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D r u n k D r i v e r s

A Study of Prince George's County (MD)

DWI Facility

126144
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December, 1987

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Prepared for the National Institute of Justice, U.S. Department of Justice, by the American Correctional Association, under Grant # 85IJ-CX-0065. Opinions stated herein are those of the author and do not necessarily represent the views or policies of the National Institute of Justice, or the U.S. Department of Justice.

Executive Summary

The plan for evaluating the Prince George's County Driving While Intoxicated (DWI) Facility examined two major components: Organizational Issues and Impact Issues.

I. Organizational Issues:

a. Decision points which result in a DWI placement. The most critical decision point uncovered in this project was the role of the courts. In particular, the Circuit Court judge, who heard all DWI cases appealed from the lower District Court. It was not until this judge's concerns were met that the DWI Facility began to reach its full bed-capacity.

b. The prevalence of DWI offenses in P.G. County in fiscal 1983 was 4,755 arrests. The data collected for this project indicate that 15% of those potentially eligible for placement in the DWI facility actually are sent there. The major factor contributing to this limited use was the Circuit Court's sentencing philosophy (as indicated in 1.a., above).

c. Effectiveness of current Table of Organization and staffing pattern. Due to the under-utilization of the DWI Facility during the period of the project, the latter cannot be reported upon, adequately. In general, the Table of Organization presented no problems at the facility (working) level, although the combination of two County Departments in the planning stage did present problems. Had there not been a prior acquaintance between the Facility Director (Department of Corrections) and the Treatment Director (Health Department), and the latter's experience in the corrections field, this could have presented severe problems.

While the concept -- using the different expertise of the two agencies -- would appear to make sense, it would appear that many areas of conflict can be avoided if all employees are from a single agency.

d. In-House DWI activities. Intake processing, medical examination and interview, orientation, finance interview, in-depth evaluation of each participant, development of a treatment contract which lists treatment expectations during the in-house phases of the program, group and individual counseling sessions, alcoholism education classes, work release, family counseling, development of an aftercare treatment plan for implementation during the period of post-release probation.

e. Self-sustaining (fee) expectation. This aspect of the evaluation was also hampered by the under-utilization of the DWI Facility. It would appear that there are a number of procedural problems in this aspect of the program; however, fees have been, and are being paid, resulting in a reduction of the County's expenses in operating the Facility.

II. Impact Issues:

a. Success in the DWI Facility meeting its five-fold mission. (1) It has provided the Court with a sentencing alternative; (2) it does provide an in-depth diagnosis for each participant; (3) it appears to have a positive impact on its participants (however, at a level which is not significantly different from a matched group which did not participate in the program); (4) it does function as a beginning phase of treatment during the after-care program; and (5) it has provided an alternative place for confinement, thereby helping to reduce overcrowding at the County's Detention Center. In sum, four of the five areas show definite progress; while the fifth (positive impact) is in the anticipated direction but of lesser magnitude.

In general, the results of the project indicate that the Prince George's DWI Facility has gone through considerable developmental problems. Through the perseverance of its Director these obstacles have, for the mostpart, been overcome. Other communities across the nation can benefit from P.G. County's experience and build upon what, at the present time, appears to be a successful model.

I. BACKGROUND

In 16 states, as of January 1, 1985, individuals convicted of Driving While Intoxicated (DWI) will serve some time in jail. For a second DWI offense, there are only nine states in which the offender will not be incarcerated. This severe sanction reflects the nation's growing concern for reducing the slaughter on its highways. The solution, however, creates a problem for the country's jail system by placing additional persons in an already overcrowded setting.

The Bureau of Justice Statistics (1984) found 22% of the country's largest jails were under court order to expand capacity or reduce the number of inmates housed. A survey of more than 1,400 criminal justice officials identified jail and prison crowding as the most serious problem facing the criminal justice system (Gettinger, 1984).

It is in this context that the American Correctional Association proposed, as part of a larger project, to examine a unique program designed to deal with the drunk driver.

A. SETTING

On August 2, 1985, in Prince George's County, Maryland, a new local government facility was opened to deal with drunk driver offenders. The mission of this institution is:

- to provide the courts with a sentencing alternative and a place for confining those convicted of DWI;
- to provide diagnostic assessments of convicted DWI offenders sent to this facility;
- through in-house and post-release treatment programs, positively affect this DWI population;
- to become the beginning phase of a comprehensive treatment model; and its most unique aspect
- to operate the DWI Facility as a self-supporting entity utilizing court imposed fees based on length of sentence.

Prince George's (P.G.) County is located on the northeast border of Washington, DC. The County's population is approximately 800,000. While geographically it is more rural than urban, P.G.'s population consists of more urbanites than ruralists. Racially, the County is slightly more than half black; this upwardly mobile group is becoming more middle class, as is the total County. In fiscal 1983 there were 4,755 DWI arrests in Prince George's County.

Prior to the creation of P.G. County's Department of Corrections in 1978, the local jail system was operated by the Sheriff's Department. In 1982, like many other correctional systems across the county, the County entered into a consent decree with the Federal District Court following a class action suit which resulted from overcrowding, poor physical plant, and unacceptable conditions of confinement in its Detention Center (jail).

B. DRUNK DRIVER PROBLEM

During the early 1980s, concern grew across the nation regarding the need to make roads safer from drunk drivers. The U.S. Department of Transportation pushed for increased enforcement of existing drunk driver laws, enactment of new legislation with more severe sanctions, and the initiation of drunk driver prevention programs. Many local government agencies became increasingly troubled; in 1985 over 600 Marylanders died in alcohol related accidents.

Private citizens also sought ways to solve the drunk driver problem. Mothers Against Drunk Drivers (MADD) and similar organizations lobbied, court watched, and campaigned across the country in an effort to promote stiffer drunk driving sanctions. Their efforts had a significant impact. At state and local governmental levels new laws were passed which lowered the breath alcohol content that defined drunk driving. Increased enforcement resulted in more arrests. The judicial system's awareness regarding the total situation was heightened, including concern regarding already at-capacity jails experiencing increases in the number of their drunk driver prisoners.

Prince George's County's actions reflected the consequences of this confluence of forces. In 1981, a group consisting of the local Sheriff, a Circuit Court judge, and the Addictions Director of the P.G. Health Department met to plan a more effective, coordinated procedure to deal with the drunk driver problem.

Initially, this County DWI Task Group's operating hypothesis was: drunk driver offenders with a record of previously driving while intoxicated, had not learned from experience. Their view was supported by the County Courts' sentencing practice which required drunk driver first offenders to attend educational classes. Typical drunk drivers would refrain from driving while intoxicated (it was reasoned) if they were given information about the dangers of alcohol. Since these individuals were perceived as productive, law abiding, rational citizens, such educational efforts would reduce repeat offenses, thereby stemming the rising tide of drunk drivers, and result in safer highways.

The County DWI Task Group proposed implementing their education concept by converting a closed public school into a residential facility that would house first offender drunk drivers for a weekend length program. This facility would be operated by the Sheriff's Department; personnel from the Health Department's Division of Additions would provide education instruction for persons committed by the courts.

C. DWI CONCEPT

The idea of a separate facility for individuals guilty of Driving While Intoxicated (DWI) gained additional support when the Maryland legislature awarded P.G. County a \$500,000 demonstration grant to implement the concept in a converted school building. This gave the courts a previously unavailable sanction; provided a remedial program in a atmosphere conducive to having programmatic impact, and permitted separate housing for the drunk driver jail population.

Soon after receiving the demonstration grant, the P.G. County Administration delegated the operation of the project to the Department of Corrections. That decision was based on several factors:

- the County's overcrowded jail was functioning under a consent decree which required reducing its population;
- the program's target population could be expanded to include repeat, as well as first, offenders thereby helping to alleviate the jail crowding problem; and
- the Corrections Department's personnel were seen as better trained to handle inmates in a residential setting.

Moreover, P.G. County was willing to add funds to the state's demonstration grant. Rather than functioning in a converted, existing public school building, the program would now operate in an appropriately designed, new structure. Construction overrode the renovation idea because: the County was already building a new Detention Center which could provide operational support to the drunk driver program if it was housed on the adjacent land available at the jail site; cost savings and a more efficient operation would result. This decision also helped the County avoid the community opposition that often arises when a school conversion is undertaken.

D. FUNDING

Once the decision was made to build, the County added approximately \$800,000 to the \$500,000 received from the state legislature and the present DWI Facility was constructed. The State's demonstration grant contained several provisos:

- whatever program was devised had to be replicable at any location within the state of Maryland;
- the local Health Department would provide the Facility's treatment component; and
- overall operational responsibility for the Facility was under the jurisdiction of the local Corrections Department.

Prince George's County imposed an additional requirement. Although the County agreed to fund construction of a new Facility, it was not willing to assume the even larger burden of supplying on-going operating monies. The County mandated that the drunk driver program reimburse it for the Facility's operating expenses (i.e., fees were to be collected from the drunk driver program participants to defray the expenses of running the DWI Facility).

Thus, the DWI Facility became one of four elements in P.G. County's approach to the DWI problem:

- 1) Court Assessment and Sentencing
- 2) DWI Facility
- 3) State of Maryland DWI Monitoring Program
- 4) County Mental Health Department as treatment providers.

II. DWI CLIENT FLOW

ACA staff conducted a survey of the County's overall criminal justice program for drunk drivers. This review was performed with the assistance of Mr. Bruce Orenstein, Director of the DWI Facility. Interviews were conducted with personnel from the following agencies: the PG District Court, the Department of Probation and Parole, and the PG Detention Center. Based on these interviews and telephone contacts a general description of the overall DWI client flow was developed.

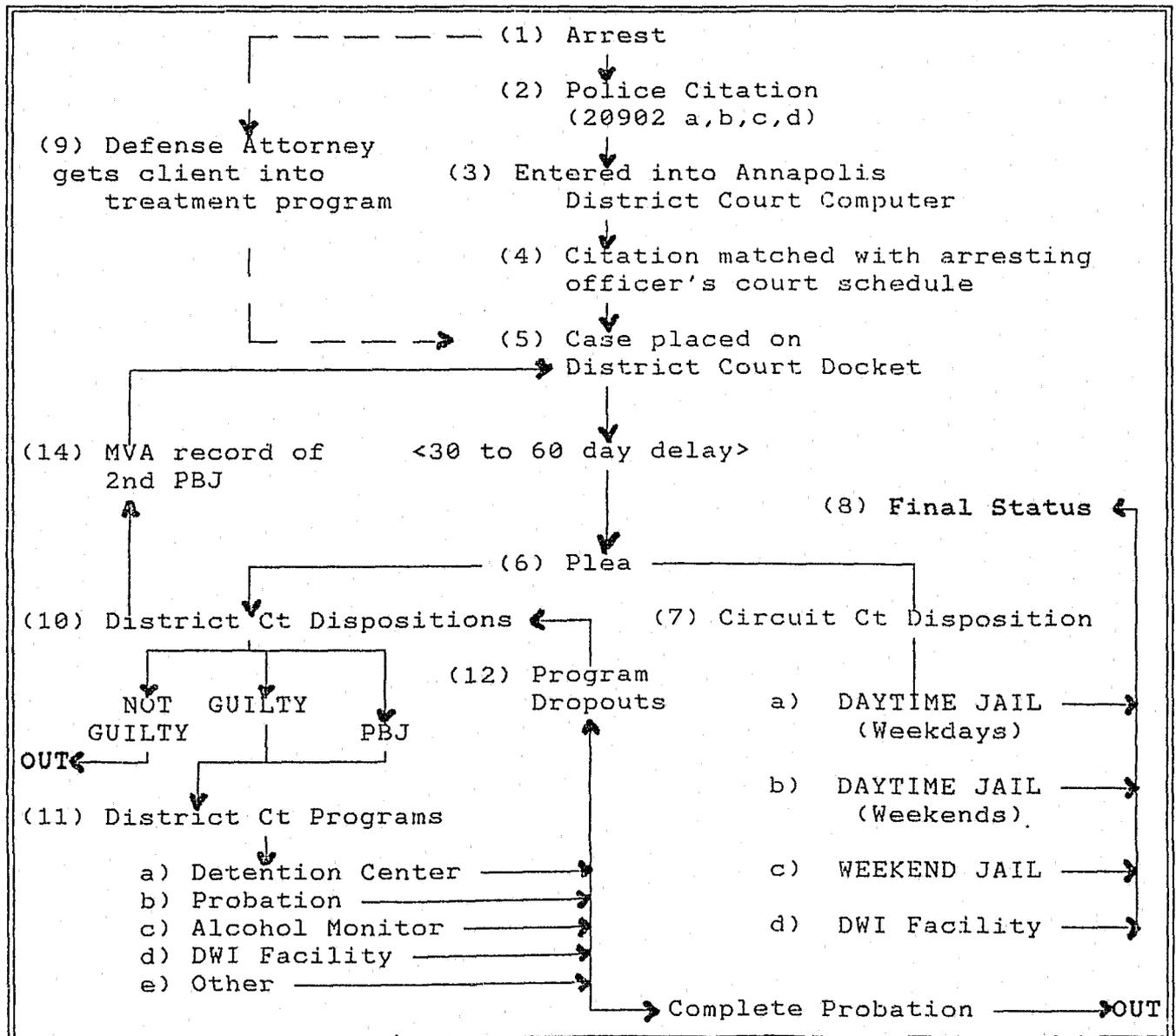


Figure 1. DWI Offenders -- Flow through P.G. County, (MD) system.

Figure 1 shows the 14 step criminal justice processing system; Figure 2, below, summarizes the DWI program options in P.G. County:

- 1) The system begins with an arrest for drunk driving.
- 2) The Police Officer documents the arrest with a citation ("ticket") that indicates the charge. The numerical designator for a DWI charge is 21902 a, b, c, or d. (The letters indicate the nature of the drunk driving charge: a = "driving while impaired;" b = "driving while intoxicated; c & d relate to drug offenses.)
- 3) The Police Officer's citation is mailed to the computer center for the State District Court System (located in Annapolis, MD). From the citation information the date, time, and other specifications of the arrest are entered into the District Court computer system.
- 4) Once the citation has been entered (together with the arresting Officer's name), a computer program matches the arresting Officer's court schedule with the citation so that the case is scheduled at the correct time in the appropriate court -- either in Upper Marlboro (the County seat) or one of two courts in Hyattsville, MD.
- 5) Each District Court, typically, is scheduled to hear 150 misdemeanors and 30 jailable misdemeanors every day; DWI is a jailable offense. At the judge's discretion (each has his/her own criteria), a case may be deferred to the Court Alcohol Assessor to determine the extent of an offender's alcoholism; this is a minimally utilized option. Additionally, a Pre-Sentence Investigation (PSI) is usually completed on District Court misdemeanor cases; it is done on all felony charges. The Court Alcohol Assessor will prepare a written report; however, due to the volume of cases, the judge usually receives only a verbal summary.
- 6) Individuals charged with 21902 can retain legal counsel. Their lawyer may request a postponement (which, if granted, results in resetting the hearing date), or the defense attorney may plead for a jury trial. The latter action automatically changes the court venue to the Circuit Court which handles criminal appeals. Currently from 1/3 to 1/2 half of all cases in Prince George's County are being plead up to the Circuit Court level.

- 7) At the Circuit Court one judge (Judge Femia) hears all appeals on DWI cases. He has a standard procedure for handling these cases. Offenders are offered the opportunity to plead guilty and to select their sanction from the following four choices:
- a) Daytime Jail (from 7 a.m. to 3 p.m.). This actually consists of a work detail under the P.G. Sheriff's Office. Individuals electing this option do not actually enter the Detention Center; they are received at the gate of the jail and assigned, immediately to community work details.
 - b) Daytime Jail -- Weekends. Individuals who choose this sanction do their daytime jail sentence on the weekends; they also pay a fee (fine) of \$25.
 - c) Weekend Jail. Individuals can decide to spend weekend(s) in jail. In this instance, they actually serve time in a temporary building located outside the gates of the Detention Center. No program is provided nor is there any requirement to perform work in an outside detail.
 - d) DWI Facility. Recently Judge Femia has added confinement in the DWI Facility to the available alternatives. Individuals can elect to go to the DWI Facility for a week (7 days), in lieu of the other sanctions.
- 8) Upon completion of their selected sanction, the individual returns to the Circuit Court for final sentencing. Those who have not reported to the chosen program, or who failed to complete it successfully, will receive a harsher sentence (including serving time in the County Detention Center).

Individuals who successfully complete the elected sanction may have their conviction changed to Probation Before Judgement (PBJ) and either be released from any further obligation or remain on probation for a year or more. However, others can have their convictions confirmed and also be required to complete a probation sentence, usually one to three years.

[The advantage of PBJ is that this is not considered a conviction; it will not add points to the offender's driving record. That is, the individual can keep his/her driver's license, rather than have it suspended. Only one PBJ entry is permitted on the state driving record, within a three year period.]

[A computer check through the Motor Vehicle Administration (MVA) driver file will indicate whether an individual who received Probation Before Judgement had a prior PBJ within the last three years. If this is the case, MVA will notify the District Judge and the Court will issue a show cause notice requiring the individual to return and be sentenced as a second offender.]

[Individuals who already have received PBJ from the Court must be found either 'guilty' or 'not guilty' if charged with a subsequent DWI offense. However, since Maryland's MVA and the County's computers are not compatible, reportedly, no one has ever been identified as a second PBJ offender.]

By agreed upon policy, those who chose to go to the DWI Facility are kept on probation for a minimum of one year during which they are required to follow the aftercare treatment program recommended by DWI staff.

- 9) For cases that remain in the District Court, some DWI defendants are advised by their defense counsel to obtain an assessment of their drinking problem and enter into treatment at a private agency prior to the time their case will be heard (usually between 30 to 60 days). Consequently, an individual may have already been assessed and be involved in a treatment program when the case initially appears before the District Court judge.

Defendant's counsel hopes this tactic will encourage the judge to be relatively lenient; i.e., allow the DWI offender to complete the treatment program and reduce or eliminate other penalties such as fines, probation, community service, and/or jail time.

Since little use, generally, is made of the Court Alcohol Assessor's report and few cases have PSI studies, the judge, usually, has only the document prepared by the private treatment agent, thereby heightening the likelihood that defense counsel's strategy will be successful.

10) For District Court defendants, basically, there are three outcomes:

- a) the individual can be judged 'not guilty,'
- b) the defendant can be found 'guilty,' or
- c) the court may approve Probation Before Judgement.

11) The District Court has five major sentencing alternatives. But unlike the practice in the Circuit Court, the defendant is not allowed to select from among these options:

▪ A sentence to the Prince George's County Detention Center. Such jail sentences are rare, however some DWI offenders have been sentenced to 30 days or more. Typically, this happens when the individual has been convicted of other criminal offenses, in addition to DWI -- such as possession of narcotics.

▪ Placed on probation. These defendants will be required to participate in programs such as community service, alcohol and/or drug treatment. They will be placed on probation under the supervision of the Department of Probation and Parole (P & P) for a period of one to three years. If the individual has not already entered a treatment program, the P & P agent will refer the offender to a treatment agency for assessment and therapy.

▪ State Alcohol Monitor Program. Individuals referred by the court to this program will have sanctions specified similar to cases sent to the Probation and Parole Department. Offenders who have not already selected a treatment agency, will be referred to the County Department of Health for assessment and referral for treatment.

▪ DWI Facility. District Court judges refer offenders to the DWI Facility for 7, 14, or 21 days. During their stay they participate in an intensive group assessment program. This forms the basis for a detailed treatment plan which is to be implemented during the up-coming year (as a condition of probation). Both the assessment results and the treatment plan are transferred to local treatment providers following the in-house (DWI Facility) portion of the sentence.

▪ Other. Defendant who voluntarily entered a treatment program prior to adjudication may be allowed, by the Court, to continue in that program without monitoring by either the State DWI Monitor Program or Probation and Parole. These individuals may receive additional sanctions (e.g., community service and/or a fine); however, rarely are they assigned to the DWI Facility or the County Detention Center.

- 12) Drunk drivers assigned to the Probation and Parole Department, the State Alcoholism Monitor, or to the DWI Facility generally are required to participate (up to a year) in a treatment program which is appropriate for the severity of their drinking problem. They may also be required to attend Alcoholics Anonymous (AA) meetings in addition to weekly therapy sessions at their assigned treatment provider.

Attendance at treatment sessions (and where required, at AA) is monitored by the P & P Office of the State Monitoring Program. Depending upon the level of supervision deemed necessary, the offender would be seen: (highest) twice each month in face-to-face contacts; (medium) one face-to-face and one positive contact per month; (minimum) one contact per month and one face-to-face session every three months. All special conditions of probation and parole are verified monthly.

The official policy in the State Monitoring Program is very stringent. It requires returning offenders to the Court if they miss even one treatment session. However, in actual practice the P & P agents and the State Monitors exercise considerable flexibility in individual cases. The State DWI Monitors are also responsible for determining whether or not an offender is maintaining sobriety. Individuals may be returned to court when there is evidence of drinking.

Each of the 23 State licensed country treatment providers have their own criteria concerning when an individual should return to court for failure to participate in (or complete) a treatment program. The private treatment provider reports delinquent offenders to the P & P Department or the State DWI Monitor who, in turn, completes the paperwork required to return the individual to court. The state agencies can also request the issuance of a subpoena to assure the appearance of the offender at the new hearing.

- 13) Clients who successfully complete their treatment program are released from further attendance (by the treatment provider agencies and by the Monitors or P & P agents). When their period of probation ends they are released by the Court from any further requirement for reporting to the Monitors or the P & P Department. These ex-offenders, then, flow out of the system.

On the other hand, those who fail to complete treatment are returned (through the Monitor or P & P Department) to the District Court which establishes a new court date to hear these probation violators. Such cases are heard one day each month in the court designated as G9. A separate "violation day" has been assigned to each District Court judge so that they see the offenders they originally sentenced to the DWI program.

- 14) Aside from a violation hearing (resulting from the failure to comply with the special treatment condition), an additional session may be held for individuals already tried and convicted -- upon notification by the Motor Vehicle Administration of a conviction or a PBJ action.

- 1) Detention Center
 - a) Sentenced -- Long term (30 days or more)
-- Short term (less than 30 days)
 - b) Daytime Community Service (Sheriff's work program)
-- Weekday: 7 a.m. to 3 p.m.
-- Weekend + Fine (\$25)
 - c) Weekend Incarceration
- 2) Parole and Probation
 - a) Community Service
 - b) Treatment program referral
- 3) Alcohol Monitors
 - a) Treatment program referral by County Health Dept.
- 4) Defense Bar Referrals
 - a) To private treatment agencies
- 5) DWI Facility
 - a) One, two, or three weeks
- 6) Other
 - a) Fine only
 - b) Time only
 - c) Probation only

Figure 2. Program options in P.G. County DWI Program.

III. THE DWI Facility

The U.S. Department of Transportation is of the opinion that DWI detention facilities are going to be developed across the country. Their primary focus is to combine treatment and confinement for drunk drivers without totally disrupting the positive aspects of these offenders' lives. Meeting similar objectives directed the planning which resulted in the development of the Prince George's County DWI Facility -- a residential facility; providing intensive assessment/referral in a non-medical setting; a year-long program; intensive supervision (monitoring) program; required abstinence; and supported by offender fees.

A. ADMINISTRATIVE STRUCTURE

Operational functions at the DWI Facility are provided by two County agencies. While the Department of Corrections managed the Facility, the Department of Health's Addictions Division is responsible for providing its treatment program. Staff from both Departments were assigned to a Task Force; their mission was to develop the DWI Facility's drunk driver program, its budget, and its procedures.

B. PHYSICAL STRUCTURE

1. Bed Capacity: The structure built to house the drunk driver program emphasizes functional simplicity. Its bed capacity was based on a formula which considered:

- the number of persons incarcerated in the P.G. County jail during 1981 for the offense of Driving While Intoxicated; (Maryland has no mandatory jail sentence for repeat drunk driver offenders. The traditional sanction for DWI type offenses was a weekend jail sentence. In projecting the DWI Facility's population, anyone recorded as having been sentenced for five (5) or more weekends was counted.)
- the arrest rate for 1981; and
- projected DWI arrests for the 1982 and 1983 calendar years.

The formula resulted in a 60-bed DWI Facility; 50 beds for males and 10 for females. It was anticipated that the facility would operate at, or near, capacity since in the District Court, during fiscal 1983, 2,056 DWI offenders plead 'guilty' and 646 individuals received PBJ. This meant that at least 226 people would be eligible for confinement at the DWI Facility every month.

2. Floor Plan: The DWI Facility (see next page) is a minimum security, community corrections operation. It has no bars or security-type locks within the building. One secure room is available; designed to control disruptive persons, temporarily, until transfer to the main jail (across the road) can be effected.

The one-story structure is built in a "T" shape. Its front portion has areas used for feeding and for program activities; it also contains the administration offices.

The facility's cafeteria was designed so that it provides both feeding and program space -- dividing into four small classrooms, each with its own chalkboard, movie screen, clock, and exit. Another large room (also in the front section of the structure) sub-divides into two smaller rooms. The DWI Facility has considerable flexibility as to how program space will be configured at any given time.

The main portion of the building, used for the residents' housing, consists of dormitory-style rooms. There are two five-bed units for females; five eight-bed units and one ten-bed unit house male residents. Each unit controls its own heat and air conditioning. This section of the structure also has a washer/dryer area, a television room, and an exercise room.

C. PROGRAM ISSUES

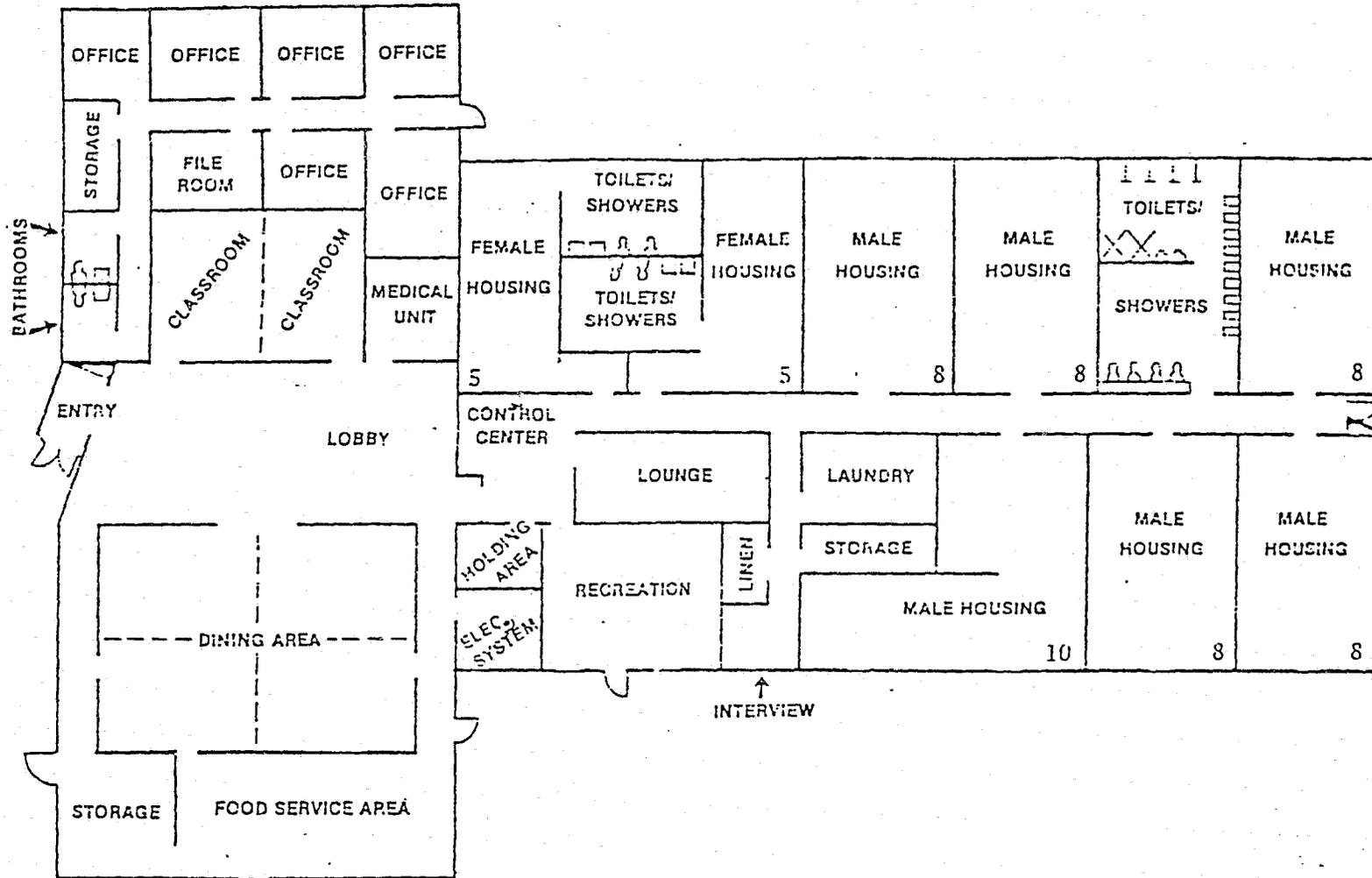
The first major step in planning the DWI Facility's program was to develop an overall philosophy which would guide the establishment of more specific goals and objectives. Since it was anticipated that the bulk of the Facility's participants would be repeat DWI offenders, an effective program would require a time span of sufficient length. Staffs from both County Departments agreed that the originally envisioned weekend program would not provide enough time.

The Health Department initially proposed using its existing six week outpatient educational program. Their plan was to implement that model in a residential setting.

Although typical DWI offenders within the criminal justice system would have been exposed to this program prior to their current offense (on an outpatient basis), the Health Department maintained: (1) one could not have too much education; and (2) past failure (represented by the new offense) did not necessarily mean the program would be unsuccessful in a residential setting.

Figure 3

PRINCE GEORGE'S COUNTY DEPARTMENT OF CORRECTIONS
DWI TREATMENT FACILITY



Corrections personnel sought a more innovative approach that capitalized on the uniqueness of the new DWI Facility. A more therapeutic model was envisioned; one which dealt with issues concerning family, employment, and the constructive use of leisure time, as well as alcohol/drug abuse education. The Health Department, reportedly, disagreed with both the notion of treatment being conducted in a corrections setting and with the decision that placed the project under the jurisdiction of the Corrections Department.

Resolving these philosophical differences required the Corrections Department to oppose the County's primary agency for dealing with substance abuse issues. The Health Department Addictions Division submitted staffing and budget requirements based on its educational concept; and that is what got funded, initially. The Corrections Department based its own staffing request on operating the facility 7 days a week with staff coverage 24 hours a day.

D. JUDICIAL ISSUES

A second major issue in program development concerned the courts' sentencing practices for DWI offenders. Since Maryland has no mandatory sentence for this type behavior, judicial cooperation was required if the facility was to be utilize appropriately.

In the state of Maryland, the offense of Driving While Intoxicated is a misdemeanor. It is handled, initially, at the lower or District Court level. District Court decisions can be appealed to the higher, Circuit Court. Additionally, if a defendant requests ("prays") a jury trial, the case automatically goes to the Circuit Court Bench. In Prince George's County, the Circuit Court's DWI docket is handled, primarily, by one judge.

1. Court Concerns: The District Court judges, for the most part, view DWI offenders as law abiding citizens. Except for the fact of the immediate offense, the Bench saw these offenders as married, productive citizens with a viable employment history. If incarceration was warranted, then it should occur on the weekend so that these individuals could continue to be gainfully employed. (According to court records, before drunk drivers were incarcerated they were likely to be at least a third-time offender.) Overall, the District Court was very supportive of the DWI Facility concept. The consensus was that such a facility would be over-utilized; a waiting-list was anticipated.

The Circuit Court judge who handles the DWI docket felt initially, that the DWI Facility should be used by the lower Court, exclusively. He did not want defendants from his court taking up scarce bed space.

2. Program Philosophy: It was clear to the planning group that the DWI Program needed to have a work release component if it was to be used by the Courts. This would allow offenders to maintain employment and avoid negative effects on their social-economic status. Consequently, the Corrections Department included work release personnel in its budgetary request.

It was also evident that the judges did not incarcerate DWI offenders for lengthy periods of time. Moreover, while treatment was of interest to the Bench, it was not their paramount concern. The Courts' philosophy was that incarceration is punitive; treatment is not. Reconciling these two concepts was difficult for some judges.

Lastly, the Bench overwhelmingly supported the idea of separating DWI offenders from the regular jail population.

IV. DWI PROGRAM

A. STRUCTURE

The deliberations of the Planning Task Force and its meetings with the judiciary provided the framework for the DWI Facility's program:

- A DWI program organized around a work release concept required that activities be scheduled during nontraditional work hours.
- Programming would also take place on the weekends, in order to have enough treatment hours for it to be effective.
- A fixed time schedule for program activities was established since attempting to accommodate to the widely diverse working hours of every participant would make it impossible to conduct an effective program.

DWI Program activities occur Monday through Friday, from 7:00 p.m. to 10:00 p.m.; and from 9:00 a.m. to 9:00 p.m. on Saturdays and Sundays. During these hours, DWI residents are not permitted to work at their place of employment in the community. This schedule fit existing sentencing patterns (e.g., the judges' past practice of weekend jail sentence), and results in the DWI population having a longer period of time for program participation.

B. STAFFING

Based on the Health Department (HD) Addiction Division's education program model, they requested:

- one Treatment Director;
- one Assistant Treatment Director;
- one part-time clerk; and
- 117 hours of counseling per week (evenings and weekends) provided by contract counselors.

The Corrections Department staffing request was based on the need to provide 24-hour coverage and assumed a 60:1 (minimum security residents to correctional officer) ratio:

- one Facility Director;
- one Work Release Coordinator;
- two Work Release Counselors;
- five Correctional Officers;
- one Food Steward;
- one Fee Collections Coordinator; and
- one full time secretary.

C. STAFF RESPONSIBILITIES

1. Facility Director: Oversees total facility operation which includes staff supervision, coordination of support functions, development and implementation of policy and procedures, staff training, liaison with judicial community, and coordination between DWI Facility and outside agencies.

2. Treatment Administrator: Responsible for the development and implementation of 7-days-per-week treatment activities designed to meet the needs of DWI participants, supervises treatment staff, coordinates guest lecturers and AA/NA speakers, coordinates orientation and release programs for all participants, coordination with Department of Health Addictions Division; reports to the Facility Director.

3. Assistant Treatment Supervisor: Assists Treatment Administrator in overall program management filling-in when the Administrator is not available, supervises part-time counseling staff, provides direct counseling service to DWI residents.

4. Work Release Coordinator: Coordinates all work release activities including contact with employer, transportation verification, and assists in employment-seeking efforts of unemployed residents, monitors substance abuse detection activities follow the residents' return to the DWI Facility each day, supervises work release counselors.

5. Work Release Counselors: Monitor residents working in the community, includes on-site job checks, telephone job checks, monitoring residents' working hours as to time in and time out of the DWI Facility, assist in finding employment opportunities for unemployed participants.

6. Fee Collections Coordinator: Arranges fee payment schedule with each participant, monitors collection activities, and reports problems to Court.

7. Registered Nurse: Conducts medical screening and physical examinations of all incoming residents, oversees the 7-days-per-week, sick-call, coordinates activities with DOC physician and the medical unit at the P.G. Detention Center.

8. Corrections Officers: Provide 24-hour security coverage, responsible for logging all persons in and out of DWI Facility, conduct contraband searches in the Facility and shakedowns of all residents.

9. Food Steward: Oversees food preparation and serving; food is actually prepared at the Detention Center and brought across the road to the DWI Facility.

10. Clerk Typist: Prepares all records, recording data, telephone inquires, data submission, and all filing; reports to Facility Director.

11. Clerical--part-time: Prepares client folders and statement of services, scores diagnostic tests and records data, orders equipment, and handles telephone inquires; provides liaison between HD Additions Division.

12. Treatment Counselors: Provide actual treatment to residents by conducting group and individual counseling sessions and formal class instruction.

[See Table of Organization on next page.]

D. PROGRAM

Shortly after the staffing pattern (and its attendant budget) was finalized, the Health Department Addictions Division Director was replaced. The new Addictions Director did not agree with the education model his Department had recommended for the DWI Program. He and the other members of the County's Task Force agreed that additional expertise was needed before the DWI Program was installed.

Nationally recognized experts on drunk driving were recruited (e.g., from the National Highway Traffic Safety Administration). This allowed the new program to capitalize on recent studies of DWI program effectiveness.

The DWI Facility program merges two concepts. The first derives from Arstein-Kerslake & Peck's (1985) three year study which found that avoidance of continued alcohol abuse by a DWI population required treatment in their own environment for at least one year.

The second concept was the Weekend Intervention Program (WIP), developed by Dr. Harvey Siegal of the Wright State School of Medicine in Dayton, Ohio. His program, directed primarily at first offenders, lasts for a period of 48 to 72 hours--as mandated by the Ohio Court.

WIP capitalizes on the fact that a person's awareness is heightened at a time of crisis. The program focuses this awareness on the cause of the crisis; namely, the weekend period of incarceration. WIP's initial hours (and day) are critical for exploring the cause of the commitment offense. Small group-work, along with focused peer interaction within the group process, leads to the breaking down defenses (particularly denial), and to participants gaining a more comprehensive realization of the seriousness and extent of their substance abuse problems. Coupling this process with education activities, allows each participant to self-diagnose his/her own situation.

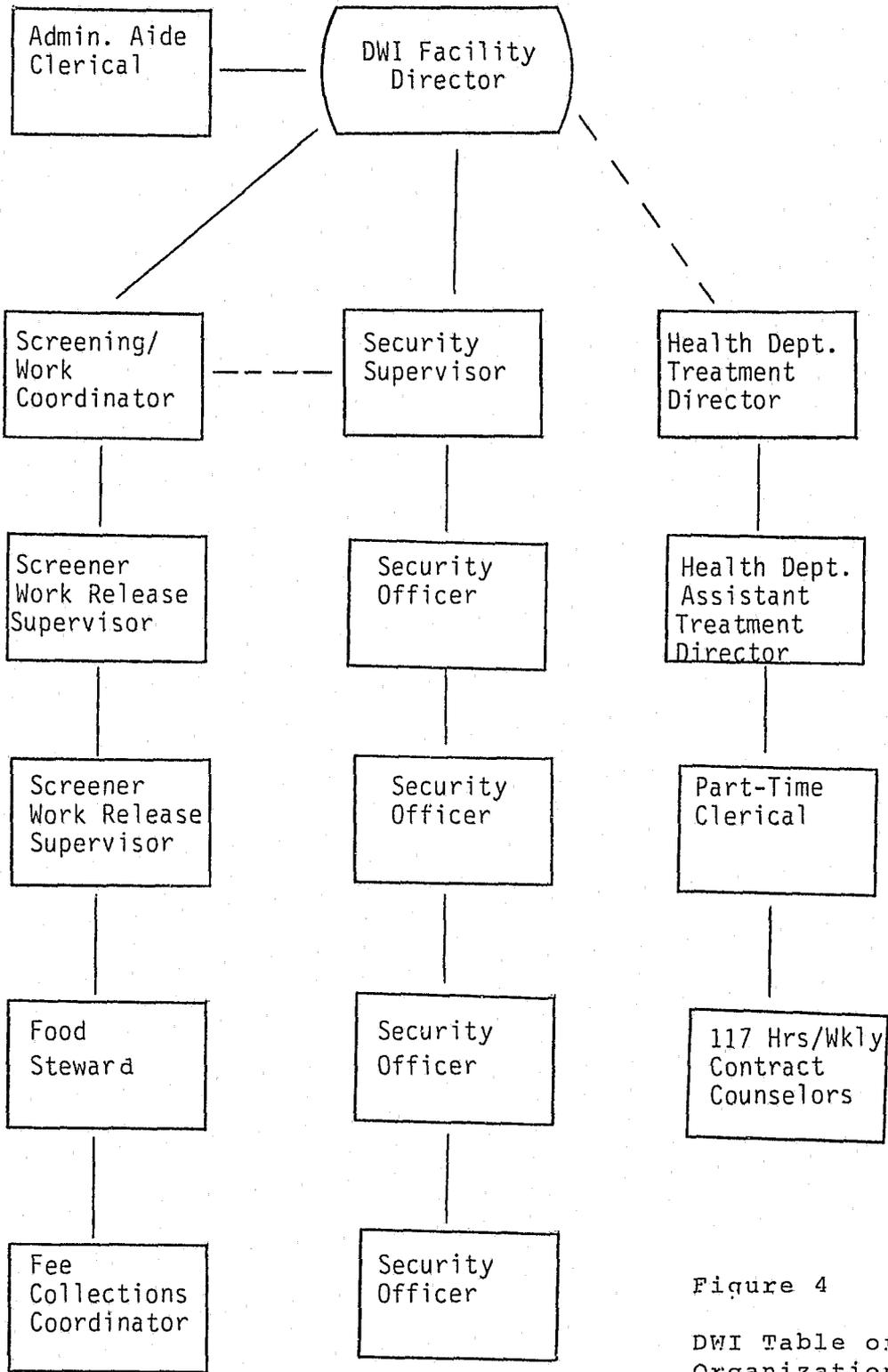


Figure 4
DWI Table of Organization

P.G. County modified WIP. It has its participants engage in self-diagnosis while being exposed to an education program dealing with substance abuse. Staff then meet individually with each resident to develop a year-long aftercare plan, which is implemented following release. Aftercare activities, tailored to each individual's self-diagnosis, geographical location, and financial resources, are established as special conditions of probation.

This treatment approach is an attempt to treat the whole person, and not focus only on an offender's drinking problem. Treatment addresses life skills counseling, leisure time resocialization, and family therapy along with alcohol/drug education and coordination with Alcoholics Anonymous.

Additionally, all residents participate in work release, with proper supervision for those employed. The unemployed are assigned work projects during the daytime hours. No one is permitted to work during the evening or on the weekend when the in-house treatment program takes place.

E. SENTENCING STRUCTURE

At the outset the court presented a number of unknowns concerning the sentencing structure under which drunk drivers would be confined at the Facility.:

- Who would the judges send to the new facility? First offenders? Repeat offenders? Only problem drinkers? Females as well as males?
- How long would the sentences be? Would additional probation time be required? permitted?
- Would offenders also be sentenced to the monitoring program?
- Would the court permit the DWI staff to determine the length and nature of the treatment program? of the aftercare program?
- Will the court ensure the collection of the DWI fee from the residents?

Sentencing options had to satisfy several requirements: (1) meet society's demand for stiffer drunk driver sanctions; (2) fit the existing judicial sentencing philosophy for this type offender; and (3) permit the DWI Program to achieve its goals.

Neither the DWI Facility nor the County Government have authority to make or modify state law regarding the sentences awarded DWI offenders. Agreements between the Court and the DWI Facility can be implemented as operational procedures, provided they are within the statute's parameters, as established by the state legislature. Differences in perspectives needed to be reconciled.

1. Courts' Perspective: Judges do not appreciate being narrowly restricted regarding how a particular sanction (i.e., commitment to the DWI Facility) is to be imposed. In Prince George's County eleven District Court judges hear DWI cases, which might have meant eleven different opinions regarding what was to be done with DWI offenders.

One member of the Bench stated it was not his job to assure rehabilitation. If a DWI offender wanted to be an alcoholic, that was ok with him. The judge's job, as he saw it, was to deal with offenders only when they drive drunk. At the other end of the continuum, another judge maintained that all DWI offenders have a drinking problem which needed treatment. A uniform sentencing structure was sought which offered equity while allowing judicial discretion.

2. DWI Perspective: The nature of permissible DWI sentences would also have profound effect on the type of program which could be developed. Not only was length of sentence important, but also significant was the day that the sentence began. Having the same, single intake day every week offered a number of significant operational advantages.

Intake entails medical screening and program orientation. The one-intake-day schedule meant staff would be assigned intake duties only one day each week, freeing their remaining work hours for other correctional activities which could also be more structured under this arrangement

From a treatment perspective, having intake only on Fridays allows all new inmates to begin their program at the same time. This fosters a more focused approach; it generates greater cohesiveness which aids in the development of the group process. And, it is more efficient since program activities can be sequenced and less open-ended.

Lastly, one admissions day meant a phased program could be developed in which participants move as a cohort into additional phases, depending on their length of stay.

Accordingly, it was recommended that all DWI sentences consist of four elements:

- 1) time -- one of three options: a minimum sentence of 7 days, a 14 day sentence, and a 21 day sentence (recently a 28 day option was added);
- 2) incarceration date -- all sentences commence on a Friday at 12:00 noon;
- 3) probation -- all DWI Facility releasees placed on probation for a minimum of one year with a special condition requiring payment of a fee; and
- 4) aftercare -- an additional special condition of probation requiring DWI releasees to enroll in community-based aftercare programs deemed necessary by the DWI staff.

3. Judicial Reaction to Sentencing Recommendations: Judicial concerns were raised about three aspects in the recommended sentencing structure:

(a) the Friday admissions day meant, for some cases, not starting their DWI sentence immediately after the court appearance;

[The Courts' past practice for sentencing DWI cases (weekend confinement) required offenders to report on their own, at times not immediately following their court appearance; further, the Court still had the option of incarcerating a defendant pending transfer to the DWI Facility on the next Friday.]

(b) permitting DWI Facility staff to establish conditions of probation;

[Prior to a participant's release, the DWI staff agreed to inform the Court of their treatment findings and, based on those reports, the Court would set the special conditions of probation.] and

(c) having fee collections enforced by the courts.

[It was agreed that one judge would handle all probation violations where the only issue was fee payment problems; that the payment schedule would spread over the entire period of probation; and, that the Court would have the option to waive the fee, if it found cause to do so.]

These negotiations reflect the importance which the County's Task Force gave to developing and maintaining a genuine working relationship with the judiciary. Their primary goal was to encourage the Courts' confidence in the DWI Program. Continuing contacts and a chance for the Bench to provide feedback on the Task Force's proposals, led to a greater sense of involvement. It was felt that the DWI program could not succeed without mutual trust and respect between these principal parties.

V. DWI OPERATIONS

A. STAFFING

The DWI Facility Director was selected during the concept design phase; becoming involved with the project approximately nine months prior to the Facility being opened. Consequently, he helped shape the DWI Program philosophy and its operational procedures. For example, one criterion for all the staff hired was that they endorsed the belief that effective treatment in a correctional facility was not only possible, but highly desirable for some offender populations.

Four months prior to the Facility's opening, a Treatment Director was hired by the Health Department. Formerly, she had been a Department of Corrections counselor and this experience helped smooth inter-Departmental frictions which otherwise might have emerged. Soon after coming on board, the Treatment Director hired her assistant and they immediately began to develop specific activities based on the already agreed upon program structure. This process was facilitated by visits to other DWI programs and a review of available program descriptive materials.

Security staff selections were made two months prior to occupying the Facility. Five correctional officer positions were filled (including one at a supervisory level). Much thought was given regarding the type correctional staff deemed desirable for this kind of program. Those chosen were: (1) individuals who were sympathetic to the idea of inmates having program needs; (2) capable of maintaining control over an offender population; (3) able to work independently; and (4) capable of working cooperatively with civilian staff to ensure the development of a facility climate conducive to therapeutic change.

The civilian staff selected to fill other DWI Facility positions also were chosen from personnel already in the Corrections Department (two had worked as correctional officers while the third was in a civilian position).

Contract counselors were hired after the program activities had been delineated by the Treatment Director and her assistant. Using contract personnel was felt to be a decided plus for the program. The fact that these staff work during the evenings and on the weekends, meant individuals could be hired who held full-time positions in other agencies. This work schedule, which was attractive to many well qualified and experienced professionals, resulted in the DWI staff being able to pick from among the numerous applicants, those most amenable to the program's treatment philosophy.

The Corrections Department scheduled its Medical personnel to be on-site at the DWI Facility for new admissions each intake day. This staff also handled daily sick call. The Department's physician was in the DWI Facility one day per week, and available (on call) as needed.

Selecting appropriate staff is critical to the success of any undertaking. The full-time civilian and security staff in the DWI Facility were seasoned correctional workers. That they knew one another from their prior experience in the Department of Corrections, increased the likelihood of success for the new project. The Facility's Director stated that specific knowledge about alcoholism or addiction was not deemed as important as the fact that all staff had qualities which complemented the DWI Program philosophy -- in particular, the belief that positive changes can occur while offenders are in a correctional environment.

B. TRAINING

A key ingredient in training the DWI personnel, reportedly, was the development of a Policy and Procedures operations manual. Both in the process of its creation (by the DWI's initially hired staff), and as a core training document for personnel recruited after the DWI Facility opened, this manual continues to be very useful.

Training for all original staff occurred prior to the facility being opened. This included, in addition to sessions on philosophy, policy, and procedures, such activities as cross-training -- from treatment staff regarding the DWI Program and the nature of its population; and from the security staff concerning operational and correctional functions.

The Department's Medical staff conducted training sessions for DWI personnel regarding medical concerns inherent in a DWI operation. (For example, early in the County Task Force's planning, there was agreement that in order to provide 24 hour medical supervision to persons requiring detoxification, they would be housed in the Medical Unit of the main jail (across the road); after medical clearance, these individuals would be transferred back to the DWI Facility to complete their sentence.) The medically-oriented training sessions also covered: how to recognize critical signs and/or symptoms which require contacting medical personnel, immediately; and, the procedures developed to distribute medication during periods when medical staff were not available on-site.

C. RESIDENT POPULATION

The DWI Facility admitted its first group of residents on August 2, 1985. A total of 14 individuals were processed, with the 7 day sentence option being the most frequent sanction. The prevalence of the 7 day sentence has persisted.

During the first year of operation, a total of 633 individuals went through the DWI Program; however, the Facility was never at more than half capacity. The highest on-board population during this period was 31 residents; the largest weekly intake was 20 (with an average of 13). DWI population characteristics are shown in Table 1.

Table 1

Demographics: DWI Facility Population

Average Age:		34.4
Sex:		
	Female	6%
	Male	94%
Race:		
	Black	30%
	White	69%
	Other	1%
Residency:		
	County	67%
	Non-County	33%

White males were over-represented in the DWI's clientele; they constitute 64% of the DWI residents, although they represent only 25% of the County's population.

From a treatment-need standpoint, the committed population had a definite alcohol addition problem. On the (below) 10 point scale measuring degree of alcohol problems, developed by the National Institute of Alcohol Abuse and Alcoholism, a social drinker has a score of less than 4. For the DWI population the average score was 6.4-- a rating of alcohol addiction at the early/middle stage.

1	2	3	4	5	6	7	8	9	10
No Apparent Problem(4%)		Potential Problem(11%)		Early Stage(31%)		Middle Stage(38%)		Late Stage(16%)	

As displayed in Table 2, only 2% of the Program residents had no prior DWI arrests; the average number of priors being 2.25. This population needed to have more treatment attention given to their drinking addiction than had been anticipated, initially.

Table 2

Percent of Population
with prior DWI Offenses

<u># DWIs</u>	<u>(%)</u>
0	(2%)
1	(18%)
2	(48%)
3	(21%)
4	(7%)
5	(3%)
6	(1%)
7 or more	(0.2%)

A randomly selected of about-to-be-released DWI program participants was interviewed by ACA staff. They indicated that "learning more about themselves," and "having time to think" were the best aspects of the program. There was almost unanimity about their statements concerning the least favorable part of the DWI program: not being told by the Court about having to pay a fee.

While some of the positive affect may have been an example of the "hello-goodbye" phenomena, the impression gained was that these individuals, despite their misgivings, had experienced benefits from their participation in the program.

D. CLIENT FLOW CONCERNS

During the six month period -- from 11/29/85 through 5/30/86 -- the average weekly admission rate was 13; the average numbers in the three sentencing options, along with other demographic data, are displayed in Table 3.

Table 3

Admission Population -- per week averages
(11/29/85 through 5/30/86)

	<u>Avg.</u>	<u>Range</u>
Race:		
Black	3	54% - 0%
White	10	100% - 46%
Gender:		
Female	1	30% - 0%
Male	12	100% - 70%
Sentence option:		
7 days	7	80% - 33%
14 days	2	33% - 0%
28 days	4	67% - 0%

Despite early predictions of bed-space shortages and waiting lists, for the first two years drunk driver offenders were not committed to the DWI Facility in large numbers. Either by appeals or requests for jury trials, defense attorneys moved many cases to the higher, Circuit Court level. This tactic was used to avoid a particular lower court judge, or because the attorneys wanted their case to appear before the one appellate judge hearing DWI cases where plea bargaining frequently could resolved the issue.

Tables 4a, b and c trace the flow of DWI offenders through the P.G. County Court System. Records were obtained from both the District and Circuit Courts and from the Motor Vehicle Administration. The initial request covered a three month period -- from October, 1985 through December 1985. Subsequently, follow-up data was requested for the same period one year later. Since the intent was to conduct a follow -up, data for Maryland residents is reported separately.

There were 820 unduplicated records, of which 696 were Maryland residents cited for DWI offenses; 13% were female, 87% male; 25% black, 74% white, and 1% other; .3% were juveniles. Thus, the P.G. County DWI population was disproportionately male/white/adults.

Table 4a

D W I D A T A -- Demographics

TOTAL number of RECORDS from District Court = 902

UNDUPLICATED RECORDS = 820

MD resident:	No = 124;	Yes = 696	
SEX: (Total Sample)	Female = 104;	Male = 716	
(MD)	Female = 92;	Male = 604	
RACE: (Sample)	Black = 249;	White = 558;	Other/? = 13
(MD)	Black = 174;	White = 513;	Other/? = 9
JUVENILE: (Sample)	No = 816;	Yes = 4	
(MD)	No = 693;	Yes = 3	

= = = = =

Table 4b

D W I D A T A -- District Court Process

DISTRICT COURT	TOTAL	(SAMPLE)	(%)	MD	(SAMPLE)	(%)
Plea:						
Guilty	=	358	(44%)	305	(44%)	
Not Guilty	=	84	(10%)	69	(10%)	
Other Plea	=	64	(8%)	51	(7%)	
Jury Trial Prayed	=	286	(35%)	243	(35%)	
?	=	<u>28</u>	(3%)	<u>28</u>	(4%)	
		820		696		
Disposition:						
Ct dismissed case	=	3	(0.4%)	2	(0.3%)	
Nolle Prosequi	=	79	(10%)	67	(10%)	
Not Guilty	=	25	(3%)	20	(3%)	
PBJ + costs	=	273	(33%)	233	(33%)	
Guilty & Fine	=	84	(10%)	71	(10%)	
Guilty & Sentenced	=	52	(6%)	42	(6%)	
STET (Suspended)	=	18	(2%)	18	(3%)	
Jury Trial Prayed	=	<u>286</u>	(35%)	<u>243</u>	(35%)	
		820		696		

More than 1/3 (35%) of the DWI cases heard at the District Court level requested a jury trial, which automatically moved the case into the Circuit Court; of the remaining group 44% plead guilty. District Court dispositions (aside from "jury trial prayed") were overwhelmingly PBJ plus court costs -- only 3% of the cases were found 'not guilty.'

At the Circuit Court, Table 4b, below, 84% of the dispositions were other than placement at the DWI Facility; of these, the largest percentage (72%) were PBJ -- a proportion more than twice as high as the District Court's dispositions in this category. Thus, by moving their case to the Circuit Court defendants increased their chances for PBJ without substantially increasing the likelihood of being found 'guilty' -- 16% in the District Court vs 20% in the Circuit Court.

The bottom portion of Table 4c shows that for the Maryland sample only 15% were placed in the DWI Facility by both Courts; of these twice as many came from the District Court compared to the numbers sent by the Circuit Court.

During the planning stages for the DWI Facility, projects based on then available figures indicated there would be 226 eligible participants every month. Table 4c, below, demonstrates that fewer than 1/2 this number actually were processed through the court system and into the DWI Facility. The inaccuracy in the projections were attributable, primarily, to the philosophy of one Circuit Court judge.

While supportive of the DWI Facility concept, Judge Femia's approach to DWI cases was that this option should be exercised only by the lower District Court. Typically, Judge Femia offered defendants a choice among short jail sentences, a weekend jail sentence (which included payment of a fee), or the DWI Program; the result was few chose the DWI Facility.

Table 4c

D W I D A T A--Circuit Court Process

CIRCUIT COURT (Disposition "Jury Trial Prayed" -- n=243):

@ DWI = 37 (16%)		Other than @ DWI = 198 (84%)	
7 days @ DWI	= 26	STET	= 1
14 days @ DWI	= 1	Court Dismissed	= 1
21 days @ DWI	= 10	Not Guilty	= 1
		Nolle Prosequi	= 6
		Fine	= 6
		PBJ	= 143
		Guilty Sentenced	= 40
		(0 - 5 days = 17)	
[missing data = 8 (3%)]		(6 - 30 days = 12)	
		(30 + days = 1)	
		(unknown = 10)	

DWI Dispositions -- (N=696)

	<u>District Court</u>	<u>Circuit Court</u>	<u>TOTAL</u>
7 Days	36	26	62
14 Days	17	1	18
21 Days	15	10	25
TOTAL	68	37	105
(%)	(65%)	(35%)	(15%)

D. STRATEGIES FOR RESOLVING CLIENT FLOW ISSUES

Several different approaches were undertaken by the Facility Director to rectify the under-utilization of its DWI program.

1. Aftercare Strategies: Meetings were held with the appellate judge regarding the appropriateness of the DWI Facility as a sentencing option for the Circuit Court. The judge's sentencing practices reflected concerns about the DWI Aftercare component, expressed to him by defense attorneys.

The defense bar maintained that: (1) offenders could not adhere to the overly stringent aftercare conditions, that this resulted in a violation of the conditions of probation, which led to the imposition of the suspended portions of their sentence; (2) going to the DWI Facility, and having to report to a probation officer once a week, and every week attending a treatment program as well as many A.A. meetings, was overburdening releasees who were trying to maintain a family, their job, and other social obligations; and (3) that expecting clients to pay for all these treatment services imposed a great financial hardship.

To resolve these issues, a two-part agreement was reached between the appellate judge and the DWI Director: (a) no more than three treatment contacts per week would be required of residents after release (except when justified by a clear-cut need); and (b) the Circuit Court would place residents on probation to the DWI Facility; rather than face-to-face supervision by a probation officer, Facility staff would be responsible for monitoring probationers' activities through reports received concerning attendance at aftercare treatment program.

It was expected that once the Circuit Court began to utilize the DWI Facility, attorneys would bring fewer cases to that court; this would increase the number of drunk driver cases handled by the lower court (as the appellate judge thought they should be).

This strategy had the desired result -- the DWI population increased; however, it still remained below the Facility's bed capacity.

2. Jurisdictional Strategies: A second strategy attempted to deal with the under-utilization problem by contacting other jurisdictions. During the summer of 1986, the DWI Director met with nearby local courts regarding the possibility of their use of P.G.'s DWI Facility. The same arrangements regarding sentence structure, admission day, fee collection, and aftercare were agreed to by the judiciary in those other jurisdictions. Many of the judges were enthusiastic about having this sentencing option made available to them.

Additionally, federal authorities were approached regarding their interest in a similar arrangement, since there are a number of federally maintained highways in and around Prince George's County. The response to this offer, again, was quite favorable and the federal authorities began to commit offenders to the DWI Facility.

The result of these negotiations was a dramatic increase in Facility utilization. During the Autumn of 1987 (approximately 18 months after its opening), the DWI Facility was consistently at, or close to, its 60 resident capacity.

An additional consequence of this increased use was that the P.G. County judiciary began to express its concern regarding bed-space availability for their own DWI offenders. An agreement was reached which established that the Prince George's County courts would have first priority (before the other jurisdictions) for DWI beds. Currently, it is an accepted sentencing practice for the P.G. County courts to send drunk driver offenders to the DWI Facility.

F. FEE COLLECTION ISSUES

The fee established for DWI participants was set at a level which would enable the Program to be self-supporting. Taking into consideration the Facility's operations budget, the fee-setting formula assumed a 90% utilization rate, an 80% collection rate, and an average stay of 14 days. The cost per resident day was set at \$33.85.

This resulted in a fee structure of \$237 for seven days, \$474 for a 14 day sentence, and \$711 for a stay of 21 days; (a 28 day sentence with a \$948 fee was instituted later in the project when it became increasingly apparent that some individuals required a longer amount of in-program time).

Paying the DWI Program fee was a condition of probation. Releasees had the length of their probation period (at least one year, usually) to pay the cost of their stay at the DWI Facility. Agreements with the Courts were used to reinforce the collection effort; failure to pay the fee was a probation violation.

The DWI staff's grounds for this approach to fee collection, were:

- it was unreasonable to expect payment at time of entrance into the DWI Program unless the unique financial status and other obligations of each participant was taken into account;
- no one should be denied the benefits of program participation due to limited finances;
- those unemployed at time of sentencing could still participate in the program and pay their fee after release; and
- a payment schedule could be planned which reflected the particular financial situation of each releasee.

However, the fee collection procedure did raise some issues:

- the process results in fees being collected, but in a time-frame which differs from the County's budget cycle;
- the collection schedule, which stretched out repayments over the length of the probation period, requires complex bookkeeping and monitoring systems; and
- the size of the fees are predicated on near capacity use of the Facility, utilization at a lesser rate will not cover fixed expenses (such as staff payroll, overhead costs, etc.), and result in underpayments to the County.

Complete self-support of the DWI Facility may be difficult to attain. The Facility opened in August 1985, and it has been only during the past year that the fees assessed approximate operating expenses; a consequence of early under utilization. Almost one-third of the assessed fees have been collected; one sixth of them have been declared either uncollectible or are currently in litigation because of nonpayment. The remaining portion (50%) is still outstanding and scheduled for collection.

The DWI Director's current view is that staff needs to avoid becoming over-concerned about the Facility's financial obligations. Whatever funds are collected dramatically reduce operating expenses even if all costs are not totally recovered. In fact, the Program's per diem cost without the payback feature is still about half what it would be in the traditional alternative -- incarceration in the County's Detention Center. Moreover, there is an additional, significant benefit -- the Program's positive impact on a serious national problem.

VII. POST-RELEASE SUCCESS RATE

A study reported by the DWI staff found that from August 1985 to August, 1986, 495 DWI residents were supervised by the Drunk Driving Monitor Program. Of these 28 (6%) violated their probation -- five were found guilty of DWI, and 23 continued to use alcohol or other drugs. (Abstinence is a condition of probation for all DWI residents found to be addicted.) An additional 10% failed to comply with DWI aftercare recommendations.

The ACA study approached the post-release recidivism issue from another perspective. Records were obtained from the Motor Vehicle Administration for the months of October--December 1987. These were searched for two populations, cases who had been in the DWI Facility during a six month period -- 11/29/85 through 5/30/86 -- and a stratified, randomly selected sample (matched on age, race, and gender) who were not sent to the Facility. Data concerning DWI violations for both groups were entered into a database; the results are displayed in Table 5.

Table 5

DWI Facility Recidivism Data

	@ DWI Sample*	Non-DWI Matched Sample*	Total Non-DWI Sample
Subsequent Drinking-Related Contact with Traffic Court: =	6	8	41
TOTAL n	105	105	591
(%)	(6%)	(8%)	(7%)

*Samples matched on Age, Race, and Gender.

These results are remarkable close to those obtained by the DWI staff. The small difference found between the ACA matched groups suggest that the P.G. County's DWI Facility has not brought about statistically significant reductions in Maryland's drunk driver recidivism rate. However, as discussed in the previous sections, other benefits may have accrued.

VII. CONCLUSION

The treatment approach adopted by the Prince George's County DWI Facility for dealing with drunk driver offenders appears to be a considerable improvement over traditional methods. This Program provides:

- a cost-effective alternative;
- a viable sanction;
- a method for reducing jail overcrowding;
- the benefits of a residential treatment regimen; and
- aftercare follow-on activities

while avoiding any major disruption of its participants' community ties. Drunk drivers are not being incarcerated in inappropriately secure, expensive to operate, scarce jail bed-space, where they may be unduly at risk for abuse by more hardened, sophisticated felons. Sentencing offenders to the DWI Facility appears to be a sanction which efficiently combines incarceration and treatment.

References

Gettinger, S. "Assessing Criminal Justice Needs," National Institute of Justice Research in Brief, June, NCJ 94072.

Bureau of Justice Statistics "Jail Inmates, 1984"

A P P E N D I X

- A. DWI Client Evaluation Form
- B. DWI Client Assessment Form
- C. ACA Interview Schedule
- D. ACA Program Assessment Form

DWI FACILITY
CLIENT EVALUATION

CLIENT NAME:

RELEASE DATE:

Diagnostic Tools Used:

Michigan Alcoholism Screening Test
Hopkins Mini-Mental Status Test
Nursing Assessment
Medical History and Physical Assessment
Drug Screening (urinalysis testing)
Daily Breathalyzer Tests
Individual Clinical Interviews
Group Counseling Interventions
Family Interviews (only if noted)

CIRCUMSTANCES OF DWI ARREST:

ALCOHOL USE:

Alcohol Abuse Score:

- | | |
|-----------------------------|---------------------------------|
| 1) No problem. | 6) Harmful pattern of use. |
| 2) Social drinker. | 7) Dependency problem. |
| 3) Alcohol abuse potential. | 8) Severe dependence problem. |
| 4) Sporadic alcohol abuse. | 9) Physical dependence problem. |
| 5) Harmful involvement. | 10) Chronic alcoholism. |

Specific Program Recommendation(s):

DRUG USE:

Drug Abuse Score:

- | | |
|--------------------------|---------------------------------|
| 1) No use. | 6) Harmful pattern of use. |
| 2) Experimental use. | 7) Dependency problem. |
| 3) Drug abuse potential. | 8) Severe dependence problem. |
| 4) Sporadic drug abuse. | 9) Physical dependence problem. |
| 5) Harmful involvement. | 10) Chronic drug abuse. |

Specific Program Recommendation(s);

FINANCIAL/JOB STATUS:

Specific Recommendation(s):

HEALTH SITUATION:

Specific Recommendation(s):

MENTAL HEALTH STATUS:

Specific Program Recommendation(s):

FAMILY STATUS AND SUPPORT:

Specific Program Recommendation(s):

DWI FACILITY
CLIENT ASSESSMENT

Program Type:

- 7 Days
- 14 Days
- 21 Days

Counselor: _____

Date: _____

Client Name: _____

Entry Date: _____

Release Date: _____

A. CIRCUMSTANCES OF DWI ARREST:

Date and circumstances of DWI Arrest: _____

Did your current arrest involve an accident? yes _____ no _____

Personal injuries: yes _____ no _____

Explain: _____

BAC: _____

How did you feel at time of arrest? _____

Before arrest, amount of alcohol drank: _____

In what length of time: _____

B. FINANCIAL/JOB STATUS:

Diagnostic signs:

- Employment status: unemployed
- Length of present employment: short
- Number of jobs in last two years: many
- Salary: low
- Family and living expenses: high relative to salary
- Spouse: not employed
- Creditor problems
- Low job skills
- Job apathy or difficulty

Occupation: _____ No. of years: _____ Salary: \$ _____

Gross Family Income: \$ _____

1	2	3	4	5	6	7	8	9	10
Good					Poor				

Comments: _____

Specific Program Recommendations:

- Time payment recommended
- Vocational counseling needed
- Sliding scale fee
- Indigent

C. DRUG USE:

Diagnostic signs:

- Admitted drug use in small group sessions
- Type of drug used: illicit
- Years of drug use: many
- Drug charges on criminal record
- Previous treatment for substance abuse

1	2	3	4	5	6	7	8	9	10
No Use	Experimental Use		Harmful Involvement		Dependency			Physical Addiction	

	Drug	Frequency Last Year	Years of Usage
1st Choice	_____	_____	_____
2nd Choice	_____	_____	_____
3rd Choice	_____	_____	_____

Specific Program Recommendations

_____ Substance Abuse Treatment

_____ Narcotics Anonymous

D. ALCOHOL PROBLEM ASSESSMENT:

_____ Age began drinking

_____ Number of alcohol related entries on criminal record

_____ Number of alcohol related entries on driving record

_____ Blood Alcohol Content at time of arrest

_____ Number of previous DWI offenses

_____ Previous participation in antabuse program

_____ Previous treatment for alcoholism

Where

When

_____ Other family members who had (have) an alcohol problem

Explain: _____

Alcohol Consumption and Frequency:

_____ Previous attempts at abstinence (explain reasons for attempts, for how long, and reasons drinking resumed): _____

Situations alcohol normally used: _____

Reasons for drinking: _____

Normal drinking times: _____

Amount of alcohol needed to get "high": _____

How often drinks more than planned: _____

Complaints from others? yes _____ no _____

Whom: _____

Concern over own drinking? yes _____ no _____

Alcohol diagnostic signs in group sessions (describe): _____

Alcohol related defensive behaviors in group sessions (describe): _____

Physical symptoms noted:

AOTB _____	Overweight/Underweight _____
Bloodshot eyes _____	Shaky _____
Ruddy complexion _____	Older than years _____

DRINKING HISTORY:

Specific Program Recommendations:

- _____ A.A.
- _____ Outpatient Treatment
- _____ Further Alcohol Education
- _____ Inpatient Treatment

E. HEALTH SITUATION:

Diagnostic signs:

- Problems listed on medical history
- Hospitalization during the last year
- Currently taking medication
- Presence of a physical handicap or limitations
- Symptoms observed by nurse

Comments: _____

1	2	3	4	5	6	7	8	9	10
Excellent									Poor

Specific program recommendations:

- Medical examination

F. MENTAL HEALTH STATUS:

Diagnostic signs:

- Previous hospitalization for mental problem
- Under current psychiatric care
- Currently taking psychotropic drugs
- Obvious psychological symptoms in group sessions
- Depression/poor affect
- Low self-esteem

1	2	3	4	5	6	7	8	9	10
Good									Poor

Remarks: _____

Specific program recommendations:

Psychiatric examination recommended

G. FAMILY STATUS AND SUPPORT:

Diagnostic signs:

Quality of married (live-in relationship: poor

Dependents: minor

Quality of relationship with dependents: poor

Potential for receiving support from family: Who? _____

Potential impact of DWI on significant others

Significant others participation in Family Program

1	2	3	4	5	6	7	8	9	10
Excellent					Dysfunctional				

Remarks: _____

Specific program recommendations:

Family counseling recommended

Alanon for family/significant others

H. PROBABILITY OF TREATMENT COMPLIANCE:

Diagnostic signs:

Age: under 21

Income: low

Marital status: separated or divorced

Quality of marital relationship: poor

Low job skills

Time on current job: short

Educational level: less than grade 12

Entries on license record: 2 or more

Entries on criminal record: 1 or more

Denial in group sessions

1	2	3	4	5	6	7	8	9	10
High					Low				

Remarks: _____

Specific program recommendations:

_____ Special monitoring supervision recommended

ASSESSMENT SUMMARY:

Recommendations

_____ No follow up/no problem

_____ No follow up/judgement - maturity problem

_____ Limited education

_____ Standard outpatient

_____ Inpatient

_____ Alcoholics Anonymous

_____ Family involvement

_____ Other (please specify): _____

Specific program referral

Justifications:

_____ Location

_____ Cost

_____ Special population need (Explain: _____)
_____)

_____ Other, comments: _____

I N T E R V I E W S C H E D U L E

NAME: _____

TITLE: _____ PHONE # _____

WHAT ROLE DO YOU SEE THE DWI FACILITY PLAYING RELATIVE TO YOUR OWN
FUNCTION?

HAS THIS TURNED OUT TO BE THE CASE? Yes/No WHAT DO YOU ATTRIBUTE THIS TO?

DO YOU SUPPORT THE NOTION OF A SEPARATE DWI FACILITY? Yes/No WHY?

HAS THE PERFORMANCE OF THE DWI FACILITY, TO DATE, LIVED UP TO YOUR
EXPECTATIONS? Yes/No WHAT DO YOU ATTRIBUTE THIS TO?

ARE THERE ANY ASPECTS OF THE CURRENT PROGRAM THAT YOU WOULD LIKE TO SEE
CHANGED? Yes/No WHY?

BASED ON YOUR EXPERIENCE TO DATE WITH THE DWI FACILITY, WHAT RECOMMENDATIONS
WOULD YOU OFFER A NEW JURISDICTION THAT WAS PLANNING A SIMILAR PROJECT?

ARE THERE ANY OTHER COMMENTS YOU HAVE ABOUT THE DWI FACILITY AND/OR ITS
PROGRAM?

DATE: _____

PROGRAM ASSESSMENT FORM

NAME OF PROGRAM: _____

INTERVIEWEE: _____ Resident/Staff

IN GENERAL, DO YOU FEEL THIS PROGRAM IS HELPFUL? Yes/No WHY?

WHICH PARTS OF THE PROGRAM COULD BE MODIFIED TO MAKE IT EVEN BETTER?

HOW DO YOU FEEL ABOUT THE TIME OF DAY THE PROGRAM IS PRESENTED? Good/Not Good WHY?

HOW DO YOU FEEL ABOUT THE PROGRAM'S CONTENT? Good/Not Good WHY?

METHODS? Good/Not Good WHY?

LEADER? Good/Not Good WHY?

COMPARED TO THE OTHER PROGRAMS AT DWI, ON A SCALE OF ONE TO TEN, HOW WOULD YOU RATE THIS ONE? 1 2 3 4 5 6 7 8 9 10 WHY?

IF YOU COULD ELIMINATE ONE PROGRAM, WOULD THIS BE THE ONE YOU'D CHOOSE? Yes/No WHY?

IN WHAT WAYS HAS BEING IN THIS PROGRAM CHANGED YOU?