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PLANNING AND EVALUATION STUDY OF THE SUFFOLK COUNTY  
DWI JAIL ALTERNATIVES PROGRAM:  
TWENTY-FOUR MONTH REPORT

April 1988

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## I. INTRODUCTION

New York State and Suffolk County have jointly funded the operation of the Suffolk County DWI Jail Alternatives Program since 1985. Partial funding is allocated from 'alternative-to-incarceration' funding, administered by the New York State Division of Probation and Correctional Alternatives (DPCA). In addition, this program receives funding as part of the Suffolk County DWI Plan which supports programs out of fines collected from convicted drunk drivers. Suffolk County also provides supplemental direct funding for program operations out of the County budget.

The Suffolk County DWI Jail Alternatives Program is a correctional/treatment project aimed at reducing jail overcrowding and the recidivist role of chronic DWI offenders.<sup>1</sup> There are two major components of this program: the DWI Jail Alternatives Facility (under the jurisdiction of the Sheriff); and the intensive PAT probation supervision component (operated by the Probation Department). Alcohol treatment services are essential elements of each component.

Both the 24-hour DWI Jail Alternatives Facility and the intensive PAT community supervision component have been designed for the most serious drunk driver population; that is those offenders who, because of the recidivist behavior, have been sentenced to a term of jail and probation. The overall program design is a cooperative, interdisciplinary correctional/treatment approach between the Sheriff's Office, the Probation Department and the Department of Health Services. This integrated alternative model is a variation of the highly effective Probation Alcohol Treatment (PAT) approach which has been operated and evaluated continuously since 1979.<sup>2,3,4</sup>

One of the essential elements of this program's operational design is an ongoing program evaluation component. In August, 1987 a comprehensive research and evaluation process was initiated. All administrative, supervisory, line and clerical program personnel are involved in this continuous evaluation process.

Those involved with this project invested a considerable amount of effort in the program evaluation process. Twenty-two planning meetings, and numerous structured interviews were conducted during the evaluation period between August 1987 and January 1988. In addition, confidential questionnaires assessing the effectiveness of program operations were completed by project staff. A statistical analysis of program impact was also conducted.

The purpose of this report is to present the results of this in-depth evaluation of current operations and procedures. All

aspects of the program, as compared to the original program design<sup>5</sup> have been reviewed. Recommended modifications are also included for analysis. In addition, a profile of the first 120 clients who were sentenced to the DWI Jail Alternatives Program between December 1985 and September 1987 is included. Recidivism, traffic violation and accident results are also presented in this report.<sup>6</sup>

The current report has been organized in the following manner: I. Introduction; II. Major Findings; III. Program Description & Current Operations; IV. Characteristics of Project Population; V. Planning & Research Methods, Procedures & Designs; VI. Results; VII. Impact on Jail Overcrowding; VIII. Future Directions; IX. Analysis & Conclusion; References; and Appendices.

## II. MAJOR FINDINGS

1. The objective of developing and implementing an alternative correctional/treatment program for the jail bound recidivist drunk driver population has been achieved. The Suffolk County Jail Alternatives program began with a day treatment component in December 1985 and expanded to a 24 hour correctional/treatment facility in February 1987.
2. As of January 1988, 165 of Suffolk County's most serious drunk driving population were sentenced to the appropriate split sentence which consists of 1) an initial period at the DWI Jail Alternatives Facility; and 2) the remainder of the sentence receiving Intensive PAT probation services.
3. As of September 1987, 120 individuals were sentenced to this program. This subgroup of offenders represents the first two research cohorts and are the subject of the current research and evaluation effort.
4. The project population consists of Suffolk County's most serious drunk driving population. Two subgroups of the target population have been identified: the 'DWI Dominant' and the 'Criminal Dominant'. (Refer to Section VI, g, pp. 42-43.)
5. The 120 project participants analyzed in this study were responsible for 628 prior criminal arrests of which 402 arrests were for DWI offenses. Each offender had an average of 5.3 prior arrests, not including the current offense or recidivism arrests. This population was responsible for over 765 total criminal arrests.
6. After an average follow-up period of 348 days for the 120 individuals accepted into the program between December 1985 and September 1987, 3 individuals or 2.5% had been arrested for a felony crime; and an additional 11 individuals or 9.2% were rearrested for misdemeanor crimes. Thus 14 individuals out of 120 or 11.7% had been subsequently rearrested for felony or misdemeanor offenses.
7. Out of the recidivism total, two individuals or 1.7% were rearrested for felony DWI crimes; while an additional 5 individuals or 4.2% were rearrested for DWI misdemeanor offenses. Therefore, 7 out of 120 offenders or 5.8% were rearrested for DWI offenses after an average follow-up period of one year.
8. During the intensive PAT component of this project 24 violations of probation (VOP) were filed with the criminal courts. Twelve (12) were filed due to rearrest, while 12 additional VOP's were filed for technical violations.

9. Regarding the DWI Alternatives Program's impact on jail overcrowding, and after computing time off for good behavior, the actual reduction in sentenced jail days with this program equals 8,402 days care saved during the first nineteen months of program operation. (Refer to Section VII, 1.)
10. There is an additional savings of 8,656 days care for Cohort II that were housed at the alternative residential facility instead of at the Riverhead or Yaphank Correctional Facilities. (Refer to Table 35.)
11. While the per diem cost of placement at the DWI Jail Alternatives Facility is roughly comparable to the cost of incarceration, there is an estimated 26% reduction in the overall cost of the alternatives sentence as compared to a straight jail sentence. (Refer to Table 36.)
12. If the preliminary results hold up over a longer follow-up period, then there will be solid empirical evidence that the DWI Jail Alternatives Program is an effective, less costly, alternative to incarceration.



### III. PROGRAM DESCRIPTION & CURRENT OPERATIONS

#### I. Program Overview

The Suffolk County DWI Jail Alternatives program is an interagency, correctional/treatment model for split sentence drunk drivers. As illustrated in Figure 1, there are two distinct components of this project; a 24 hour alternative treatment facility, and an intensive special (PAT) supervision component.

##### A. DWI Jail Alternatives Facility:

The 24 hour facility has been designed into three distinct phases.

a. Orientation Phase - of the program occurs subsequent to a determination of eligibility while in the jail and immediately upon entering the facility. Before the offender enters into the first treatment group the orientation phase must be completed.

- Rules and regulations of the facility are explained and issued.

- One on one staff interviews with the offender are conducted in order to explain the program and exchange expectations.

- Conditions of Probation are read and explained.

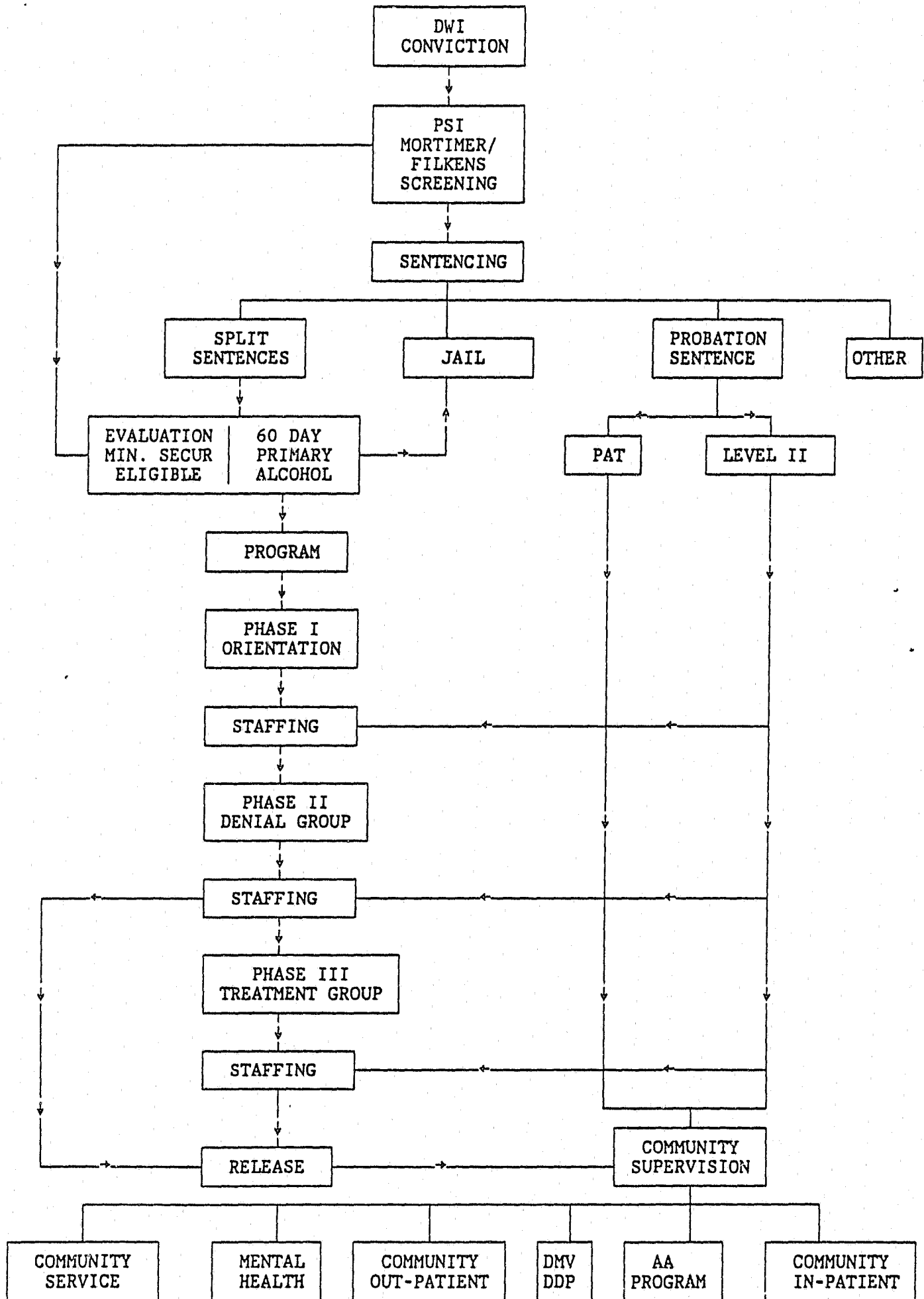
- An interview to evaluate offender's level of dysfunction and denial, family, and social circumstances is conducted. Material from interview is compared to available reports and presentence investigation.

- Once the orientation interviews are completed, staff evaluate the offender and draw up a plan of treatment specific to the offender.

b. Denial Group Treatment Phase - The internal recognition of alcohol abuse is necessary for anyone to begin to accept the need for treatment. This phase has been designed so that clients can enter at any session and begin to use the group process to address their denial. This is an intense program, involving two distinctly different group activities, one structured, one oriented toward open discussion. In addition, an education series and attendance at in-house AA meetings are important components of the program.

c. Early Recovery Treatment Phase - When the offender has met the treatment goals previously

FIGURE 1: FLOW CHART OF THE DWI JAIL ALTERNATIVES PROGRAM



established and staff agrees that the offender has sufficiently worked through denial, he may enter the early recovery treatment phase of the program.

#### B. Intensive PAT Probation Supervision:

Once the individual completes the DWI Jail Alternative Facility portion of his sentence, he is required to participate fully in Suffolk Probation's Probation Alcohol Treatment Program (PAT) for the remainder of a three or five year split-sentence term.

### 2. Target Population

This program has been designed for high-risk DWI offenders who have been sentenced in Criminal Court to a split-sentence of jail and probation. The split-sentence term optimally should be for a minimum of 60 days. Basically, the target population is the most serious, alcohol abusing, jail bound, recidivist DWI offender.

Individuals with three or more prior DWI convictions, a high Mortimer-Filkins score, a high B.A.C. level, and a history of failure in other traditional DWI supervision and treatment programs make up the primary target population of this interagency program.

### 3. Admissions Criteria & Selection Procedures

After intensive review, the admissions criteria as defined in the program description and contract remains essentially intact. Basically, the target population remains the most serious, alcohol abusing, jail bound, recivist DWI offender. The major exclusions remain as follows: A) primary problem determined to be narcotics abuse; B) primary problem determined to be psychological; C) violent prone individuals; and D) individuals with serious medical problems that require daily monitoring and treatment. (Refer to Section VI, 2, A for a definition of each category.)

In addition the following two exclusions have always been in effect but never formally recorded; E) out of county residents (who cannot participate in Phase II - PAT Supervision); and F) individuals who have already been through the DWI Jail Alternatives Facility.

The initial program design established an interagency screening committee. The need for a correctional/treatment admissions screening process was reaffirmed during the evaluation process. Violent offenders and narcotic addicts must be screened properly, in order to insure the safety and security of the facility.

Cases are screened for eligibility by the interagency screening committee during the presentence investigation process. When the screening criteria was originally established, each offender had to meet the Sheriff's established classification and medical criteria for minimum security eligibility. However, since that time screening criteria for the correctional facility in Yaphank have changed dramatically from the minimum security classification. Offenders are cleared for the Yaphank Facility that have more serious problems. The minimum security clearance no longer applies. Comprehensive assessment of individual suitability must now be completed during the presentence investigation stage.

#### 4. Program Design

##### A. Phase I - 24-Hour Facility

##### a. Multi-Discipline Team Approach - Role & Functions

##### i. Definition

The Multi-Discipline Team Approach is defined by evaluation participants as a program model whereby the program members after agreeing upon an integrated operational design bring a variety of skills to the program and work together towards agreed upon goals and objectives.

1. Open and continuous communication between team members regarding program concerns is characteristic of the team approach. (Concom communication network vs. hierarchical).

2. Although the primary role and functions of team members may be different, secondary roles and functions often overlap.

##### ii. Correctional Treatment Officers (CTO's)

The functions of the CTO's include the following:

- safety and security;
- treatment/education;
- crisis intervention (diagnostic/intervention);
- supervisor of residents daily activities;

- resident discipline;
- other functions.

#### Safety and Security:

The primary responsibility for the safety and security of the facility lies with the correctional treatment officers. However, all of the other members of the team share in this responsibility including the probation officers who are also peace officers, the social workers, and all other personnel.

#### Treatment/Education:

The role of the CTO's is clearly defined as an important member of the program treatment team. Informal and formal treatment intervention as part of the overall program were described as integral to the role and function of the CTO. The value of the CTO in communicating with the residents during evenings, weekends, as well as during the regular work day as part of the treatment team is clearly recognized. The function of communicating relevant information back to the other team members is considered invaluable to the overall treatment process.

In addition to treatment involvement of a less structured nature as described above, the CTO also has a formal treatment role. In order to achieve the goals and objectives of the program plan and to accomplish all of the necessary operational tasks, formal involvement of the CTO in treatment is required. This involvement is constantly evolving and initially involves being an active and equal participant in the education treatment groups.

#### Crisis Intervention (Diagnostic/Intervention):

The CTO's role in identifying potential problem conditions (ie. despondency) during evenings and weekends and notifying other team members is also quite important. The ability for the CTO to defuse potential crisis situations is also an important function.

#### Resident Daily Activity:

The correctional treatment officer has the responsibility of supervising the resident's daily activities. Recalcitrant individuals must be dealt

with effectively so that they complete their required daily activities.

#### Resident Discipline:

Since CTO's are responsible for supervising the daily activities of the residents, authority is an important element in their role. However, formal discipline is a team function that is shared by the P.O. and social worker.

#### Other Functions:

The CTO also monitors potential medication abuse, interacts with visitors on the weekends, must respond to medical emergencies, interacts with other agencies (e.g. AA, and agencies for film series) and performs other related tasks as required.

#### iii. Social Workers

The functions of the Social Workers include the following:

- Alcohol diagnosis and initial treatment phase;
- 'non-alcohol dysfunction' diagnosis and referral;
- alcohol treatment;
- crisis intervention;
- resident orientation (shared function);
- shared safety and security functions;
- shared disciplinary functions;
- case recording documentation as required.

#### Alcohol Diagnosis and Initial Treatment Plan:

The social worker conducts the initial client intake and DSM III, AXIS II diagnosis. In addition, the initial treatment plan is developed by the social worker. (Subsequent treatment plans are developed by the individual counselor assigned to the case.)

### 'Non-alcohol Dysfunction' Diagnosis and Referral:

Although other team members (PO's and CTO's) share in alcohol treatment duties, the social worker has the sole responsibility of identifying, upon referral, other dysfunctions that may require intervention (i.e. referral for psychiatric evaluation).

### Alcohol Treatment:

The Social worker provides individual, group and 'significant other' treatment services. Group treatment with residents are co-led by the probation officer and the social worker. The group design is for equal, co-led roles of both disciplines without a hierarchical structure in the setting.

Regarding individual counseling services, the social worker has a caseload of cases requiring individual counseling as does the probation officer.

### Crisis Intervention:

Upon notification by the CTO the social worker is sometimes asked to respond to crisis situations during evening and weekend hours for assigned cases.

### Resident Orientation:

All team members share in the initial orientation component of this program.

### Safety and Security Functions:

Although the primary responsibility for this function is the correctional treatment officer, the social worker shares in this function (as do all team members).

### Disciplinary Functions:

The social worker records the initial warning, documents subsequent incidents and is a member of the facility disciplinary committee.

### Case Recording:

The social worker is required to document relevant information in the residents case record for intake, the initial treatment plan, as well as

individual and group treatment activities as required.

#### iv. Probation Officer (Facility-Based)

The functions of the probation officers include the following:

- Probation Officer/Peace Officer duties;
- alcohol treatment;
- subsequent treatment plans;
- crisis intervention;
- resident orientation (shared function);
- shared safety and security functions;
- disciplinary functions;
- case recording documentation as required.

#### Probation Officer/Peace Officer Duties:

The probation officer informs the resident of the conditions of probation that the individual must abide by during the current sentence. Each of the sentences is a split-sentence which includes an intensive, community-based probation supervision component. Liaison with phase II PAT probation officers is also included in the function of the P.O. Community contacts with significant others.

#### Alcohol Treatment:

The P.O. who is CAC eligible (certified alcohol counselor) co-leads alcohol treatment groups with the social worker. The P.O. also is assigned cases for individual counseling and conducts significant other groups.

#### Subsequent Treatment Plans:

Although the social worker completes the initial treatment plan, subsequent treatment plan updates are conducted by the P.O. for cases assigned for individual counseling.



### **Crisis Intervention:**

For cases assigned for individual counseling, the P.O. has primary responsibility for crisis intervention services for these cases (i.e. emergency intervention in evenings, etc.).

### **Resident Orientation, Safety and Security, Disciplinary Functions, and Case Recording:**

These functions are all shared team functions as described in the previous section regarding social worker and team responsibilities.

#### 4Ab. Treatment Approach & Design

The Suffolk County DWI Jail Alternatives program is an interagency, correctional/treatment model for split-sentence drunk drivers. As illustrated in Figure 1, there are two distinct components of this project; a 24-hour alternative treatment facility, and an intensive special (PAT) supervision component.

##### Treatment Model

**Definition:** The treatment approach used by the DWI jail alternatives program is basically a chemical dependency model with the primary goal of abstinence as opposed to the traditional psycho-analytical mental health model.

The chemical dependency model for treatment with the primary goal of abstinence has three distinct phases: orientation, denial and treatment (early recovery).

While the individual is progressing through these treatment phases, the following types of treatment services are offered:

- Orientation services (C.O.'s, P.O.'s and S.W.'s);
- denial groups;
- treatment (early recovery) groups;
- individual counseling sessions;
- significant other groups;
- educational/film groups; and
- AA meetings.

##### Intake & Initial Treatment Plan

The social worker conducts the initial client intake and DSM III, AXIS II diagnosis. In addition, the initial treatment plan is developed by the social worker. (Subsequent treatment plans are developed by the individual counselor assigned to the cases with input from other team members.)

## Orientation Phase

The orientation phase of the program is initiated subsequent to a determination of eligibility while in the jail and immediately upon entering the facility. Before the offender enters into the first treatment group the orientation phase must be completed.

- Rules and regulations of the facility are explained and issued.

- One-on-one staff interviews with the offender are conducted in order to explain the program and exchange expectations.

- Conditions of Probation are read and explained.

- An interview is conducted in order to evaluate the client's level of dysfunction and denial, family and social circumstances. Material from the interview is compared to available reports and presentence investigation.

- Once the orientation interviews are completed, staff evaluate the offender and draw up a plan of treatment specific to the offender.

## Denial Group Treatment Phase

The internal recognition of alcohol abuse is necessary for anyone to begin to accept the need for treatment. This phase has been designed so that clients can enter at any session and begin to use the group process to address their denial. This is an intense program, involving two distinctly different group activities, one structured, and one oriented toward open discussion; as well as an education series and attendance at in-house AA meetings.

## Early Recovery Treatment Phase

When the offender has met the treatment goals previously established and the staff agree that the client has sufficiently worked through his denial and meets the established criteria, he may enter the early recovery treatment phase of the program.

Once the individual moves from the denial phase to the early recovery phase there is a greater emphasis on developing support systems that will enable the client to maintain sobriety.

### Education/Film Series & Clinical Supervision

The educational series is an essential part of the program design. In addition, the provision of clinical supervision for the DWI facility staff is absolutely imperative. Results of this evaluation indicate that clinical supervision is an essential part of the program; and hours set aside for analyzing clinical matters should not be used for other tasks.

#### 4B. Phase II - Intensive PAT Probation Supervision

Once the individual completes the DWI Jail Alternative Facility portion of his sentence, he is required to participate fully in Suffolk Probation's Probation Alcohol Treatment Program (PAT) for the remainder of a three or five year split-sentence term.

The overall design of the PAT Program is based on a no nonsense, reality oriented approach. Breath-Alcohol analysis by use of a portable instrument is Alco-sensor administered frequently to dramatically reduce denial and manipulation so often characteristic of active alcoholics. A separate eighteen-week group counseling program, conducted jointly by the alcohol counselor and the probation officer is immediately accessible for each individual accepted into this project. Individual counseling is readily available. Probation intensive supervision is an essential element of this system and helps to insure accountability as well as increase protection of the community. Reduced caseloads (35 per caseload) allow the delivery of relevant sources as needed.

The functioning of this project is especially unique in the sense that the probation officers and alcohol counselors actually work as a team, rather than as separate agencies referring cases to each other. Each member of this community supervision team has a distinct role and function but joint group counseling and joint staffings are considered essential. Also, communication is constant.

For a more detailed description of the PAT program design, the reader is referred to the studies listed in the reference section of this report. 1-6

#### IV. CHARACTERISTICS OF PROGRAM POPULATION

This section presents characteristics of the 120 male split sentence probationers who were accepted into the DWI Jail Alternatives Facility between 12/85 and 09/87. Although 120 individuals were accepted into the jail alternative portion of the program, only 117 individuals received intensive services from the Probation Alcohol Treatment component. This is due to the fact that two individuals lived outside of Suffolk County and supervision was transferred to Nassau County immediately upon discharge from the facility. In addition, one individual died shortly after leaving the facility.

##### 1. Age:

As illustrated in Table 1, this population spanned a wide range of age groups. The youngest member of the population was 22 years old at the time of sentence, the oldest was 63 years old. The average age at time of sentence was 36. However, 64.2%, 77 individuals were under the age of 40. Only 8.3% of the clients were 24 years old or younger; and there were no teenagers in the program. The age distribution is in marked contrast to the general criminal population.

TABLE 1: Age At Time Of Sentence

Age	#	%	Cum. %
20-24	10	8.3	8.3
25-29	37	30.9	39.2
30-39	30	25.0	64.2
40-49	27	22.5	86.7
50-59	13	10.8	97.5
60-+	3	2.5	100.0
Total	120	100.0	

##### 2. Marital Status:

As illustrated in Table 2, the vast majority of individuals sentenced to the DWI Jail Alternatives Program were not married or were separated at the time of sentence. Only 25.8% of the population reported that they were married at the time of the sentence and living with their spouse.

TABLE 2: Marital Status at Time of Sentence

Marital Status	#	%
Single	46	38.3%
Married	31	25.8%
Separated	9	7.5%
Divorced	28	23.4%
Widowed	5	4.2%
Common Law	1	.8%
Total	120	100.0%

3. Ethnic Origin:

As illustrated in Table 3, 106 out of 120 project cases or 88.3% were white, while nine or 7.5% are black and five or 4.2% are hispanic.

TABLE 3: Ethnic Origin of Project Population

Ethnic Origin	Number	Percent
White	106	88.3%
Black	9	7.5%
Hispanic	5	4.2%
Total	120	100.0%

4. Employment Status:

Table 4 illustrates that 83 out of 120 clients or 69.2% were employed full-time and an additional 14 clients or 11.7% were self-employed. Therefore, 97 out of 120 participants or 80.9% were gainfully employed at the time of sentence.

TABLE 4: Employment Status at Time of Sentence

	#	%
Full-Time Empl.	83	69.2%
Self-Empl.	14	11.7%
Unemployed	16	13.3%
Welfare	2	1.7%
Other Gov't Support	3	2.5%
Employed & Gov't Ass't	1	.8%
Part-Time Empl.	1	.8%
Total	120	100.0%

### 5. Educational Level:

As illustrated in Table 5, 48 or 40% of the project population had graduated from high school; while an additional 13 or 10.8% received their equivalency diploma. The high school graduate total includes 24 or 20% that earned some college credits. The educational experience of two cases or 1.7% were not available at the time of this analysis.

TABLE 5: EDUCATION LEVEL OF PROJECT POPULATION

Educational Level	Number	Percent
11th Grade or Below	57	47.4%
H.S. Grad.	24	20.0%
H.S. Equivalency	13	10.8%
Some College	20	16.7%
College Degree-Associates	2	1.7%
Bachelors	2	1.7%
Unknown	2	1.7%
Total	120	100.0%

### 6. Alcohol & Drug Dependency:

All individuals within this population have been convicted of Driving While Intoxicated offenses, therefore, some degree of an alcohol problem is evident. However, a more accurate assessment of the problem can be measured by analyzing the blood alcohol level at the time of the offense, and the score attained on the Mortimer-Filkens screening instrument given at the time of the presentence investigation. A BAC of .15 or higher is considered by many experts to be presumptive evidence of a serious alcohol problem. A BAC of .20 or higher is considered by many to be strong evidence of alcoholism. Research and experience has demonstrated that individuals who achieve high BAC levels have a significant history of alcohol abuse. BAC for this population ranged from a low of .10 to a high of .34. The most common BAC for the group was .21 with the mean average of .18. As can be seen from Table 6, 52.7% of this population had a BAC on the current offense of .15 or higher.

Eighty-two program participants submitted to a breathalyzer test at the time of arrest. Out of this total, 64 or 78% had a blood alcohol level of .15 or higher for the current offense.



Table 6: BAC At Current Offense

BAC	#	%
.10-.14	19	15.3
.15-19	27	22.5
.20-.24	25	20.8
.25-.29	9	7.5
.30 or Above	2	1.7
Refused	38	31.7
Total	120	100.0

It is noted that 31.7% of this group refused to submit to a breathalyzer test at the time of arrest. A refusal is often based on an attempt by the offender to hide the true extent of his alcohol use or other drug abuse. However, it is not in and of itself evidence that a problem exists. In order to determine the true extent of the alcohol use on the part of a defendant who refused the breathalyzer it is necessary to examine the defendant's Mortimer-Filkens score and past arrest record for collaborative evidence.

As can be seen in Table 7, all of the individuals who refused the breathalyzer at the time of the current offense have at least one prior DWI arrest. A fact which by itself is indicative of a potential alcohol problem. Additionally, the vast majority, 94.7% of the refusals achieved a Mortimer-Filkens score which would indicate at least presumptive evidence of an alcohol problem.<sup>7</sup>

Table 7: Mortimer-Filkens By Prior DWI For Refusals

	1	2	3	4	5	6	7	Total
Under 30	-	-	1	-	-	-	-	1
30-39	-	-	1	-	-	-	-	1
40-49	-	-	-	-	-	-	1	1
50-59	-	1	2	-	1	-	1	4
60-69	-	-	2	-	1	-	1	4
70-79	-	2	1	1	2	-	-	6
80-89	-	-	1	-	1	-	-	2
90-99	1	-	-	-	-	-	-	1
100-109	-	-	3	1	1	2	1	8
110-119	-	-	-	-	-	-	-	1
Over 120	-	3	4	2	-	-	-	9
Total	1	7	15	4	6	2	3	38

The Mortimer-Filkens is currently the most comprehensive evaluation instrument available to determine the level and nature of a defendant's alcohol abuse pattern. It has

been found to be statistically valid with the court identified DWI population. Generally, a Mortimer-Filkens score of 40-49 is considered to be presumptive evidence of a serious problem. A score of 50 or higher is considered to be nearly certain evidence of a severe alcohol dysfunction. (Refer to Appendices A & B.) As can be seen from Table 8, 100 individuals, or 83.3% of the project population scored over 50 on the Mortimer-Filkens, and an additional 5.9% achieved a score between 40-49 on this screening instrument.

Table 8: Mortimer Filkens Score At Time Of Entrance To DWI Jail Alternatives Facility

Score	#	%	Cum. %
Below 30	3	2.5	2.5
30-39	2	1.7	4.2
40-49	7	5.8	10.0
50-59	10	8.3	18.3
60-69	10	8.3	26.6
70-79	15	12.5	39.1
80-89	10	8.3	47.4
90-99	4	3.3	50.7
100-109	24	20.1	70.8
110-119	6	5.0	75.8
120 or Above	21	17.5	93.3
Unknown	8	6.7	100.0
Total	120	100.0	

Of the five cases which scored below 40 on the Mortimer-Filkens instrument, all have either a high enough BAC, or enough prior DWI arrests to indicate that the low Mortimer-Filkens score is the result of extreme denial and that a severe alcohol problem exists. Table 13 illustrates this fact.

Table 9: Prior DWI Arrests By BAC For Low Mortimer Filkens Score

BAC	2	3	4	Total
.10-.14	-	-	1	1
.15-.19	-	-	1	1
.20-.24	1	-	-	1
Refused	-	2	-	2
Total	1	2	2	5

Clearly, alcohol abuse is a severe problem for this population. However, drug abuse is also indicated in over 28% of these individuals. The variable, "history of drug abuse" was scored positively when an individual had a prior arrest for possession or sale of a controlled substance, or if in the PSI it indicated a prior history of narcotic drugs, Cocaine, or LSD. Casual marijuana use was not positively scored. Table 10 illustrates that 28.3% of this population, 34 individuals, had an identifiable history of drug abuse.

Table 10: Drug Abuse History

Drug Abuse History	#	%
Yes	34	28.3
No	83	69.2
Unknown	3	2.5
Total	120	100.0

#### 7. Prior Legal History

An examination of this population's prior legal history reveals a group whose criminal behavior is generally quite extensive. The average number of prior arrests for this group is 5.3 per client. The range is from a low of one prior to a high of 14 prior arrests. However, 91.7% of the population has three or more prior arrests and as a group account for a total of 628 prior criminal arrests. Table 11 illustrates the prior arrest history for this population.

Table II: Prior Arrests

Priors	#	%	Cum. %
1	2	1.7	1.7
2	8	6.7	8.4
3	23	19.3	27.7
4	24	20.0	47.7
5	13	10.8	58.5
6	19	15.8	74.3
7	13	10.8	85.1
8	4	3.3	88.4
9	2	1.7	90.1
10	4	3.3	93.4
11	2	1.7	95.1
12	3	2.5	97.6
13	1	0.8	98.4
14	1	0.8	99.2
Not Available	1	0.8	100.0
Total	120	100.0	

The number of prior DWI arrests is an indication not only of the individual's legal problems, but of the extent of that person's alcohol problem as well. Basically, one or two prior DWI arrests can be considered to be highly presumptive evidence of a serious alcohol problem. Three or more prior DWI arrests is considered almost certain proof of a severe alcohol dysfunction. Table 12 illustrates the fact that 69.2% of this population, 83 individuals, had 3 or more prior DWI arrests. Additionally, 29.3% of this population had between 1 and 2 priors. This prior DWI arrest history, coupled with the BAC levels, and the Mortimer-Filkens scores for this population clearly indicate that the members of the project population have severe alcohol abuse problems.

Table 12: Prior DWI Arrests

DWI Priors	#	%	Cum. %
0	1	0.8	0.8
1	5	4.3	5.1
2	30	25.0	30.1
3	36	30.0	60.1
4	24	20.0	80.1
5	12	10.0	90.1
6	6	5.0	95.1
7	4	3.3	98.4
9	1	0.8	99.2
Unk	1	0.8	100.0
Total	120	100.0	

It should be noted that the one individual who had no prior DWI arrests had 11 prior non-DWI arrests, indicating a severe anti-social posture. Additionally, this same individual had a BAC over .20 and scored over 100 on the Mortimer-Filkens screening instrument. The average number of prior DWI arrests for this group was 3.4 per client and the entire group was responsible for a total of 402 prior arrests for DWI. Table 13 presents the number of DWI arrests by the number of total prior arrests.

Table 13: DWI Arrests

Total Priors	0	1	2	3	4	5	6	7	9	Unk.	Total
1	-	2	-	-	-	-	-	-	-	-	2
2	-	-	8	-	-	-	-	-	-	-	8
3	-	1	12	10	-	-	-	-	-	-	23
4	-	1	3	8	12	-	-	-	-	-	24
5	-	-	2	4	4	3	-	-	-	-	13
6	-	-	-	7	4	4	4	-	-	-	19
7	-	-	2	5	2	-	1	3	-	-	13
8	-	-	1	-	1	2	-	-	-	-	4
9	-	-	-	1	-	1	-	-	-	-	2
10	-	-	1	-	-	2	-	-	1	-	4
11	1	-	-	-	1	-	-	-	-	-	2
12	-	1	1	1	-	-	-	-	-	-	3
13	-	-	-	-	-	-	1	-	-	-	1
14	-	-	-	-	-	-	-	1	-	-	1
Unk	-	-	-	-	-	-	-	-	-	1	1
Total	1	5	30	36	24	12	6	4	1	1	120

This population was responsible for a total of 226 non-DWI criminal arrests. While 42 individuals had no prior

non-DWI arrests, 30 had at least one, and 48 had two or more non-DWI criminal arrests.

Table 14: Non-DWI Criminal Arrests

Non-DWI Arrests	#	%
0	42	35.0
1	30	25.0
2	12	10.0
3	14	11.7
4	7	5.9
5	4	3.3
6	2	1.7
7	3	2.5
8	1	0.8
9	1	0.8
10	1	0.8
11	2	1.7
Unk.	1	0.8
Total	120	100.0

Additionally, of the 78 individuals arrested for a prior non-DWI criminal offense, 36, 46.2%, were arrested for a violent crime.

Also, as illustrated by Table 15, the vast majority of this population had been under probation supervision at some point prior to the instant offense.

Table 15: Prior Probation

Prior Prob.	#	%
Yes	100	83.4
No	19	15.8
Unknown	1	0.8
Total	120	100.0%

Of these 100 individuals, 42 had a Violation of Probation filed with the court on at least one occasion, as indicated in Table 16.

Table 16: Prior V.O.P

Prior V.O.P.	#	%
Yes	42	42.0
No	58	58.0
Total	100	100.0

Additionally, this population is responsible for over 487 prior non-DWI traffic offenses, an average of 5.1 traffic incidents per client. Table 17 illustrates the number of non-DWI traffic incidents for this population.

Table 17: Non-DWI Traffic Incidents

Number	#	%
0	6	5.0
1	11	9.2
2	14	11.7
3	14	11.7
4	7	5.8
5	10	8.3
6-10	20	16.7
11-15	11	9.2
16-18	2	1.6
Unknown	25	20.8
Total	120	100.0

**MAJOR FINDING:**

The target population for this project is the high-risk, jail bound, multiple recidivist DWI offender. The results of our analysis of the criminal and substance abusing histories of this population indicate that the first 120 participants are appropriate jail bound offenders. No evidence of expansion of the net of alternative services to a less serious population was identified.

## V. PLANNING & RESEARCH METHODS, PROCEDURES & DESIGN

### I. Planning Methods & Procedures

There are two parallel processes occurring regarding program planning and evaluation of this project. The first planning aspect of the evaluation process involves an in-depth assessment of the value of current program operations and procedures. The need for program modifications in the operational design is explored during this systemic analysis. The second parallel evaluation effort involves the empirical measurement of program impact based on stated goals and objectives.

#### 1. Internal Planning Process:

This process began in August 1987 and will continue throughout the length of program operations. As illustrated in Figure 2, methods include statistical analysis, confidential questionnaires, structured interviews and group problem solving exercises.

A confidential questionnaire asking program administrators, supervisors, line and clerical staff to assess the strengths and weaknesses of program operations was distributed to all relevant personnel.

In addition, structured interviews were conducted with over 95% of all program personnel. The major purpose of these interviews was to determine the operational program policy and procedures for this program.

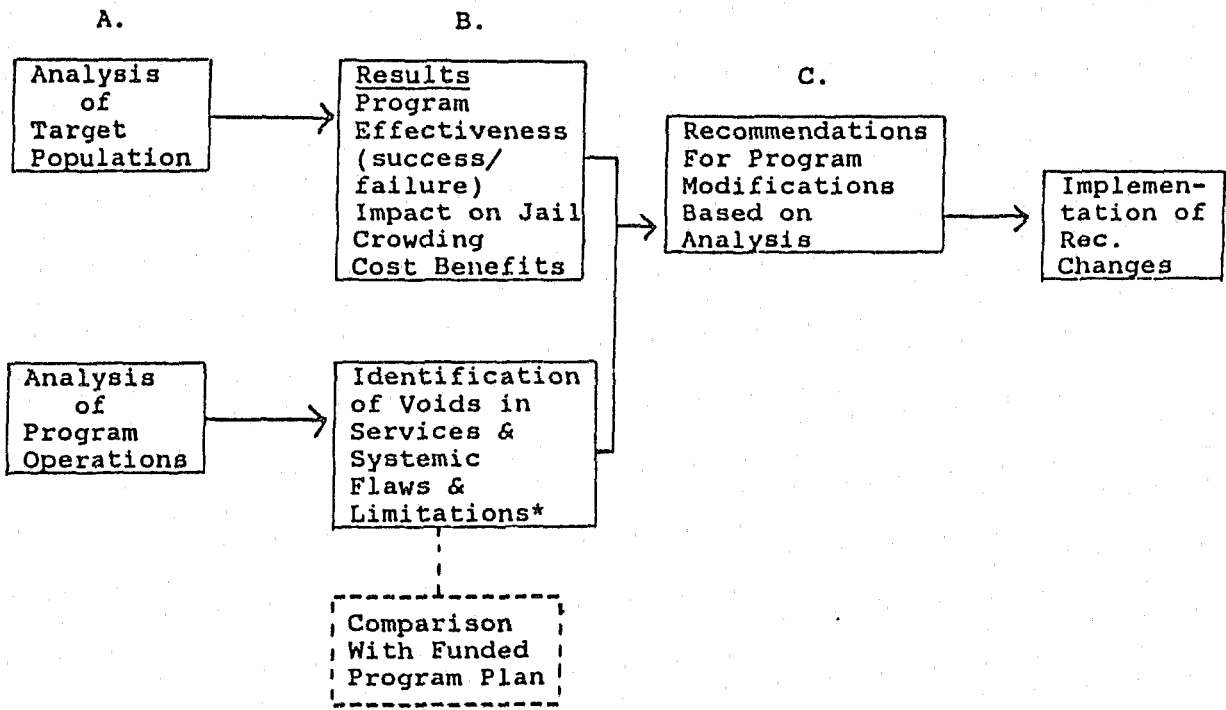
A statistical analysis of recidivism results was concurrently conducted in order to assess whether stated program objectives were being met. (Refer to Section VI).

Group Problem Solving Exercises were conducted in order to address the problems and questions raised by the confidential questionnaires, structured interviews and statistical analysis. During a series of 22 problem solving meetings and sub-committee meetings, the program participants from the Sheriff's Office, Probation Department and Health Department identified specific problem areas, and attempted to find workable solutions to each problem. The exact process is as follows: 1) identification of problem area regarding program design or procedure; 2) group verification and clarification; 3) measurement of level of group consensus; and 4) identification of proposed solution (if any) with specific tasks and timetable.



**FIGURE 2: INTERNAL PLANNING PROCESS**

**S. C. DWI JAIL ALTERNATIVES FACILITY EVALUATION**



**METHODS**

A.  
Analysis of Case Records  
Structured Interviews

B.  
Analysis of Case Records  
Records Check  
Questionnaires  
Statistical Analysis

C.  
Group Discussion  
(Recommendations  
By Group Consensus)

This group problem solving exercise basically resulted in recommendations for change that would be presented to departmental administrators for consideration and action. The funding agency would be consulted regarding any and all proposed modifications. (Refer to Section IV, 2 of this report for specific problem areas.)

## 2. Measuring Program Impact:

The second concurrent evaluation effort involves measuring program impact based on standard research methods and procedures.

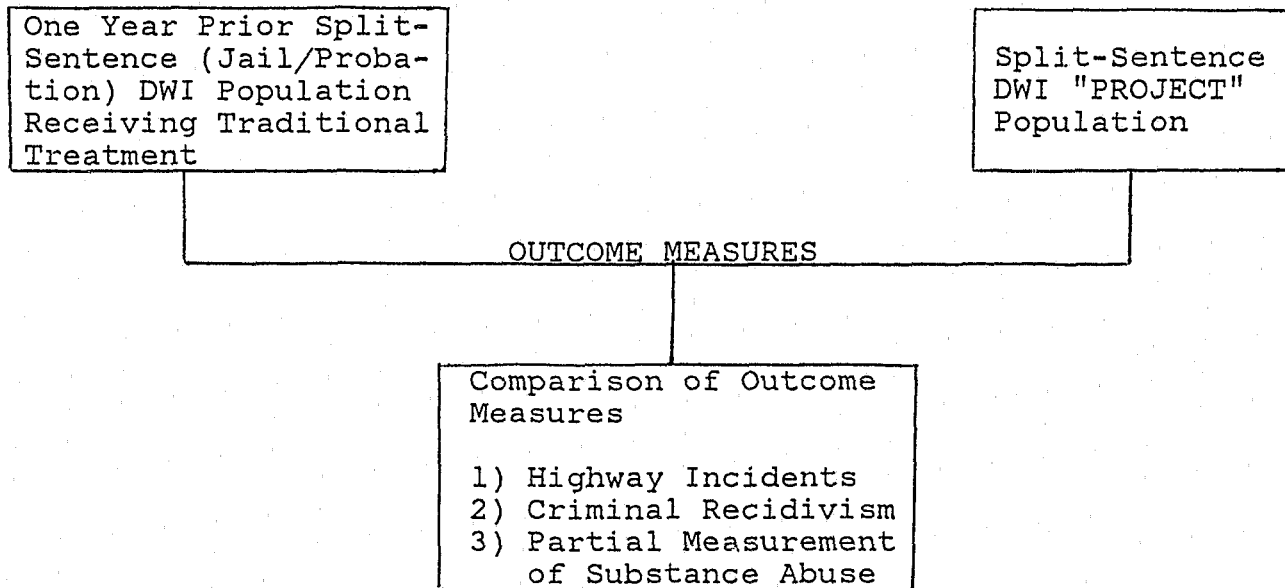
The purpose of the program evaluation is to empirically determine if this project is effective for different subgroups of the split-sentence multiple DWI population. Relevant socioeconomic factors, legal status, prior criminal history, major dysfunctions, familial background, educational level, motivational level and other pertinent data are collected for each case. In addition, outcome measures are collected and they include: 1) subsequent highway related violations, accidents, injuries and arrests; 2) criminal recidivism (all types of offenses); and 3) pre and post project levels of substance abuse.

The proposed research strategy involves six levels of analysis as follows: 1) Comparison of the Split-Sentence Project Population with Pre-Project Split-Sentence DWI population; 2) Comparison of the Project Population with the results of alternative Special Supervision Programs in Suffolk; 3) a Longitudinal Analysis of results of the Project Population; 4) systemic institutional impact of the DWI facility program; 5) actual impact on jail overcrowding; and 6) a true cost benefit analysis.

As illustrated in Figure 3, the results of this project will be compared to the results of a comparison group of Split-Sentence DWI offenders. The pre-project comparison group will include 100% of the Split-Sentence population that fit the criteria of the project for a one-year time period. The outcome measures include 1) highway related incidents, and 2) criminal recidivism. Unfortunately, the level of pre and post alcohol abuse cannot be uniformly measured for the comparison group and will only partially be analyzed.

This evaluation effort will require a three year follow-up period before solid evidence of program impact can be measured. In the interim, indicators of program success and failure will be provided to correctional/treatment decision makers.

FIGURE 3:  
COMPARATIVE ANALYSIS OF PRE-PROJECT AND PROJECT POPULATION\*



\*Multiple Driving While Intoxicated/Driving While Impaired Convictions

## VI. RESULTS

This report divides programmatic results into two major areas: 1) measures of program effectiveness; and 2) an assessment of the value of the specific program design and procedures used in this project (e.g. treatment approach, multi-discipline team approach, etc.).

Measures of the program effectiveness are organized in the following way: A) DWI Recidivism Rate, B) Non-DWI Criminal Recidivism Rate, C) Combined Recidivism, D) Traffic Accident Rate, E) New Motor Vehicle Violations and Convictions, F) An Analysis of the Recidivist Population, and G) Screening (Mortimer-Filkins and Predictive Score) Outcome Analysis. Each area is analyzed separately for Cohort I (Day Program); and Cohort II - 24-hour facility. A comparative analysis of other DWI program results is also included for informational purposes.

The second part of this section is the result of an analysis of program operations and procedures; as well as recommended modifications.

### I. Measures of Program Effectiveness

#### A. Program Outcome Measures

##### a. Overview

At this point, rearrest rather than reconviction is being used as the primary outcome measure because of the relatively short follow-up period. Future evaluation reports will use the conviction rate as a primary outcome measure in addition to arrest rate. Basically, when the follow-up period is of short duration, there are a large number of missing values concerning the conviction and disposition of recidivism arrests. The evaluation period for this study is between the start of the program on December 1985 and November 1987, which is the time of data collection. If the conviction rate was currently used instead of rearrest rate as the major recidivism measure, the rate would be significantly lower at this time.

There are two Cohorts analyzed in this study. Cohort I is comprised of 70 clients who were sentenced to the DWI Jail Alternative Day program between December 1985 and February 1987. Services were provided during the day and the inmates were then returned to the Yaphank Minimum Secure Correctional Facility for the evening. Program participants were mixed with the general inmate population during the evening. After release from the correctional facility each of these individuals is then supervised for

the remainder of a three or five year sentence on PAT intensive probation supervision.

Cohort II is comprised of 50 clients who received services at the 24-hour DWI Jail Alternatives Facility beginning in February 1987. The 24-hour correctional treatment component was implemented for the second cohort of program participant.

**b. DWI Recidivism Arrest Rate**

The DWI rearrest rate for the combined group is 5.8% with 7 out of 120 program participants rearrested for DWI offenses after an average follow-up period of approximately one year. Out of the DWI recidivism total, two (2) individuals or 1.7% were rearrested for felony DWI crimes; while an additional 5 individuals or 4.2% were rearrested for DWI misdemeanor offenses.

Individuals in the first cohort have been participating in this project an average of 16.2 months with individual split-sentence terms ranging for 10 and 22 months completed. The DWI rearrest rate for this group is 8.6% with 6 out of 70 probationers rearrested for DWI offenses. The second group has been in the project receiving supervision services for an average of 5.9 months, and the DWI rearrest rate is 2.0%. The combined number of first two cohorts total 120 probationers, and their collective recidivism rate is 5.8%.

**TABLE 18: 'DRIVING WHILE INTOXICATED/IMPAIRED' RECIDIVISM ARREST RATE BY AVERAGE FOLLOW-UP TIME AS OF NOVEMBER 1987**

Group #	No. of Project Probationers	Average Follow-Up Time	DWI Recidivism Arrest Rate	
			#	%
Cohort #1	70	16.2 Months*	6	8.6%
Cohort #2	50	5.9 Months**	1	2.0%
Combined Total	120	11.9 Months	7	5.8%

\*The range of follow-up time for Cohort #1 is between 10 and 22 months for these 70 individuals resulting in the arithmetic average of 16.2 months.

\*\*The range of follow-up time for Cohort #2 is between 2 and 10 months for an arithmetic average of 5.9 months.

c. Non-DWI Recidivism Arrest Rate

Table 19 illustrates that the recidivism arrest rate for non-DWI offenses (i.e. petit larceny, criminal possession of a controlled substance, etc.) is 5.8% or 7 cases for Cohort #1 which has a 16.2 monthly average follow-up period. Cohort #2, with a 5.9 month average follow-up period has no non-DWI recidivism arrests at this time. The total project population of 120 offenders sentenced to probation between 12/85 and 9/87 had a 5.8% non-DWI rearrest rate after an average of 11.9 months in the program. (These incidents represent arrests, not conviction.) Only one of the non-DWI arrests was for a felony level crime.

TABLE 19: 'NON-DWI RECIDIVISM ARREST RATE BY AVERAGE FOLLOW-UP TIME AS OF NOVEMBER 1987

Group #	No. of Project Probationers	Average Follow-Up Time	Non-DWI Recidivism Arrest Rate	
			#	%
Cohort #1	70	16.2 Months	7	10.0%
Cohort #2	50	5.9 Months	0	0.0%
Combined Total	120	11.9 Months	7	5.8%

d. Combined Total Recivism Arrest Rate

Table 20 illustrates that the total rearrest rate for the 120 multiple DWI Jail Alternatives population was 11.7% or 14 individuals after an average follow-up time of 11.9 months. The rearrest rate for Cohort #1 with a follow-up time of 16.2 months average is 18.6% or 13 individuals. Clients in this group have been in the project for periods of time ranging from 10 to 22 months.

Cohort #2 had a 2.0% total recidivism rearrest rate after an average time of 5.9 months, and the one rearrest was for a DWI offense. It should also be noted that this project did not exclude individuals with special or multiple problems. All of those referred to the program who met the legal and contractual criteria were accepted for services although some individuals had exceptional dysfunctions. The predictive risk level of this population is Level I, high-risk level according to the Suffolk Probation differential classification instrument.<sup>8,9</sup>

TABLE 20: TOTAL PROJECT RECIDIVISM ARREST RATE BY AVERAGE FOLLOW-UP TIME AS OF NOVEMBER 1980

Group #	No. of Project Probationers	Average Follow-Up Time	Recidivism Arrest Rate	
			#	%
Cohort #1	70	16.2 Months	13	18.6%
Cohort #2	50	5.9 Months	1	2.0%
Combined Total	120	11.9 Months	14	11.7%

Three out of the 14 rearrests were for felony charges; while 11 were for misdemeanor offenses. Therefore, the overall felony recidivism rearrest rate was 3 out of 120 cases or 2.5% after an average follow-up period of approximately 12 months.

e. Accident Rate

Table 21 indicates that the accident rate for the total group was 4.2% after an average time of 11.9 months. Cohort #1 with a follow-up time of 16.2 months had a 7.1% rate or 5 accidents. Two of the five accidents were personal injury accidents.

Cohort #2 was not responsible for any reported accidents during the shorter follow-up period.

TABLE 21: ACCIDENT RATE OF PROJECT POPULATION BY COHORT GROUP AND FOLLOW-UP DURATION AS OF NOVEMBER 1987

Group #	No. of Project Probationers	Average Follow-Up Time	Accidents	
			#	%
Cohort #1	70	16.2 Months	5	7.1%
Cohort #2	50	5.9 Months	0	0.0%
Combined Total	120	11.9 Months	5	4.2%

f. New Motor Vehicle Violations and Convictions

Table 22 reports the number of known convictions for traffic violations as reported on New York State Motor Vehicle computer records. This table does not report the DWI arrests since they were presented in Table 18. As

illustrated in Table 22, there were five (5) convictions for motor vehicle violations by this group as of November 1987. Cohort #1 was responsible for all of these convictions. The specific offenses were for speeding, and operating a motor vehicle with a license that was revoked or suspended.

TABLE 22: NEW MOTOR VEHICLE VIOLATIONS AND CONVICTIONS FOR PROJECT POPULATION BY AVERAGE FOLLOW-UP TIME AS OF NOVEMBER 1980

Group #	No. of Project Probationers	Average Follow-Up Time	New Motor Vehicle Violations & Con- victions	
			#	%
Cohort #1	70	16.2 Months	5	7.1%
Cohort #2	50	5.9 Months	0	0.0%
Combined Total	120	11.9 Months	5	4.2%

\*The Motor Vehicle violations were for speeding (Case #6061), and operating a motor vehicle without a license - infractions (Case #'s 5002, 6008, 6042, 6057).

#### g. An Analysis of the Recidivist Population

This section presents a profile of the DWI and non-DWI criminal recidivist population in order to facilitate program planning. There were fourteen individuals arrested from the first two cohorts of 120 probationers. Seven (7) clients were arrested for 'Driving While Intoxicated' offenses and seven (7) for non-DWI offenses. This section presents summary and individual profiles of this group. The Project Case #'s are identical to the identification numbers listed throughout the report. Table 23 presents background variables and characteristics of the recidivist probationers. Table 24 presents legal and alcohol factors including a further analysis of the Mortimer-Filkins score.

#### Background Variables

As illustrated in Table 23, the average age of the recidivists is 34 years old with 11 out of 14 individuals 37 years old or younger. Three cases are over 40 years old. Out of the 11 cases under 37, five are 27 years old or younger. Regarding race, 13 out of 14 or 92.9% are



white, while one recidivist or 7.1% is black. No hispanics are in the recidivist subgroup.

Regarding marital status, only three out of fourteen or 21.4% are classified as married and living together. Four individuals are divorced, two separated, two widowed and three single.

Regarding employment status, 9 out of 14 were employed: six full-time and one self-employed. Five were unemployed. Five out of 14 individuals completed high school and five others received their high school equivalency diploma. Four individuals dropped out of high school. Five out of the 14 recidivists reside in Huntington Township; two in Babylon; one in Islip and Smithtown; three in Brookhaven and one on the East End. (Refer to Table 23.)

TABLE 23: BACKGROUND FACTORS OF THE RECIDIVIST POPULATION

Cohort I Project #	Age	Race	Marital Status	Employment Status	Education Level
5002	35	White	Single	Full-Time	Some College
6001	45	White	Divorced	Unemployed	H.S. Equiv.
6003	47	White	Divorced	Self-Empl.	H.S. Equiv.
6006	35	White	Married	Full-Time	Some College
6008	33	White	Married	Unempl.	9-11 Grade
6016	26	White	Divorced	Unempl.	H.S. Grad.
6020	27	White	Married	Unempl.	H.S. Equiv.
6025	37	White	Separated	Full-Time	H.S. Grad.
6029	43	White	Separated	Full-Time	6-8 Grade
6031	24	White	Single	Full-time	9-11 Grade
6053	25	White	Single	Full-Time	H.S. Equiv.
6057	36	Black	Widowed	Full-Time	6-8 Grade
6066	32	White	Divorced	Unempl.	Some College
Cohort II					
7019	26	White	Widowed	Full-Time	H.S. Equiv.
-----					
TOTAL (14 Recidi- vists)	33.6 years old average	92.9% White 7.1% Black	3 Single 2 Widowed 4 Divorced 2 Separated 3 Married	5 Unempl. 8 Full-Time 1 Self- Empl.	3 Some College 2 H.S. Grad. 5 H.S. Equiv. 2 9-11 Grade 2 6-8 Grade

### Legal Variables

Regarding recidivism arrests, most of these rearrests, 78.6% were for misdemeanor charges. Four individuals were rearrested for a felony offense, two for DWI and one for Assault.

Table 24: Recidivist By Crime Type

Crime	#	%
DWI	7	50.0%
Assault	4	28.6%
Larceny	2	14.3%
Drugs	1	7.1%
Total	14	100.0%

Table 25 illustrates some of the other legal variables and measures of alcohol problems of the recidivist subgroup. The recidivist group averaged 7.07 total offenses, which includes an average of 5.07 priors and an average of 3.0 DWI prior offenses. This is very similar to the average legal history of the entire population with 5.3 prior arrests.

However, as illustrated in Tables 25 and 26, the criminal careers of the recidivist group is quite extensive. Six of the 14 have been charged with major violent felonies; while an additional three individuals also were charged with other felony offenses. Therefore, 64.3% of the recidivists had been indicted for felony level crimes in their careers. The remaining five individuals or 35.7% had a misdemeanor as the most serious crime in their criminal histories.

In Table 26, the length of time between date of release from the facility and rearrest is illustrated. The combined total is 240 days. However, the length of time for DWI rearrest is considerable less than non-DWI rearrests with 179 days and 301 days respectively. Length of time for a DWI rearrest ranged from 15 days to 395 days (Case #6006.)

TABLE 25: LEGAL FACTORS & MEASURES OF ALCOHOL DYSFUNCTION OF THE RECIDIVIST

Cohort I Project #	Mortimer Filkins Score	No. of Total Priors	No. of DWI Priors	BAC Level	Total Offenses (Prior, Current & Recidivist)	Type of Rearrest
5002	64	3	2	.20	5	DWI (U Misd.)
6001	154	4	2	Refused	6	Petit Larceny (A Misd.)
6003	180	4	3	Refused	6	DWI (U)
6006	60	7	7	Refused	9	DWI (U)
6008	137	12	3	N/A	14	Poss. Hypo., CP Cont. Sub., PL (A Misd.)
6016	52	3	1	.14	5	Resist Arrest (A Misd.)
6020	124	3	2	.13	5	DWI (U)
6025	N/A	3	3	.33	5	DWI (E Fel.) Agg. Unl. Op. (U Misd.)
6029	88	5	2	.14	7	Assault (D Fel.)
6031	52	7	3	Refused	9	Assault 3 (A Misd.)
6053	72	4	2	.17	6	Petit Larceny (A Misd.)
6057	72	4	2	.17	6	DWI (U)
6066	120	6	5	.34	8	Menacing (B Misd.)
<b>Cohort II</b>						
7019	104	6	4	.14	8	DWI (E Felony)
Combined (Average)	All 50 or more	5.07 offen.	2.93 offen.	-	7.07	3 Felons 11 Misdemeanors

TABLE 26: MOST SERIOUS CRIMINAL ARREST & LENGTH OF TIME  
BETWEEN SENTENCE & RECIDIVISM

	Most Serious Offense	Current DWI Offense Date of Sentence	Rearrest Charge	Date of Release	Date of Rearrest	Length of Time Between Release & Rearrest
5002	DWI (U)	12/2/85	DWI	2/18/86	9/21/86	215 days
6001	Rape 2nd (1971)	1/3/86	PL	2/10/86	12/1/87	285 days
6003	Reck. End. (D Fel.)	1/6/86	DWI	2/11/86	5/29/86	101 days
6006	Att. Robb. 3rd (E Fel.)	1/16/86	DWI	5/15/86	6/14/87	395 days
6008	Rob. 1st B Fel. (2 Sep. Crimes)	1/16/86	Drugs (Poss. Hypo.)	5/15/86	6/14/87	395 days
6016	DWI (U Misd.)	2/28/86	Resist. Arrest	4/25/86	7/18/87	449 days
6020	DWI (U Misd.)	2/6/86	DWI	5/1/86	3/13/87	316 days
6025	DWI E Fel.	4/17/86	DWI	6/13/86	6/27/86	15 days
6029	Assault 2nd-D Fel.	5/12/86	Assault	7/9/86	3/27/87	262 days
6031	Burg. 3rd	4/23/86	Assault	7/9/86	5/21/87	317 days
6053	DWI (U Misd.)	10/10/86	PL	2/3/87	9/30/87	240 days
6057	Burg. 1st D Fel.	11/1/86	DWI	2/19/87	7/4/87	136 days
6066	DWI (U Misd.)	12/1/86	Menacing	2/13/87	7/23/87	161 days
Cohort II						
7019	DWI E Fel.	3/11/87	180	6/3/87	8/19/87	78 days

### Criminal Dominant/ DWI Dominant Subgroups

Upon closer examination an interesting trend emerges within the recidivist population. As was illustrated in Table 13, this population can be split into two distinct subgroups. The first subgroup consists of 42 individuals who have never been arrested for any crime other than DWI. The second subgroup consists of 77 individuals who have a prior history of Non-DWI Criminal arrests.\* A comparison of recidivist rates for these two subgroups reveals that only two individuals, 4.8% of the pure DWI subgroup, were rearrested. However, 12 individuals, 15.6% of those who had Non-DWI prior arrests, were subsequently rearrested. While not statistically significant at the .05 level of confidence, this data suggests that a strong relationship exists between a prior criminal history which is not limited to DWI, and rearrest while in the program. Table 27 illustrates this relationship.

Table 27: Recidivist By Type Of Prior

Recidivist	Only DWI	Prior Criminal	Total
Yes	2	12	16
No	40	65	102
Total	42	77	119

Level of Significance: .13 N.S.  
Missing Case: 1

Because the follow-up period is relatively short, this relationship may strengthen over time and warrants close attention.

Further evidence of the strength of this relationship can be found by factoring in B.A.C. for the current offense. When comparing recidivism by blood alcohol content and controlling for prior non-DWI arrests the results are statistically significant. The pattern which emerges is suggestive of the dynamics which might be affecting this population.

As illustrated in Table 28, the two individuals who were rearrested within the subgroup who only had DWI priors, either had an extremely high B.A.C. or refused alcohol testing at the time of the current offense.

\*Data on the one remaining case was incomplete at the time of this analysis.

Table 28: Only DWI Priors

Recidivists by B.A.C

Recidivist	.10-/.14	.15-.19	.20-.24	.25-.29	.30>	Refused	Total
Yes	-	-	-	-	1	1	2
No	2	12	9	4	-	13	40
Total	2	12	9	4	1	14	42

Level of Significance: .0006

Interestingly, upon further investigation it was determined that both of these individuals were rearrested for DWI. The alcohol connection in these two recidivists is reinforced by the fact that the individual who refused the breathalyzer at the time of the current offense had 7 prior DWI arrests. The BAC of the other recidivist in this subgroup is indicative of a severe alcohol problem as well. Clearly, there is solid evidence of severe alcohol abuse in both of these individuals.

The dynamics of the subgroup which had prior Non-DWI criminal arrests appears different however. To begin with, the B.A.C. at the time of the current offense for the recidivists within this subgroup is generally lower than it is for the recidivists in the DWI only subgroup.

Table 29: Non-DWI Priors

Recidivists by B.A.C

Recidivist	.10-.14	.15-.19	.20-.24	.25-.29	.30>	Refused	Total
Yes	4	3	1	-	1	3	12
No	13	11	15	5	-	20	64
Total	17	14	16	5	1	23	76

Level of Significance: .12

As can be seen from Table 30, all of the DWI recidivism was committed by the "DWI Dominant" group who had 50% or more of their crimes as DWI offenses; while the "Criminal Dominant" group was responsible for the majority of the Non-DWI recidivism. Although these results are only preliminary and must be considered indicators, they indicate that the DWI Jail Alternatives facility is successful in reducing alcohol related recidivism (ie. DWI) for all groups of offenders. Non-alcohol related recidivism (ie. grand larceny) is a separate matter. These relationships may become statistically significant over a longer follow-up period and warrants close analysis.

Table 30: New Charge by Percent Of Prior Arrests For The Crime Of DWI

Charge	.25	.33	.40	.43	.50	.67	.75	.83	100	Total
Assault	-	1	1	1	-	-	-	1	-	4
DWI	-	-	-	-	1	3	1	-	2	7
Larceny	-	-	-	-	1	-	1	-	-	2
Drugs	1	-	-	-	-	-	-	-	-	1
Total	1	1	1	1	2	3	2	1	2	14

Level of Significance: .10

#### h. Mortimer-Filkins Score & Predictive Risk Classification of Recidivists

As illustrated in Table 8, all of the recidivists scored higher than 50 on the Mortimer Filkins.<sup>10</sup> This is 'nearly certain evidence' of a serious problem drinker or alcoholic. (Refer to Appendices A & B.)

In addition, all of the recidivists were Level I, 'high-risk' recidivism cases according to the Suffolk County Probation Differential Classification system.<sup>11</sup>

The combination of prior DWI's, Mortimer-Filkins Score and BAC level indicate an extremely high probability that all of the recidivists are alcoholics. (Refer to Appendix B.) Prior criminal record and total criminal record indicate the highest level (Level I) of recidivism risk.

#### i. Probation Compliance Record

For the purpose of this analysis there are two categories of probationers who were classified as program failures. The first category consists of all those



individuals who were charged with a new arrest. As described in the previous section there were 14 recidivists out of 120 cases or 11.7% of those individuals who entered the program between December 1985 and September 1987. The second category consists of the probation compliance record of the program participants. Probation compliance is measured by the number of violations of probation that are filed, due to either rearrests and/or technical violations.

During the course of the follow-up period, 24 VOP's were filed with the court. The average length of time from sentence to VOP was 9.1 months. Twelve VOP's were filed because the individual was rearrested. In addition, 12 VOP's were filed for technical violations such as absconding from the jurisdiction of the court, drinking while on probation, or refusing to attend alcohol therapy. Table 31 presents a breakdown of this population by VOP and recidivist status.

Table 31: VOP By Recidivism

V.O.P	Yes	No.	Total
Yes	12	12	24
No	2	91	93
Total	14	103	117

The result of a violation of probation proceeding can range from the probationer's status being restored and the probation sentence continuing, to the client's probation status being revoked, and the probationer being resentenced to a period of incarceration. As illustrated in Table 32, the vast majority of these VOP's resulted in the revocation of probation.

Table 32: Disposition Of VOP's

Disposition	#	%
Revoked	18	75.0
Pending	4	16.7
Restored	2	8.3
Total	24	100.0

## B. Comparative Statistical Analysis

For information purposes, the results of previous Suffolk County research with dispositional alternative programs for the serious DWI offender is presented for analysis. The reader is cautioned that this information does not represent a controlled experimental design or quasi-experimental comparison of the effectiveness of the DWI Jail Alternatives Program. A comparison group has already been selected for this purpose and the results will be available after a longer follow-up period (probably at the end of 1988 or early 1989).

TABLE 33: Comparative Statistical Analysis of Previous Dispositional Alternatives Programs Treating The Suffolk County DWI Population

DWI Program	Target Population/ (Risk Level)	Length of Follow-up Period	DWI Recidivism	Total Recidivism
DWI Jail Alternatives	Jail Bound (high-risk)	11.9 months	5.8%	11.7%
Probation Alcohol Treatment Program (PAT) <sup>12</sup>	Multiple Recidivist Ineligible For DDP (high-risk)	11.7 months	5.5%	8.3%
PAT <sup>13</sup>	Multiple Recidivist Ineligible For DDP (high-risk)	20.4 months	11.9%	17.4%
Improved Correctional Field Services Project (ICFS) Federal Grant <sup>14</sup>	All DWI's sentenced to Probation (low, medium & high-risk)	22 months	20.8%	37.5%
Traditional Probation Supervision (Comparison Group) <sup>15</sup>	All sentenced to Probation (low, medium & high-risk)	20 months	17.5%	21.1%

## 2. Assessment of Individual Procedural Components of Program Design

This section presents the results of the interagency planning and evaluation effort regarding program procedures and design.

### A. Admissions Criteria

#### Overview

After intensive review, the admissions criteria as defined in the program description and contract remains essentially intact. Basically, the target population remains the most serious, alcohol abusing, jail bound, recidivist DWI offender. The major exclusions remain as follows: A) primary problem determined to be narcotics abuse; B) primary problem determined to be psychological; C) violent prone individuals; and D) individuals with serious medical problems that require daily monitoring and treatment.

In addition the following two exclusions have always been in effect but never formally recorded; E) out of county residents (who cannot participate in Phase II - PAT Supervision); and F) individuals who have already been through the DWI Jail Alternatives Facility.

#### Problem Definition #1:

When the screening criteria was originally established, each offender had to meet the Sheriff's established classification and medical criteria for minimum security eligibility. However, since that time screening criteria for the correctional facility in Yaphank has changed dramatically from the minimum security classification. Offenders are cleared for the Yaphank Facility that have more serious problems. The minimum security clearance no longer is an adequate screening mechanism. Since screening for violent or hyperaggressive offenders is currently conducted by jail classification after the recommended sentence to the DWI facility, the potential of violent offenders being admitted to the program has increased.

There are five other areas that are also problematic and they are as follows: a) serious medical problems, b) primary narcotics abuse; c) female offenders; d) 30-day termers; and e) pending charges or outstanding warrants.

## Recommended Solutions

a. **Violent Offenders** - Screening for hyperaggressive or violent prone offenders can be conducted prior to sentence both by the probation officer conducting the presentence report and then by the Interagency Screening Committee.

b. **Medical Screening** - Individual treatment of a serious medical problem requires exclusion from the program. Clients have to complete detoxification and be drug free (Lithium, Valium) before being accepted into the program.

In order to reduce the number of individuals rejected from the facility because of medical problems, it is recommended that the same screening format (self-reported) used by jail classifications be used by the investigating probation officer during the PSI. This procedure if approved would have to be completed by the P.O. early enough so that the information could be used by the Screening Committee.

c. **Primary Narcotics Abuse** - Further classification of the existing admissions criteria is required and is as follows:

**Primary Alcohol Abuse.** Individuals with a dominant history of narcotics abuse are excluded from consideration.

Although polyabuse (alcohol and other) is common, individuals with a heavy drug (non-alcohol) history are really not suitable for treatment services provided by the facility. In addition, acceptance of narcotic dependent individuals into the program causes difficulty in getting the person into a suitable out-patient model. Also, because of the less precise identification and screening techniques available with narcotic offenders during the presentence investigation it is more difficult to ascertain current status of narcotics abuse. Prior history and patterns of behavior must be therefore strongly considered and those with a dominant history of narcotics abuse excluded from this particular program.

d. **Female Offenders** - Because female offenders have not been minimum security eligible they have not previously been admitted into the program. However, once the female extension to the Yaphank Correctional Facility is completed, then an equivalent program for females should be developed. In 1987, twenty female offenders were sentenced to the Suffolk Correctional Facility as a result

of a DWI conviction. The probation department conducted 151 DWI presentence investigations for females in 1987 and 25 female probationers were supervised by the PAT intensive supervision unit. In addition, there were 50 female probationers (all types of offenses) that were rearrested in 1987 for DWI offenses. The need for a separate DWI program is clearly evident.

e. **Thirty-day Termers** - During the course of the evaluation both staff and inmates have identified problems associated with short-termers; affectionately labeled '30-day wonders'. There are two problems associated with accepting individuals from this subgroup: quite often denial is not overcome during the short time frame, and 2) these offenders have used up their future opportunity for the alternative facility. Program administrators have to continue to insure that the dispositional net is not expanded and that only the more serious cases are sentenced to the facility.

f. **Pending Charges or Outstanding Warrants** - Admission of individuals with pending charges or outstanding warrants causes considerable problems to the functioning of the facility. It is suggested that all warrants and pending charges be disposed of before, or adjourned for the duration that the individual is in the facility. Otherwise, treatment is seriously disrupted.

## B. Interagency Screening Mechanism & Procedures

The initial program design established an interagency screening committee. The need for a correctional/treatment admissions screening process was reaffirmed during the evaluation process. Unless violent offenders, narcotic addicts and others are screened properly, the safety and security of the facility is jeopardized.

### Problem Definition:

Sometimes because of workload and time constraints, the presentence investigation report is not ready in time for the formal admissions screening committee to review. Also, because of schedule conflicts and workload consideration it is not feasible to have a formal committee ready to meet on short notice.

### Proposed Solution

Development of a two-tier, interagency screening committee was proposed. The composition of the committee would be as follows:

**Administration:**

1. Program Coordinator (Facility Director Sheriff's Office)
2. Probation Screening Coordinator

**Team Members:**

3. At least one Alcohol Counselor
4. At least one Probation Officer
5. At least one Correctional Treatment Officer

Operational Procedures - A form containing the necessary information regarding the specific screening criteria would be submitted to the Screening Committee for review at least one week prior to submission of the PSI to Court.

If the Screening Committee members agree in writing that this case is eligible/ineligible, then the Screening Committee is completed without a formal hearing. If, however, there is disagreement among members of the Screening Committee regarding the suitability of a case and the disagreement cannot be resolved by telephone, then a formal meeting of the Screening Committee must be held.

**C. Referral & Sentencing System**

**Problem Identification #3:**

The referral system was reviewed by the evaluation team and improvement is still needed. If the existing system is used properly then it functions on an acceptable level. Currently, the referrals of cases to be screened are being recorded on the calendar and the probation liaison people write a referral for a PSI from that calendar. This referral system seems to be functioning fairly well with the existing manual system, but because of a variety of reasons, this procedure is not followed for 100% of the referrals.

The existing sentencing system is more problematic than the referral system. One result is a lack of timely and accurate sentencing information. As a result, individuals are not given the enhanced classification process as soon as possible; and are sometimes unnecessarily shipped from

the Yaphank Medium Secure Facility back to the Riverhead Facility for classification.

#### Proposed Solution

Automation of the criminal justice system in Suffolk County as proposed in the CJIS system would solve this problem. However, in the meanwhile increased coordination within the current case processing system would reduce the problem. Contact with jail records has resulted in an improved manual priority system being developed and implemented. This is a partial temporary improvement.

#### D. Case Processing & Statistical System

The case processing and statistical system is used to process and track the progress of program DWI offenders; as well as produce a myriad of statistical reports.

##### Problem Definition #4:

The existing system at the time of this evaluation is a totally manual, cumbersome system characterized by a considerable amount of item duplication. A significant amount of time is spent preparing statistical reports, state monitoring forms, as well as transmission of local interagency information.

##### Proposed Solution:

The first required task is to develop an integrated, manual statistical system that gathers the necessary information for operational functions, and captures the necessary information for all required state and local reports. This task was achieved and the resulting system pretested and implemented.

The second required task is to develop a special computer file for the necessary information. A variety of statistical reports, as well as data collection for program evaluation would be routinely collected using this method.

##### Problem Definition #5:

With the current information system there is little immediate feedback regarding the DWI Alternative case behavior.

### Proposed Solution:

An automated information system would produce timely information to facility staff regarding program outcome as reported by the Probation Department's community supervision component. Also, a separate field could be designed on project cases that would allow immediate generation of DP-78's for court notification of new arrests. A separate file could be developed within the probation criminal court supervision file, and outcome information could be periodically reported to the staff of the DWI Jail Alternatives Facility. Time is required to develop this system and there are current departmental hardware and memory limitations. However, this solution is still feasible as a temporary solution and should go forward. The true solution is to have the Jail Facility management information system completely automated.

### E. Multi-Discipline Team Approach

As illustrated in Section III, 3, B, a, implementation of an interagency, multi-discipline program requires a clear understanding of the primary and secondary roles and functions of the team members.

The value of this team approach was reaffirmed by group consensus during the program evaluation, but the need for open communication, joint staffings and clinical supervision was identified.

### F. Treatment Approach & Design

Section III describes the two phase, interagency treatment approach and design. During the evaluation process, the need for the development of additional treatment goals, specific objectives and denial phase criteria was also identified.

As a result, the evaluation treatment subcommittee developed more specific treatment goals and objectives in addition to the abstinence and recidivism measures identified in the state contract. In addition, specific criteria for movement of a client from the denial phase to the early recovery phase were also developed. An outline of the results of this effort are included in this section of the report as follows:

#### Overview of Treatment Goals & Objectives

- a. Enhance ability to participate in treatment;



- b. work through denial;
- c. elevate bottom;
- d. involvement of significant others in their own treatment.

**Goal #1: Enhance Client's Ability To Participate in Treatment**

**Objectives:**

1. Complete 48-hour structured orientation phase.
  - a. C.T.O. will explain Rules and Regulations in individual session.
  - b. C.S.W. will complete evaluation and diagnostic.
  - c. P.O. will explain Conditions of Probation and perform an evaluation in individual session.
  - d. Not later than 72 hours after admission staff shall meet for coordination and treatment planning.
2. Client will attend a minimum of 9 primary group sessions and actively participate.
  - a. Group will center upon denial breaking and structured exercises.
3. During primary phase client will attend a six part education component designed in the disease model. Two sessions per week.
4. After completion of minimum of 9 sessions staff shall begin to meet to decide client eligibility to move to treatment phase, as measured by:
  - a. Client verbalization in group and individual session.
  - b. Amount of didactic information owned.
  - c. Feedback from significant others.

d. Client acknowledgement of need to abstain.

5. Client shall participate in individual therapy sessions twice weekly in primary phase and in treatment phase.

**Goal #2: Involve Significant Other in Treatment**

**Objectives:**

1. Once a week a 1½ hour group session will be made available to significant others.

a. Letters sent to S.O.'s advising of services.

b. At least one P.O. personal contact to be made during primary phase with S.O.

2. Have PAT P.O. make the necessary contact if Facility P.O. cannot make contact.

-Connect facility and PAT bridge.

-PAT officer will make face-to-face contact with significant others.

More specific information regarding the DWI Jail Alternatives Program correctional treatment design, including specific selection criteria, roles and functions of team members, etc. is available upon request.

## VII. IMPACT ON JAIL OVERCROWDING

This section addresses the impact on jail overcrowding of the DWI Jail Alternatives Program; as well as overall fiscal implications of this project. There are three separate areas of analysis in this section: 1) Reduction in sentences of mandatory confinement; 2) reduction in traditional jail sentences; and 3) per diem cost.

### I. Reduction in Sentences of Mandated Confinement

Alternative sentences to the DWI Jail Alternatives Program includes two phases: a shorter 24 hour correctional treatment component; and an intensive probation supervision component. The alternative sentence is essentially a split-sentence which is substituted for longer straight jail terms or longer split (jail/probation) sentences.

TABLE 34: Reduction in Incarceration Sentence Between Traditional Jail Sentence and Sentence to DWI Alternative Facility

Length of Alternative Sentence (Facility Phase)	Frequency of Type of Alternative Sentence	Length of Traditional Jail Sentence*	Reduction in Total Jail Days Sentenced
40 days	2	60 (+20)	40 days
60 days	24	90 (+30)	720 days
90 days	19	120 (+30)	570 days
100 days	1	130 (+30)	30 days
120 days	19	180 (+60)	1,140 days
130 days	1	180 (+50)	50 days
180 days	54	365 (+185)	9,990 days
<b>Total</b>	<b>120</b>		<b>12,540 days care reduction</b>

\*This length of sentence does not represent actual time in the DWI Alternative Facility. Classification must be conducted at the Riverhead Correctional Facility and time off for good behavior must be calculated. All good behavior results in one-third off of sentence.

As illustrated in Table 34, the traditional jail sentences of 60, 90, 120, 180 and 365 days is reduced with this program to 40, 60, 90, 120, and 180 day terms to the DWI facility respectively. In addition, the DWI offender is sentenced to the remainder of a three or five year period on probation supervision.

Table 34 illustrates that the reduction in the length of jail sentences for the first two cohorts (120 DWI offenders) totalled a reduction of 12,540 sentenced days care. This reduction of 12,540 days care covers a nineteen month period through July 1987. If the 'time-off-for-good-behavior' formula is calculated, then a closer estimate of the actual reduction of sentenced jail days equals 8,402 days during the first nineteen months of program operation.

Although sentence to traditional incarceration may have been reduced by 8,402 days which helps to reduce jail overcrowding, the probation intensive supervisin caseload was increased by a significant number of serious offenders requiring intensive supervsion services. However, the reduction of jail overcrowding is one of the major objectives of this project.

## 2. Reduction in Traditional Jail Sentences

In addition to reduced sentences of incarceration (24 hour housing and supervision), this project also provides a true alternative to traditional jail sentences for this population. A totally unique type of facility and service is provided so that the multiple DWI recidivist does not have to be housed in either the Riverhead or Yaphank Correctional Facilities. All of the individuals in Cohort II who were housed and treated in the 24 hour DWI Jail Alternatives Facility represent an additional reduction in the need for traditional incarceration. As long as true jail bound cases are selected for the program, then this facility represents a true alternative residential service that directly reduces Suffolk County's jail overcrowding problem by a corresponding amount.

Table 35 illustrates the estimated traditional jail days saved for Cohort II. Since members of Cohort II were housed in the 24 hour alternative facility for their reduced sentence, all of their days in the facility represent a true reduction in demand for traditional incarceration.

TABLE 35: Total Jail Days Care Reduction By Sentence to 24 Hour  
DWI Alternative Correctional Treatment Facility (Cohort 2)\*

Length & Frequency of Traditional Jail Sentence	#	Sentence After Reduction For Good Behavior	Potential Jail Days Saved
60	2	40	80
90	7	60	420
120	9	80	720
180	3	120	360
365	29	244	7,076
Cohort #2 - (24 hours)	50		8,656 days

\*Sentenced between 1/20/87 and 8/5/87. (A 198 day period or 6 month and 18 day period.)

For the six month, eighteen day period of sentence for the 50 individuals of Cohort II, there were 8,656 potential jail days saved. The one-third reduction formula for good behavior has already been calculated from the 8,656 days care total.

Basically, in terms of impact on jail overcrowding, the DWI Jail Alternatives Program had an additional positive impact on reducing the jail overcrowding problem by approximately 8,500 days during the first nineteen months of operation. This reduction is in addition to the 8,402 day reduction in sentences of mandatory confinement.

### 3. Comparative Program Cost

The DWI Jail Alternatives Program has two distinct components: 1) a 24 hour correctional/treatment component, and 2) an intensive supervision component. This section compares the cost of the DWI Alternatives program to the cost of a traditional jail sentence.

The staff of the DWI Jail Alternatives Facility includes the following: one facility coordinator, nine correctional treatment officers, two probation officers, two psychiatric social workers and one clerk typist. These individuals operate this program on a seven day a week, 24 hour a day basis. The total cost to staff the 29-bed facility based on July 1, 1987 to June 30, 1988 salaries is \$668,814. The current capacity of the facility is 29 DWI clients or a potential total of 10,585 days care if the facility operates at full capacity. The cost of personnel to operate this phase of the program is \$63.19 on a per diem basis. However, this total does not include food, medical or utilities. Current estimates indicate that the per diem cost of the residential portion of this program is roughly comparable to the estimated \$80.00 per day cost of traditional

incarceration at the Suffolk County Correctional Facilities in Riverhead and Yaphank. However, the cost is greatly reduced because the alternative sentence is shorter.

The cost of the community-based, intensive probation supervision component which provides services after the individual is released from the DWI alternative facility ranges from \$1,750 to \$2,000 per year per client.

Table 36 illustrates the average cost of a traditional sentence of straight jail, as compared to the split alternative facility/probation sentence.

TABLE 32: Comparative Cost of a Traditional Jail Sentence Versus the Alternative Sentence

Type of Sentence	Cost of Institutionalization	Cost of Probation	Total Cost
One Year Jail Traditional Sentence (244 days after good behavior at \$80 per day)	\$19,520	0	\$19,520
Alternative Sentence of 6 Months and Three Years on Probation (120 days after good behavior at \$80 per day and 32 Months of Probation at \$150 Per Month)	\$9,600	\$4,800	\$14,400
Potential Cost Savings	\$9,920	+\$4,800	-\$5,120

As illustrated in Table 32, a comparative analysis of the cost of a traditional jail sentence, as opposed to the alternative sentence indicates that there is a potential cost savings of 26% with the alternative program. This percentage should be considered a rough cost benefit estimate. Actual cost benefit calculations will be conducted during the next program evaluation study at the end of 1988, when a comprehensive comparison of recidivism rates can be computed into the evaluation.

## VIII. FUTURE DIRECTIONS

The basic interagency, problem-specific corrections design of the 'DWI Jail Alternatives Program' has been continuously operated and evaluated with other offender populations in Suffolk County since 1979. This multi-disciplinary approach is currently being utilized in the probation setting with adolescent and adult alcoholics, sexual offenders and individuals with extraordinary psychological problems. The empirical results of the 'Probation Alcohol Treatment' (PAT) program, the Adolescent Sexual Offender Program and the Special Offender Project are so far, all extremely positive.

The next logical and very necessary step is to expand the DWI Jail Alternatives Program to female offenders. This service is not currently available and should be developed as soon as possible. Females were not originally included in the program because they were not housed in the Yaphank minimum secure correction facility. That situation will change shortly. Further expansion of the project's male population is also desirable considering the pressure of jail overcrowding and the size of the current program waiting list.

Future directions beyond the above described expansion involve fully exploring the potential of this interagency, problem specific corrections approach. The same type of split-sentence, correctional/treatment approach could quite readily be adapted to the drug abusing offender, the sexual offender, the mentally deficient offender, and the property offender with severe or multiple dysfunctions.

## IX. ANALYSIS AND CONCLUSION

The Suffolk County DWI Jail Alternatives Program is a non-traditional, interdisciplinary, correctional/treatment program designed for the jail bound, multiple recidivist DWI offender. It is a model based on the concept of problem specific corrections; and the design has been modified from the original PAT project. Suffolk Probation's PAT program has been in operation and continuously evaluated since 1979. With this integrated design the interagency team of correctional treatment officers, probation officers and social workers are specially trained to address the primary dysfunction of alcohol abuse.

As indicated in Section II, Major Findings, the attempt to implement an alternative, correctional/treatment program has been achieved. The day program began in December 1985 and the 24 hour Alternative Jail Facility began in February 1987. In addition, analysis of the offender characteristics reveals that the project population is primarily comprised of the jail bound drunk drivers: the appropriate target population.

The initial results are positive. A 1.7% felony DWI recidivism rate; and a 5.8% total DWI recidivism rate after an average of approximately one year is promising. The 11.7% combined DWI and non-DWI rearrest rate is also positive. However, these results are only indicators and must only be interpreted as preliminary measures.

The analysis also offers evidence that there are two distinct subgroups within this population, those who are primarily DWI offenders and those who combine DWI offenses with other criminality. There appears to be a disparity between the type of recidivism and the recidivism rates for these two subgroups.

The observation that the 'DWI Dominant' subgroup is responsible for the DWI recidivism, and that the 'Criminal Dominant' subgroup is responsible for the majority of non-DWI recidivism is quite interesting. There is substantial evidence that all of these individuals have serious alcohol problems. In addition, all the recidivists have a history of prior DWI arrests. And yet, the type of recidivism appears to be correlated to the percentage of prior DWI involvement versus the percent of prior non-DWI involvement. The explanation might be found in a subcultural analysis of the two different groups of offenders. The meaning of the criminal act for each group may be different. For the pure DWI subgroup criminality may be primarily the result of their addiction to alcohol. Other values of this subgroup may be law abiding. However, for the 'Criminal Dominant' subgroup DWI offenses may simply be another area of their overall pattern of illegal behavior. A deviant identity may already be internalized for



many in this subgroup. Programmatic implications are numerous. However, we are still dealing with preliminary data and the relationship may not hold up over time.

One rather startling finding is that the DWI recidivism rate for the 'criminal dominant' subgroup is very, very low. (Refer to Table 18.) This means that the project's correctional treatment approach may be quite effective in reducing drunk driving with the average alcohol abusing criminal offender. Based on these results, the 'criminal dominant' subgroup should not be excluded from admission to the alternatives program. On the contrary, remarkable success in reducing drunk driving with this population has been demonstrated thusfar.

One indicator that is measurable at this early stage of evaluation is the close supervision afforded by the Probation PAT supervision component once the offender is released from the 24 hour facility. The use of intensive supervision combined with the periodic and unannounced Alco-sensor tests appear to result in a moderate number of violation actions. Although over half of the VOP's are the result of rearrests, twenty-four (24) violation of probation actions indicate a high degree of accountability introduced into the lives of the multiple recidivist drunk drivers. The preliminary results are consistent with those of Dr. Banks,<sup>16</sup> as well as the evaluation of the PAT approach.<sup>17</sup>

In addition, the results of this study indicate that the DWI Jail Alternatives Program may be an effective alternative to incarceration. The target population appears to be true jail bound offenders and the reduced split/sentence dispositions seem to be legitimate. However, constant vigilance in this area is required to make sure that the net is not expanded to less severe cases. And finally, the average cost of an alternative sentence is potentially three quarters of a traditional jail sentence.

If the preliminary results hold up over a longer follow-up period, then there will be solid empirical evidence that the DWI Jail Alternatives Program is an effective, less costly, alternative to incarceration. Replication of this correctional/treatment approach should be considered.

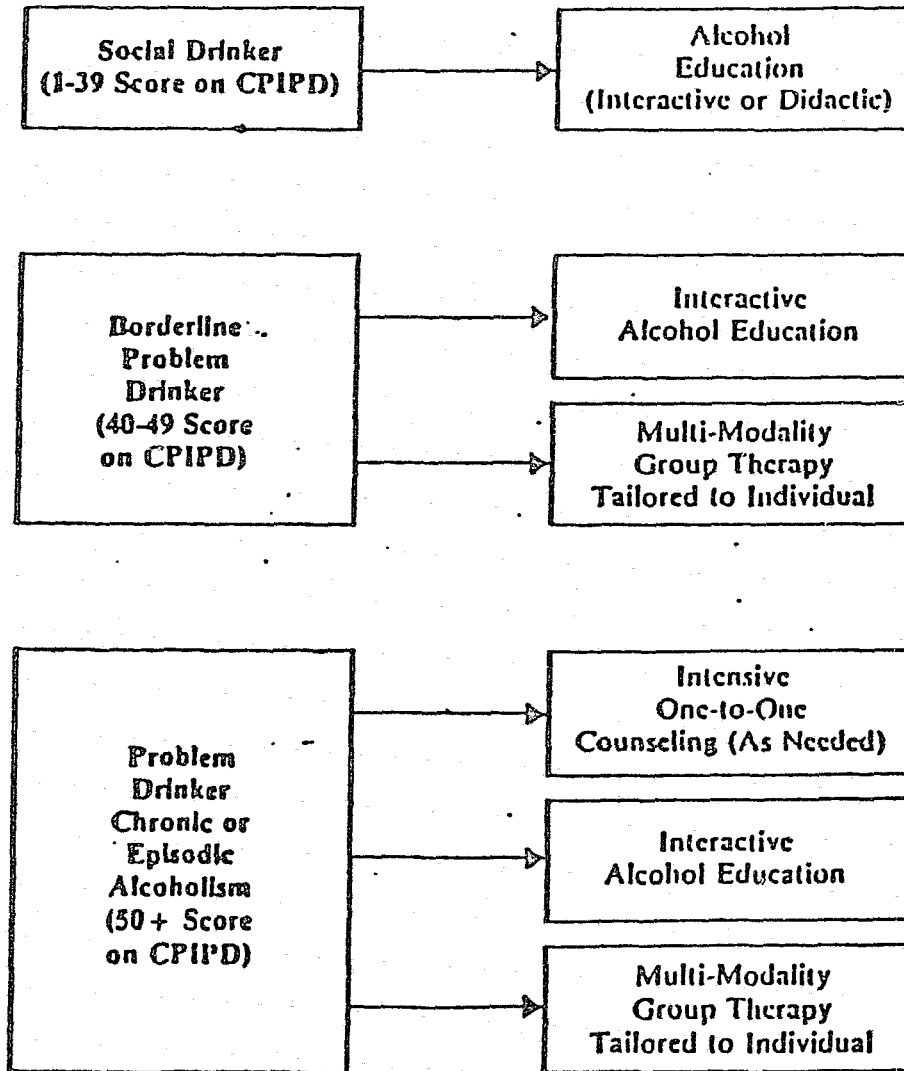
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**SUGGESTED  
EDUCATION/  
TREATMENT BY  
DRINKER TYPE**



APPENDIX B: GUIDELINES FOR IDENTIFYING ALCOHOL DYSFUNCTION USING THE MORTIMER-FILKINS, BLOOD ALCOHOL CONCENTRATION & PRIOR DWI ARRESTS

	<u>TYPE OF PROBLEM</u>		
	<u>May Not Be a Problem Drinker</u>	<u>Highly Presumptive Evidence of Problem</u>	<u>Nearly Certain Evidence of Problem</u>
M/F	39 or less	40 - 49	50 or more
BAC	.05 to .14	.15 to .19	.20 or more
Previous DWI/DWAI Arrests	0	1 - 2	3+