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FINAL REPORT

Evaluation of Alternative Programs for Repeat DWI Offenders

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16. Abstract <p>This report documents the results of a study to determine the effectiveness of two alternative sanctions programs for repeat DWIs. The programs were an Intensive Supervision Probation (ISP) program in Milwaukee County, Wisconsin, and an Electronic Monitoring (EM) program in Los Angeles County, California. The ISP program was an early intervention program aimed specifically at engaging repeat DWI offenders in treatment shortly after arrest with ongoing monitoring and supervision throughout the pretrial period. The EM program engaged repeat DWI offenders immediately after conviction and sentencing with ongoing home electronic monitoring and supervision. The major concern in the evaluation was the effect of these two programs on the future drinking-driving behavior of program participants.</p> <p>The study found that both programs were effective in reducing DWI recidivism significantly from the traditional-sanctions comparison programs. The ISP program reduced a moderate re-arrest recidivism probability after one year by about one-half, and the EM program reduced a low re-conviction recidivism rate after one year by about one-third. Both programs offered the promise of significant cost savings over incarceration.</p> <p>The study recommended that both programs be considered seriously by jurisdictions desiring to reduce the pressures on their correctional facilities and, at the same time, to increase the traffic-safety effectiveness of their traffic law system.</p>					
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EXECUTIVE SUMMARY

This report summarizes the results of a project designed to describe and evaluate two types of criminal sanctions used as an alternative to jail for repeat DWI offenders. The project was conducted by Mid-America Research Institute for the National Highway Traffic Safety Administration under Contract Number DTNH22-92-C-05174, "Evaluation of Alternative Programs For Repeat DWI Offenders." The alternative sanctions and their sites were:

- Intensive Supervision Probation (ISP) - Milwaukee County, Wisconsin; and
- Electronic Monitoring (EM) - Los Angeles County, California.

The ISP program evaluated was officially entitled *The Milwaukee County Pretrial Intoxicated Driver Intervention Project*. It was coordinated by the Wisconsin Correctional Service (a non-profit corporation) in cooperation with the District Attorney's office. The program was an early intervention program aimed specifically at engaging repeat DWI offenders in treatment shortly after arrest with ongoing monitoring and supervision throughout the pretrial period. The Milwaukee program became operational in October 1992 and had a capacity of about 50 new clients per month.

The official title of the EM program was *The Los Angeles County Electronic Monitoring/Home Detention Program*. It employed electronic monitoring (EM) and was coordinated by the Los Angeles Pretrial Services Division. The program engaged repeat DWI offenders (and also other non-violent offenders) immediately after conviction and sentencing with ongoing home monitoring and supervision as ordered by the courts. Program fees ranged from \$1-\$1,000 per day, with an average cost to program participants of \$15 per day. Offenders may also be required to pay fines, make restitution, submit to drug/alcohol testing, attend counseling and/or treatment programs, or provide community service. Offenders have a transmitter on a band that is placed securely on their ankle using a tamper-resistant strap. The transmitter is waterproof, shock-resistant, and equipped with a tamper alarm so that if an attempt is made to remove it, a signal is sent to the central computer station.

The EM program also became operational in October 1992. At the time of selection, it had a projected caseload of 40 to 50 repeat offender DWIs per month, a projection that turned out to be accurate for the period over which it was evaluated.

Both programs were still operating when this report was published.

A third site was also selected for evaluation. The program at that site, *The Wright State University Weekend Intervention Program*, used Weekend Intervention (WI) and was placed into operation in the Dayton, Ohio area in 1978. It was an intensive, three-day residential program to which persons involved in a drug or alcohol offense (including repeat DWI) could be remanded by a court or other supervising agency.

It had a caseload of about 50 to 60 repeat offender DWIs per month at time of selection. Sufficient data to complete the evaluation of this program had not become available as the end of this project neared, so the evaluation could not be completed.

Our major concern in the evaluation of the two programs evaluated here was their effect on the future drinking-driving behavior of program participants, that is, *program impact*. The measure we used for future drinking-driving behavior was the time from a client's entry in the program to another arrest or conviction for an alcohol-related traffic violation.

Another area of concern was the extent to which the program specifications were actually being achieved. This aspect of an evaluation is often referred to as an *administrative evaluation*. Our approach was to query program staff on the particulars of their activities and to question program clients about their experiences as program participants. We also obtained data on gross measures of program activity (for example, number of clients entering the program per unit time and their mean time in the program) from program staff.

We reasoned that the long-term viability of the program was directly related to how strongly the public would support the program. Thus, we were also interested in (1) the extent to which the driving public was aware that such a program was being conducted and (2) the level of public support of the program relative to more traditional interventions to drinking-driving among repeat DWI offenders. These factors were assessed through surveys at driver license stations in the two states.

Finally, we wanted to know as a "bottom line" the cost-effectiveness of the programs relative to traditional sanctions, especially incarceration. Cost estimates for the programs were obtained from the program management staff, and estimates for jail costs were obtained from correctional agencies.

After controlling for a number of variables believed to influence recidivism, we found that both programs were effective in reducing recidivism significantly from the traditional-sanctions comparison programs. The ISP program reduced a moderate rearrest recidivism probability after one year by about one-half (**Figure 1**), and the EM program reduced a low reconviction recidivism rate after one year by about one-third (**Figure 2**).

The ISP program, as evaluated, was not designed to be self-sufficient from a cost standpoint, and the cost it saved by reducing jail time did not outweigh the cost of the program. However, the program providers plan to make the program self-sufficient in mid-1996 by having the clients pay for its services on a sliding scale based on ability to pay. The Los Angeles County EM program was designed to be self-sufficient, with the clients paying the cost of the monitoring. The cost of the program to Los Angeles County was therefore minimal, with the county reaping significant cost benefits by eliminating the cost of jail space for participating offenders.

Figure 1: Modeled Alcohol-Related Arrest Recidivism of Treatment and Comparison Groups in Milwaukee County

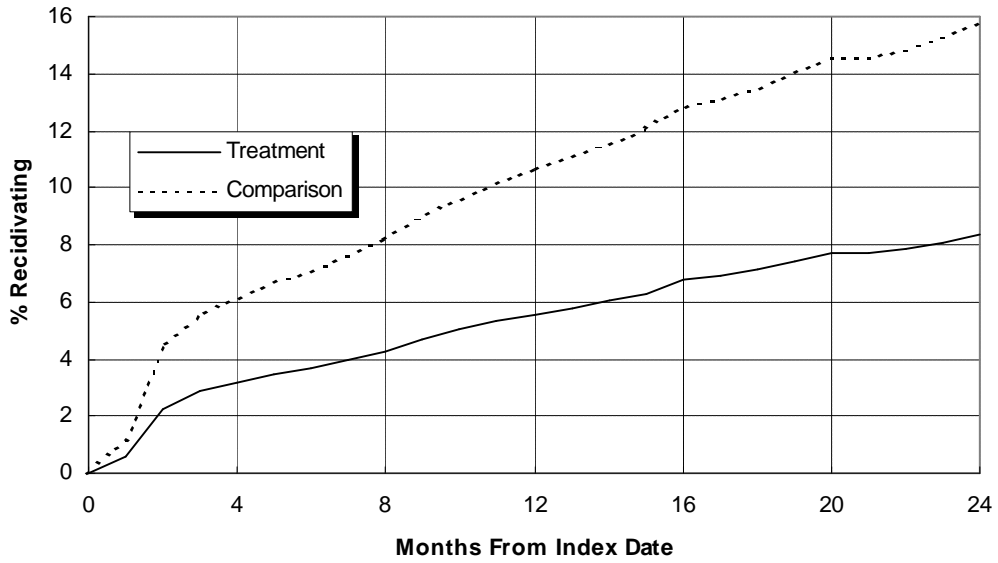
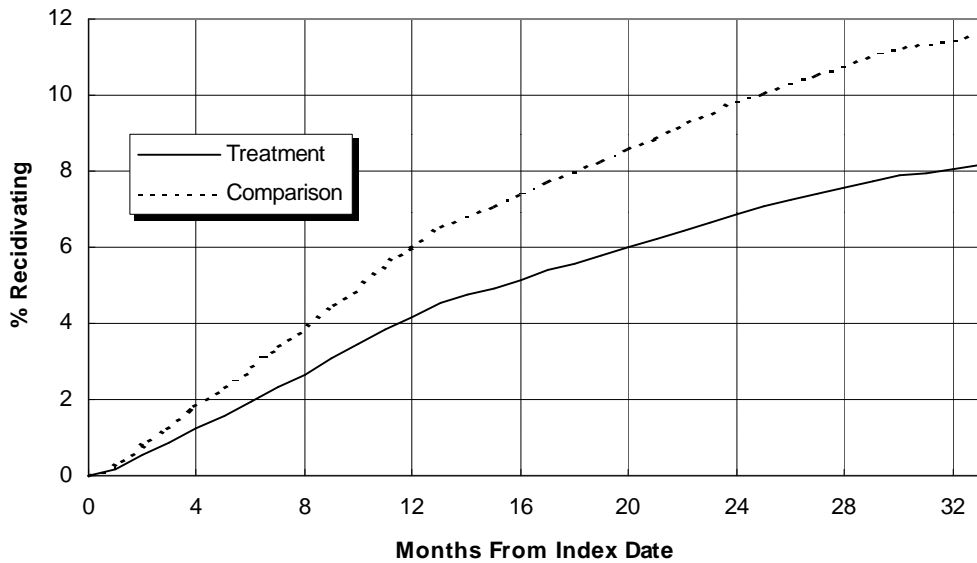


Figure 2: Modeled Alcohol-Related Conviction Recidivism of Treatment and Comparison Groups in Los Angeles County



We recommend that both programs be considered seriously by jurisdictions desiring to reduce the pressures on their correctional facilities and, at the same time, to increase the traffic-safety effectiveness of their traffic law system. Also, both of the approaches appear to be amenable to tailoring to meet the unique needs of a jurisdiction. For example, the ISP program as implemented in Milwaukee County should also work in a post-conviction mode, with the final determination of the length of any jail sentence to be made after the successful completion of the program. Combinations of the two programs also appear feasible, for example, a variant incorporating electronic monitoring for higher-risk clients in an ISP program.

1 - INTRODUCTION

This report summarizes the results of a project designed to describe and evaluate selected alternative sanction programs for repeat DWI offenders. The project was conducted for the National Highway Traffic Safety Administration under Contract Number DTNH22-92-C-05174, "Evaluation of Alternative Programs For Repeat DWI Offenders."

BACKGROUND

Legal sanctions comprise the Traffic Law System's ultimate threat to persons who would drive while impaired by alcohol (Jones and Lacey, 1989). Traditionally, these sanctions have been in the form of a fine, incarceration, or a suspension (or revocation) of the driver's license. When a law permits a convicted drunk driver to be incarcerated (even for a short time), adjudication and sanctioning must be performed by a judicial agency as a criminal proceeding, and the law violation is called a crime.¹

For many years, judges have experimented with *alternative sanctions* for drunk driving. Most commonly, these have involved referral of drivers to treatment and education, and such referrals have now become "legitimized" by statutes in many States. The process of diagnosing, referring, treating, and supervising DWIs (or accused DWIs if parts of the process are performed prior to conviction) involves a number of Traffic Law System and Public Health System agencies. Following Filkins (1969), we have used the term *Health / Legal System* to describe the collection of agencies that participate together in this process (Jones, Joscelyn, and McNair, 1979).

Other alternative or non-traditional sanctions that have been tried for DWI (and also legitimized in some instances) include community service in lieu of or in addition to jail, impoundment or forfeiture of vehicles or license plates, victim restitution, visits to a hospital emergency room that treats traffic accident victims, and using license plates that identify the vehicle owner as a DWI offender, among others. Often, these sanctions have been used in combination with traditional sanctions, a practice that makes their evaluation more difficult.

More recently, alternatives to incarceration have received increased attention as a sanction because of the lack of jail space for holding persons convicted of a variety of offenses (including DWI), and also because of a concern about the appropriateness

¹ Other features of the law may also require processing DWI cases in a criminal proceeding. Oregon's attempt some years ago to "decriminalize" first-offense DWI by eliminating jail as a sanction was struck down by the State's supreme court because the law still retained a \$1,000 maximum fine, the ability to arrest and hold for bail prior to trial, and other provisions and sanctions that are traditionally associated with a criminal offense.

of incarceration for many kinds of offenses. Much interest is being given to a class of such alternatives called intermediate sanctions (Morris and Tonry, 1990). The U.S. Department of Justice has been studying such alternatives for a wide range of offenses under its intermediate sanctions program (U.S. Department of Justice, 1990). The term "intermediate sanctions" is used to describe the range of post-adjudication sanctions (note that pre-trial diversion is not included) to fill the gap between traditional probation and traditional jail or prison sentences. Examples of such programs include shock incarceration or "boot camp" programs, intensive supervision probation, day reporting centers, house arrest and home confinement, community service, victim restitution, and expanded use of fines (i.e., much larger fines that are made more difficult to avoid).

Some of these sanctions use electronic devices to monitor the location of an offender ordered to remain in a specific place where, in the case of DWI, driving is impossible or restricted. Research sponsored by the U.S. Department of Justice indicates a rapid growth in the use of electronic monitoring over the past several years. Skelton and Renzema (1990) report that electronic monitoring was first used to monitor offenders placed on house arrest in 1984. In 1987, a survey by these researchers found that only 826 offenders were on monitoring devices, but another survey conducted on February 12, 1989, found that there were 6,490 electronically monitored offenders *on that day*. Some 20% of these were persons who had been convicted of major traffic offenses (primarily DWI). Nevertheless, the magnitude of these numbers is quite small considering the millions of individuals who are convicted of crimes each year.

Another alternative to incarceration in conventional facilities such as jails is the use of special, less-secure facilities designed specifically for DWI offenders (U.S. Department of Transportation, 1986). These "DWI jails" have also been used as facilities for intensive treatment as in, for example, the Weekend Intervention Program described by Siegel (1985).

We note that not all of the actions that are being called "sanctions" in the literature on alternative sanctions are really sanctions in the strict sense of the word. For example, intensive supervision probation (ISP) has been identified as an alternative sanction for DWI, and ISP has been widely used for a variety of criminal offenses (Petersilia and Turner, 1990). Actually, a DWI defendant is usually placed on probation (which requires certain actions by the defendant) in exchange for leniency of the court in imposing a sanction. For example, it is common for judges to reduce the amount of a fine or the length of a jail term if the defendant will agree to enter an alcohol treatment program. Such an agreement is necessary because treatment is not an authorized sanction for DWI that can legally be imposed through a sentence. This distinction is important to this project because it affected the design of the evaluations. A group of offenders who *agree* to an action as a condition of probation may have quite different attributes than a comparison group of offenders who were sentenced to jail with no choice in the matter.

INTRODUCTION

With the exception of those best classified as health / legal, alternatives to traditional sanctions for repeat DWI offenders had not been analyzed in any depth when this project began.² Thus, there was a need for detailed descriptions and assessments of promising alternative sanctions, a need that was addressed by this project.

PROJECT SCOPE AND APPROACH

As indicated above, the general objective of this project was to describe and evaluate selected alternative sanction programs for repeat DWI offenders. Specific objectives were:

- to develop criteria for selecting types of alternative sanctioning programs to be evaluated;
- to select types to be evaluated;
- to select sites for field evaluation of the types of alternative sanction programs to be evaluated;
- to develop an evaluation plan for each of the selected programs;
- to implement the evaluation plans; and
- to prepare a report (this report) documenting the results of the project.

Six criteria were developed for selecting types of programs to be evaluated. These criteria were then applied to seven possible types of alternative sanctions identified through a literature review and in discussions with specialists in the sanctioning field. *Three types of sanctions were selected: Intensive Supervision Probation; Electronic Monitoring; and Weekend Intervention.*

Candidate sites for these programs had already been identified during our search for types of alternative programs. These sites were compared to a set of site-selection criteria, and the following sites were selected:

- Milwaukee, Wisconsin - Intensive Supervision Probation;
- Los Angeles County, California - Electronic Monitoring; and
- Dayton, Ohio - Weekend Intervention

The evaluations of the first two of these programs are reported here. Sufficient data to complete the evaluation of third program had not become available as the end of this project neared, so its evaluation could not be completed.

Both the Milwaukee program and the Los Angeles County program had begun operations shortly before our evaluation began. An evaluation plan was prepared for

² Some alternative or intermediate sanctions for *non-DWI offenses* had been subjected to very careful evaluation. Intensive supervision probation is one of these. There is a growing body of literature on these evaluations which was considered in the project. (See, for example, Petersilia and Turner, 1990; and Byrne, Lurigio, and Baird, 1989.)

each of the two sites. The evaluation designs were different for each site. However, each involved the comparison of post-program entry driving records of subjects who were assigned to the program with post-program entry driving records of subjects who were not assigned to the program and were given “traditional” sanctions. Efforts were made to adjust statistically for any differences between program subjects and non-program subjects believed likely to affect their future drinking-driving.

The plan also specified the types of collateral data that would be used in the evaluation, *viz.*: (1) awareness and level of support of the program by the general driving public; (2) attitudes of the program staff about the program; and (3) attitudes of program participants (the repeat offenders assigned to the program) about the program. Public awareness and attitudes were measured through surveys conducted at driver license stations by state agencies. Program staff and program subjects were queried on their attitudes and perceptions of the program.

Sources of data for developing rough estimates of resource requirements for operating the programs were indicated in the plan. Finally, the plan noted the need for detailed descriptions of the programs and specified how those descriptions would be developed, presented, and maintained.

Survival analysis was the primary analytical technique used for determining program impact, although some other techniques (for example, logistic regression) were also used to check the results of the survival analysis. The overall thrust of the impact evaluation of a given alternative sanction was to compare the recidivism time function of the treatment group (those assigned to the program) with the recidivism time function of the comparison group (those not assigned to the program). If, after adjusting for differences between the two groups, the recidivism curve for the treatment group was significantly lower than that for the comparison group, then the alternative sanctioning program was considered to have had a positive impact. The periods of entry into the program and follow-up after entry are indicated below (**Table 1-1**).

We note that factors other than recidivism were also used in assessing the overall worth of an alternative sanctioning program. Foremost among these factors was the cost of the alternative sanctions relative to the cost of the traditional sanctions (primarily jail). Policy makers will inevitably be concerned with such cost-effectiveness considerations in comparing an alternative sanction with a traditional sanction, perhaps in some instances preferring an alternative sanction of equal or even slightly lower impact but much lower cost.

As indicated above, public awareness and attitudes were measured through surveys conducted at driver license stations by state agencies, and program staff and program subjects were queried on their attitudes and perceptions of the program.

INTRODUCTION

Table 1-1: Entry and Follow-Up Periods for Program Subjects

Program / Site	Entry Period		Follow-Up Period	
	Start	End	Start	End
Intensive Supervision Probation / Milwaukee County	12Nov92	16Aug94	12Nov92	12Dec94
Electronic Monitoring / Los Angeles County	1Oct92	30Jun94	1Oct92	28Aug94

ORGANIZATION OF THE REPORT

A detailed discussion of the criteria for selecting the two types of alternative sanctions programs to be evaluated are presented in Chapter 2, along with a description of the process we used for applying those criteria. Chapter 2 also includes a discussion of the rationale we used in selecting the sites in which we conducted our evaluations of these programs. Chapters 3 and 4 describe the programs in Milwaukee County and Los Angeles County, respectively, and summarize the design and results of the evaluation in each of these sites. Chapter 5 presents the overall conclusions of the project. A listing of pertinent reference material follows.

2 - SELECTION OF PROGRAMS AND SITES

SELECTION OF TYPES OF PROGRAMS

Our first step in selecting types of programs to be evaluated was to identify types of alternative programs that: (1) were operating or planning to be implemented during our project period and (2) appeared willing and able to support a scientific evaluation.

Our initial sources of information were experts in the field of alternative sanctions and corrections; various state level agencies affiliated with alcohol abuse; and contacts with specific programs initially contacted during an earlier related NHTSA study by Harding, Apsler, and Walsh (1989a; 1989b). Early conversations indicated a multitude of alternative sanctions programs in all 50 states. We obtained copies of several research reports and talked with individuals in related research fields.

Initially, we emphasized programs being conducted at the local or county level. After contacting individuals involved in numerous specific programs, we modified our approach and began concentrating on state-level alcohol programs (such as the Texas Commission on Alcohol and Drug Abuse) and state-level departments of corrections that administer programs in a number of jurisdictions.

We found that the states of Michigan, Texas and Florida had extensive alternative sanction programs operating within their borders. Most were administered at a county level. It is interesting that several county agencies in other states (for example, Maryland and Arizona), along with several experts, recommended programs in Florida and Texas, mainly because the programs in those states were organized and managed at the state level. In addition, we found several individual jurisdictions that were either operating or planning to operate alternative sanction programs. For example, Portage County, Wisconsin began a pre-trial electronic monitoring program on February 1, 1993 and was planning to evaluate the program internally. Allegheny County, Pennsylvania had what they believed to be a successful electronic monitoring program for DWI-related offenses.

In many instances, we found that the programs we heard about did not deal exclusively with DWI offenders. Often, records were not kept on the types of offenders they dealt with, so that a program that was highly regarded by program staff could not be assessed as a program for repeat DWI offenders. Nevertheless, we did not automatically eliminate such programs from consideration in light of other attributes.

Following is a brief, top-level description of the nine types of programs that were identified through this process. The last two program types, Special License Tags and Victim Restitution, were subsequently dropped from consideration. Special License Tags was eliminated because it was being examined under another NHTSA

contract, and Victim Restitution was dropped because none of our contacts offered any formal, operational program of this type.

Electronic Monitoring. Electronic monitoring (EM) provides surveillance of an offender's presence within the immediate vicinity of an assigned area. There are a variety of types of electronic monitoring devices: some attach to the wrist, others to the ankle; some relay a continuous signal to a computer at the probation offices, others involve equipment in addition to what is strapped to the offender and respond to random phone calls, and another type electronically transmits a photo of the probationer. These programs generally combine monitoring capabilities and program services in the area of alcohol and substance abuse, employment and/or community service.

Weekend Intervention. Weekend Intervention (WI) programs are residential treatment and counseling centers providing intense, structured sessions. Various programs may evaluate, attempt to treat and recommend a further course of action for substance abusers. Generally, the programs are focused on getting offenders to acknowledge their substance abuse problem and then recommend further treatment.

Intensive Supervision Probation. Intensive Supervision Probation (ISP) programs provide increased levels of surveillance and supervision and/or treatment services geared to the needs of each probationer. ISPs are characterized by smaller caseload sizes, generally ranging from 15 to 75 probationers per officer, depending upon the agency. If probationers comply with conditions and restrictions, they can be moved into a less restrictive level of supervision. Conversely, if the offender displays serious non-compliance, probation could be revoked resulting in jail or a residential program.

Dedicated Detention Centers. Dedicated Detention Centers (DD) are residential services providing structure, support, counseling and treatment while allowing the resident to continue outside employment or community service. Programs designed for residents include substance abuse education, counseling and sometimes vocational training.

Boot Camps. Boot camps (BC) are residential programs typically aimed at young (17 to 26 years old) first-time felony offenders. They are correctional programs that are characterized by military-style training agendas. These programs incorporate strict rules of order and behavior. They typically involve hard work, exercise, cleaning duties, job and life skills, training, substance abuse counseling, and education classes.

Day Reporting Centers. The Day Reporting Center (DRC) is a highly structured non-residential facility that provides programs consisting of supervision, reporting, employment, counseling, education and community resource referrals to probationers. DRCs can be developed into a continuum of correctional services to augment intensive supervision, residential programs (e.g. halfway houses, work release centers, etc.), and regular supervision.

Victim Impact Panels. Victim Impact Panels (VIP) are community meetings where victims and/or witnesses give testimony of experiences they or loved ones have endured due to the actions of drunk or drugged drivers. The meetings typically convene about once a month for a couple of hours. Persons convicted or who plead guilty to driving while drunk or drugged can be required to attend the meeting. Occasionally local media will cover the meetings.

Special License Tags. These court ordered programs are designed to bring police attention to drivers of vehicles with special license plates or bumper stickers. Officers may stop vehicles to verify valid licenses and sobriety.

Victim Restitution. Victim Restitution programs require payment by offenders to victims to cover tangible costs associated with, or loss due to, the actions of the offenders. Payment is typically made in installments and is monitored by probation officers or program administrators.

Table 2-1 indicates which of the various seven types of alternative sanction programs were in operation in each of the 12 states that were contacted. Research and information from some of our contacts indicated that all 50 states apparently had versions of nearly all the types of alternative sanctions in operation; those in **Table 2-1** are programs which were specifically mentioned by either state, administrative or operational personnel. We received oral or printed information on most of these programs. Generally, they tended to be complex (hybrid) programs involving a period of shock incarceration or probation, followed by monitoring and treatment programs. The degree and length of time in the program was often decided by judges or panels from DWI schools.

As indicated in the prior chapter, six criteria were developed for selecting types of programs to be evaluated. These criteria were:

Table 2-1: Type of Program by State

State	Program Type						
	EM	ISP	WI	DD	DRC	BC	VIP
AZ	X						X
CA	X	X	X	X	X	X	X
CO	X						
FL	X	X	X	X	X	X	X
MD	X	X	X	X			
MI	X	X		X	X		
NY	X			X			
OH	X		X	X			
PA	X						
TX	X	X	X	X	X	X	X
VA	X	X				X	
WI	X		X				X

Key: EM - Electronic Monitoring
 ISP - Intensive Supervision Probation
 WI - Weekend Intervention
 DD - Dedicated Detention
 DRC - Day Reporting Centers
 BC - Boot Camps
 VIP - Victim Impact Panels

- Has the program not yet been evaluated, or if it has, was the evaluation insufficient?
- To what extent is the program implemented or receiving widespread interest in the criminal justice community?
- Are there preliminary indications that the program may be effective?
- Is it possible to conduct a scientific evaluation of the program?
 - a. Are there enough cases (repeat offenders having been in the program) for such an evaluation?
 - b. Are there suitable comparison groups available?
 - c. Are data available at a reasonable effort?
 - d. Is the program “simple” or “complex?” (If complex, it may be difficult or impossible to separate the effects of the program components in the evaluation.)
- What is the “transferability” of the program to other jurisdictions?

SELECTION OF PROGRAMS AND SITES

- a. Can the program be applied within existing organizational structures?
- b. Can the program be implemented at a reasonable cost?
- c. Do a sufficient number of states have (or can establish with a reasonable effort) a legal basis for implementing the program?
- Could the program also affect first offenders, even if exclusively or primarily applied to repeat offenders?

Project staff rated each program type on a scale of 1 (least favorable) to 10 (most favorable) against the six criteria shown in the first column. Then, these ratings were adjusted in accordance with the assigned weights shown in the last column, and the adjusted scores were summed and presented in the last row of the table as a percentage of the maximum total score for each program type. **Table 2-2** shows the resulting numerical scores of the seven program types. Electronic Monitoring,

Table 2-2: Scoring of Alternative Sanctions Program Types

Criterion	Program							Weight
	EM	ISP	WI	DD	DRC	BC	VIP	
1. Has not been evaluated for DWI	8	8	5	4	10	8	10	0.6
2. Receiving widespread attention	8	8	10	8	3	2	8	0.9
3. Indications of effectiveness	7	9	6	7	5	8	5	0.7
4. Scientific evaluation possible	10	8	10	10	5	5	3	1.0
5. Transferable to other sites	8	8	7	4	6	4	10	0.7
6. Promising for 1st Offenders	7	8	7	3	6	4	10	0.3
All (% of maximum)	82.4	81.7	80.5	70.0	55.2	50.5	70.7	--

Key: EM - Electronic Monitoring
 ISP - Intensive Supervision Probation
 WI - Weekend Intervention
 DD - Dedicated Detention
 DRC - Day Reporting Centers
 BC - Boot Camps
 VIP - Victim Impact Panels

Intensive Supervision Probation, and Weekend Intervention had the highest total scores (in the 80% range). Dedicated Detention and Victim Impact Panels ranked next at about 70%, and Day Reporting Centers and Boot Camps were in the third group in the 50% range. However, Day Reporting Centers, Boot Camps, and Victim Impact Panels were eliminated on the basis of low scores on the criterion “scientific

evaluation possible.” Boot Camps and Day Reporting Centers also received low scores on “receiving widespread attention.”

SELECTION OF SITES

We established eight criteria for selecting sites for the evaluation:

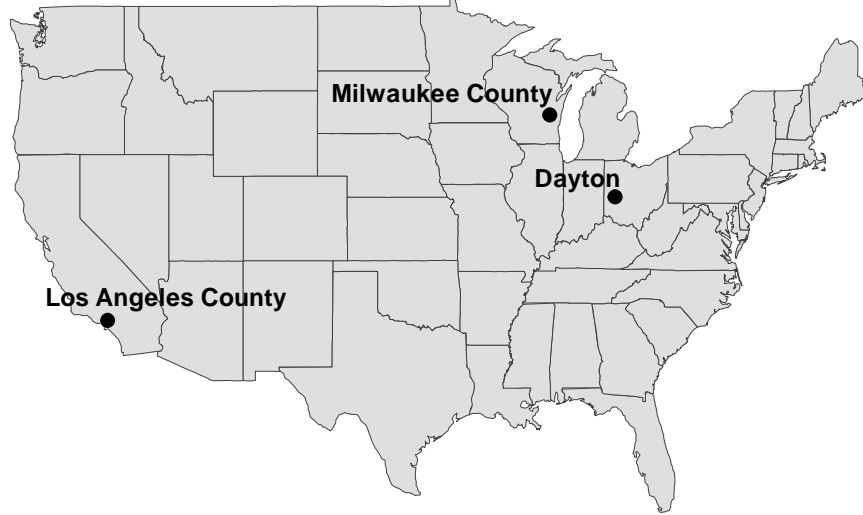
- one of the selected types of alternative programs is used;
- the program appears viable and stable for the length of the evaluation, and program staff are willing to cooperate and live up to commitments;
- adequate data for program evaluation are available with regard to sentencing practices, biographical data on DWI offenders, program cost, and recidivism rates for offenders;
- the numbers of arrests of repeat offenders are sufficient for a meaningful analysis;
- there is a limited amount of other DWI-related activities that might affect the evaluation;
- a state or local organization is either actually conducting or planning a survey of drivers, or is willing and able to conduct such a survey;
- no changes in police DWI enforcement practices and policies are anticipated; and
- unless a random assignment design is used, data for “control” subjects must be available.

Our focus was on sites that were either planning or operating one of the top three alternative sanctions programs identified above, that is, Intensive Supervision Probation, Electronic Monitoring, and Weekend Intervention. Prime candidates were sites that appeared promising in the program-selection process, and we had extensive telephonic discussions with program staff and others at these sites to clarify compliance with the above criteria. Several sites that appeared desirable initially were dropped after more information was obtained. Visits were made to the three sites that appeared the most suitable with respect to our criteria, and the visits ultimately confirmed that they should be selected for the evaluation.

The first program selected was entitled *The Milwaukee County Pretrial Intoxicated Driver Intervention Project* and was coordinated by the Wisconsin Correctional Service (a non-profit corporation) in cooperation with the District Attorney's office. For this study, the project was classified as an Intensive Supervision Probation (ISP) program, although technically participants were not on probation because initial participation occurred before the trial. The program was an early intervention program aimed specifically at engaging the repeat DWI offenders in treatment shortly after arrest with ongoing monitoring and supervision throughout the pretrial period. The designers of this project believed that early intervention was

essential to the success of the program. The Milwaukee program became operational in October 1992 and had a capacity of about 50 new clients per month.

Figure 2-3: Location of Study Sites



The second site was *The Los Angeles County Electronic Monitoring/Home Detention Program*. It employed electronic monitoring (EM) and was coordinated by the Los Angeles Pretrial Services Division. The program engaged repeat DWI offenders (and also other non-violent offenders) immediately after conviction and sentencing with ongoing home monitoring and supervision as ordered by the courts. The program also became operational in October 1992. At the time of selection it had a projected caseload of 40 to 50 repeat offender DWIs per month.

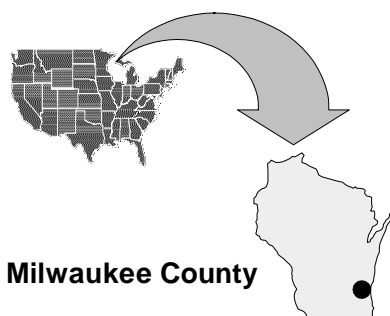
A third site was also selected for evaluation. The program, *The Wright State University Weekend Intervention Program*, used Weekend Intervention (WI) and was placed into operation in the Dayton, Ohio area in 1978. It was an intensive, three-day residential program to which persons involved in a drug or alcohol offense (including repeat DWI) could be remanded by a court or other supervising agency. It had a caseload of about 50 to 60 repeat offender DWIs per month at time of selection. Sufficient data to complete the evaluation of this program had not become available as the end of this project neared, so the evaluation could not be completed.

The following two chapters describe the programs in Milwaukee and Los Angeles County and their evaluations.

3 - MILWAUKEE COUNTY, WISCONSIN

SITE DESCRIPTION

Milwaukee County is located in the southeastern corner of Wisconsin on Lake Michigan. The county had a population of about 960,000 in 1990, including about 690,000 in the city of Milwaukee. The population size has been very stable in recent



years, decreasing less than 1% in the 1980-1990 period. The county (excluding the city) is mixed suburban and rural. About 37% of the population in the county are under 25 years of age, and about 14% are 65 or older. Some 25% are classified as minority (primarily African-American).

Per capita personal income for the county is about \$13,382, compared to \$12,276 for the state as a whole.

About 13% of Milwaukee County families were below the poverty level in income in 1989, somewhat higher than the figure for the state as a whole (7.4%). The unemployment rate in the county was 4.1% in 1990, slightly less than that of the state as a whole which had a rate of about 4.4%.

During the project period (1993 through 1994), Wisconsin had an illegal *per se* BAC limit of 0.10, and a 0.08 BAC limit for individuals with three or more convictions within 10 years. Jail sentences were authorized for repeat DWI (called "OWI," operating while intoxicated, in Wisconsin) offenders and varied with the number of prior offenses (**Table 3-1**). A conviction of a third or higher offense authorized administrative action against the driver's vehicle, including seizure of the vehicle if owned by the offender. First offense actions were handled by municipal courts and by the circuit court (a part of Wisconsin's state-wide court system) for repeat offenders. Sentencing guidelines were provided to all judges, including specific criteria for various sanctions based on the following factors: ability to pay, BAC, defendant conduct since the offense, consequences of the offense to the victim and to the defendant, cooperation of the defendant, driving situation for the current offense, and driving record.

DWI laws in Milwaukee County are enforced by the Milwaukee Police Department, the Milwaukee County Sheriff's Department and 18 municipal and suburban police departments. Arrests of adults for DWI were 5,789 in 1993 and 5,478 in 1994.

Table 3-1: Sanctions for DWI in Wisconsin¹

Conviction	Criminal		Administrative	
	Fine ²	Jail	License Suspension or Revocation	Other
OWI, First	\$150-\$300	None	6-9 months	--
OWI, Second	\$300-\$1000	5 days-6 months	12-18 months	--
OWI, Third	\$600-\$2000	30 days-1 year	2-3 years	Vehicle immobilized or interlock or seized
OWI, Fourth	\$600-\$2000	60 days-1 year	5 years	Vehicle seized
OWI, Fifth or more	\$600-\$2000	6 months-1 year	5 years	Vehicle seized
Refusal, First	--	--	1 year	--
Refusal, Second	--	--	2 years	--
Refusal, Third	--	--	3 years	--
Admin. Per Se	--	--	6 months	--

¹ Source: Wisconsin Office of the General Counsel

² Plus \$300 surcharge

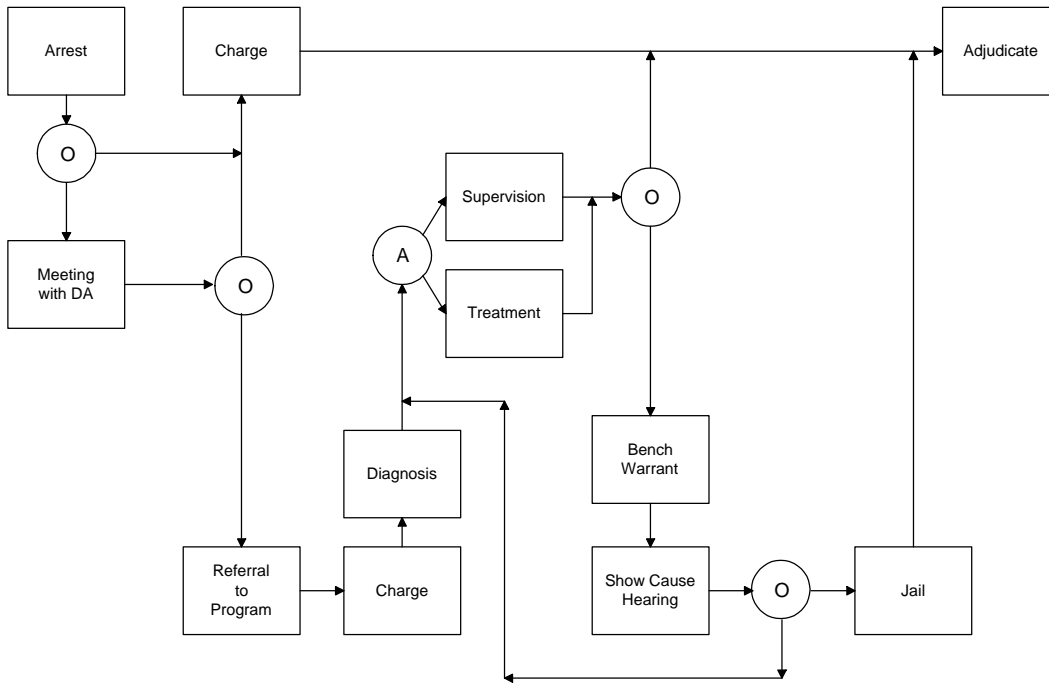
PROGRAM DESCRIPTION

This section presents an overview of the sequencing and dependencies of top-level functions of the Milwaukee County Pretrial Intoxicated Driver Intervention Project (referred to in the remainder of this chapter as the “ISP program”³.) Further details provided by program staff are given, beginning on page 25.

After an accused multiple offender was arrested, he or she met with a district attorney for an interview to determine whether the accused offender would be offered the chance to participate in the program (**Figure 3-1**). The assistant district attorney was a dedicated position for DWI offenders. Time from arrest to first court appearance (arraignment) was usually 24-48 hours. To be eligible, the subject must have had one or more convictions during the previous five years, must have been arrested and charged for the instant offense in Milwaukee County, and have had no current pending charges for violent offenses.

³ For this study, the project was classified as an Intensive Supervision Probation (ISP) program, although technically, participants were not on probation because initial participation occurred before the trial.

Figure 3-1: Functional Flow Chart for the Milwaukee County ISP Program



The large circles enclosing the letter "O" are "or" gates, indicating that one of the following functions is performed. The circles enclosing the letter "A" are "and" gates and indicate that all of the following functions are performed.

At this point in the development of the system, the assistant district attorney charged off of the police report and did not always see the subject. Coming from arraignment in the intake court, one out of three subjects appeared in a face-to-face meeting with the assistant district attorney. Generally, they accepted the chance to participate in the pre-trial program when it was explained to them by the assistant district attorney. But the goal was to have full participation, so direct face-to-face contact with all offenders was important. Later in the development of the program, all offenders were given a notice of referral and asked to report to the ISP program.

Currently, subjects who do not accept the ISP program follow the normal lower-court adjudication process for DWI. Sanctions for repeat offenders include mandatory jail time, license suspension and fines for repeat offenders. Subjects who do accept the program are offered the hope (not guaranteed, but usually fulfilled) of receiving less severe sanctions than non-participants. These "less severe" sanctions are still within the range prescribed by law. *The DWI charge is not reduced in exchange for participation.*

Screening and diagnosis of participants occurs next and is performed by case workers employed by the Wisconsin Correctional Service ISP program. Currently,

two case workers are assigned to the program. A diagnostic urine test is performed as a part of the initial assessment to detect drugs. Each participant's program involves ISP (including reporting to the pre-trial monitor two to three times a week) and treatment.

Over 25 providers, ranging from hospitals with inpatient substance abuse programs to neighborhood clinics and counseling programs, are currently participating in the program. Treatment can include the use of Antabuse[®], a drug that produces severe adverse reactions when followed by the use of alcohol. Drug testing is conducted randomly throughout the program on all subjects. Treatment supervision is performed by project staff. If the participant fails to appear for trial or sentencing (if a guilty plea was entered), a bench warrant may be issued which could result in a separate charge and a jail sentence.

EVALUATION

Approach

Our major concern in the evaluation was the effect of the ISP program on the future drinking-driving behavior of program participants, that is, *program impact*. The measure we used for future drinking-driving behavior was the time from a client's entry in the program to another DWI arrest.

Another area of concern was the extent to which the program specifications (as summarized above in our program description) were actually being achieved. This aspect of an evaluation is often referred to as an *administrative evaluation*. Our approach was to query ISP program staff on the particulars of their activities and to question ISP clients about their experiences as program participants. We also obtained data on gross measures of program activity (for example, number of clients entering the program per unit time and their mean time in the program) from program staff.

But these were not our only concerns. We reasoned that the long-term viability of the program was directly related to how strongly the public would support the program. Thus, we were also interested in (1) the extent to which the driving public was aware that such a program was being conducted and (2) the level of public support of the program relative to more traditional interventions to drinking-driving among repeat DWI offenders. These factors were assessed through information collected at driver license stations in a survey conducted by the Wisconsin Department of Motor Vehicles.

Finally, we wanted to know as a "bottom line" the cost-effectiveness of the ISP program relative to that of traditional sanctions, especially incarceration. Cost estimates for the ISP program were obtained from the program management staff, and estimates for jail costs were from the Milwaukee County House of Correction.

Thus, our evaluation had the following components:

- program impact;
- program operation;
- public support of the program; and
- program cost.

The design and results of each of these components are described below.

Program Impact

Design. The major research question addressed by the analysis of the traffic-safety impact of the Milwaukee ISP program was:

What is the recidivism of offenders participating in the ISP program and how does it compare with the recidivism of offenders given traditional sanctions?

The term “recidivism” is used in a broad sense here. Normally, recidivism is defined as the probability of a DWI re-arrest (and / or re-conviction, depending on the nature, completeness, and reliability of available data) for a given offense (in this case, DWI) on or before time **T**. We modified this definition for this evaluation to include arrests or convictions for several other types of alcohol-related traffic offenses including refusal to take a breath-alcohol test.

The recidivism of the treatment group was compared to that of a comparison group that did not participate in the ISP program. Since Wisconsin law mandates a jail sentence for repeat offenders (see above), all members of the comparison group had to have received a jail sentence. To help ensure that members of both groups had an equal chance of a re-arrest, subjects from both groups were convicted of a repeat DWI during the same time period. (Choosing subjects convicted in differing time periods might result in different arrest exposure for the two groups if police enforcement policies varied over time.) Since random assignment to the treatment and comparison groups was not possible for this site⁴, analytic adjustments of the data (discussed below) were made to account for differences between the treatment group and the comparison group known to have a strong effect on DWI / refusal recidivism. For example, group differences in number of prior arrests / convictions for alcohol-related traffic offenses, age, and sex, could affect recidivism and thus confound the effect of the program on recidivism.

Data Sources. Data for the impact analysis were obtained from the following three sources:

⁴ The program was ongoing, and assignment procedures were locked in place by the various participating agencies.

- ISP program office;
- Milwaukee County Court; and
- Wisconsin Department of Motor Vehicles.

The data from the ISP program office contained variables describing the program's interaction with each client, including dates that the client entered and left the program. The court data described the interaction of the treatment subjects and the comparison subjects with the court (for example, dates of conviction and sentences). The DMV provided biographical driver-history data, driver-license sanctions data, and recidivism data for both groups. We merged these three data bases in preparing the files we used in the recidivism analysis.

Analysis Techniques. The primary technique used for the impact analysis was survival curve analysis. This technique allows the study of complex time patterns of recidivism, for example, a recidivism rate that is initially low, but higher later.

The formal factor reflecting the evaluation design was a variable indicating whether the subject belonged to the treatment group or the comparison group. Factors available for use in controlling for differences between the treatment and comparison groups (that is, the analytical "matching" of the two groups) were number of prior alcohol-related driving offenses, age, sex, race, marital status, the jail sentence imposed for the index offense, and the fine imposed for the index offense.

In the survival analysis, we used the time from conviction of the index offense to the first "failure" (for example, an arrest for DWI) as the dependent variable. The time-varying recidivism (that is, probability of a failure) as a function of group (treatment or comparison) was of primary interest. The analysis was designed to indicate whether there was any difference in recidivism with respect to group and if so, the direction and amount of the difference, and also the probability p that the difference was due to chance alone. We also ascertained whether various subgroups (for example, young drivers and old drivers) had differing recidivism times with respect to group. The statistical techniques contained in the SAS[®] LIFEREG and PHREG procedures were used in the analysis.

As a secondary analysis technique, we used logistic regression analysis. This was done mainly as a check on the survival analysis. Here, the dependent variable was a function of the probability that a subject will have recidivated after some given time, T , where T is held constant for a given analysis. Again, recidivism probability as a function of group (treatment or comparison) was of primary interest, but the recidivism probability of various subgroups of the treatment and comparison groups were also of interest.

Results. A total of 506 of the treatment group subjects were listed in the DMV driver records file. Some of their characteristics are shown in **Table 3-2**. The comparison group contained 1,452 subjects and differed significantly from the treatment group with respect to three of the characteristics shown in the table (i.e.,

age, race, and number of priors), confirming our suspicion that group differences would have to be taken into account in the analyses. Compared to the comparison group, the treatment group were slightly older, had a larger percentage of non-whites, and had a larger percentage of drivers with three or more priors.

A large number of analyses were performed. The primary analyses used the survival analysis technique and were based on the arrest data from the DMV. Arrests classified as alcohol-related (including DWI as well as a number of other offenses) were used in determining recidivism time. Additional analyses were run for DWI offenses only. The study period for recidivism was November 12, 1992 (the date the first subject entered the ISP program) through December 12, 1994 (the cutoff date for the DMV data). The index date for a given treatment-group subject was the date that subject was admitted to the ISP program. The index date for a given comparison subject was the date of that subject's first arrest occurring on or after August 14, 1992, an arbitrary date chosen to make the arrest exposure-period of the comparison group comparable to that of the treatment group. Recidivism time for each subject was computed as the time between the index date and the date of the first subsequent alcohol-related arrest (or first DWI arrest).

Figure 3-2 shows recidivism curves for the treatment and comparison groups based on the raw data. The one-year recidivism for the treatment group was 5.9% compared to 12.5% for the comparison group. These differences are highly significant ($p=0.0001$, where p is probability that the difference was due to chance alone), but do not account for any possible differences in the characteristics of the two groups which may influence recidivism.

Therefore, the recidivism data were examined analytically to see which characteristics significantly affected recidivism and to make appropriate adjustments to the recidivism of the two groups to account for such characteristics. Characteristics studied were: age, sex, race, marital status, number of prior alcohol-related driving offenses, the jail sentence imposed for the index offense, and the fine imposed for the index offense. Both the LIFEREG and the PHREG procedures were used and gave essentially the same results.

Table 3-2: Selected Treatment Group Characteristics, n=506

Characteristic	Value	Percent
Age	<30	26.5
	31-40	42.3
	41-50	21.1
	51-60	7.3
	>60	2.8
Sex	Male	91.2
	Female	8.8
Race	White	78.4
	Black	15.6
	Hispanic	3.6
	Indian	2.2
Marital Status	Single	51.4
	Divorced	22.3
	Married	21.2
	Other	3.8
	Widowed	1.4
Priors	1	63.4
	2	23.3
	3	9.9
	4	2.4
	5	1.0

Characteristics of the subjects found to have a significant effect on recidivism were group (treatment or comparison), age, number of priors, and length of jail sentence. All of these had p 's in the 0.0001 - 0.002 range, and all of the non-significant factors had p 's in the 0.30-0.40 range.

Figure 3-3 shows the modeled recidivism of the treatment group compares with that of the comparison group when the other significant independent variables are set at their mean values, i.e., age=36, priors=2.5, and jail sentence=64 days. With these adjustments, the one-year recidivism for the treatment group becomes 5.6% compared to 10.7% for the comparison group ($p=0.0002$).

Figure 3-4, **Figure 3-5**, and **Table 3-2** comprise a parametric presentation of the predicted recidivism curves of the *treatment group* generated from the proportional hazards model used for developing the above figures. **Figure 3-4** illustrates the effect of subject age, indicating that the higher the age, the lower the recidivism. **Figure 3-5** indicates a similar effect for the length of the jail sentence, with subjects receiving a longer sentence having lower recidivism rates. For example, after 12 months, only 3.0% of those getting a sentence of 360 days recidivated, compared to 5.6% getting a sentence of 60 days. Finally, **Table 3-2** shows the extremely large effect of the number of priors on recidivism. The more priors a subject had, the higher that subject's recidivism at any given time. For example, 28.3% of treatment-group subjects with four priors are predicted to recidivate after one year, compared to 7.8% of such subjects with two priors.

As would be expected, the directions and magnitudes of the effects in the *logistic regression analysis* were similar to those in the survival analysis discussed above. (For this analysis, "recidivism" was defined as the *probability* of rearrest). Most important, the logistic regression analysis showed that the recidivism of the treatment group for various values of T was consistently lower than that of the comparison group at those values of T . For example, the 12-month recidivism of treatment-group subjects of age 35 who had a jail sentence of 60 days and two priors was 7.2%, compared to 16.8% for the comparison group. The survival analysis calculated figures of 8.0% and 15.2%, respectively, for subjects with the same characteristics.

Program Operation - Perceptions of the Program Staff

Method. We sought the ISP program staff's perceptions of the following major areas of operations:

- initial contact with the client;
- assessment of client needs;
- supervision of the client during the program;
- procedures for dealing with absconders;
- client time in the program; and
- support of the program by staff of the Traffic Law System and the alcohol-treatment community.

Figure 3-2: Raw Alcohol-Related Arrest Recidivism of Treatment and Comparison Groups in Milwaukee County

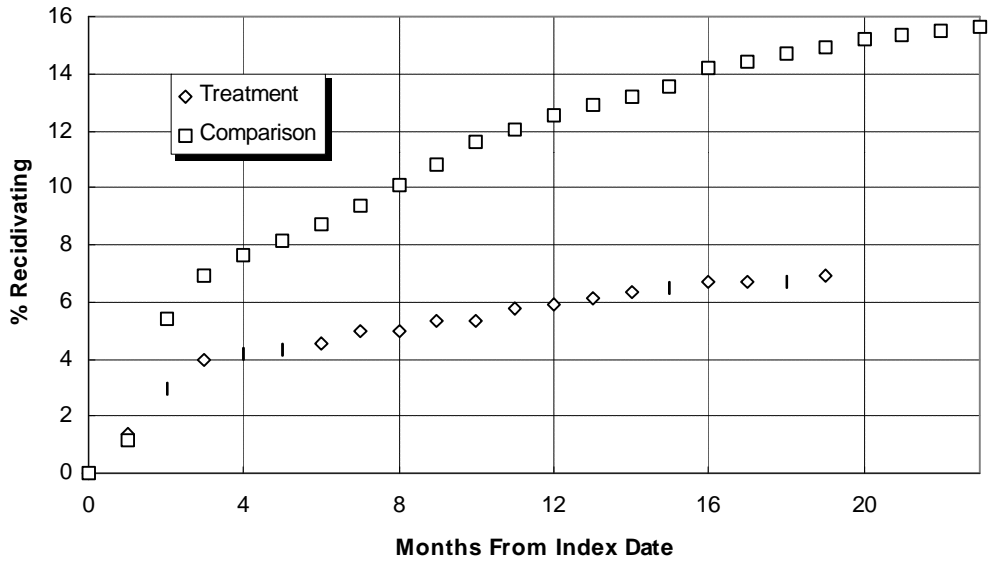


Figure 3-3: Modeled Alcohol-Related Arrest Recidivism of Treatment and Comparison Groups in Milwaukee County

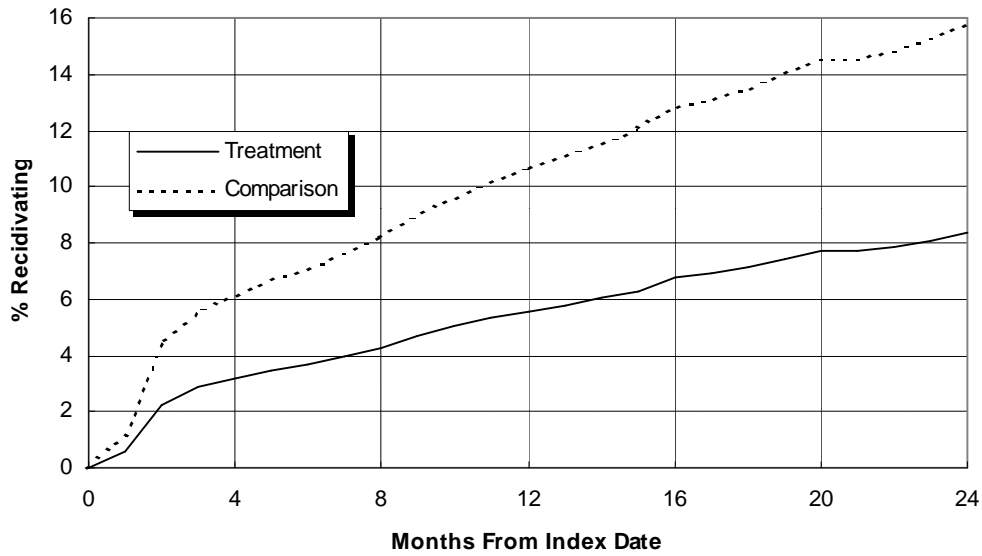


Figure 3-4: Modeled Alcohol-Related Arrest Recidivism of Treatment Group in Milwaukee County, by Subject Age

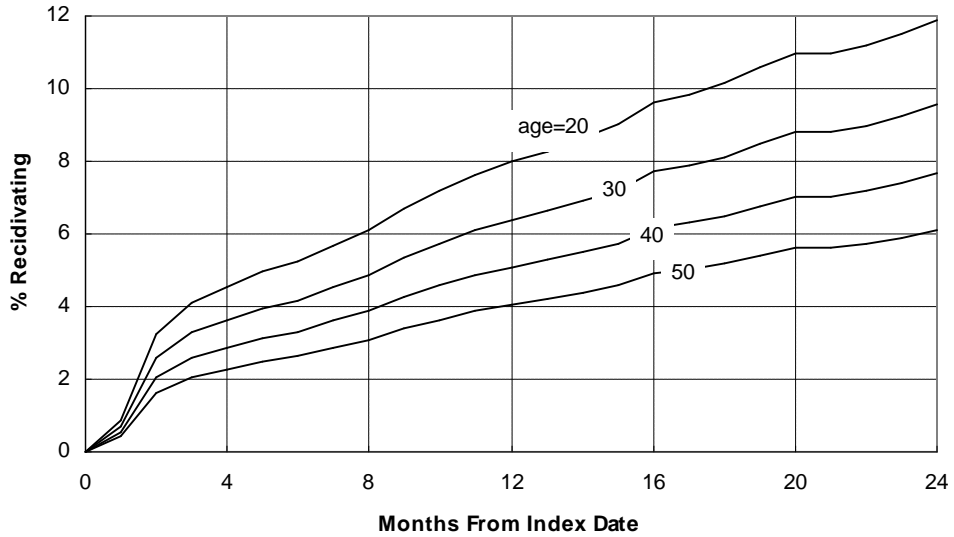


Figure 3-5: Modeled Alcohol-Related Arrest Recidivism of Treatment Group in Milwaukee County, by Length of Jail Sentence for Index Offense

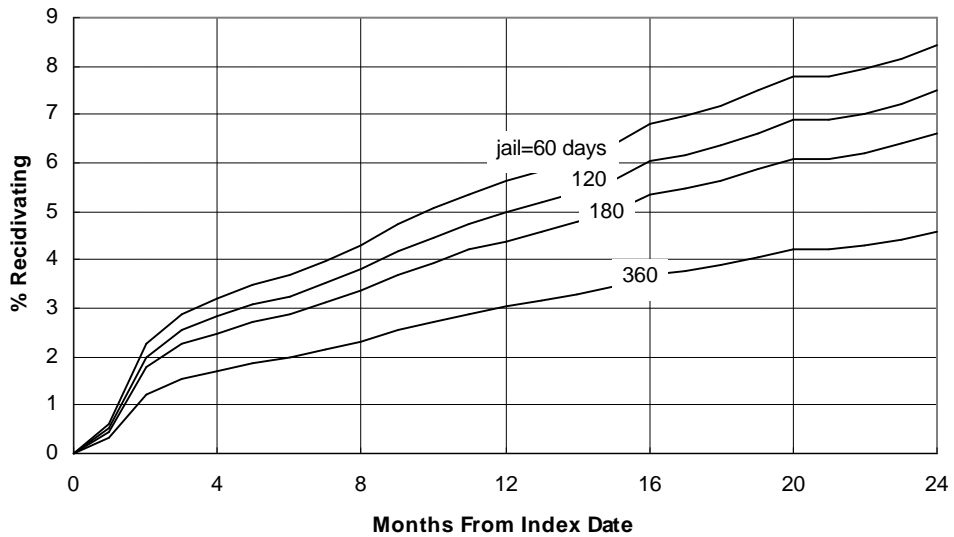
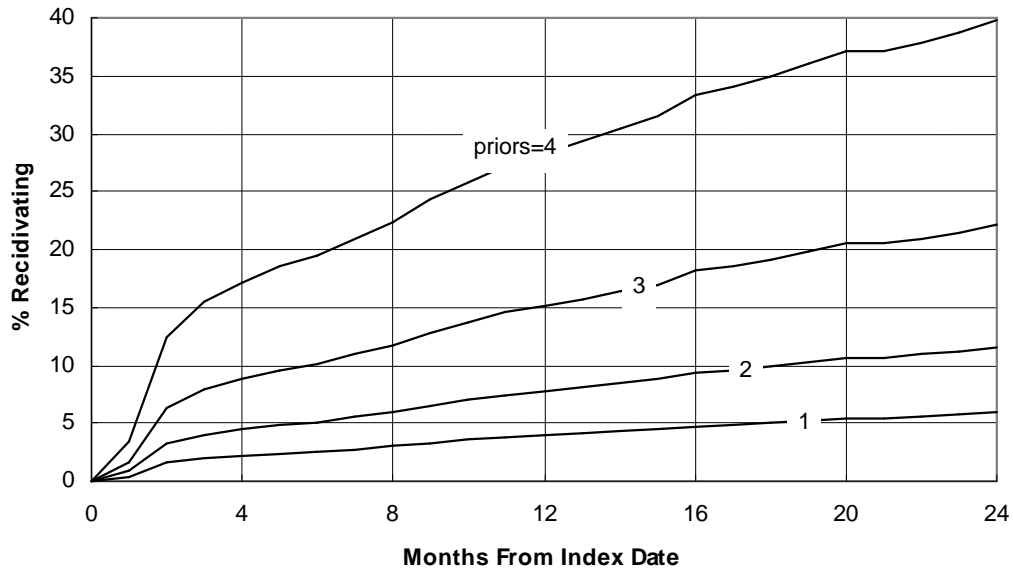


Figure 3-6: Modeled Alcohol-Related Arrest Recidivism of Treatment Group in Milwaukee County, by Number of Prior Alcohol-Related Offenses



The information was obtained through discussions with ISP staff. When we visited the site initially in May 1993, we met with the Assistant District Attorney, the Pre-trial Services Director, and the two full-time Project Monitors. We discussed program procedures and the clients that were participating in the program at that time. During the course of this research project, we talked with the Director about evolving changes. Both full-time Project Monitor positions had personnel changes. In May 1995, we again interviewed the Director and one of the Project Monitors (whom we had not met previously) by telephone. The other Project Monitor had only been in the position for a short time and was not interviewed.

Results. Procedures for making *initial contact with the client* have changed over the course of the program. When the program began, there was an Assistant District Attorney position dedicated to informing repeat OWI offenders who qualified for participation about the program. This information was relayed during the “in-person” charging conference which typically was held 24-48 hours after arrest. That Assistant District Attorney position was funded for one year, and then funding ran out. Even during this period of time, that Assistant District Attorney position could not be available 24 hours a day, seven days a week.

Currently, ISP staff believe most eligible individuals are being advised in court, by attorneys or through receipt of a post card sent by the ISP. Presently, the program

is described on a form completed by an Assistant District Attorney at the pre-trial conference when the procedural options, guilty plea and plea bargain or trial, are discussed between the attorneys and plea offers are presented to the defendant. The person being charged with repeat OWI should learn about the pre-trial program at that point, either from the Assistant District Attorney or the defense counsel.

ISP staff believe many of the referrals to the ISP pre-trial program currently come from the Traffic Court Commissioner who directly informs individuals at their initial court appearance that they may be eligible for the program. ISP staff believe the Traffic Court Commissioner (who is part of the Misdemeanor Division) is a good source of client referrals. When Commissioners rotate courts (as happened during the evaluation), the ISP staff schedule a session to advise the new Commissioner of the program criteria and benefits. The current Commissioner is very supportive and consistent in making referrals to the program.

ISP staff also receive a daily roster of all people charged by the District Attorney with a repeat OWI offense and cross check this list against those making an initial appearance in Traffic Intake Court. Those people who qualify as repeat offenders and who did not enter the program after their initial appearance are sent a post card advising them of their eligibility for the program.

The *assessment of client needs* is based on a 6-page interview form that gathers the social history of the individual. Topics range from the client's awareness of his or her legal situation, to the client's criminal and court history (the ISP program already has the records but asks the individual anyway), educational background, employment history, family and support system, drinking and drug use, and previous treatment. A brief mental health history is included in the assessment and a review of the client's overall physical health is also considered. After gathering this information, the staff discusses possible program elements based on the individual needs of the client. Recommended treatment modalities are discussed, but actual admission to a specific treatment program may depend on health insurance authorization or completion of the assessment done by the Milwaukee Council on Alcohol and Drug Dependence (MCADD). MCADD is the agency authorized by Milwaukee County to provide treatment vouchers for indigent individuals convicted of drunk driving. Completion of an MCADD assessment is also required by the DMV as proof of cooperation with the driver safety plan needed for license reinstatement following a drunk driving conviction.

Collateral contacts are done with the defendant's family, friends or employers in order to verify the information collected during the interview with ISP staff and to determine the level of support the defendant will receive to remain sober during the pretrial period. Once health insurance is verified, an appointment is scheduled for the client at the insurance approved provider clinic. The client and the staff are aware at the same moment of who will provide treatment and how often the client is expected to keep appointments with the treatment provider. If the client is placed on a waiting list for admission to a specific treatment program, ISP staff maintain

contact several times a week with the client, conduct urine tests and refer the client to AA or other support groups in the interim.

If the staff person is having difficulty determining a specific treatment modality due to lack of client cooperation or denial, lack of collateral contacts, and lack of other history, the staff person will review the case with the supervisor, with the certified counselor at the Outpatient Substance Abuse program affiliated with the ISP or rely on the outcome of the MCADD evaluation to determine the initial program tract for the client.

The program has instituted a computerized system to assist case workers in *supervising clients*. This database was specially written by the WCS Research and Information Department. The system is used in tracking and monitoring clients, and produces schedules for court appearances and supervision. The system also captures treatment referrals made and tracks the client's status with the referral agency such as "admitted," "refused" or "waiting list."

Most of the clients are employed which can present scheduling problems. Flexibility is important when monitoring the clients. Clients who have seasonal labor jobs must work whenever weather permits. Clients may reschedule appointments or schedule to be seen during the early morning hours or extended evening hours set aside by staff. Also, most treatment programs have evening hours on a regular basis.

The case load for client supervision has increased considerably over the life of the program. In April 1993, the two case workers were handling a total of 121 cases. This number increased to 161 in April 1994 and 224 in April 1995. The supervisor reports each staff member is now handling 120 cases. When the program first started, the average length of time a case was open in the criminal justice system was about nine months. The case processing time has gone down, and there is now more turnover. Some individuals are in the pre-trial program three months but the average length of time is 4-5 months from start to finish. (Our data indicate an average time of 4.6 months.)

If a client misses an appointment, telephone contact is first attempted to establish the reason an appointment was missed and to re-establish the client's commitment to the program requirements. If phone contact is not successful, a letter is sent advising the client to contact the case worker immediately. Non-compliance is reported at the next court appearance if contact is not re-established. If a client repeatedly is inconsistent in keeping appointments and meeting program obligations, staff members may ask the court to admonish and warn the client about possible sanctions for failure to comply.

However, most of the clients do keep their appointments and do not become *absconders*. Staff believe that most of the clients enter the ISP pre-trial program voluntarily, keep appointments, remain in the program, do well and are discharged from court. Those who are stipulated by the court to participate can be difficult to engage in the treatment process. Some clients may have serious denial issues surrounding an addiction which may require more supervision. These clients may have to report to the program more frequently, sometimes five days a week.

Most individuals make contact twice a week when they start the program. As progress is made, a combination of in person and telephone contacts will be required, dependent upon the individual's compliance with treatment, drug test results and overall adjustment while under supervision (no driving, no alcohol use, employment). Individuals can maintain contact with the program staff following adjudication and while serving mandatory jail terms. Clients are encouraged to do this so that assistance is readily available to transition from jail back to the community and especially to ensure continuity in treatment while on work release.

Staff members were asked about traits which might be common to absconders, such as personality type, degree of alcoholism and personal support structure. Staff reported the most common characteristic of persons who have failed to complete the program is the lack of a substantial support system or significant others (family, friends, co-workers) who care about the defendant. Staff report that this person really has little to lose by failing to complete the program and continuing to abuse alcohol.

The program started in 1992 as a completely voluntary program and has steadily gained support in Milwaukee County. The courts have become more *supportive of the program*, evidenced by the increase in the number of cases referred by the Traffic Court Commissioners and Misdemeanor Judges as a condition of release on bail.

Staff believe that the overall length of sentences for repeat OWI offenders has increased in Milwaukee County. However, program participants are receiving slightly shorter jail sentences and some judges have stated on the record that program participation has been a mitigating circumstance in making sentencing decisions.

ISP staff had several suggestions for *improvements to their program*. One suggestion was to engage defendants, who had not previously participated in the program, at the sentencing hearing. This would allow a treatment plan to be formulated that could be incorporated in the sentence structure, and the defendant could participate in community based treatment while serving a work release sentence. One judge in the Misdemeanor Division has offered to consider incorporating this schedule into the sentencing matrix.

It was also suggested that program participation should be mandatory for all repeat OWI offenders. All convicted repeat offenders must participate at some time in an assessment and treatment plan that is required by State Statute. The belief in recommending mandatory participation is that the sooner an individual enters treatment, the sooner a lasting impact might be made on that person's drinking habits and drinking-driving habits.

Lastly, staff believed it would be highly desirable to have some on-site or direct access treatment available, rather than relying solely on external programs. An outpatient program associated with the system might diminish problems related to waiting lists. It would also provide consistent assessment and realistic treatment plans that are not controlled by insurance carriers and how much funding the insurance carrier deems appropriate. According to the staff, insurance carriers are providing few modalities and very brief treatment durations when treatment, especially over a longer period of time, appears to have more lasting impact. An on-

site program could be supported partially through a sliding fee scale, but staff believe services should be available to all participants in spite of ability to pay.

Program Operation - Perceptions of the Program Clients

Method. We sought the perceptions of ISP program clients on the following aspects of program operation:

- initial contact with the client;
- assessment of client needs;
- supervision of the client during the program;
- benefits clients got from the program;
- the program's influence on the client's drinking and drinking-driving behavior; and
- improvements that could be made to the program.

In May of 1995 we interviewed clients of the Milwaukee County Pretrial Intoxicated Driver Intervention Project by telephone. Our interviewer was instructed to prompt as little as possible and listen for perceptions and cues of acceptance or rejection of the program. We assured the former clients of confidentiality and promised to destroy the list of client names and phone numbers upon completion of the research project. Our interviewer attempted to contact 25 former clients, and was able to complete 12 interviews.

Results. Nine of the 12 clients we contacted *first learned about the ISP program* through a postcard or personal letter they received through the mail, or by being told about the program at their pre-trial hearing. The remaining three clients heard about the program from their attorney (two clients) or their psychologist. Nearly all chose to participate in the program because they thought they might receive a less severe sanction (six clients) or thought it might help with their drinking problem. One client said he participated after being told to do so by the judge.

The clients reported that the interview conducted during the *assessment process* took between 30 minutes to one hour. All 12 of the clients interviewed reported a routine process with several commenting how much the staff made them feel at ease. One client was unhappy because a friend who had accompanied this person was asked questions to verify the participant's behavior.

Apparently some individuals felt they had options when it came to treatment plans, others did not. It also appears that the time they spent at ISP for their scheduled meetings went beyond monitoring to counseling. One person described the meetings as repetitious, while another said the meetings helped build self-esteem. Nine of the participants reported feeling hopeful that they could change and reported that the plan outlined for them was fair. Three reported feeling angry or resentful when they began the program - two of the three later reported a change in how they

felt (to positive) as they progressed through the program. The remaining individual did not receive lesser sanctions for participating in the program. However, he reported he did benefit from the program and would participate again.

Overall, the assessment conducted by the ISP program staff and the assessment conducted at the Milwaukee Council on Alcoholism (MCA) were rated as comparable. Three participants reported feeling more at ease and comfortable at the ISP program assessment. Two participants were evaluated by councils other than the Milwaukee Council. Three individuals reported the MCA assessment happened before the ISP program assessment. No one reported taking records from ISP to MCA. Only one person said that MCA asked about the ISP assessment, and four thought there was some communication between the two organizations. Two reported that the ISP program asked about the MCA assessment.

The nature of the *client supervision* reportedly varied among the clients. In some cases, the client began with one or two visits per week, which then were reduced to once a week or changed to telephone contact toward the end of the program period. Most of the former clients reported meeting weekly with ISP program staff. All twelve individuals interviewed reported the monitoring schedule was reasonable because it was flexible. Most of the individuals did, at least on one occasion, have a problem which resulted in rescheduling an appointment, but called in and seemed appreciative of the flexibility which allowed them to reschedule an appointment time. Most of the problems causing them to miss appointments were job-related.

The clients who were interviewed were asked to share their perceptions about the impact of the program. Eleven of the 12 former clients interviewed believe they *benefited from participating in the pretrial program*. One person believed he did not need the program, and said it did not fit him. Most of the individuals also felt they benefited from having contact with the staff before the case went to court. Seven people reported they received less severe sanctions as a result of participating in the pretrial program, three people reported no difference, one person thought the sentence was actually higher, and one person was not certain if the sanctions he received were affected by program participation. (However, there was no way they could know for certain what impacted the judges decisions for their sentences unless, as staff members mentioned above, the judges had stated that program participation was a mitigating circumstance.)

Nine people reported positive *changes in their drinking and drinking-driving habits* that they attributed at least in part to the program. One person said it was his decision to change that made the difference, and one person said the program was just another area of reinforcement. One person said that the program did not affect his drinking and driving habits and reported that the multiple-offender program offered by the Department of Transportation had more of an effect on him.

Six of the individuals said they no longer drank alcohol; five others stated that they do not drive after drinking any amount of alcohol; and one person said that he made an effort not to drive after drinking (also reporting the amount he drinks has decreased). Eleven individuals said the program contributed to the changes; one

person credited himself with making changes. Ten of the 12 clients said they would go with the program again. One respondent said that the program was mandatory, and there would be no other choice under the same circumstances.

Three clients offered *suggestions for improving the program*, as follows:

- “Have a better location. It is too hidden away.”
- “Eliminate the postcards for informing persons about program. I did not think the postcard was appropriate because it exposes my situation.”
- “The program experience was unpleasant for me, but my case worker was encouraging and showed empathy. He was candid, but he did not make me feel like a lesser human being.”
- “Provide more follow through. After sentencing, I was only able to attend one AA meeting a week, and this was the time when I needed it - during my sentence.”

Public Awareness and Support

Method. Public awareness and support of the ISP program was measured through a survey conducted in Milwaukee County by the Wisconsin Office of Transportation Safety in August, 1994. Persons appearing at the driver licensing stations were handed a questionnaire (Appendix A contains a facsimile of the questionnaire) and asked to complete the form before leaving the station. The completion rate was near 100%.

A total of 843 drivers completed the survey. Of these, 51% were male and 49% were female. The age of the respondents was distributed as shown in **Figure 3-7**. The most popular reason why the respondents came into the driver license stations was to renew their drivers license (31%), followed closely by “other” and “register vehicle” at 22% and 20%, respectively (**Figure 3-8**). Only about 10% were getting their first license or reinstating a license, indicating that roughly 90% had been driving over the past several months.

We found that there was no significant difference at the 5% level in responses to the survey questions between drivers who been driving recently and drivers who not been driving recently. Thus, responses were tabulated for the entire group of 843 drivers.

Results. The responses to the survey indicated a moderate awareness of an ISP program of the type described in the questionnaire. About 40% of the respondents thought the ISP program was available for repeat DWIs (**Figure 3-9**). License revocation and fines were best known at 69% and 65%. Curiously, awareness of jail (47%) was only slightly higher than awareness of ISP.

The respondents were asked to rate the effectiveness of the various programs in deterring DWI by repeat offenders on a scale of 1 to 4, where:

Figure 3-7: Age Distribution of Respondents to Driver Survey in Milwaukee County

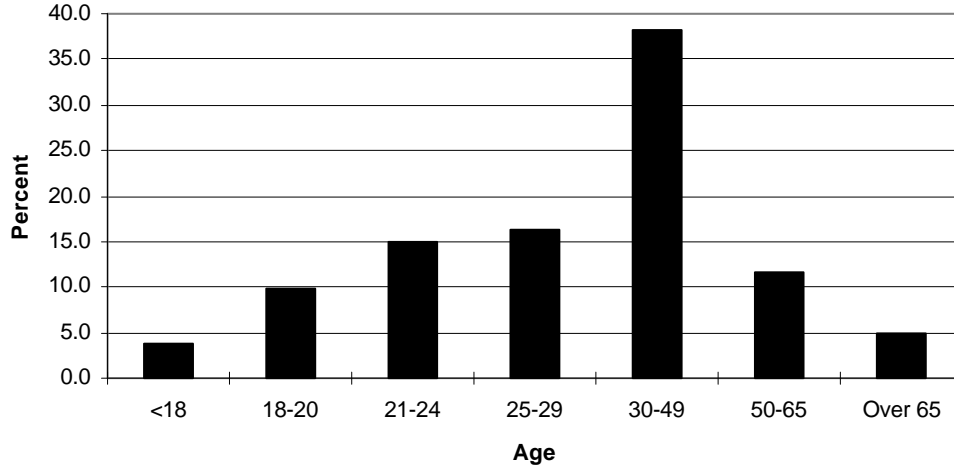
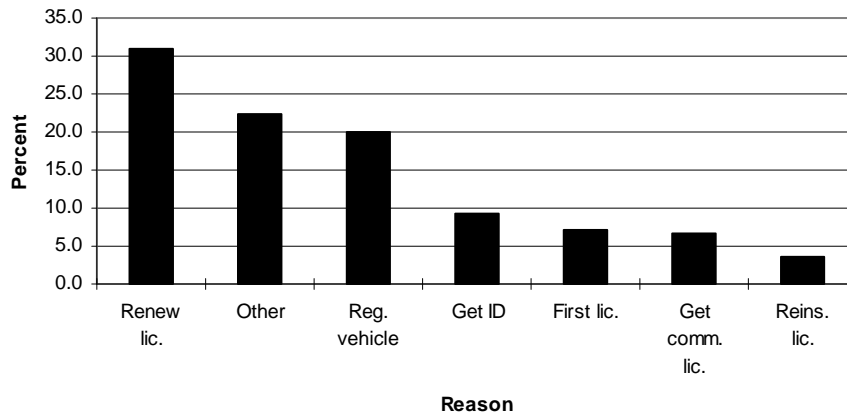


Figure 3-8: Reasons Why Respondents to Driver Survey in Milwaukee County Came to the Driver License Station



- 1 = Not at all effective
- 2 = Somewhat effective
- 3 = Effective
- 4 = Very effective

All of the programs except one had mean scores in the 2.3 to 2.8 range, with ISP scoring a 2.4 along with “license,” “evaluation [for an alcohol problem],” and “self-help.” (**Figure 3-10**) The lone program scoring out of this range was “home detention” at 1.7.

The respondents indicated moderate support (42%) of programs incorporating treatment (such as the Milwaukee ISP). Jail and license revocation received the highest percentages of support at 64% and 55%, respectively. Only 29% of the respondents indicated that they would support education programs (**Figure 3-11**).

Respondents were also asked whether they would support the *expansion* of jail facilities, the expansion of treatment programs, or the expansion of education programs. More respondents supported treatment-program expansion than either jail-facility or education-program expansion: Approximately 64% of the respondents indicated that they would support the expansion of treatment programs for repeat DWI offenders, and another 20% said that they possibly would support the expansion of such programs (**Figure 3-12**).

Program Cost

Cost figures for the first year of ISP operation were estimated by the Wisconsin Correctional Service (WCS) which administered the program. It found that the total project costs for that year amounted to \$227,000. WCS also compared the jail sentences of 216 program participants with the sentences of non-participants. For the groups compared, a total of 4,598 days of jail time were saved by the program.

DWI offenders are held in the Milwaukee County House of Corrections which calculated its daily cost per inmate at \$28.26. Thus, the gross savings in jail costs were $4,598 \times 28.26$ or \$129,939. However, about two-thirds of the offenders were employed (on work-release) during their incarceration and had to pay the House of Corrections \$15.00 per day. This reduced the savings in jail costs to \$90,593.

Thus, the program costs for the first year of operation were about 2.5 times the jail costs saved by the program. Undoubtedly, some of the program costs computed in this manner could be attributed to start-up. For example, during the first five months of the program, an average of about three persons completed the program each month. By comparison, an average of 29 persons completed the program each month during the last seven months of the program. If there were 29 completions per month over the entire 12-month period, 348 cases could have completed the program during a year of “steady-state” operation, reducing the cost per client to \$652 and decreasing the cost of treating 216 clients from \$227,000 to about \$141,000. Further

savings in jail costs could also be realized for the larger group of 348 steady-state clients.

In any case, the ISP program has begun assessing program participants on a sliding scale fee based on their ability to pay to defray the cost of their participation. The program is scheduled to become self-sufficient in 1996.

There are other benefits which also offset program costs. The probability of recidivism was cut in half after this program was implemented which implies a substantial savings in costs to society associated with alcohol-related crashes (e.g. loss of life, higher medical costs, loss of work, property loss, increased insurance rates).

The lower recidivism rate would also reduce system costs such as cost of arrest, detention, prosecution, adjudication and incarceration for repeat offenses which did not occur.

SUMMARY AND CONCLUSIONS

The intensive supervision probation (ISP) program implemented in Milwaukee County, Wisconsin, and evaluated in this project was essentially a pre-trial intervention program. The concept evolved from the need to reduce the elapsed time from arrest to adjudication and sanctioning. (Theory holds that the likelihood of a deterrent effect increases as the time between the proscribed behavior and sanctioning decreases.) This time lag had grown to such an extent that some accused DWIs did not come to trial for six months or more after their arrest. To obtain participation in the program, prospective clients were offered the hope of a reduced jail sentence. Such an offer was possible in a state with mandatory jail sentences for repeat DWI offenders because the sentences were specified in the law as a range rather than a single number. Thus, the ISP program was an alternative to jail not because it *eliminated* jail time entirely, but because it *reduced* jail time: all program participants had to serve some jail time.

The program sought to reduce drunk driving by attacking the drinking habits and drinking problems of its clients. It provided frequent, regular monitoring of its clients (that is, intensive pre-trial supervision) in combination with an individual assessment of their needs and referral to appropriate treatment providers in the area.

We measured the traffic safety impact of the ISP program in terms of its effect on the drunk-driving recidivism of its clients. We found that the recidivism of the program participants (the "treatment" group) was significantly ($p=0.0001$) lower than that of another group of repeat DWI offenders from the same courts who did not participate in the program (the "comparison" group). ***One year after entering the ISP program, the recidivism of the treatment group was only about half that of the comparison group.***

Figure 3-9: Percentage of Drivers Believing that Various Options Are Available for Preventing Repeat DWIs in Milwaukee From Driving Drunk Again

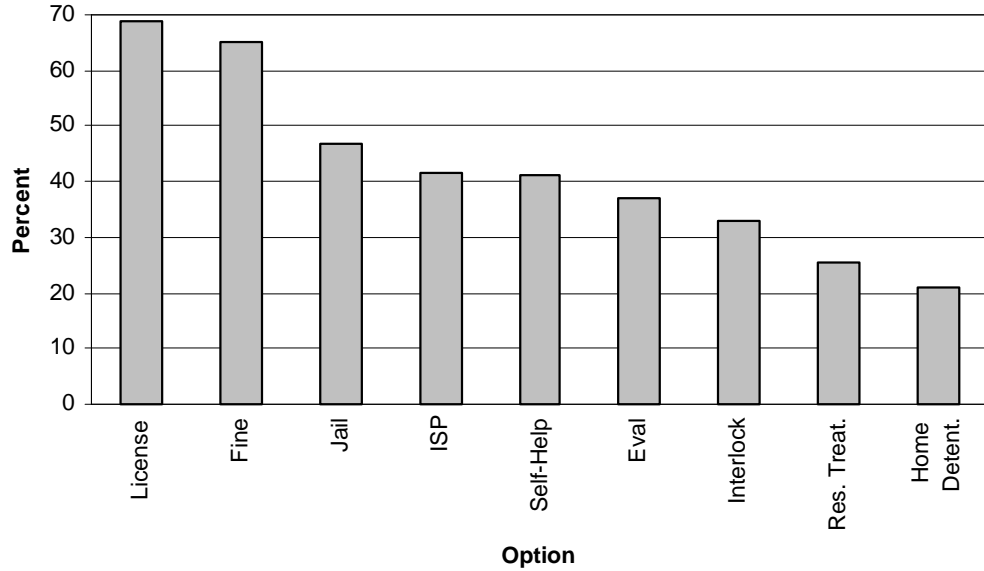


Figure 3-10: Mean Effectiveness Score of Various Options that Might be Used for Preventing Repeat DWIs in Milwaukee from Driving Drunk Again (Range: 1 to 4)

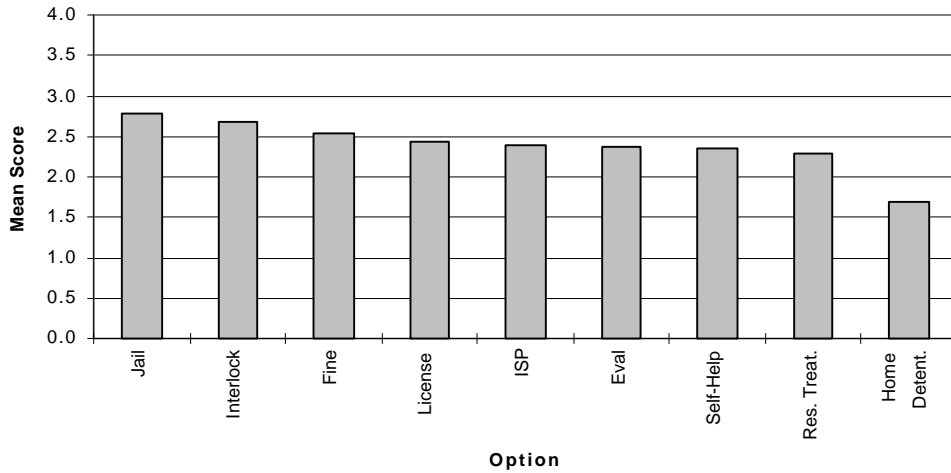


Figure 3-11 : Percentage of Drivers Supporting Various Sentencing Options for Repeat DWIs In Milwaukee

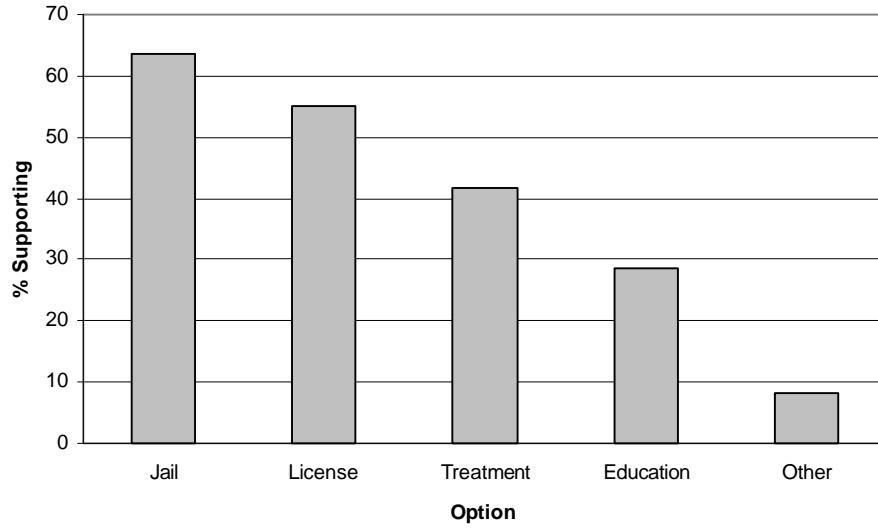
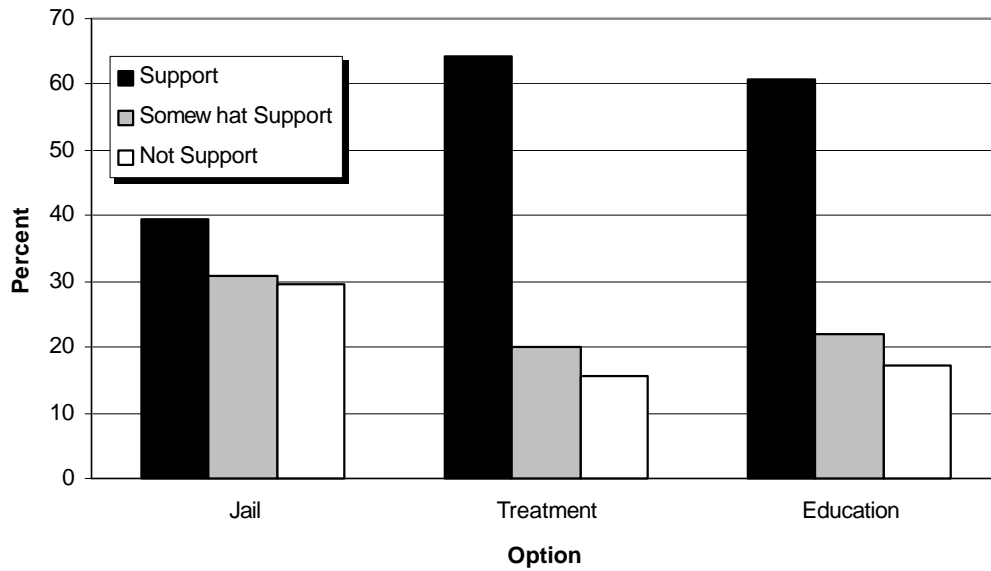


Figure 3-12: Percentage of Surveyed Drivers Who Would Support Expansion of Facilities or Programs for Repeat DWIs in Milwaukee



The main threat to the validity of this indication of a strong program effect is that the treatment group was somehow self-selected to consist of offenders who would be less likely to recidivate than would the comparison-group offenders. We addressed this threat by controlling for a number of factors that would be expected to affect recidivism, *viz.*: offender age, sex, race, marital status, number of prior alcohol-related driving offenses, the jail sentence imposed for the index offense, and the fine imposed for the index offense. While the threat of self-selection can never be entirely dispelled, these precautions, coupled with the very large magnitude of the indicated effect, should provide a reasonable assurance that the ISP program was effective.

The cost the ISP program saved by reducing jail time did not outweigh the cost of the program, which was more than twice the savings in jail cost. Data suggest a net cost of about \$91,000 for the first 216 clients entering the program, or an average of about \$421 per client. For this cost, the client's recidivism probability was cut in half which implies a substantial cut in drinking-driving exposure and, ultimately, alcohol-related crashes and system costs. In any event, the program providers plan to make the program self-sufficient in mid-1996 by having the clients pay for its services on a sliding scale based on ability to pay. Even without self-sufficiency, our survey of licensed drivers suggests that the public would be willing to bear at least a fraction of these costs if they were made aware of the program and its benefits. Finally, we note that it is not just the *cost* of jail that is important, but also its *availability*. Many jurisdictions simply do not have enough jail space to house all of the offenders that are sentenced to jail, with the result that many offenders never serve the amount of time specified in their sentence.

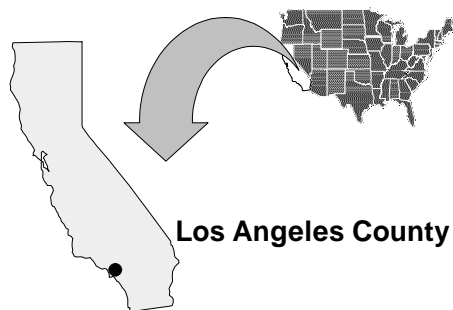
Our conversations with several ISP clients and the findings of some recent research (Wiliszowski *et al.*, 1996) shed some light on why the program apparently has succeeded. First, the contact provided by the program forced the individual to remember the reason (the DWI offense) that brought him or her into the program. Repeat DWI offenders very often say all they want to do is forget about the offense and get on with their lives. This program did not allow the individual to forget the offense quickly. Second, the contact discouraged the individual from slipping back into the old patterns of the behavior that caused the offense by forcing the individual to adhere to certain guidelines and report daily activities. Third, the mandated frequent contact provided direction and a level of support over an extended period of time.

Based on the results of this evaluation, ISP provides a successful model for community supervision of OWI offenders by providing them structure, drug and alcohol monitoring, support services and court notification. Simply stated, this program *watched over* individuals, many of whom apparently benefited from the structure, support, guidance, or even just the contact provided indirectly by the program and its staff.

4 - LOS ANGELES COUNTY, CALIFORNIA

SITE DESCRIPTION

Los Angeles County had a population of about 8,860,000 in 1990, including about 3,490,000 in the city of Los Angeles. Although Los Angeles is often thought



of as urban, the county contains more than 2,000 farms, encompassing a land area of about 280,000 acres. About 40% of the population in the county are under 25 years of age, and about 10% are 65 or older. Some 44% are classified as non-white, including about 10% who are African-American and 9% who are Asian / or Pacific Islanders. About 38% are Hispanic.

Per capita personal income for the county was about \$20,000 in 1989, the same as that of the state as a whole. About 12% of Los Angeles County families were below the poverty level in income in 1989, about a third higher than the percentage for the state as a whole (9%). The unemployment rate in the county was 5.8 % in 1990, slightly higher than that of the state as a whole which had a rate of about 5.6%.

During the project period, California had an illegal *per se* BAC limit of 0.08 (≤ 0.05 for persons under 21 years of age). Criminal actions were handled by the municipal and superior courts. Municipal courts handled first, second and third non-injury DWI cases; the superior courts handled all injury-related DWI cases, as well as fourth and higher recidivists. A minimum jail sentence of 48 consecutive hours or 10 days of community service was mandatory for multiple DWI offenders. Remaining jail time could be served at home under electronic monitoring.

Table 4-1 outlines the sanctions for DWI offenses in California. Any combination of the sanctions is theoretically possible, to the extent permitted by the mandatory minimums. Individuals may be sentenced to probation with the condition that they drive with restrictions and only operate vehicles equipped with an interlock device. In these cases, a special fine is levied in lieu of other DWI fines.

DWI laws in Los Angeles County are enforced by 47 different municipal, county, and state agencies.

Table 4-1: Sanctions for DWI in California¹

Conviction	Criminal		Administrative	
	Fine ²	Jail ³	License Suspension and Restriction	Other
Non-Injury DWI				
First	\$390-\$1000	48 hrs.-6 mos. (none) ⁴	6 months (90 days restricted) ⁴	Interlock; Vehicle may be impounded 1-30 days
Second	\$390-\$1000	48 hrs.-1 yr. (48 hrs.) ⁴	18-30 mos. (Restricted after 30 days) ⁴	Interlock; Vehicle may be impounded 1-30 days
Third	\$390-\$1000	120 days-1 yr. (30 days) ⁴	3 years (2 yrs, then restricted) ⁴	Interlock; Vehicle could be seized
Fourth	\$390-\$1000	180 days-1 yr. (180 days) ⁴	4 years (2 yrs, then restricted) ⁴	Interlock; Vehicle could be seized
Injury Related DWI				
First-Injury	\$390-\$1000	5 days-3 yrs. (5 days) ⁴	1 year ⁴	Interlock; Vehicle may be impounded 1-30 days
Second-Injury	\$390-\$5000	120 days-3 yrs. (30 days) ⁴	3 years (1 yr + 2 yrs restricted) ⁴	Interlock; Vehicle impounded 1-30 days, or seized
Third-Injury	\$390-\$5000	1-4 yrs. (1 yr.) ⁴	5 years (2 yrs, then restricted) ⁴	Interlock; Vehicle impounded 1-90 days, or seized
Refusal				
First	--	--	1 year ⁴	--
Second	--	--	2 years ⁴	--
Third	--	--	3 years ⁴	--

¹ Sources: DUI Penalty Charts, Los Angeles County Probation Department, and the NHTSA *Digest of State Alcohol-Highway Safety Related Legislation*, January 1, 1995

² \$390 is the mandatory minimum fine for all offenses. All DWI offenders must also pay an alcohol program assessment fee not to exceed \$50

³ DWI offenders are eligible for home detention as an alternative to imprisonment including certain minimum mandatory sentences. Mandatory sanctions for multiple offenders apply (48 hrs jail or 10 days comm. service).

⁴ The mandatory minimum term.

PROGRAM DESCRIPTION

This section presents an overview of the sequencing and dependencies of top-level functions of the Los Angeles County Electronic Monitoring/Home Detention program. Further details provided by program staff begin on page 53.

The Electronic Monitoring/Home Detention program was developed by the Los Angeles County Probation Department, in conjunction with the County-Wide Criminal Justice Coordination Committee, Superior Courts, Municipal Courts, Public Defender, District Attorney, City Attorney and the Judicial Procedures Commission. This alternative sanctions program monitors non-violent offenders (including repeat DWIs) at no cost to the public. The program began operating in October 1992, and 718 repeat DWI offenders had entered the program by the end of June 1994. The program was accepting an average of about 40 new clients per month as of June 1994, with each client spending an average of 83 days in the program.

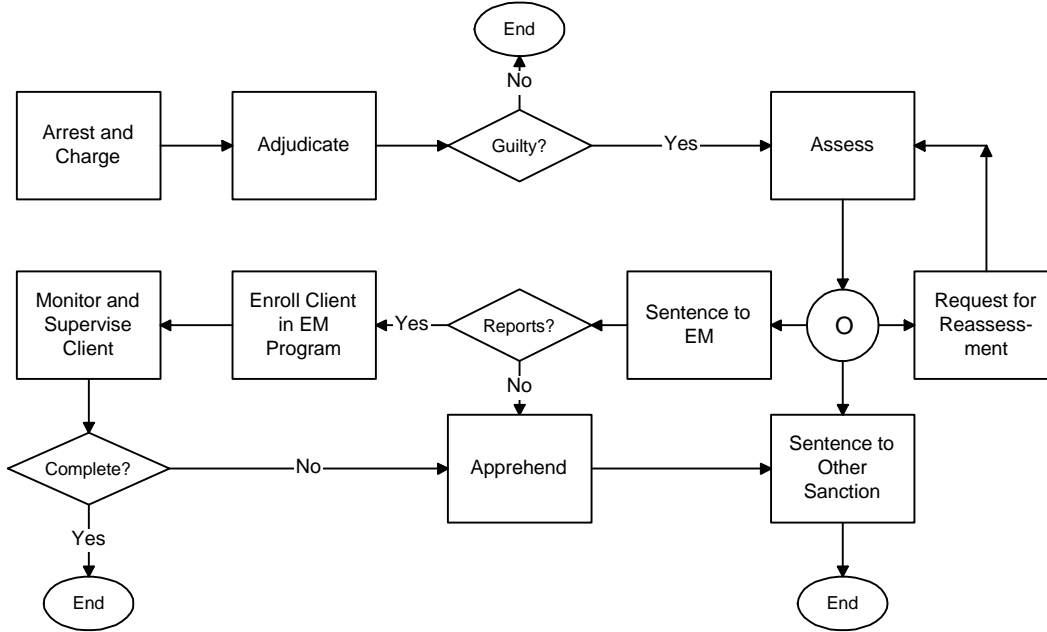
The Electronic Monitoring/Home Detention Program is designed to operate as a public/private partnership. Three private sector electronic monitoring vendors originally provided the monitoring services connected with the program; this number has since been reduced to one. The private vendor company receives the monies from the program participants in amounts determined for each offender by the vendor (discussed below), using a scale provided by the Los Angeles County Probation Department. The electronic monitoring company pays into a fund to cover the salaries of a program monitor, three investigators, plus costs for indigent offenders. In addition, after the first six months, Los Angeles County has received a certain percentage of gross earnings each month. The program monitor and investigators, although funded by the private company, are employees of the Probation Department with the responsibility to supervise the private electronic monitoring vendor. The program monitor conducts on-site inspections to assure the vendor's compliance to contractual obligations.

At the time of conviction, the court refers the offender to the Probation Department's Pretrial Services Division (**Figure 4-1**). The offender is interviewed, criminal history is accessed from several criminal justice databases, and a risk assessment scale is administered to determine the offender's suitability for program participation. The offender returns to court with the recommendation from Pretrial Services. If found suitable, the court can order the offender to report within 24 hours to the approved private monitoring company. In accordance with the court's instructions, the Probation Department and the monitoring company will develop a plan for home detention that will best meet the needs of the offender, while ensuring the highest level of community safety. The monitoring company also conducts in-house breath alcohol testing as ordered by the court.

The program is designed to be self-sufficient with offenders assessed a cost based on their ability to pay. Indigent offenders are subsidized by wealthier offenders. Program fees have ranged from \$1 to \$500 per day, with an average cost to program participants of about \$15 per day. Offenders may also be required to pay fines, make

restitution, submit to drug/alcohol testing, attend counseling and/or treatment programs, or provide community service.

Figure 4-1: Functional Flow Chart for the Los Angeles County EM Program



The private monitoring company maintains an offender database and is responsible for providing and installing necessary monitoring equipment, and for monitoring and managing each offender to verify compliance. Pretrial Services is notified within 24 hours of client enrollment and hook-up and within 24 hours of completion of the program. All confirmed violations are reported to Pretrial Services and the Court within 24 hours with high risk offenders requiring immediate notification.

Offenders report to the monitoring company for orientation and installation of the electronic monitoring equipment. The offenders are given schedules which permit them to leave for specific activities such as employment, counseling or treatment meetings, court hearings, and prearranged times for doctor appointments and grocery shopping, etc. A transmitter on a band is placed securely on the offender's ankle using a tamper-resistant strap. The transmitter is waterproof, shock-resistant, and equipped with a tamper alarm so that if an attempt is made to remove it, a signal is sent to the central computer station. The transmitter sends a constant radio signal to the receiving unit which the monitoring company staff connects to the offender's telephone. The signal has a range of 150 feet. When the offender goes beyond that range, the signal is broken and a message is sent to the central computer station to let

the company know the date and time the client went beyond the monitored area. The central computer station operates 24 hours a day, 7 days a week. The monitoring staff respond to all violations immediately and notify the probation department and other appropriate authorities of violations within specified time frames based on the severity and nature of the violation.

The monitoring center is owned and operated by the private monitoring company. The facility is secure with complete backup of all necessary systems from computer hardware and software to a duplicate phone system and internal power source. Company staff maintain employees who are extensively trained for proficiency in the area of offender monitoring. Each employee must sign a confidentiality statement and is made aware of the requirement for absolute confidentiality of information on the offenders. Each employee undergoes a criminal background check and a full drug test.

Table 4-2 summarizes the responsibilities of the two major organizational entities associated with the EM program.

At this writing, this alternative sanctions program was receiving a high level of interest and support by the courts in Los Angeles County. According to one of our contacts, the original plan of operation was to work with a few courts and then expand to include more locations as resources allowed. However, judges from many of the courts have been calling for information and are requesting participation for offenders from their courts. Currently, the program will accept offenders from any court, as space allows. Personnel responsible for designing and implementing the program are hoping to be able to expand rapidly to be able to serve all referrals to the Electronic Monitoring/Home Detention Program.

EVALUATION

Approach

As with the evaluation of the Milwaukee County ISP program, our evaluation of the Los Angeles County Electronic Monitoring/Home Detention program (referred to subsequently in this report simply as the “EM” program) had four components:

- program impact;
- program operation;
- public support of the program; and
- program cost.

The design and results of each of these components are described below.

Table 4-2: Electronic Monitoring Responsibilities by Organization

<i>Pretrial Services (Los Angeles County)</i>	✓	Evaluate offenders to determine suitability
	✓	Access criminal history information
	✓	Complete offender risk assessment
	✓	Report to Court on suitability/eligibility
	✓	Serve as liaison between Probation, Court and monitoring company
	✓	Provide monitoring company with guidelines for each offender
	✓	Conduct on-site inspections to assure monitoring company compliance with contract terms
<i>Monitoring Company (Private Vendor)</i>	✓	Install and remove all necessary monitoring equipment
	✓	Document all court permitted offender activities
	✓	Verify court ordered fees
	✓	Provide 24-hour monitoring of all offenders
	✓	Verify all departures, both authorized and unauthorized from the designated confinement location
	✓	Provide court ordered drug/alcohol testing
	✓	Notify and document non-compliance
	✓	Provide court testimony as necessary

Program Impact

Design. As with the ISP program, our analysis of the traffic-safety impact of the EM program was concerned with the program's effect on client recidivism. Thus, the major research question addressed by the analysis was:

What is the recidivism of offenders participating in the EM program and how does it compare with the recidivism of offenders given traditional sanctions?

Again, the term "recidivism" is used in a broad sense, defining recidivism as the probability of a re-conviction for several traffic offenses, including refusal to take a breath-alcohol test as well as DWI.

The recidivism of the "treatment" group of EM program participants was compared to that of a comparison group that did not participate in the EM program. To help ensure that members of both groups had an equal chance of a re-arrest, subjects from both groups were convicted of a repeat offense during the same time period. As in Milwaukee, random assignment to the treatment and comparison groups was not possible. Analytic adjustments (discussed below) were made to account for differences between the treatment group and the comparison group known to have a strong effect on DWI / refusal recidivism, for example, number of prior arrests / convictions for alcohol-related traffic offenses, age, and sex.

We note that, in the recidivism analysis, the comparison group was composed of offenders who had been sentenced in all courts in Los Angeles County, including courts that had sentenced treatment-group (EM) offenders. This would have biased the comparison group toward a higher recidivism if the comparison-group subjects from treatment-group courts were "tougher" (because of having been found ineligible for the EM program) and more likely to recidivate than were comparison-group subjects from comparison-group courts. Then, the comparison of the recidivism of the treatment group with that of the comparison group would have been biased to favor the treatment group.

Before proceeding with the comparison of the two groups, we examined the recidivism of two sub-groups of comparison-group subjects. Sub-group "A" was composed of subjects from courts having 10 or more treatment subjects. Sub-group "B" was composed of subjects from all other courts. We found no significant difference at the 0.05 level in the recidivism of the two sub-groups and therefore used the combined sub-groups as the comparison group.

Data Sources. Data for the impact analysis were obtained from the Los Angeles County Probation Department and the California Department of Motor Vehicles (DMV).

The data from the Probation Department contained variables describing the program's interaction with each client, including dates that the client entered and left

the program. The DMV data provided biographical driver-history data, driver-license sanctions data, and recidivism data for both groups. In addition, the DMV provided a file containing a variety of biographical data (for example, median household income, percent of various racial and ethnic groups, and percent unemployed) on the ZIP-code areas of the residences of both groups of subjects. We merged these two data bases in preparing the files we used in the recidivism analysis.

Analysis Techniques. The primary technique used for the impact analysis was survival curve analysis. The formal factor reflecting the evaluation design was a variable indicating whether the subject belonged to the treatment group or the comparison group. Factors available for use in controlling for differences between the treatment and comparison groups were the number of prior alcohol-related driving offenses, age, sex, and the number of prior alcohol-related driving offenses.

In the survival analysis, we used the time from conviction of the index offense to the first “failure” (for example, an arrest for DWI) as the dependent variable. The time-varying recidivism (that is, probability of a failure) as a function of group (treatment or comparison) was of primary interest. The analysis was designed to indicate whether there was any difference in recidivism with respect to group and if so, the direction and amount of the difference, and also the probability p that the difference was due to chance alone. We also examined whether various subgroups (for example, young drivers and old drivers) had differing recidivism times with respect to group. The statistical techniques contained in the SAS[®] LIFEREG and PHREG procedures were used in the analysis.

As a secondary analysis technique, we used logistic regression analysis. This was done mainly as a check on the survival analysis. Here, the dependent variable was a function of the probability that a subject will have recidivated after some given time, \mathbf{T} , where \mathbf{T} is held constant for a given analysis. Again, recidivism probability as a function of group (treatment or comparison) was of primary interest, but the recidivism probability of various subgroups of the treatment and comparison groups were also of interest.

Results. A total of 639 of the 712 treatment group subjects were listed in the DMV driver records file. Their age, sex, and number of priors are shown in **Table 4-3**. The comparison group contained 18,419 subjects and differed significantly from the treatment group with respect to all three of the characteristics shown in the table, indicating that group differences would have to be taken into account in the analyses. Compared to the comparison group, the treatment group was slightly older, had a larger percentage of females, and had a larger percentage of drivers with three or more priors.

A large number of analyses were performed. The primary analyses used the survival analysis technique and were based on the arrest data from the DMV. Convictions classified as alcohol-related (including DWI as well as a number of other offenses) were used in determining recidivism time. The study period for recidivism

was October 1, 1992 (the date the first subject entered the EM program) through August 28, 1994 (the cutoff date for the DMV data). The index date for a given treatment subject was the date that subject was admitted to the EM program. The index date for a given comparison subject was the date of that subject's the first conviction occurring on or after June 30, 1992. Recidivism time was computed as the time between the index date and the date of the first subsequent alcohol-related conviction.

Figure 4-2 shows recidivism curves for the treatment and comparison groups based on the raw data. The one-year recidivism for the treatment group was about 3.4% compared to 6.0% for the comparison group. These differences are statistically significant ($p=0.01$), but, again, do not account for any possible differences in the characteristics of the two groups which may influence recidivism. Further analyses were conducted taking into account group differences. Characteristics studied were: age, sex, number of prior alcohol-related driving offenses, and a variety of the variables contained in the ZIP-code file.

Characteristics of the subjects found to have a significant effect on recidivism were group (treatment or comparison), age, sex, household income, percent with at least a high school diploma, and percent Asian. (Number of priors is shown but was not significant.) Values of p for the various independent variables in the final model are shown in **Table 4-4**.

Figure 4-3 shows the modeled recidivism of the treatment group compared with that of the comparison group when the other independent variables are set at their mean values, i.e., age=35, priors=2, household income=\$35,000, percent with at least a high school diploma=46, and percent Asian=9. Subject sex was treated as a 0-1 variable in this analysis, with male=1, female=0, and mean =0.936.

Figure 4-4 through **Figure 4-9** show how the modeled recidivism of the *treatment group* varies for various values of the independent

Table 4-3: Selected Treatment Group Characteristics, Los Angeles County, n=639

Characteristic	Value	Percent
Age	<=30	35.7
	31-40	33.6
	41-50	19.2
	51-60	8.1
	>60	3.3
Sex	Male	85.5
	Female	14.5
Priors	1	21.8
	2	44.1
	3	32.1
	4	1.9
	5	0.2

Table 4-4: Values of p for Independent Variables in the Recidivism Model, Los Angeles County

Variable	p
Group	0.0175
Sex	0.0047
Age	0.0001
Priors	0.1681
Median Household Income	0.0291
Percent with at least a HS diploma	0.0143
Percent Asian	0.0344

variables, again, when the values of the other independent variables are set at their mean values. **Figure 4-4** shows the effect of subject sex, indicating that males clearly have the higher recidivism rate. **Figure 4-5** illustrates the effect of subject age, indicating that the higher the age, the lower the recidivism. Number of priors for treatment-group subjects is shown in **Figure 4-6**, even though its effect is not statistically significant ($p=0.17$). Recidivism increases as number of priors increases, but the rate of increase is very small.

Three additional plots show the effect of the three ZIP-code variables. Keep in mind that these variables are concerned with *all* residents living in a subject's ZIP code. Thus, for example, the variable *median household income* measures the median household income of all residents in a given subject's ZIP code. The plots show that:

- Recidivism decreases with increasing median household income, with a rate of decrease at 12 months of about 0.25% to 0.50% per \$10,000 per year (**Figure 4-7**).
- Recidivism increases with increasing percent of residents with at least a high school diploma (**Figure 4-8**). Compared to the 4.3% recidivism at the diploma percentage of 46%, a diploma percentage of 0% is associated with a recidivism rate of 3.3%. A diploma percentage of 100% is associated with a recidivism rate of 5.7%. (All of these figures are for 12 months after the index date.)
- Recidivism increases with increasing percent Asian, but the rate of increase is quite small (**Figure 4-9**).

Program Operation - Perceptions of the Program Staff

Method. We sought the EM program staff's perceptions of the following major areas of operation:

- initial contact with the client;
- assessment of client needs;
- supervision of the client and reporting;
- absconders and program non-completers;
- program completers; and
- support of the program by staff of the courts and the public.

When we visited the site initially in June 1993, we obtained the information through discussions with EM program staff (both Los Angeles Probation Department and Pretrial Services Division staff) and staff from the electronic monitoring contractor.

Figure 4-2: Raw Alcohol-Related Conviction Recidivism of Treatment and Comparison Groups in Los Angeles County

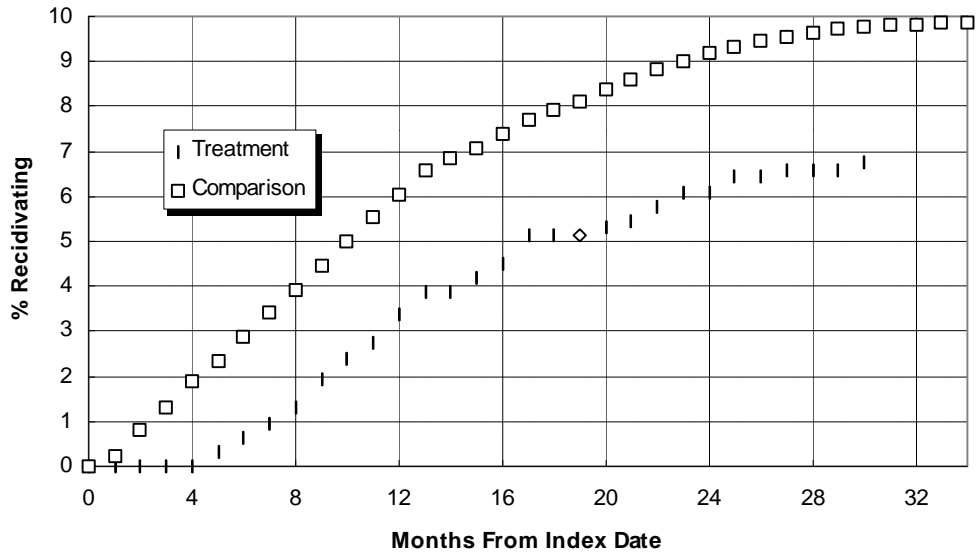


Figure 4-3: Modeled Alcohol-Related Conviction Recidivism of Treatment and Comparison Groups in Los Angeles County

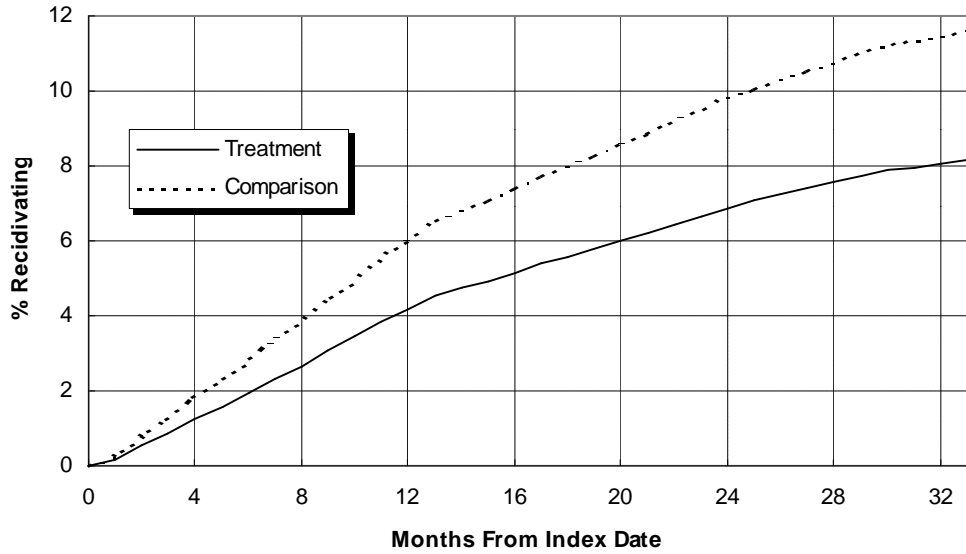


Figure 4-4: Modeled Alcohol-Related Conviction Recidivism of Treatment Group in Los Angeles County, by Subject Sex

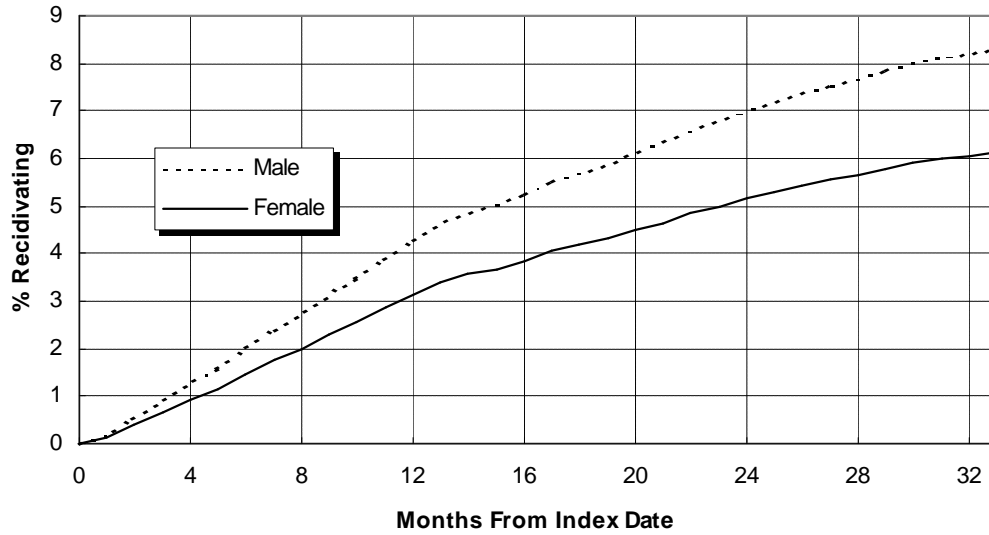


Figure 4-5 : Modeled Alcohol-Related Conviction Recidivism of Treatment Group in Los Angeles County, by Subject Age

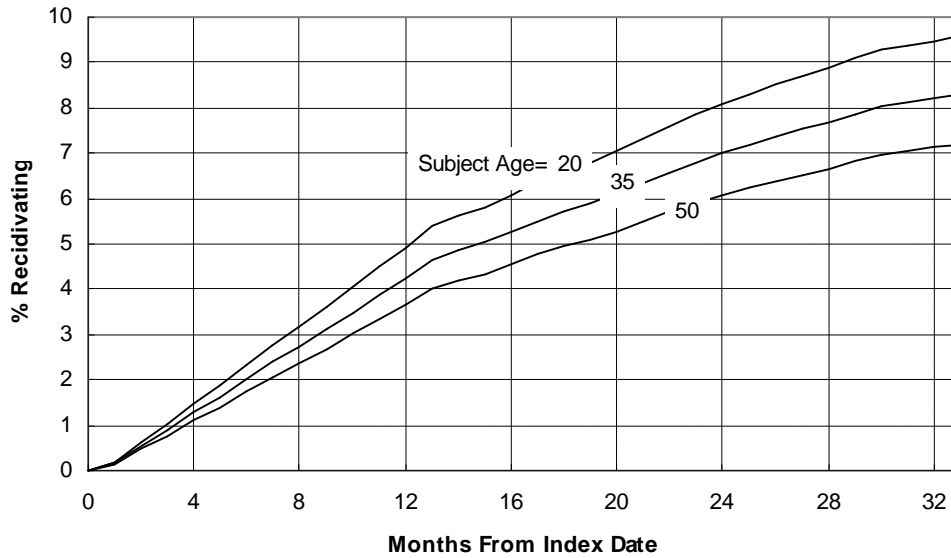


Figure 4-6: Modeled Alcohol-Related Conviction Recidivism of Treatment Group in Los Angeles County, by Subject Priors

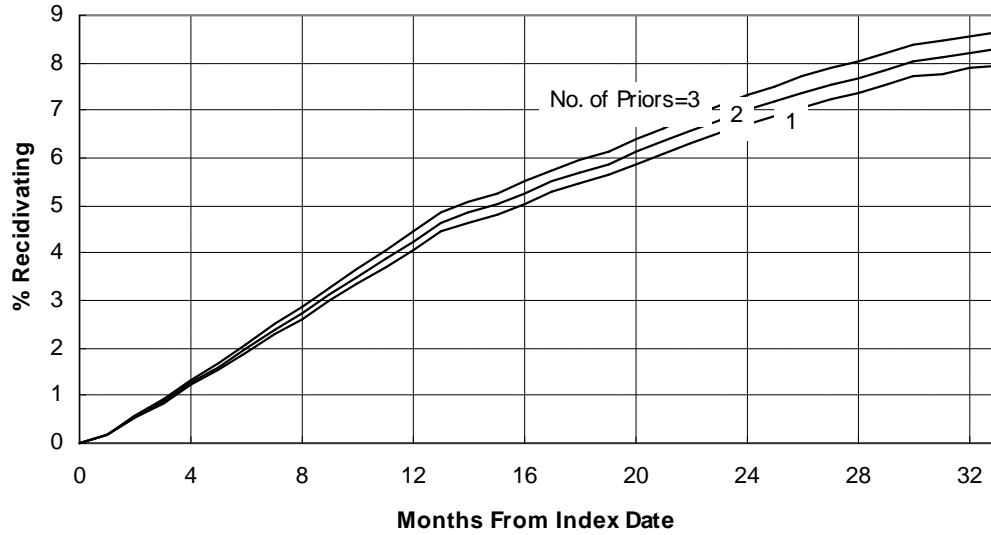


Figure 4-7: Modeled Alcohol-Related Conviction Recidivism of Treatment Group in Los Angeles County, by Median Household Income in ZIP Code

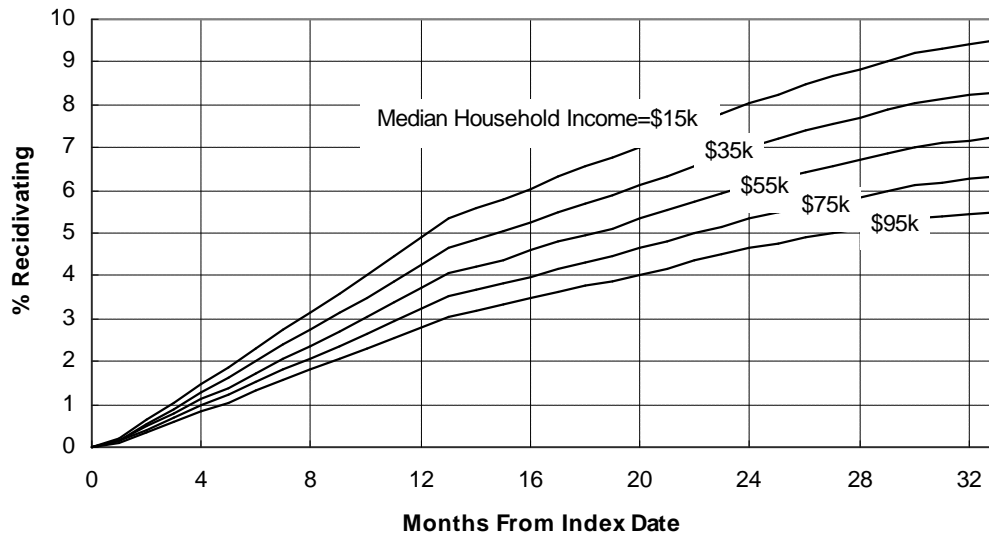


Figure 4-8: Modeled Alcohol-Related Conviction Recidivism of Treatment Group in Los Angeles County, by Percent in ZIP Code with at Least a High School Diploma

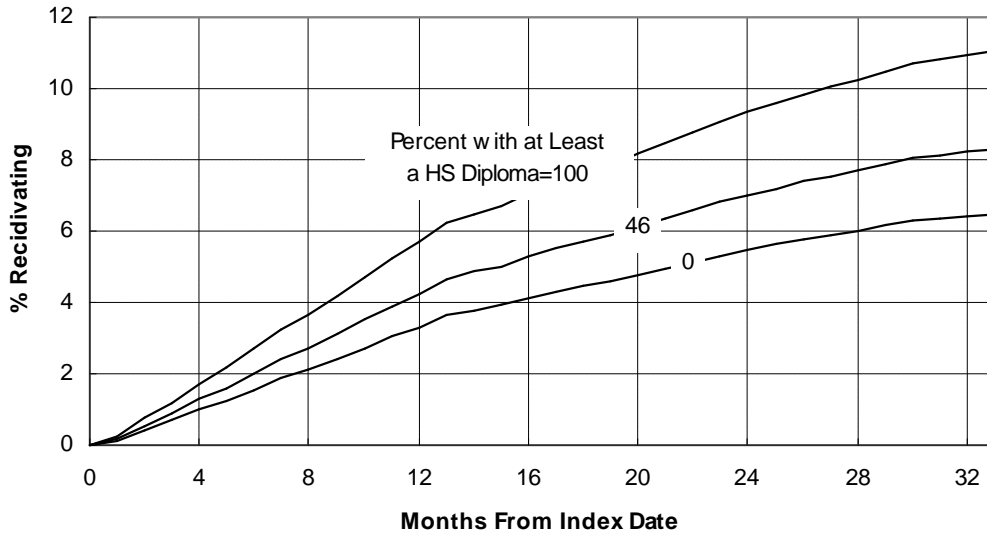
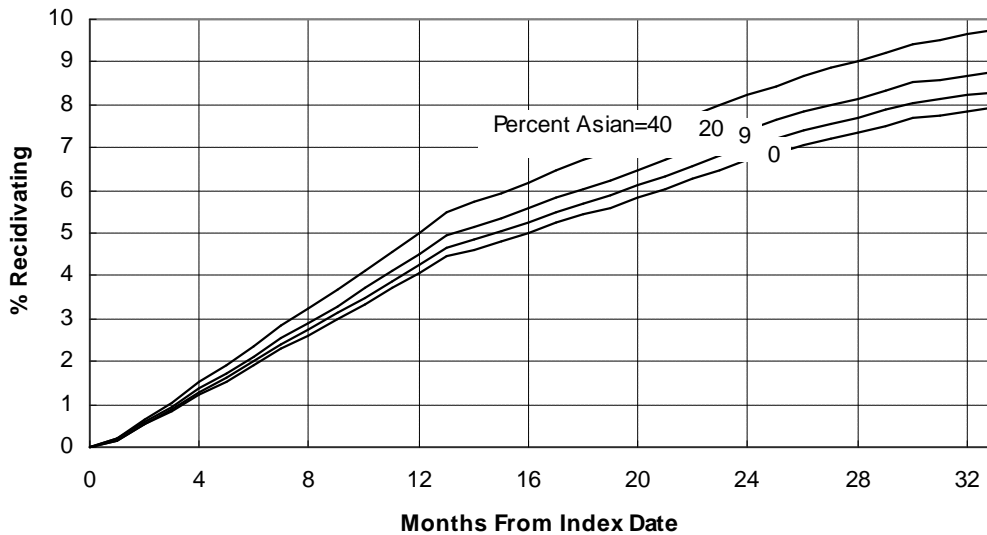


Figure 4-9: Modeled Alcohol-Related Conviction Recidivism of Treatment Group in Los Angeles County, by Percent in ZIP Code Who Are Asian



We also met with the Director of Programs and Evaluation for the Los Angeles County Probation Department and the EM Program Analyst who was our contact. During the course of this research project, we talked with her about evolving changes. There were many internal personnel changes and a consolidation of the contractors providing the electronic monitoring services, but our contact remained the same throughout the project.

In November 1995, we interviewed two of the five pretrial staff investigator aides who assess DWI repeat offenders and three contractor staff who provide the monitoring services. These interviews were conducted by telephone and dealt with each staff member's personal opinions and knowledge of the daily operation of the EM program.

Results. With respect to the *initial contact* with offenders, the pretrial staff estimated that about 95% to 98% of repeat DWI offenders in participating courts are eligible for the EM program and that a history of violence is responsible for most exclusions. Of those who are offered the program, nearly all choose to accept it. Other factors that increase the likelihood of eligibility are: having a permanent residence; having a working phone; having no history of violence or drug sales, and no outstanding warrants; and the offender's likely risk of further serious illegal acts during the electronic monitoring period. Staff check for prior felony convictions, substance abuse convictions, history of non-compliance with court orders; child support; and time at place of employment. Offenders who are not eligible or elect not to participate are referred back to court where they are further tested, are given traditional sanctions (possibly including jail), and/or placed on probation and referred to treatment.

Both pre-trial staff and EM contractor staff thought that the EM program was not operating at capacity for DWI offenders, but that the number of participants was increasing, due largely to "marketing" in the courts by the EM contractor.

The offenders' first response after learning about the EM program is reportedly mixed. They are generally positive about the program, but are also curious and concerned. They want to know more about the program, mainly how it will affect their employment status, the fees, and how the system works. And they also want to know if they qualify. They tend to see it as a good alternative to jail, often because they will be able to maintain their jobs. (With verification, an offender does not need to inform his or her employer.)

Investigator aides work on *assessing* DWI offenders for the EM programs. Currently, there are five aides working on cases involving offenders convicted of various offenses, including DWI. Typically, an aide will handle 5 to 10 cases per day. The investigations involve a number of checks, including calling the offender's place of employment to verify status and employment history, and verifying the residence and the home phone by calling the direct line and speaking to a reference. Other persons (collaterals) are generally not asked questions about an offender's drinking.

The investigator aides use several information systems in checking offenders' criminal history, including:

- ORMS (Own Recognizance Management System);
- Master Index, which includes the JDS (Justice Data Systems) which incorporates SIM (System Information Management) and IC (Inmate Classification)
- PHI (Personal History Information)
- MCI - Municipal Court Information
- ETRS - Expanded Traffic Record System
- JAI - Juvenile Automated Index
- CWS - County wide Warrant System
- CLETS (California Law Enforcement Telecommunications System) which includes:
 - CII - Criminal Investigation Identification
 - NCIC - National Crime Information Center
 - DMV - Department of Motor Vehicles
 - WPS - Wanted Persons System
- PROMIS (Prosecutor's Management Information System)
- APS (Adult Probation System)

It takes from 15 to 30 minutes to check all of these systems.

The 2% - 5% of the repeat DWI offenders who are not initially assessed as eligible are classified as either "unsuitable" or "ineligible." "Unsuitable" is based on risk assessment or make-up of application and criminal history. The "unsuitable" classification means that EM is not recommended because of scores beyond the minimum risk assessment score, usually because of violence involvement or no permanent address. "Ineligible" means certain physical criteria have not been met -- for example, discrepancies in address or phone number. Offenders with an "ineligible" classification can be made eligible by correcting these discrepancies.

Very often, DWI offenders classified as "unsuitable" or "ineligible" are ordered by the court to participate in the EM program nevertheless. The EM contractor is advised when an offender is "unsuitable" and is high-risk. However, the EM contractor does not monitor that offender any differently from other offenders, unless special testing (such as breath testing) is ordered.

It was confirmed that each offender pays to participate in the electronic monitoring program based on his or her ability to pay. The amount to be paid is determined by the electronic monitoring contractor based on a sliding scale developed by the county. The scale is based on such factors as gross monthly income, expenses (rent or mortgage, utility bills, etc.), court bills, and fines. Documentation is required for claimed income and expenses. Wealthier offenders are ordered to pay higher fees which in turn are used to support indigent offenders entering the program.

DWI offenders generally differ in certain respects from other offenders, tending to be more cooperative during the *supervision and reporting* process than are other offenders because, it is believed, that an attempt is being made to help them. DWIs may also be placed under restrictions that do not apply to other offenders - for example, being required to have certain monitoring add-ons such as breath testing devices.

DWI offenders are required to report to the electronic monitoring officer (for inspection of equipment, to pay fees, etc.) every week if possible. Reporting every other week may be allowed if there is documented evidence of a real need for less frequent reporting. The EM officer provides periodic reports on the offender's compliance with terms of the sentencing order to the court's probation officer. The probation officer also checks to determine whether the other conditions of probation (such as attending treatment programs) are being met.

Information about an offender's progress is sent directly to the courts by the contractor. In some instances, court staff and even judges will call the EM officer to discuss an offender's compliance. Both pre-trial services and the court are notified of any missed appointments; violations of the sentencing requirements are said to be quite rare.

Most of the staff we talked to thought the supervision and reporting process was working well, but one person believed that the judges are too lenient in allowing offenders to leave the premises, making monitoring difficult.

Our contacts believed that only a very small percentage (from 1 to 10%) of the DWI offenders *abscond or drop out* of the program. Reasons given for non-completion were: money problems, failure to understand that they cannot leave their residence at will, and resumption of drinking. Some observed traits of drop-outs were: personality "quirks," higher degree of drinking problems, lack of education or reduced intellectual functioning, life crises, and lack of support from friends and family.

The EM contractor staff report few problems with the equipment. If the transmitter power is low or has been tampered with, the defendant is required to come into the office for the equipment to be checked.

The EM staff report a low rate of equipment loss. After the term of EM expires, a person from the EM company picks up the equipment or it is returned by the offender or someone at the offender's house. Offenders sign a contract stating that they are liable for equipment.

Our contacts varied in their estimates of the current range of the time a repeat DWI offender remains in the electronic monitoring program. They generally agreed on the upper limit (one year), but placed the lower limit at anywhere from 10 to 90 days. Two contacts thought that time in the program should be increased, one thought it was about right, and another thought it was highly dependent upon the individual.

Contacts varied on their perception of *judicial support* of the EM program, two contacts feeling that support has stayed about the same and two feeling that it has

increased. Most of the contacts were not aware of any *public reaction* to electronic monitoring versus jail for repeat DWI offenders.

Program Operation - Perceptions of the Program Clients

Method. We sought the EM program clients' perceptions of the following aspects of program operation:

- initial contact with client;
- assessment of client needs;
- supervision of the client during the program;
- benefits clients got from the program;
- the program's influence on the client's drinking and drinking-driving behavior; and
- improvements that could be made to the program.

A list of the names and addresses of clients who had completed the program was provided by our contact person in the EM program. Mid-America staff attempted to locate the telephone numbers of these individuals through directory assistance, but numbers were disconnected or else there was no listing available. Several calls were made to residences with the same address, but where the telephone was listed in another person's name. In these cases, we were told either that the person we were seeking no longer lived there, or was unknown. In several cases, family members said that the former client would not speak to us. After numerous attempts to reach the persons on our list, we suspended our efforts.

Results. No useful results were obtained.

Public Awareness and Support

Method. Public awareness and support of the EM program was measured through a survey conducted by the California Department of Motor Vehicles in January, 1995. The survey was conducted in three driver licensing stations in areas served by Los Angeles County courts sending large numbers of DWI repeat offenders to the EM program, and in three stations in demographically comparable locations in San Diego which had no EM program. Again, persons appearing at the stations were handed a questionnaire (Appendix B contains a facsimile of the questionnaire) and asked to complete the form before leaving the station. The completion rate was near 100%.

A total of 975 drivers completed the survey, 437 of whom were from Los Angeles County. Of these 437, 53.7% were male, and 46.3 % were female. The age of the Los Angeles County respondents was distributed as shown in **Figure 4-10**. The most popular reason why the respondents came into the driver license stations was to renew their drivers license (46%), followed by "other" and "get first license"

at 20% and 14%, respectively (**Figure 4-11**). A total of 22% were either getting their first license or reinstating a license, indicating that roughly 78% had been driving over the past several months. We found that there was no significant difference ($p=0.05$) in responses to the survey questions between drivers who been driving recently and drivers who not been driving recently. Thus, responses were tabulated for the entire group of 437 Los Angeles County drivers.

Results. The responses to the survey indicated a relatively low perception of the availability of an EM program (identified as “home detention” in the questionnaire) in Los Angeles. About 35% of the respondents thought the EM program was available for repeat DWIs (**Figure 4-12**). Fines, License revocation, interlocks, self-help, and jail were believed to be available by the highest percentage of respondents (47% to 64%). Evaluation, residential treatment, and ISP were perceived as being less available than EM.

The Los Angeles County respondents were also asked to rate the effectiveness of the various programs in deterring DWI by repeat offenders on a scale of 1 to 4, where:

- 1 = Not at all effective
- 2 = Somewhat effective
- 3 = Effective
- 4 = Very effective

The options had mean scores in the 2.3 to 2.9 range, with EM given a score of 2.4 (**Figure 4-13**).

Among traditional sentencing options explicitly identified in the questionnaire as currently being used, jail and license revocation had the highest percentage of respondents who supported them in their current configurations, and treatment and education had the lowest (**Figure 4-14**). Yet, treatment and education got the highest percentage of support for *expansion* of their facilities or program (~81% indicating they would support or somewhat support expansion), and jail and electronic monitoring the lowest (74% and 62%, respectively) (**Figure 4-15**).

We also examined the survey results for differences in responses between the Los Angeles County drivers and the San Diego drivers. The results showed that a significantly higher percentage (at the 5% level) of Los Angeles County drivers had come to the driver license station to get their first license, and that the Los Angeles group had a significantly higher percentage of male drivers than did the San Diego group.

The Los Angeles group had a lower percentage of drivers who thought that each of the listed sentencing options was available, but the differences in percentages for the two groups were statistically significant for only four of the options: home detention (EM), interlock, evaluation, and self-help. There were no significant differences in the responses of the two groups with respect to the perceived effectiveness of the various options.

With respect to willingness to support the various options, a significantly lower percentage of the Los Angeles group supported each of the four listed generic types of traditional sentencing options (jail, license revocation, treatment, and education). However, there was no difference in the two groups with respect to their willingness to support expansion of facilities or programs for any of the listed options (including EM).

Program Cost

The Los Angeles County EM program was designed to be self-sufficient, with the clients paying the cost of the monitoring. Thus, the primary potential cost of the program to the County was limited to the salaries and office space for no more than five full-time equivalent County employees. The private contractors who provided the EM services reimbursed the County for the salary costs of the County employees. The remaining minimal cost was outweighed overwhelmingly by the reduction in the cost of jail time realized because of the substitution of EM for jail. The average time each client from the treatment group studied in this project spent in the EM program was about 83 days, with no additional time spent in jail. At a cost per day of about \$50 (Los Angeles County estimate), this would amount to a savings of about \$2.7 million had the 639 clients spent the same amount of time in jail. At the more likely level of an average of 30 days in jail the savings would have been nearly \$1 million for this phase of the program.

SUMMARY AND CONCLUSIONS

The electronic monitoring (EM) program implemented in Los Angeles County, California was a true post-adjudication, alternative-sanctions program. The program was a response to the growing pressure on jail space in the county. As with the jail sentence it sought to replace, the program's main thrust was incapacitation as well as specific deterrence.

The program was offered to essentially all repeat DWI offenders, with acceptance of candidates by the program contingent on the results of a "risk assessment" designed primarily to screen out offenders with violence involvement or no permanent address. Program staff estimated that nearly all repeat DWI offenders in participating courts were eligible for the EM program, and that nearly all of those who were offered the program chose to accept it.

The actual electronic monitoring of offenders assigned to the program was performed by a private contractor rather than the county. Generally, DWI offenders were required to report to the contractor's electronic monitoring officer every week. The EM officer reported each offender's compliance with the terms of the sentencing order to the court's probation officer who also checked to determine whether the other conditions of probation (such as attending treatment programs) were being met.

Figure 4-10 : Age Distribution of Respondents to Driver Survey in Los Angeles County

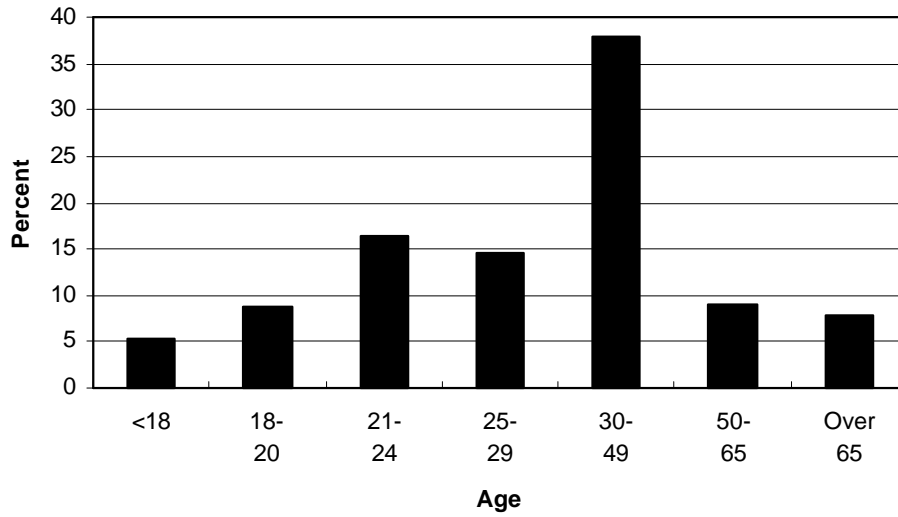


Figure 4-11: Reasons Why Respondents to Driver Survey in Los Angeles County Came to the Driver License Station

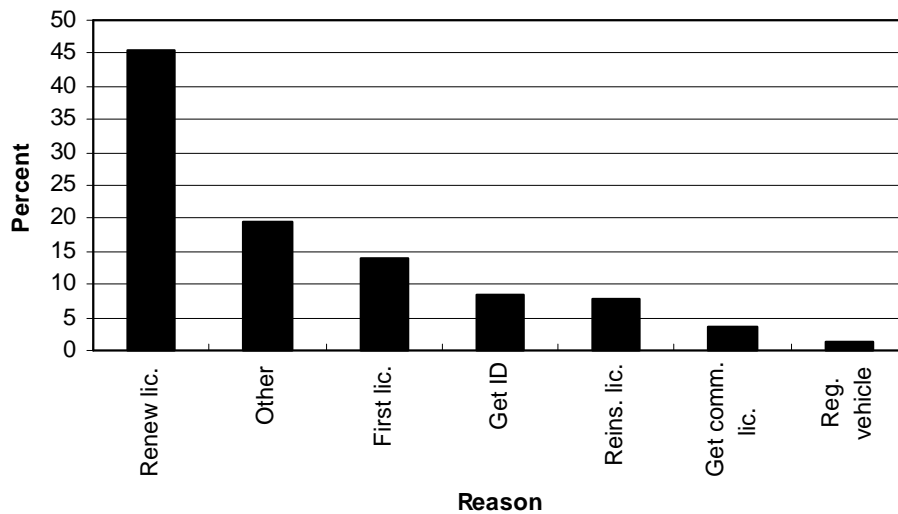


Figure 4-12 : Percentage of Surveyed Drivers Believing That Various Options Are Available for Preventing Repeat DWIs in Los Angeles County from Driving Drunk Again

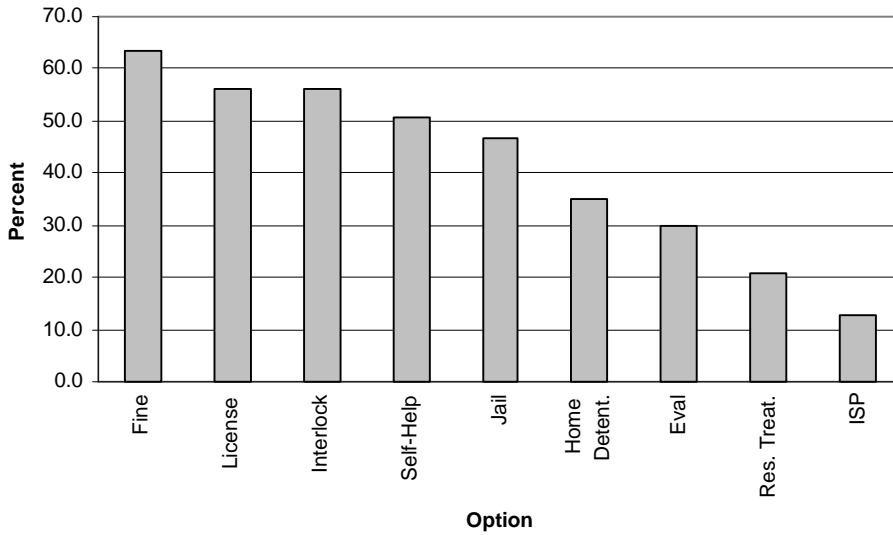


Figure 4-13 : Mean Effectiveness Score of Various Options That Might Be Used for Preventing Repeat DWIs in Los Angeles County from Driving Drunk Again (Range: 1 to 4)

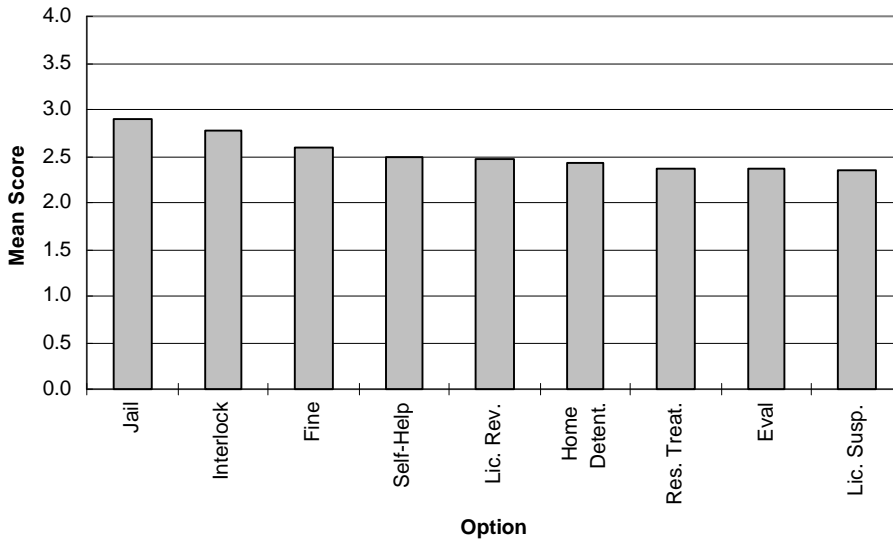


Figure 4-14 : Percentage of Surveyed Drivers Supporting Various Sentencing Options for Repeat DWIs in Los Angeles County

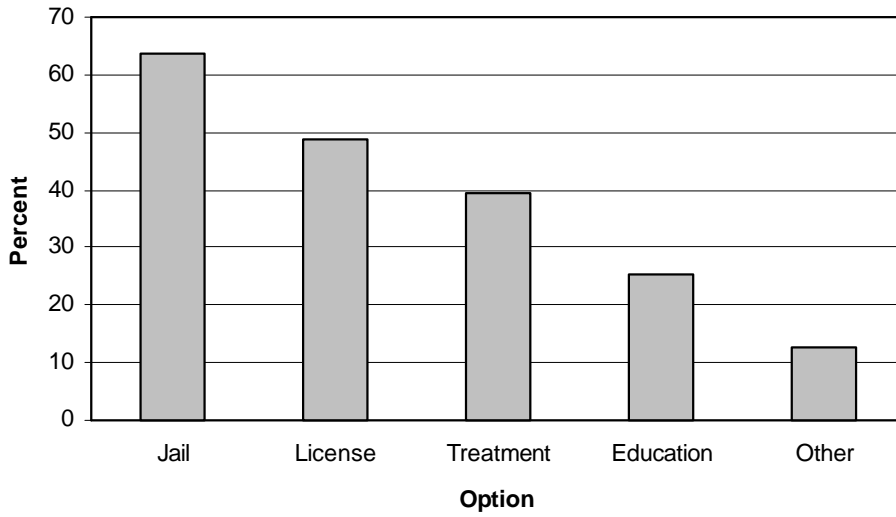
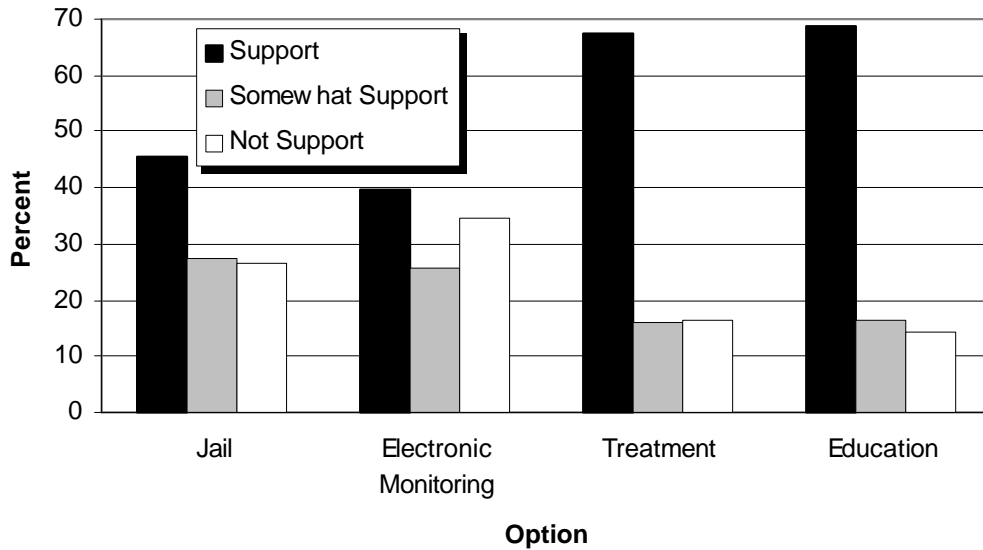


Figure 4-15: Percentage of Surveyed Drivers Who Would Support Expansion of Facilities or Programs for Repeat DWIs in Los Angeles County



Information about an offender's progress was sent directly to the courts by the EM contractor. The court was notified of any missed appointments, with violations of the sentencing requirements said to be rare.

As in Milwaukee County, we measured the traffic safety impact of the EM program in terms of its effect on the drunk-driving recidivism of its clients. We found that the recidivism of the program participants (the "treatment" group) was significantly ($p=0.01$) lower than that of another group of repeat DWI offenders who did not participate in the program (the "comparison" group). ***One year after entering the EM program, the recidivism of the treatment group was about one-third less than that of the comparison group.***

The main threat to the validity of this indication of a strong program effect is that the treatment group was somehow self-selected to consist of offenders who would be less likely to recidivate than would the comparison-group offenders. As in the Milwaukee County evaluation, we addressed this threat by controlling for a number of factors that would be expected to affect recidivism, *viz.*: age, sex, number of prior alcohol-related driving offenses, and a variety of the variables describing the characteristics of persons residing in the subjects' ZIP code. In addition, we also took into account possible biases resulting from the procedure used for selecting the comparison group. We believe that these precautions, plus the large magnitude of the indicated effect, should provide a reasonable assurance that the EM program was effective in reducing recidivism.

The Los Angeles County EM program was designed to be self-sufficient, with the clients paying the cost of the monitoring. Thus, the cost of the program to the county was negligible. Actually, the county profited from the EM operation in the sense that it no longer had to pay for the jail space for housing those who otherwise would have been sentenced to jail.

Our survey of licensed drivers suggests that the public believed that EM was about as effective as jail in deterring DWI by repeat DWI offenders, even though most were not aware of its availability as a sentencing option. Most of those surveyed indicated they would likely be willing to bear some of the cost of expanding the EM program.

We were not able to complete our planned conversations with EM clients to learn why the program succeeded in reducing recidivism. We note, though, that the EM program had several features in common with the ISP program in Milwaukee County, even though the EM program did not emphasize treatment to the same extent as did the ISP program. Foremost among these features was the use of regular and frequent contact which forced the individual to remember the reason (the DWI offense) that brought him or her into the program. As observed in Chapter 3, the contact discouraged the individual from slipping back into the old patterns of behavior that caused the offense by forcing the individual to adhere to certain guidelines and report daily activities. Also, the mandated frequent contact provided direction and a level of support over an extended period of time. As with the ISP

program, the EM program *watched over* individuals, providing structure, support, and guidance for the clients.

5 - CONCLUSIONS

Two alternatives to jail for repeat DWI offenders were studied in this project. The first program operated in Milwaukee County, Wisconsin and was built around a variant of the concept of *intensive supervision probation* (ISP). Its uniqueness lay in its use during the pre-trial period of the adjudication and sanctioning process, and in the possibility of a *reduced* (but not eliminated) jail sentence as an inducement for participation in the program. The program involved an in-depth assessment of each client's drinking-related problems, referral to a tailored treatment regimen, and regular and frequent monitoring and supervision of the client during the pre-trial period.

The second program operated in Los Angeles County, California. It substituted a period of home detention and *electronic monitoring* (EM) for a jail sentence. The program was offered to an individual following a judicial determination of guilt of the DWI offense. Its inducement for participation was the *complete elimination* of the jail sentence in excess of two days (the mandatory minimum), which permitted clients various levels of societal functioning (including employment in some instances).

Both programs were effective in reducing recidivism significantly. The ISP program in Milwaukee County reduced a moderate alcohol-related arrest recidivism rate by about one-half, from about 11% to 5.5% after one year. The EM program reduced a low alcohol-related conviction recidivism rate by about one-third, from 6% to 4% after one year. If all of the 506 ISP subjects we studied had *not* participated in the program and received traditional sanctions, we would expect that 28 more of them would have been re-arrested for an alcohol-related traffic offense within one year of their index arrest. Similarly, if the 639 EM subjects we studied had not participated in the program and received traditional sanctions, 12 more of them would have been re-convicted for an alcohol-related traffic offense within one year of their index arrest.

It is not unreasonable to assume that the number of drunk-driving violations was reduced proportionately by the two programs. This could have a large potential impact on the drunk-driving problem in the two jurisdictions if all repeat offenders were assigned to such a program: it has been estimated that up to 2,000 drunk-driving violations occur for every drunk-driving arrest (Jones and Joscelyn, 1978).

Contacts with program staff and clients provided some insights into why the two programs were successful in reducing recidivism. The most compelling of these was that the programs "watched over" their clients for an extended period of time, providing structure, support, and guidance. In addition, participation in the EM program provided a degree of incapacitation which effectively prevented drunk driving.

The ISP program was not designed initially to be self-sufficient from a cost standpoint, and related costs resulting from reduced jail time did not outweigh the

cost of the program. However, the program providers plan to make the program self-sufficient in mid-1996 by having the clients pay for ISP services on a sliding scale based on ability to pay. The Los Angeles County EM program was designed to be self-sufficient, with the clients paying the cost of the monitoring. Data suggested a net savings of about \$1,600 per client in jail costs for the 639 clients tracked in this project.

There was evidence from our surveys of licensed drivers that public awareness of ISP in Milwaukee County and EM in Los Angeles County was fairly high. About 40% of the Milwaukee County respondents thought an ISP program was available for repeat DWIs, and 35% of the Los Angeles County respondents thought an EM program was available. The surveys also provided evidence of public support of the programs, with nearly two-thirds of the respondents in each jurisdiction indicating they would support the expansion of their program.

We conclude that both Intensive Supervision Probation and Electronic Monitoring offer viable alternatives to jail for repeat DWI offenders. The two approaches do not present any serious operational problems, and appear to be amenable to tailoring to meet the unique needs of a jurisdiction. For example, the ISP program as implemented in Milwaukee County should also work in a post-conviction mode, with the final determination of the length of any jail sentence to be made after the successful completion of the program. Combinations of the two programs also appear feasible, for example, a variant incorporating electronic monitoring for higher-risk clients in an ISP program. *Both Intensive Supervision Probation and Electronic Monitoring should be considered seriously by jurisdictions desiring to reduce the pressures on their correctional facilities and, at the same time, to increase the traffic-safety effectiveness of their traffic law system.*

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APPENDIX A - Wisconsin Office of Transportation Safety - Survey on OWI Issues

This survey is being conducted to find out how drivers feel about drunk driving sanctions. Your answers will be used for research purposes only. Please do not write your name on this form.

1. Why are you at the driver's license station? (PLEASE CIRCLE ALL THAT APPLY)

a. To get first license or permit	d. To have license reinstated
b. To renew currently valid license	e. To get an I.D. only
c. To renew or obtain commercial driver's license	f. To register/title a vehicle
	g. Other

2. Your sex? (PLEASE CIRCLE ONE)

a. Male	b. Female
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3. Your age? (PLEASE CIRCLE ONE)

a. under 18	c. 21-24	e. 30-49	g. Over 65
b. 18-20	d. 25-29	f. 50-65	

4. If a person has been arrested two or more times for drunk driving, which of the following options, in your opinion, are currently available in the Milwaukee area to keep that person from driving drunk again? (CHECK ALL THAT APPLY)
 - a. The person is sentenced to home detention for a specified length of time.
 - b. An ignition interlock device is installed on the person's vehicle.
(This device requires a person to blow into the unit which tests the breath for alcohol content; the vehicle will not start if the alcohol content in the breath sample is too high.)
 - c. The person's license is revoked.
 - d. The person, soon after arrest, begins a personalized treatment plan to deal with his/her alcohol or drug problems. The person is supervised by program staff before the case goes to court.
 - e. The person is evaluated by professionals to determine the extent of any alcohol or drug problems.
 - f. The person is sentenced to a jail term.
 - g. The person is ordered to attend self-help meetings such as Alcoholics Anonymous.
 - h. The person is ordered to a residential treatment program.
 - I. The person is ordered to pay a fine or forfeiture amount.

5. If all of these options were available in the Milwaukee area, how effective do you think each one would be in stopping someone from driving drunk in the future? (PLEASE CHECK ONE FOR EACH OPTION)

	Not at all Effective	Somewhat Effective	Effective	Very Effective
a. The person is sentenced to home detention for a specified length of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. An ignition interlock device is installed on the person's vehicle. (This device requires a person to blow into the unit which tests the breath for alcohol content; the vehicle will not start if the alcohol content in the breath sample is too high.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The person's license is revoked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The person, soon after arrest, begins a personalized treatment plan to deal with his/her alcohol or drug problems. The person is supervised by program staff before the case goes to court.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The person is evaluated by professionals to determine the extent of any alcohol or drug problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The person is sentenced to a jail term.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The person is ordered to attend self-help meetings such as Alcoholics Anonymous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The person is ordered to a residential treatment program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. The person is ordered to pay a fine or forfeiture amount.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE CONTINUE ON THE BACK OF THIS PAGE

EVALUATION OF ALTERNATIVE PROGRAMS FOR REPEAT DWI OFFENDERS

6. Which type of sentence do you support for convicted drunk drivers on their second or higher offense?
(PLEASE CIRCLE ALL THAT APPLY)

- a. Education c. Jail e. Other (please specify) _____
b. Treatment d. License Revocation _____

7. Do you support expanding jail space to house drunk drivers? (CIRCLE ONE) a. Yes b. No c. Somewhat

8. Do you support expanding treatment programs for drunk drivers? (CIRCLE ONE) a. Yes b. No c. Somewhat

9. Do you support expanding educational programs for drunk drivers? (CIRCLE ONE) a. Yes b. No c. Somewhat

10. How often do you drink beer, wine or liquor? (PLEASE CIRCLE ONE)

- a. Daily c. Once a week e. Other (response not listed) g. Not sure
b. 2-6 times a week d. Once every two weeks f. Never

11. In the past 30 days, how many times have you driven a motor vehicle within 2 hours after drinking alcoholic beverages?
(PLEASE CIRCLE ONE)

- a. Daily c. Once a week e. Other (response not listed) g. Not sure
b. 2-6 times a week d. Once every two weeks f. Never

12. Within the last three months, how often do you think you may have driven after drinking enough to have your driving ability impaired? (PLEASE CIRCLE ONE)

- a. Daily c. Once a week e. Other (response not listed) g. Not sure
b. 2-6 times a week d. Once every two weeks f. Never

13. Within the last year, how often do you think you may have driven after drinking enough to have your driving ability impaired? (PLEASE CIRCLE ONE)

- a. Daily c. Once a week e. Other (response not listed) g. Not sure
b. 2-6 times a week d. Once every two weeks f. Never

14. Have you ever been convicted of an OWI (Operating While Intoxicated) offense? (CIRCLE ONE) a. Yes b. No

15. a. On how many days in a typical month do you have 5 or more drinks? _____ days
b. On how many days in a typical month do you have 3 or 4 drinks? _____ days
c. On how many days in a typical month do you have 1 or 2 drinks? _____ days
d. On how many days in a typical month do you have not have any drinks? _____ days

TOTAL SHOULD = 30 days

- One standard drink is approximately:* 12 oz. (341 ml.) bottle or can of beer (5% alcohol)
or 1.5 oz. (43 ml.) shot of liquor (40% alcohol)
or 5 oz. (142 ml.) glass of wine (11% alcohol)
or 3 oz. (85 ml.) glass of sherry, port, or vermouth (18% alcohol)

16. If there are days in a typical month when you have 5 or more drinks, how many drinks do you usually have per day? _____ drinks

17. If you answered question #16, what was the maximum number of drinks you had in one day? _____ drinks

THANK YOU FOR COMPLETING THIS SURVEY!

APPENDIX B - California Department of Motor Vehicles - Survey on DUI Issues

This survey is being conducted to find out how drivers feel about drunk driving sanctions. Your answers will be used for research purposes only. Please do not write your name on this form.

1. Why are you at the driver's license station?
(PLEASE CIRCLE ALL THAT APPLY)

a. To get first license or permit	d. To have license reinstated
b. To renew currently valid license	e. To get an I.D. only
c. To renew or obtain commercial driver's license	f. To register/title a vehicle
	g. Other

2. Your sex? (PLEASE CIRCLE ONE)

a. Male	b. Female
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3. Your age? (PLEASE CIRCLE ONE)

a. under 18	c. 21-24	e. 30-49	g. Over 65
b. 18-20	d. 25-29	f. 50-65	

4. If a person has been arrested two or more times for drunk driving, which of the following options, in your opinion, are currently available in your area to keep that person from driving drunk again? (CHECK ALL THAT APPLY)
 - a. An ignition interlock device is installed on the person's vehicle.
(This device requires a person to blow into the unit which tests the breath for alcohol content; the vehicle will not start if the alcohol content in the breath sample is too high.)
 - b. The person's license is revoked.
 - c. The person's license is suspended or restricted.
 - d. The person is sentenced to home detention for a specified length of time and is monitored electronically.
 - e. The person is evaluated by professionals to determine the extent of any alcohol or drug problems.
 - f. The person is sentenced to a jail term.
 - g. The person is ordered to attend self-help meetings such as Alcoholics Anonymous.
 - h. The person is ordered to a residential treatment program.
 - i. The person is ordered to pay a fine.

5. If all of these options were available in your area, how effective do you think each one would be in stopping someone from driving drunk in the future? (PLEASE CHECK ONE FOR EACH OPTION)

	Not at all Effective	Somewhat Effective	Effective	Very Effective
a. An ignition interlock device is installed on the person's vehicle. (This device requires a person to blow into the unit which tests the breath for alcohol content; the vehicle will not start if the alcohol content in the breath sample is too high.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The person's license is revoked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The person's license is suspended or restricted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The person is sentenced to home detention for a specified length of time and is monitored electronically.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The person is evaluated by professionals to determine the extent of any alcohol or drug problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The person is sentenced to a jail term.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The person is ordered to attend self-help meetings such as Alcoholics Anonymous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The person is ordered to a residential treatment program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The person is ordered to pay a fine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE CONTINUE ON THE BACK OF THIS PAGE

EVALUATION OF ALTERNATIVE PROGRAMS FOR REPEAT DWI OFFENDERS

6. Which type of sentence do you support for convicted drunk drivers on their second or higher offense?
(PLEASE CIRCLE ALL THAT APPLY)

- a. Education c. Jail e. Home detention
- b. Treatment d. License Revocation f. Other (please specify) _____

- 7. Do you support expanding jail space to house drunk drivers? (CIRCLE ONE) a. Yes b. No c. Somewhat
- 8. Do you support using home detention with monitoring to house drunk drivers? a. Yes b. No c. Somewhat
- 9. Do you support expanding treatment programs for drunk drivers? (CIRCLE ONE) a. Yes b. No c. Somewhat
- 10. Do you support expanding educational programs for drunk drivers? (CIRCLE ONE) a. Yes b. No c. Somewhat

11. How often do you drink beer, wine or liquor? (PLEASE CIRCLE ONE)

- a. Daily c. Once a week e. Other (response not listed) g. Not sure
- b. 2-6 times a week d. Once every two weeks f. Never

12. In the past 30 days, how many times have you driven a motor vehicle within 2 hours after drinking alcoholic beverages?
(PLEASE CIRCLE ONE)

- a. Daily c. Once a week e. Other (response not listed) g. Not sure
- b. 2-6 times a week d. Once every two weeks f. Never

13. Within the last three months, how often do you think you may have driven after drinking enough to have your driving ability impaired?
(PLEASE CIRCLE ONE)

- a. Daily c. Once a week e. Other (response not listed) g. Not sure
- b. 2-6 times a week d. Once every two weeks f. Never

14. Within the last year, how often do you think you may have driven after drinking enough to have your driving ability impaired?
(PLEASE CIRCLE ONE)

- a. Daily c. Once a week e. Other (response not listed) g. Not sure
- b. 2-6 times a week d. Once every two weeks f. Never

15. Have you ever been convicted of a DUI (Driving Under the Influence) offense? (CIRCLE ONE) a. Yes b. No

- 16. a. On how many days in a typical month do you have 5 or more drinks? _____ days
- b. On how many days in a typical month do you have 3 or 4 drinks? _____ days
- c. On how many days in a typical month do you have 1 or 2 drinks? _____ days
- d. On how many days in a typical month do you have not have any drinks? _____ days

TOTAL SHOULD = 30 days

One standard drink is approximately: 12 oz. (341 ml.) bottle or can of beer (5% alcohol)
 or 1.5 oz. (43 ml.) shot of liquor (40% alcohol)
 or 5 oz. (142 ml.) glass of wine (11% alcohol)
 or 3 oz. (85 ml.) glass of sherry, port, or vermouth (18% alcohol)

17. If there are days in a typical month when you have 5 or more drinks, how many drinks do you usually have per day? _____ drinks

18. If you answered question #16, what was the maximum number of drinks you had in one day? _____ drinks

THANK YOU FOR COMPLETING THIS SURVEY!