document will provide an analysis of the data collected from the pilot period of the Mecklenburg County Driver License Restoration Clinic.

## Research Questions

In evaluating this pilot period of the DLRC, multiple research questions were of interest to the staff of CJS and the stakeholders of the clinic.

1. Was the treatment group of the clinic was more successful than the control group of clinic clients?
2. Did the location, by County, of the issues resulting in license revocation influence client success rates?
3. To what extent does the amount of time a client has been without valid driving privileges impact on their rates of success in the clinic?
4. Are there differences in success rates between clients who were referred to the clinic from the Public Defender's Office compared to referrals from the District Attorney's Office?
5. Is the proportion of clients with new charges after DLRC record closure lower in the treatment group than in the control group?

6. Is there evidence that the clinic reinstates the driving privileges of clients within 120 days from the date of referral?

## DLRC Evaluation Sample

Although there were 202 referrals received throughout the DLRC pilot period, the final sample size for this evaluation was 166. Participants were removed for several reasons for this evaluation. The first criteria that resulted in removing participants was their eligibility status to receive clinic services. Clients were ineligible to receive an action plan from the clinic if their revocation was based on a conviction of Driving While Impaired (DWI) or any other Alcohol or Drug Related charges. There were 18 referrals deemed ineligible for the clinic whose revocation was the result of DWI or alcohol/drug related charges.

Three clients were considered ineligible for the clinic's services due to having a valid driver license at the time of their referral; thus, there were no services to provide to these referrals. One client who was referred to the clinic was very interested in the clinic's services; however, his license was suspended by DMV for a Medical Cancellation. This client was removed from the sample due to having a suspension issue which the clinic was unable to assist with, as the resolution to a Medical Cancellation suspension involves assessment, documentation, and certification from a physician. One client who was eligible for clinic services declined to participate in the program.

The second criteria for removal from the sample was based on whether or not the record was closed at the conclusion of the pilot. The attorney contracted with the clinic provided in-depth legal assistance to many of the clients whose cases were particularly difficult. Thirteen of these cases were still receiving his legal services on September 30, 2015 and were not closed when the pilot period ended. These 13 cases remained open and the clinic's private attorney continued to provide services to these clients pro bono. In an effort to avoid carryover and the need to control for still open records, these 13 cases were removed in order to evaluate the performance of the clinic using only those cases where the clinic provided complete service to the clients through September 30, 2015. To this end, only clients who were eligible for the services of the clinic whose records were closed by September 30, 2015 were included in this evaluation.

After removing the individuals described above, the remaining population for this evaluation was 166 participants. The following tables provide frequencies and percentages for gender, race/ethnicity, and age range. There are slight differences between this sample (N=166) and the entire referral population (N=202), but overall the sample used for this evaluation is representative of the entire population of DLRC referrals.

Characteristics	Treatment Group n = 113	Control Group n = 53
<b>Gender</b>		
Male	66%	77%
Female	34%	23%
<b>Race/Ethnicity</b>		
African-American	87%	83%
Caucasian	8%	13%
Hispanic/Latino	4%	4%
Asian	1%	0%
<b>Age Group</b>		
16-17	1%	0%
18-24	15%	17%
25-34	34%	38%
35-44	20%	26%
45-54	21%	19%
55-64	6%	0%
65+	3%	0%

Table 1

## Findings

The findings below are organized into three groups. First are bivariate analyses that include client success rate as the dependent variables. Next are the bivariate analyses that include recidivism and time measures. Finally, a multivariate analysis is included to measure the extent to which each of the independent variables interact with each other to influence the success rates of DLRC clients.

### Success Rate Analyses

This section includes four bivariate analyses that all include success rate as their dependent variable. The independent variables are, in order, 1) Whether the client was in the treatment or control group; 2) Whether the client only had issues within Mecklenburg county; 3) the length of time the client had been without his/her license; and, 4) the referral source.



### Success Rate of Treatment and Control Groups

The first question posed in the process of evaluating the DLRC is whether or not the clinic increased the success rate of those receiving the intervention. Recall that the treatment group consisted of the 113 clients that were referred to the clinic and received an action plan. The control group was defined as those 53 clients who were referred to the clinic, had an action plan drafted, but for various reasons never received their plan. The control group itself is identical to the treatment group in terms of clinic eligibility; the only difference is that the clients in the control group did not receive an action plan. Finally, recall that for the purposes of this evaluation, success was defined as the reinstatement of full driver license or becoming eligible for license reinstatement.

### Observed Treatment and Control Group Success Rates

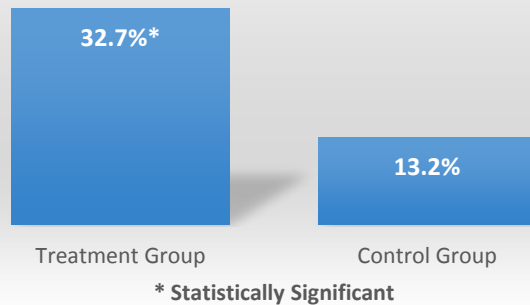


Figure 2

Participants in the treatment group had a success rate of 32.7% while the success rate for the control group is 13.2%, as shown in Figure 2. This data revealed that the DLRC treatment group had a success rate nearly 2.5 times that of the control group. Based upon the results of the statistical analysis that was conducted, the 2.5 times higher success rate for the treatment group was unlikely to have arisen by chance and can properly be attributed to the DLRC.

### Success Rate and Revocation County

The second research question related to the rates of success for clients based on the

### Success Rate by Revocation County

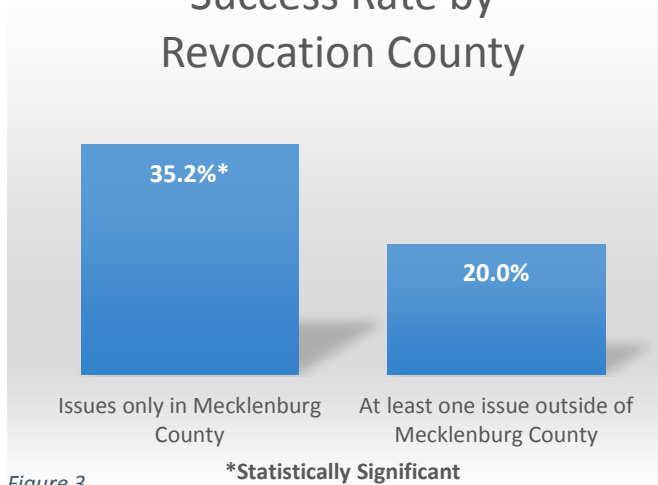


Figure 3

location, by County, of the issues resulting in license revocation. It was hypothesized that clients whose revocation issues were only in Mecklenburg County would be more successful at reinstatement of driving privileges than those clients whose revocation issues were not limited to only Mecklenburg County.

To test this hypothesis, the clients whose only revocation issues were in Mecklenburg County were identified and compared to clients who had revocation

issues outside of Mecklenburg County. Figure 3 shows that the success rate was higher for participants with revocation issues only in Mecklenburg County. Analysis showed that clients whose revocation issues were only in Mecklenburg County were 1.75 times more successful at reinstating their driving privileges than those clients whose revocation issues were not limited to only Mecklenburg County.

Success Rate and Time Without Driving Privileges

It was hypothesized that the amount of time a client had been without valid driving privileges would have an impact on their rates of success in the clinic, but the direction of that relationship was uncertain. For example, it was unclear the degree to which a client who recently lost their driving privileges would be successful compared to a client who had been without driving privileges for many years.

To test this association in a consistent manner as the other bivariate statistical tests in this report, it was necessary to convert the continuous variable to a dichotomous variable. Initial analysis of the 'Time without Driving Privileges' variable indicated that there were multiple outliers which skewed the mean. Therefore, the decision was made to use the median as the cutoff point. Therefore, the continuous variable 'Time without Driving Privileges' was recoded to indicate whether an individual has less than/equal to 3 years without a license or greater than 3 years without a license.

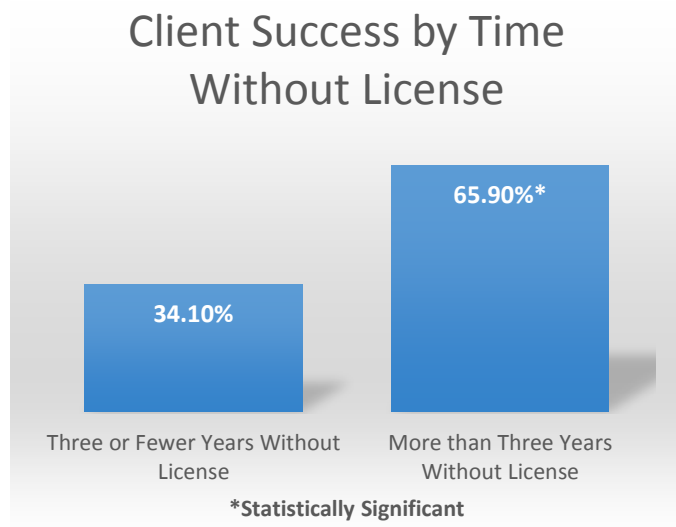


Figure 4

Figure 4 shows that the success rate was higher for participants that had been without their license for more than three years. Therefore, a client referred to the clinic who had been without a license for more than three years was 1.93 times more likely to be successful in reinstating their driver's license and/or driving privileges than clients who had been without their license for three or fewer years.

Success Rate and Referral Source

The fourth research question related to the rates of success based on referral source. As with the previous research question, it was hypothesized that there could be differences in success rates between clients who were referred to the clinic from either the Public Defender's Office or the District Attorney's Office, but the direction of that potential relationship was uncertain.

The sample for this research question was 164 rather than 166 due to the removal of two clients that were referred from sources other than the District Attorney's and Public

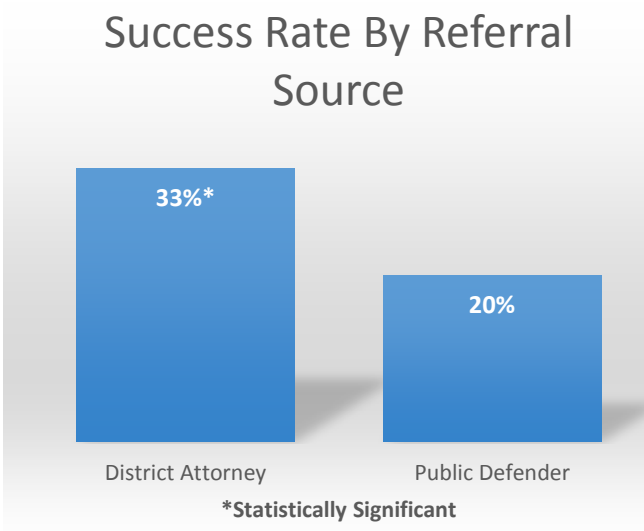


Figure 5

Defender's offices. These two clients did not constitute a large enough sample for analysis on their own and could have potentially obscured any relationship between the District Attorney and Public Defender's office and success rate.

After removing the two clients, the analysis showed that referrals originating in the District Attorney's Office had a success rate of nearly 33% whereas those referrals originating in the Public Defender's Office had a success rate of only 20%. The difference between these two referral sources was found to be statistically significant; however, the data analyzed cannot necessarily tell us why

clients originating in the District Attorney's Office were more successful.

## Miscellaneous Analyses

This sections includes two analyses. First, the recidivism rates of the treatment and control groups were analyzed to determine if there were any significant differences between the two. Second, the average number of days between referral and record closure was analyzed to determine if it was in line with the estimate that was developed prior to the launch of the DLRC.

### Recidivism Rates of the Treatment and Control Groups

The fifth research question attempted to address recidivism rates of the treatment and control groups. It was hypothesized that the proportion of clients with new charges after DLRC record closure would be lower in the treatment group than in the control group.

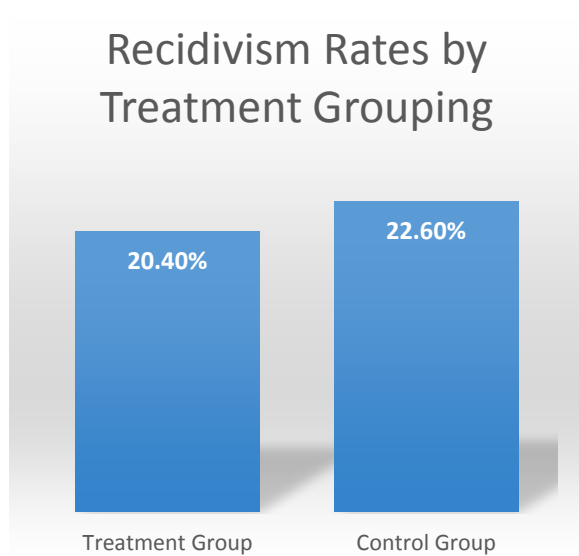


Figure 6

Preliminary discussions regarding this research question included the hypothesis that the average number of new charges would be lower for clients in the treatment group than for those in the control group<sup>1</sup>. However, after careful consideration, the decision was made to analyze the proportion of clients with new charges for each group rather than the average for each group. This approach was preferable since the average number of charges could potentially skew the results and obscure the relationship between treatment and rates of recidivism<sup>2</sup>.

By analyzing new arrest charges, as well as the associated dates, it was possible to identify individuals charged with new DWLR-related offenses<sup>3</sup> that occurred after their DLRC record closure date. As Figure 6 shows, slightly more than 20% of the treatment group were charged with new DWLR-related offenses; while just under 23% of the control group were charged with these new offenses. Statistical analysis showed that the observed difference between the treatment and control groups was not statistically significant and therefore there is no statistical difference in the recidivism rates of the two groups.

<sup>1</sup> Incidentally, this was found not to be true. There was no statistically significant difference between the average number of new charges of the treatment and control groups.

<sup>2</sup> For example, in a sample of ten clients, if one client had 100 new charges and the other nine had zero new charges, the average number of new charges per person would be ten. By using the proportion of each group with new charges, the example above would yield only 10% of the clients with new charges, and therefore is a fairer representation of the client outcomes.

<sup>3</sup> For the purposes of this evaluation, a "DWLR-related offense" was defined as any instance of the offense codes 4716 or 4725. These offense codes are established by the North Carolina Administrative Office of the Courts (AOC) and represent DWLR Non-Impaired Revocation charges.

### Days between Referral and Record Closure

The final research question of this pilot related to the length of time it took for the clinic to successfully reinstate the driving privileges of the clients. Prior to the launch of the clinic pilot, it was hypothesized that the clinic could reinstate the driving privileges of clients within 120 days from the date of referral.

The average number of days from referral to record closure was found to be 149 days. While this average was certainly higher than the 120 days estimated, it was necessary to test whether or not the difference between the hypothesized and observed average was statistically significant. The results of the statistical analysis showed that the difference was highly statistically significant and thus it was highly unlikely that the difference between the hypothesized and observed averages were due to chance. Therefore, we must conclude that it takes longer, on average, than 120 days for the clinic to successfully reinstate the driving privileges of the clients.

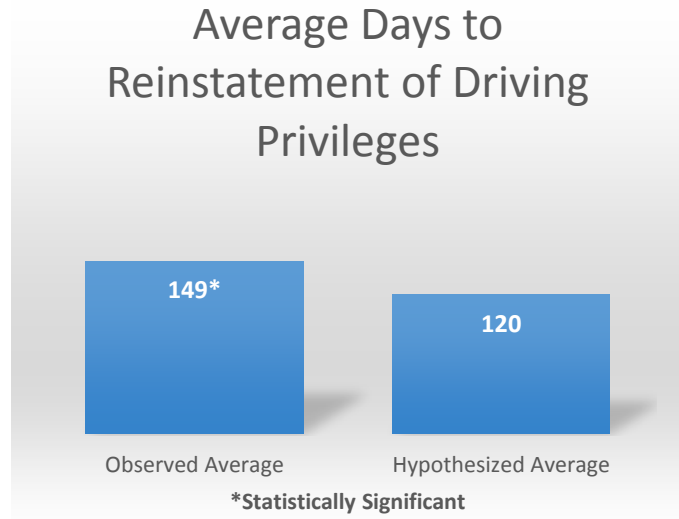


Figure 7

### Building a Predictive Model

After completing the above analyses, it was important to determine which of the numerous independent variables had the strongest impact upon the success rate of clinic participants. LOGIT regression analysis was used to determine how these independent variables interacted with each other and to determine the strongest predictor of success.

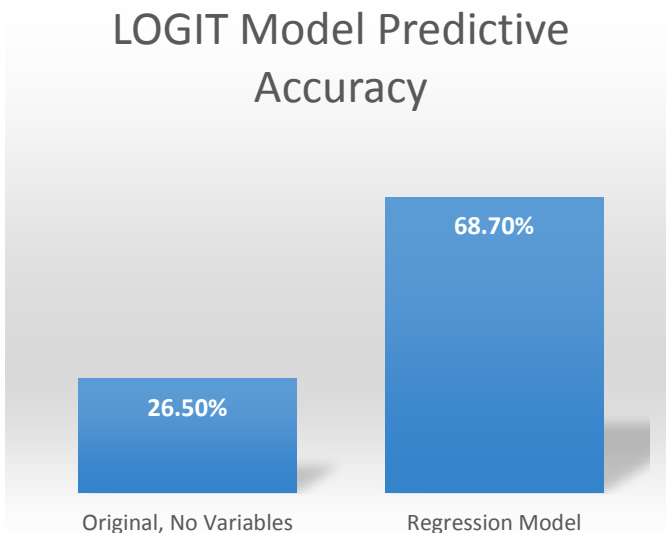


Figure 8

#### All Predictors

The regression model included the following the variables mentioned in previous sections: 1) referral agency; 2) whether the client's has suspensions only in Mecklenburg County; 3) length of time without a license; 4) whether the individual received clinic services; and 5) whether the client had new DWLR-related charges. Additional demographic variables

such as gender, race, and age were also included.

After conducting the statistical analysis, the most significant predictor of client success was whether or not the client received clinic services. In fact, when controlling for all other variables, a client receiving services from the clinic was 3.1 times as likely to be successful than an individual who did not receive clinic services. Overall, the regression model was able to successfully predict the outcomes of clinic clients 68.7% of the time when including these variables; including accurately predicting the successful clients 70.5% of the time. This is in comparison to the 26.5% successful prediction rate without the additional variables.

#### Maximizing Predictive Accuracy

Upon completion of the initial predictive analysis, there were questions as to whether the initial regression model could be adjusted to increase its predictive accuracy while simultaneously reducing the model's complexity. After careful analysis, the model's accuracy at properly classifying successful clients was increased from 70.5% to 72.7% while the model's overall predictive accuracy remained at 68.7%.

The initial analysis included demographic variables which were hypothesized to be predictive of a client's success in the clinic. Analysis found that the gender variable lacked statistical significance and it was subsequently removed from the simplified model. The referral source and new charges variables were also removed for the same reason. These slight modifications increased the statistical significance<sup>4</sup> of the model while reducing the number of inputs required from eight to five.

This predictive model should be continually tested and refined as new data becomes available. In doing so the model's predictive accuracy may be increased beyond the existing 68.7% and it can be used to determine "at-risk" clients in order to tailor available services to their particular needs.

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<sup>4</sup> From  $p=.006$  to  $p=.001$ .

# DLRC Statistical Supplement

## Appendix A – Methodology and Data

The data used in this evaluation was collected from multiple sources and then merged and analyzed using a combination of Microsoft Excel, Microsoft Access, and SPSS. The sections below briefly describe the data sources and the methodology used to collect the data from each.

### DLRC Data Collection

Data from each referral received by the clinic were tracked in an Excel spreadsheet, which was then imported into an Access database for additional analyses. The data tracking for the clinic clients evolved throughout the pilot period as it became more clear to the project staff what data were available and what information throughout the process of license restoration would be necessary to answer potential questions about the effectiveness of the clinic.

### Criminal Justice Data Warehouse

Mecklenburg County CJS Staff utilized the County's Criminal Justice Data Warehouse (CJDW) to compile data related to the types and frequency of traffic offenses alleged against participants in the DLRC.

The original JRI proposal focused on jail bookings and arrests related to Driving While License Revoked (DWLR) charges. However, due to a change in legislation<sup>5</sup> effective December 1, 2013, DWLR charges were significantly less likely to result in an arrest or jail booking and more likely to result in a summons to court. Therefore, for the purposes of this evaluation, arrests and jail bookings were replaced by new charge present in the Automated Criminal Infraction System (ACIS) Court database. This change allowed for the evaluators to appropriately and accurately account for new DWLR charges alleged against DLRC participants.

To compile the traffic offense histories of DLRC participants from the CJDW, CJS staff searched for each DLRC participant by matching the participants' last name and date of birth. The ACIS query was designed to include only traffic offenses (of which DWLR is one), and exclude expunged offenses. It is important to note that the data returned from this query includes only Mecklenburg County data and includes all charges through April 20, 2016.

### NC DMV Data

Data was retrieved from DMV Driving Records for each client who was referred to the clinic. The clinic requested the client's DMV records from the NC Division of Motor Vehicles. The records returned to the clinic by the DMV include 3 sections: Demographic Information, Driver License Status, and Nature of Record or Division Action. The Demographic Information section includes basic demographic information of the client, including name, address, date of birth, height, gender, eye color, hair color, race, license number(s), original issue date, out of state license number, and out of state issuer. The Driver License Status section provides information

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<sup>5</sup> North Carolina G.S. 20-28(a) - <http://www.ncleg.net/gascripts/statutes/statutelookup.pl?statute=20-28>



on the client's type of driver license and status, including license class, license group, license type, issue date, expiration date, disqualifications, DMV probation, limited driving privileges, DMV conditional restoration, license status, and endorsements. The Nature of Record or Division Action section reflects any actions taken by the DMV and criminal and traffic courts. Information in this section is organized as follows: offense date, suspension begin date, conviction date, suspension end date, type of suspension, conviction offense, court of jurisdiction, Administrative Office of the Courts case number, and citation identification number.

For each record received from each referral, clinic law students entered each action into a spreadsheet, including the conviction offense, start date of suspension, end date of suspension, and court of jurisdiction, all from the DMV records. For the end date of suspension, there were three options for the law students to enter; either the actual end date of the suspension, if one was noted; indefinite, which is indicated on the DMV record for suspensions that expire when the remedial action is completed rather than on a specific date; and permanent, which is indicated on the DMV record for suspensions expiring after a successful DMV hearing in most cases. In many cases, client's Conviction Offense was listed as a Failure to Appear (FTA). In these cases, the law students also tracked data that specified the charge or offense that the client failed to appear in court on, which was captured from ACIS.

Appendix B – Demographics of DLRC Pilot Population

*Gender*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	52	25.7	25.7	25.7
	Male	150	74.3	74.3	100.0
	Total	202	100.0	100.0	

Table 2

*Race*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	African-American	169	83.7	83.7	83.7
	Asian	1	.5	.5	84.2
	Caucasian	20	9.9	9.9	94.1
	Hispanic/Latino	11	5.4	5.4	99.5
	Other	1	.5	.5	100.0
	Total	202	100.0	100.0	

Table 3

*Age Range*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	16-17	1	.5	.5	.5
	18-24	28	13.9	13.9	14.4
	25-34	72	35.6	35.6	50.0
	35-44	45	22.3	22.3	72.3
	45-54	40	19.8	19.8	92.1
	55-64	11	5.4	5.4	97.5
	65-74	5	2.5	2.5	100.0
	Total	202	100.0	100.0	

Table 4

Appendix C – Demographics of DLRC Evaluation Sample

*Gender*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	50	30.1	30.1	30.1
	Male	116	69.9	69.9	100.0
	Total	166	100.0	100.0	

Table 5

*Race*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	African-American	142	85.5	85.5	85.5
	Asian	1	.6	.6	86.1
	Caucasian	16	9.6	9.6	95.8
	Hispanic/Latino	7	4.2	4.2	100.0
	Total	166	100.0	100.0	

Table 6

*Age Range*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	16-17	1	.6	.6	.6
	18-24	26	15.7	15.7	16.3
	25-34	58	34.9	34.9	51.2
	35-44	37	22.3	22.3	73.5
	45-54	34	20.5	20.5	94.0
	55-64	7	4.2	4.2	98.2
	65-74	3	1.8	1.8	100.0
	Total	166	100.0	100.0	

Table 7

Appendix D – Success Rate by Treatment and Control Group

*Client Success \* Treatment or Control Group Crosstabulation*

		Grouping			
			Control	Treatment	Total
Client Success	Successful	Count	7	37	44
		% within Grouping	13.2%	32.7%	26.5%
	Unsuccessful	Count	46	76	122
		% within Grouping	86.8%	67.3%	73.5%
Total		Count	53	113	166
		% within Grouping	100.0%	100.0%	100.0%

Table 8

*Chi-Square Tests*

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	7.068 <sup>a</sup>	1	.008		
Continuity Correction <sup>b</sup>	6.101	1	.014		
Likelihood Ratio	7.707	1	.006		
Fisher's Exact Test				.008	.005
N of Valid Cases	166				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 14.05.

b. Computed only for a 2x2 table

Table 9

Appendix E - Success Rate and Revocation County

*Client Success \* Revocation County Crosstabulation*

			Revocation County		
			Multiple Counties	Only Mecklenburg	Total
Client Success	Successful	Count	19	25	44
		% within Revocation County	20.0%	35.2%	26.5%
	Unsuccessful	Count	76	46	122
		% within Revocation County	80.0%	64.8%	73.5%
Total		Count	95	71	166
		% within Revocation County	100.0%	100.0%	100.0%

Table 10

*Chi-Square Tests*

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	4.826 <sup>a</sup>	1	.028		
Continuity Correction <sup>b</sup>	4.077	1	.043		
Likelihood Ratio	4.792	1	.029		
Fisher's Exact Test				.034	.022
N of Valid Cases	166				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 18.82.

b. Computed only for a 2x2 table

Table 11

Appendix F - Success Rate and Time Without Driving Privileges

*Client Success \* YearsMEDIAN\_D Crosstabulation*

		YearsMEDIAN_D		Total
		Less than or equal to 3 Years Without License	Greater than 3 Years Without License	
Client Success	Unsuccessful	Count 73	49	122
		% within Client Success 59.8%	40.2%	100.0%
	Successful	Count 15	29	44
		% within Client Success 34.1%	65.9%	100.0%
Total		Count 88	78	166
		% within Client Success 53.0%	47.0%	100.0%

Table 12

*Chi-Square Tests*

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	8.605 <sup>a</sup>	1	.003		
Continuity Correction <sup>b</sup>	7.602	1	.006		
Likelihood Ratio	8.682	1	.003		
Fisher's Exact Test				.005	.003
N of Valid Cases	166				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 20.67.

b. Computed only for a 2x2 table

Table 13

Appendix G - Success Rate and Referral Source

*Client Success \* Referral Agency Crosstabulation*

		Referral Agency			
		District Attorney	Public Defender	Total	
Client Success	Successful	Count	26	17	43
		% within Referral Agency	32.9%	20.0%	26.2%
	Unsuccessful	Count	53	68	121
		% within Referral Agency	67.1%	80.0%	73.8%
Total		Count	79	85	164
		% within Referral Agency	100.0%	100.0%	100.0%

Table 14

*Chi-Square Tests*

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	3.528 <sup>a</sup>	1	.060		
Continuity Correction <sup>b</sup>	2.893	1	.089		
Likelihood Ratio	3.542	1	.060		
Fisher's Exact Test				.076	.044
N of Valid Cases	164				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 20.71.

b. Computed only for a 2x2 table

Table 15

Appendix H - Recidivism Rates of the Treatment and Control Groups

*New Charges After Referral \* Treatment or Control Group Crosstabulation*

			Grouping		
			Control	Treatment	Total
New Charges After Referral	New Charges	Count	12	23	35
		% within Grouping	22.6%	20.4%	21.1%
	No New Charges	Count	41	90	131
		% within Grouping	77.4%	79.6%	78.9%
Total	Count		53	113	166
	% within Grouping		100.0%	100.0%	100.0%

Table 16

*Chi-Square Tests*

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	.113 <sup>a</sup>	1	.736		
Continuity Correction <sup>b</sup>	.018	1	.894		
Likelihood Ratio	.112	1	.737		
Fisher's Exact Test				.839	.442
N of Valid Cases	166				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 11.17.

b. Computed only for a 2x2 table

Table 17



Appendix I - Days between Referral and Record Closure

*One-Sample Statistics*

	N	Mean	Std. Deviation	Std. Error Mean
Number of Days from Referral to Record Closure	151	149.1788	77.64527	6.31868

Table 18

*One-Sample Test*

Test Value = 120						
				Mean	95% Confidence Interval of the Difference	
	t	df	Sig. (2-tailed)	Difference	Lower	Upper
Number of Days from Referral to Record Closure	4.618	150	.000	29.17881	16.6937	41.6639

Table 19

Appendix J - Multivariate Logistic Regression

All Bivariate Predictors

*Omnibus Tests of Model Coefficients*

		Chi-square	df	Sig.
Step 1	Step	21.381	8	.006
	Block	21.381	8	.006
	Model	21.381	8	.006

Table 20

*Classification Table<sup>a</sup>*

Observed		Predicted		
		Unsuccessful	Successful	Percentage Correct
Step 1 Client Success	Unsuccessful	83	39	68.0
	Successful	13	31	70.5
Overall Percentage				68.7

a. The cut value is .250

Table 21

*Variables in the Equation*

	B	S.E.	Wald	df	Sig.	Exp(B)
Step 1 <sup>a</sup> AgeMEDIAN_D	.682	.425	2.577	1	.108	1.977
GenderDummy	.138	.406	.115	1	.734	1.148
RaceAADummy	-.240	.538	.199	1	.655	.786
TreatmentControlDummy	1.142	.487	5.494	1	.019	3.133
YearsMEDIAN_D	1.105	.440	6.294	1	.012	3.019
OnlyMeckDummy	.612	.417	2.154	1	.142	1.844
ReferralDADummy	.053	.434	.015	1	.902	1.055
NewChargesDummy	.109	.472	.053	1	.818	1.115
Constant	-2.969	.742	16.027	1	.000	.051

a. Variable(s) entered on step 1: AgeMEDIAN\_D, GenderDummy, RaceAADummy, TreatmentControlDummy, YearsMEDIAN\_D, OnlyMeckDummy, ReferralDADummy, NewChargesDummy.

Table 22

Maximizing Predictive Accuracy

*Omnibus Tests of Model Coefficients*

		Chi-square	df	Sig.
Step 1	Step	21.201	5	.001
	Block	21.201	5	.001
	Model	21.201	5	.001

Table 23

*Classification Table<sup>a</sup>*

Observed		Predicted		
		Client Success		Percentage Correct
		Unsuccessful	Successful	
Step 1	Client Success Unsuccessful	82	40	67.2
	Successful	12	32	72.7
Overall Percentage				68.7

a. The cut value is .250

Table 24

*Variables in the Equation*

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1 <sup>a</sup>	AgeMEDIAN_D	.656	.415	2.497	1	.114	1.927
	RaceAADummy	-.222	.530	.175	1	.676	.801
	TreatmentControlDummy	1.164	.468	6.189	1	.013	3.203
	YearsMEDIAN_D	1.126	.432	6.785	1	.009	3.085
	OnlyMeckDummy	.628	.393	2.551	1	.110	1.875
	Constant	-2.912	.724	16.181	1	.000	.054

a. Variable(s) entered on step 1: AgeMEDIAN\_D, RaceAADummy, TreatmentControlDummy, YearsMEDIAN\_D, OnlyMeckDummy.

Table 25