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# **An Evaluation of the Three Georgia DUI Courts**

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16. Abstract In the spring of 2002, Georgia embarked on an exploratory demonstration program, establishing three driving-under-the-influence (DUI) courts funded as part of a cooperative agreement from the National Highway Traffic Safety Administration, with additional funding from the Department of Justice. Following the model of drug courts, three Georgia DUI courts (established in Chatham, Clarke, and Hall counties) were designed to address the underlying alcohol problems of repeat DUI offenders through continuous and frequent judicially supervised treatment, periodic alcohol and other drug testing, the use of graduated sanctions, and other appropriate rehabilitative services. A team comprised of a judge, court personnel, probation officials, and treatment providers met regularly to assess offender progress, and offenders met biweekly with the judge to report their progress. As of May 2006, 1,053 offenders were referred to the three Georgia DUI courts. Of these, 301 (29%) graduated from the program, 532 (51%) were active participants in the DUI courts, and 220 (21%) were either not in compliance or had been removed from the program. The overall retention rate was 79 percent over an approximate 4-year period. There is some evidence that the Georgia DUI court program has successfully encouraged lifestyle changes for the participating offenders and may be a viable alternative to traditional sanctioning. An impact evaluation showed that after 4 years of exposure, the DUI court graduates and terminated offenders combined (intent-to-treat group) showed a recidivism rate of 15 percent compared to 24 percent for a group of matched offenders from three similar counties in Georgia (contemporary group) and a 35 percent rate for matched offenders from the same counties as the DUI court who would have been eligible for the DUI court had it been in existence (retrospective group). Offenders who graduated from the DUI courts experienced a 9 percent recidivism rate while offenders who were terminated from the DUI courts for various reasons had a recidivism rate of 26 percent. The intent-to-treat group (DUI court graduates combined with the DUI court terminated offenders) had significantly lower recidivism rates: 38 percent lower than the contemporary group and 65 percent lower than the retrospective group. It is estimated that the DUI courts prevented between 47 and 112 repeat arrests during a 4-year period due to the reduced recidivism associated with them.					
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# Table of Contents

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Acknowledgements .....	ii
Executive Summary .....	1
Introduction .....	1
Methods .....	3
Results .....	3
Conclusions .....	3
Background .....	5
Drug Courts .....	5
DUI Courts .....	5
History and Overview .....	6
Statement of the Problem .....	8
Methods .....	10
Process Evaluation .....	10
DUI Court Administration .....	10
DUI Court Eligibility .....	10
Demographics of Offenders .....	11
Costs to Offenders .....	11
Offender Tracking System .....	12
Noncompliance .....	13
Graduation .....	13
Obstacles and Solutions .....	14
Obstacles .....	14
Solutions .....	14
Georgia DUI Court Descriptions .....	15
Athens/Clarke County DUI Court .....	15
Athens/Clarke County Treatment and Court Schedule .....	17
Hall County DUI Court .....	18
Chatham County DUI Court .....	20
Anecdotal Success Stories .....	24
Court Specific Histories and Retention Information .....	24
Impact Evaluation .....	28
Results .....	32
Process .....	32
Impact on Driver's License Reinstatement Rates .....	32
Court Accomplishments .....	32
Progress .....	33
Outcomes .....	34
Counties .....	39
Repeat DUI Arrests Prevented .....	41
Predictors of Recidivism .....	42
Conclusions .....	44
Limitations .....	46
References .....	47
Appendix A: Georgia DUI Court Process Information .....	49

## Tables

Table 1. Georgia DUI Courts Status: April 30, 2006 .....	2
Table 2. Sentencing Criteria for Three Georgia DUI Courts .....	11
Table 3. Costs of a Second or Third DUI Conviction for Offenders Sentenced to DUI Court versus Offenders Receiving Other Sentences (2004).....	12
Table 4. Composition of Study Groups by County and Prior DUI Offenses.....	30
Table 5. Georgia DUI Court Evaluation Project Design .....	34
Table 6. Predictors of Recidivism.....	43

## Figures

Figure 1. Overall DUI Court Program (Intent to Treat: Graduates and Terminated) Recidivism Rates (DUI and Other Alcohol) .....	35
Figure 2. Chatham County DUI Court Recidivism Rates (Intent to Treat: Graduates plus Terminated) Versus Contemporary (Bibb) and Retrospective Offenders .....	36
Figure 3. Hall County DUI Court Recidivism Rates (Intent to Treat: Graduates plus Terminated) Versus Contemporary (Whitfield) and Retrospective Offenders.....	36
Figure 4. Clarke County DUI Court Recidivism Rates (Intent to Treat: Graduates plus Terminated) Versus Contemporary (Bulloch) and Retrospective Offenders.....	37
Figure 5. Recidivism Rate for DUI and Other Alcohol Offenses Pooled Across Counties.....	38
Figure 6. Percentage of Offenders Recidivating per Exposure Year.....	38
Figure 7. Recidivism for DUI Offenses Only Pooled Across Counties.....	39
Figure 8. Chatham County Recidivism Rates (DUI and Other Alcohol Offenses).....	40
Figure 9. Clarke County Recidivism Rates (DUI and Other Alcohol).....	40
Figure 10. Hall County Recidivism Rates (DUI and Other Alcohol).....	41
Figure 11. Reduction in Recidivism Rates .....	44

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# Executive Summary

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## Introduction

It is well known that many repeat driving-under-the-influence offenders have serious alcohol problems that make it difficult to curb their drinking and driving behaviors (Simpson, Mayhew, & Beirness, 1996; Jones & Lacey, 2000). About one-third of all drivers arrested or convicted of driving while intoxicated or driving under the influence (DWI/DUI) of alcohol are repeat offenders (Fell, 1995). Following the model of drug courts, DUI courts are designed to address the underlying alcohol problems of repeat DUI offenders. DUI courts use judicial oversight to provide continuous, intensive treatment; mandatory periodic alcohol and drug testing; and the use of graduated sanctions and other rehabilitative services.

As part of a cooperative agreement between the National Highway Traffic Safety Administration (NHTSA) and the Governor's Office of Highway Safety in 2003, with additional funding for one court from the Department of Justice's Byrne Grant Program, Georgia embarked on an ambitious demonstration program, establishing three DUI courts in Chatham, Clarke, and Hall counties. Because each county already had drug courts and thus were familiar with the concept of these special courts, the three Georgia counties were selected as demonstration sites for the DUI courts. Using DUI statutory conviction requirements as the structure of the program, the three Georgia DUI courts bring together the various professionals necessary to carry out the program elements. These include appropriate clinical evaluation, treatment assessments, probation monitoring, offender adjudication, and license reinstatement. The coordination of these professionals requires close oversight by the judge and probation officials of both the offender and the service providers.

This report documents a process evaluation of the first few years of DUI court activities and then describes an impact evaluation that was conducted to determine the effectiveness of the three courts. The courts were initiated in 2003. Data were collected by visiting the courts in May 2003, November 2003, and January 2004; by observing biweekly meetings with the judges; and by interviewing court staffs, project coordinators, service providers, probation officials, and treatment providers. During the site visits and in subsequent telephone conversations with DUI court officials, written materials and reports were gathered, and data on court attendance and compliance rates were collected. Paper surveys were collected from the courts to gather data about offender retention and project progress. In addition, program personnel were asked about the lessons learned and problems solved in the first years of the project.

The project manager of the Georgia Administrative Office of the Courts (GAOC) maintained frequent contact with DUI court officials in all three sites. As of April 30, 2006, 1,053 offenders were referred to the three Georgia DUI courts. Of these, 301 had graduated from the program, 532 were active participants in the DUI courts, and 220 were either not in compliance or had been removed from the program. The overall retention rate as of April 30, 2006, was approximately 79 percent, indicating that 4 of 5 offenders assigned to the DUI court process remained in the program (see Table 1).

**Table 1. Georgia DUI Courts Status: April 30, 2006**

	<b>Court Start Date</b>	<b>Participants</b>	<b>Graduated</b>	<b>Active in Compliance</b>	<b>Not in Compliance or Terminated</b>	<b>Retention Rate</b>
Chatham Co. (Savannah)	5/03 <sup>1</sup>	458	134	208	116	75%
Clarke Co. (Athens)	10/02 <sup>2</sup>	263	62	152	49	81%
Hall Co. (Gainesville)	3/03	332	105	172	55	83%
Totals		1053	301	532	220	79%

<sup>1</sup>In the early stages of the program, 12 persons were sentenced to DUI court but failed to appear. These 12 are not counted here.

<sup>2</sup>The Clarke County DUI court started receiving offenders in October 2002. This number includes all offenders since October 2002, although there were only a few between October 2002 and January 2003.

Source: Administrative Office of the Courts of Georgia (2006). Client Tracking Program (CTP/NEEDS)

One goal of the project was to carefully track the DUI offenders as they progress through the criminal justice system. This was accomplished successfully through a recently developed tracking system that provides a centralized database for offender information that can be accessed by officials in each DUI court. The client-tracking program (CTP/NEEDS) system of offender profiles assists the team members during their meetings before DUI court sessions. The tracking system and the pre-court-session meetings provide a way for the DUI court team to work together to help the offenders through the various steps required to complete their sentences and become reinstated as legal drivers. Under this new system, the offender's status is much more closely monitored than in the past when the courts, the treatment providers, and probation officials were working independently. This monitoring allows court officials to reward or punish offender behavior close to the time of the actual behavior, which provides immediate reinforcement and/or sanctions.

The three DUI courts have several important accomplishments. Information gathered from each court indicates that the DUI court program encourages positive lifestyle changes for the participants. The 79 percent retention rate indicates that most participants remain in the program and are somewhat motivated to complete it. The CTP/NEEDS is a functioning tracking system that provides a centralized database for client information that can be accessed by each DUI court. These client profiles help the DUI court staff track client progress and their specific needs and facilitates teamwork among the court, treatment providers, and probation officials.

Initiation of the three DUI courts in Georgia was not without obstacles, one of which was the high financial cost of the program for offenders. Many offenders have very low incomes and it is difficult for many of them to pay for the court services. The NHTSA/GOHS cooperative agreement for the courts ended on September 30, 2006. Local funding for the courts to obtain self-sufficiency is desirable. All DUI courts continue to operate successfully supported by participant fees, fundraising, local government appropriations and state grant funding. With this as background, the objective of this study was to determine if the three DUI courts in Georgia were functioning as intended and were effective in reducing the recidivism rates of the participating offenders compared to traditional repeat offender programs in Georgia.



## Methods

Information on 363 offenders who had graduated from the DUI court programs and 259 offenders who were terminated for non-compliance or other reasons (e.g. health; moved away; etc.) (intent-to-treat group) was obtained from the GAOC in late 2007. Data on two comparison groups of offenders were also obtained from the GAOC:

- (1) *Retrospective comparison group*: 270 offenders matched by age, sex, and number of prior DUI convictions with the DUI court participants who would have been eligible for the DUI court in their counties (Chatham, Clarke, and Hall) but were sentenced to traditional sanctions because the DUI court had not been established (they offended between 2000 and 2002).
- (2) *Contemporary comparison group*: 450 offenders matched to the DUI court participants by age, sex, and number of prior DUIs but were sentenced in counties similar to the DUI court counties (Bibb for Chatham; Bulloch for Clarke; Whitfield for Hall) during the same period as the DUI court offenders.

The Georgia criminal records data system was accessed to determine recidivism rates of DUI and other alcohol-related convictions for each group. Recidivism rates were determined using survival analyses, namely Cox regression models and Kaplan-Meier models that take into account varying exposure periods and time to recidivate.

## Results

After 4 years of exposure, the DUI court participants (intent-to-treat group combined for all three courts) displayed a recidivism rate of 15 percent. This compares to a recidivism rate of 24 percent for the contemporary group and 35 percent for the retrospective group. The DUI court participants (intent-to-treat group) had significantly lower recidivism rates: 38 percent lower ( $p < .001$ ) than the contemporary group and 65 percent lower ( $p < .001$ ) than the retrospective group. In addition, the DUI graduates had a significantly lower recidivism rate (63.5% lower) ( $p < .001$ ) than the matched contemporary offenders from other counties who completed traditional programs and 79.3 percent lower ( $p < .001$ ) than the retrospective offenders from the same counties who would have been eligible for the DUI court had it been operating at the time. The recidivism rate for the DUI court terminated group of offenders was 26 percent. The 9 percent recidivism rate for the DUI court graduates was 65.1 percent lower ( $p < .001$ ) than the offenders who were terminated from the DUI court. For each individual DUI court, the Chatham graduates had a recidivism rate of 10 percent, the Clarke graduates had an 11 percent rate, and the Hall graduates had a 7 percent rate.

It is estimated that the DUI courts prevented between 47 and 112 repeat DUI arrests due to the significant reduction in recidivism.

## Conclusions

It appears that the DUI courts in Georgia worked as intended and were effective in reducing the recidivism of these repeat DUI offenders compared to traditional DUI sanction programs in Georgia. It is estimated that the DUI courts prevented between 47 arrests when considering the DUI court participants (intent-to-treat group) and 112 arrests considering just the DUI court graduates for repeat DUI over the 4-year period of analysis. This reduction in arrests saved

Georgia a substantial amount of funding that would have been needed for jail confinement, treatment and probation for these offenders. Unfortunately, costs associated with the DUI courts compared to traditional programs in Georgia could not be obtained so that a cost-benefit analysis could be performed.

## Background

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### Drug Courts

Drug courts involve the coordination of the judiciary, prosecution, probation, defense bar, law enforcement, social services, mental health, and the treatment community to intervene with chronic offenders to break the cycle of substance abuse, addiction, and criminal activity. Drug court offenders undergo an intensive regimen of substance abuse treatment, case management, drug testing, probation supervision, and consistent monitoring. They report to regularly scheduled meetings with the judge who has specialized expertise in the drug court model (Fox & Huddleston, 2003). In a critical review of 30 evaluations of two dozen drug court programs, the National Center on Addiction and Substance Abuse at Columbia University concluded that drug courts lower recidivism, reduce drug use, and reduce both direct and indirect costs of investigating and adjudicating drug-related crime (Belenko, 1998). In an evaluation of six drug courts in New York State (Bronx, Brooklyn, Queens, Suffolk, Syracuse, and Rochester), it was found that they reduced offender recidivism by an average of 29 percent over the 3-year post-arrest period when compared to similar offenders receiving standard treatment (Rempel et al., 2003). Drug courts appear to succeed because they manage to engage offenders, and keep them engaged, in their programs. In a survey conducted by the American University Drug Court Clearinghouse and Technical Assistance Project (2000), drug court jurisdictions reported retention rates from 67 percent to 71 percent.

Drug courts take a rehabilitative approach to justice, which usually is applied to nonviolent addicted offenders. This approach includes some common components: intensive drug treatment, close supervision, and offender accountability. These components have been shown to be a cost-effective alternative to jail for nonviolent offenders and an effective way to reduce recidivism. Consequently, the number of drug courts in the United States has grown from 1 in 1989, to 12 in 1994, to approximately 1,200 in 2003 and currently more than 2,000 in 2008 (Huddleston, Marlowe, & Casebolt, 2008).

### DUI Courts

Based on the effectiveness of drug court models, DUI courts are gradually increasing. Modeled after drug courts, DUI or DWI courts are designed to provide constant supervision to offenders by judges and other court officials who closely administer and monitor compliance with court-ordered sanctions coupled with treatment. DWI/DUI courts generally involve frequent interaction of the offender with the DUI court judge, intensive supervision by probation officers, intensive treatment, random alcohol and other drug testing, community service, lifestyle changes, positive reinforcement for successful performance in the program, and jail time for noncompliance. In jurisdictions that have DUI courts, nonviolent offenders who have had two or more prior DUI convictions typically are assigned to DUI court.

DUI courts have been reported to hold offenders accountable for their actions, change offenders' behavior to end recidivism, stop alcohol abuse, treat the victims of DUI offenders in a fair and just way, and protect the public (Tauber & Huddleston, 1999; Freeman-Wilson & Wilkosz, 2002). Breckenridge, Winfree, Maupin, & Clason (2000) report that this program significantly reduces recidivism among alcoholic DUI offenders. Other studies of this type of program are currently underway and DUI courts are being implemented in Georgia,

Pennsylvania, and other States. Specialized DUI courts provide greater opportunity for close monitoring, offender accountability, and program accountability. At this time, however, this program is only assigned to the most egregious DUI offenders (Robertson & Simpson, 2002). At the end of 2003, there were approximately 70 DUI courts and 1,200 drug courts operating in the United States. By the end of 2007, there were an estimated 400 DUI courts and 2,000 drug courts overall (Huddleston et al., 2008). One report on a DUI court in New Mexico indicated that recidivism was reduced by more than 50 percent for offenders completing the DUI court compared to similar offenders not assigned to the DUI court (Guerin & Pitts, 2002). Those results, however, were preliminary and did not include statistical tests.

NHTSA has completed an evaluation of the Maricopa County (Phoenix), Arizona, DUI court using a random assignment design. In this research, more than 250 felony DUI offenders were randomly assigned to the DUI court and a comparable number of offenders were assigned to traditional probation services. One study of a DUI court in Los Angeles County, California, found very few differences in outcome measures observed between DUI court participants and those assigned to traditional court (MacDonald, Morral, Raymond, & Eibner, 2007). On the other hand, in a study of three DUI courts in Michigan, only 7.7 percent of the DUI court participants were re-arrested after 2 years compared to 24 percent of the offenders in traditional Michigan repeat offender programs (Fuller, Carey, & Kissick, 2007).

Currently, there are multiple sources of funding for drug/DUI courts to help defray their costs. For example, NHTSA is collaborating with DOJ to promote the increased use of DUI courts and to encourage jurisdictions that use drug courts to accept repeat DUI offenders (NHTSA, 2003). As of May 2008, the National Drug Court Institute reports that there are 396 DUI or combination drug/DUI courts operating in the United States.

Clearly, States wishing to decrease their alcohol-related crashes must address the issue of multiple offenders. Some information exists regarding the recidivism rates of people convicted of DUI. For example, data from Michigan, which maintains a 10-year record of DUI convictions in its drivers file, indicate that 38 percent of first-time offenders commit a second offense (Michigan Office of Public Safety, 1998). In other words, approximately two-thirds of first-time DUI offenders do not commit or are not apprehended for a subsequent offense. Unfortunately, it is difficult to determine what portions of this “success” are attributable to court actions, to spontaneous behavior changes that would have occurred independent of the arrest and conviction for DUI, or to the low probability of being apprehended (Voas & Fisher, 2001). One way to address chronic impaired driving is through the newly emerging DUI/DWI courts.

## History and Overview

In 2003, the Georgia Governor’s Office of Highway Safety awarded a Federal grant, with funding from NHTSA of \$474,138, to the Administrative Office of the Courts to establish three specialized DUI courts to treat and manage cases of offenders convicted of driving under the influence of alcohol on multiple occasions. The grant was for 18 months, from January 1, 2003, through June 30, 2004, with no-cost extensions through September 30, 2004. A new grant for \$247,387 was awarded to the three DUI courts on October 1, 2004, to continue the effort for another 12 months. Finally, a cooperative agreement from the GOHS via NHTSA helped fund the courts through September 30, 2006. Each DUI court established under the grant consists of a judge, a DUI court coordinator, and a case management clerk. A DUI court program manager coordinates grant activities from the GAOC in Atlanta. All three DUI courts (Hall

County/Gainesville, Clarke County/Athens, and Chatham County/Savannah) operate independently while following a uniform process coordinated by the GAOC.

According to DUI court personnel, this program operates on the principle that coerced treatment can be effective treatment. The DUI court program recognizes that the alcoholic/addicted offender left untreated affects not only the individual, but also the community as a whole through the actions of the abuser. The strategy uses the authority of the justice system to persuade offenders to control their drinking using a sanction/incentive process. The offenders are under daily supervision and participate in weekly treatment groups, random drug and alcohol screening, 12-step programs such as Alcoholics Anonymous, DUI School, meeting with probation officers, and court personnel. The supervising team (treatment providers, probation officials, and court personnel) meet regularly to discuss the progress of individuals in the group and to devise consistent plans for the offender. Every 2 weeks, the group of offenders appears in court before a judge, at which time they are either commended for their hard work or given sanctions for noncompliance.

Another goal of the program is to facilitate the relicensure of participants in the program. Many current DUI offenders do not complete the difficult and expensive relicensure process, yet studies indicate that as many as 75 percent of drivers suspended for DUI continue to drive, at least occasionally (Nichols & Ross, 1990; McCartt, Geary, & Nissen, 2002). It was hypothesized that close monitoring and treatment of convicted DUI offenders through the DUI court process will reduce recidivism rates of DUI incidents and the number of driving-while-suspended (DWS) violations. The Georgia DUI court project director coordinates grant activities from the GAOC in Atlanta.

A relatively new computer application provides an efficient method for managing and “tracking” client involvement and progress in the intervention and treatment process. The program contains offender information, and various program service providers enter data on an ongoing basis on client progress, attendance, and drug screenings. The DUI court and computer system provide an avenue for closely monitoring each offender in the program, guiding the offender through the court/probation/treatment/interlock and license reinstatement process. This level of cooperation among the participating systems is an approach that ensures offender participants do not “fall through the cracks.”

## Statement of the Problem

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NHTSA has publicized four areas that receive priority emphasis in the employment of program strategies to reduce impaired driving in the United States. One priority area is the use of DUI courts for high-risk and repeat offenders. There is evidence that the measures used in DUI courts are successful in reducing DUI recidivism (Jones & Lacey, 2000). As part of a cooperative agreement from NHTSA, and with additional funding from the DOJ's Drug Court program, Georgia embarked on an ambitious demonstration program, establishing DUI courts in each of three counties, patterned on drug court models. Because each county—Chatham, Clarke and Hall—already had drug courts operating and thus would be familiar with the concept of these special courts, they were selected as demonstration sites for the DUI court. According to NHTSA (2008), there were 464 fatalities involving drunk drivers ( $BAC \geq .08$  g/dL) in Georgia in 2006. That is 9 fatalities per week or more than 1 fatality each day in Georgia that involves intoxicated drivers.

Traditionally, under Georgia law, a person convicted of DUI twice within a 5-year period can be sentenced to a fine, 12 months in jail or probation, community service, and license suspension. The offender must undergo a clinical evaluation and complete a substance abuse treatment program of 17 weeks to 1 year and a 20-hour intensive risk reduction program (RRP) curriculum. Under the current statutes, offenders convicted of driving under the influence of alcohol can apply to the Department of Driver Services for reinstatement of their driving privileges only after completing the evaluation, treatment, and intervention programs. After 12 months, some offenders may be granted a limited permit to drive provided that an alcohol ignition interlock is installed on the vehicle that they drive. Often, however, there is a lack of coordination between the courts and the providers of services, such as private or public probation, and drug treatment programs. Most jurisdictions have focused on collecting fines and assigning community service rather than ensuring that offenders undergo assessments and complete a drug/alcohol treatment program. For misdemeanor charges, offenders are usually only on probation for 12 months and, therefore, are released from probation supervision before the requirements for re-licensing are met. At this time, many offenders have not participated in treatment and have not attended the RRP, often due to the cost. Consequently, they are not eligible to have their drivers' licenses reinstated, and they are no longer under court supervision. Nevertheless, many continue to drive. Felony DUI offenders were not eligible for DUI court since those cases were adjudicated in Superior Court. The three DUI courts were in the misdemeanor State court.

The Georgia RRP and their multiple offender program (MOP) providers are mostly private, for-profit entities that compete with each other for the DUI offenders' business. According to Georgia DUI court officials, DUI offenders can select the program that is the easiest or least expensive to complete. The law sets the cost for the 20-hour DUI School, which is strictly regulated and monitored with a standardized curriculum. However, clinical evaluators and treatment providers for the multiple offender programs set their own fees and offer varying qualities of services. There is very little monitoring or regulation of the treatment system. Apparently, no one official manages the offender through the long and complicated process. Offenders are on their own if they want to get their license reinstated, and many do not or cannot complete the process. Some of the more egregious offenders continue to drive on a suspended or revoked license. Thus, Georgia court and highway safety officials decided to

implement the DUI court pilot program to demonstrate a model that could reduce offender recidivism, ensure compliance, and increase offender and systematic accountability, thereby improving public safety. The purpose of this study was to document the DUI court process in the three Georgia counties and determine whether the courts are operating as intended and reducing the recidivism of the offenders.

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## Methods

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### Process Evaluation

To conduct the process evaluation, three site visits were made to the DUI courts in Georgia. In each visit, researchers met with representatives from the three DUI courts, including DUI coordinators, judges, prosecutors, public defenders, probation officers, and treatment providers. DUI court proceedings were monitored. Researchers also made periodic telephone calls to and conducted interviews with key personnel, including local evaluators, to stay abreast of the DUI courts' progress. Court personnel provided data about offender retention and updates on project progress. In addition, program personnel shared the lessons learned and problems solved in the first 2 years of the project.

The process evaluation provides a description of how each of the DUI courts operates and documents early findings on how the program was working. This was based upon observations during site visits and more recent information collected from the GAOC and the three courts. The goal of the process evaluation was to determine if the three DUI courts were operating as intended.

### DUI Court Administration

The NHTSA cooperative agreement activities of the Georgia DUI court program were coordinated through the GAOC. This office is the statewide judicial agency charged with developing policies for administering and improving the courts. The Georgia DUI court project director coordinated grant activities from the GAOC in Atlanta. In the Georgia court system, DUI cases can be adjudicated in any of several levels of court that handle traffic cases. DUI courts have been established in the State's county-level courts that handle misdemeanor offenses. DUI court judges and prosecutors received special training in managing DUI courts.

### DUI Court Eligibility

DUI courts are designed to address the problem of drivers who habitually drink and drive. Table 2 provides criteria for sentencing an offender in the three Georgia counties to DUI court. All three Georgia DUI courts have similar guidelines, with slight variations. In all three courts, offenders with only one DUI conviction are ineligible for the court (although there are exceptions to this rule), and for the safety of the other participants, violent offenders are also ineligible. Participants must live in the area of the DUI court so that they can attend treatment, and they are not allowed to drive due to suspended licenses.

Initially, Hall County had an upper limit of three lifetime DUI convictions for DUI court participants. After noting that Clarke County did not experience any problems with offenders who had more than three prior DUI offenses, the Hall County DUI court started allowing these offenders into the program.



**Table 2. Sentencing Criteria for Three Georgia DUI Courts**

Hall County/Gainesville	Clarke County/Athens	Chatham County/Savannah
<ul style="list-style-type: none"> <li>• 2 DUI convictions in the last 5 years, no more than 6 in a lifetime.</li> <li>• 1 DUI in the last 5 years, but 2-6 in a lifetime.</li> <li>• For those 1 in 5 offenders with 2 DUI convictions in a lifetime, both have to have occurred within the last 7 years.</li> </ul>	<ul style="list-style-type: none"> <li>• 2 DUI convictions in the last 5-year period or 3 or more lifetime DUI convictions.</li> <li>• Defendant has a criminal history associated with substance abuse (e.g., multiple underage possessions, possession of marijuana). No defendants with carrying concealed weapon convictions or any sort of drug trafficking convictions allowed.</li> <li>• Offenders with only one DUI conviction are ineligible unless there is other criminal history associated with substance abuse pattern.</li> </ul>	<ul style="list-style-type: none"> <li>• 2 DUI convictions in the last 5-year period or 3 or more lifetime DUI convictions.</li> </ul>
No violent offenses.		
Must live in county or close to county. Must be able to attend treatment but can't drive due to suspended license.		

Note: Offenders with only one DUI conviction are generally not eligible.

DUI court is mandatory for offenders in the three counties who meet eligibility requirements and enter into a plea agreement or are found guilty in a jury trial. For those who are not eligible for the DUI court program, the typical jail sentence varies, in part depending on the blood alcohol concentration (BAC) level, whether there was a crash, and the seriousness of the offense. DUI court requirements include all the traditional Georgia DUI sanctions that are part of the State law and cannot be waived or changed by the DUI court. The DUI court adds other requirements and provides case management, tracking, and accountability for the traditional sanctions. For those who are eligible for DUI court, typically the number of days of jail confinement is half of what they get if they do not participate in DUI court. A multitude of factors determines the sentence.

## Demographics of Offenders

After an analysis of DUI court data from all three courts, the GAOC described the average DUI court offender as follows: The average participant is a 35-year-old white male with at least three lifetime DUI convictions, is a high-school graduate, is not currently married, and is employed but earns under \$20,000 a year. About a third of the DUI court participants have had four or more substance-abuse-related arrests (not necessarily DUI). The average participant's primary drug of choice is alcohol, and he was drinking heavily by the age of 18. He has a severe substance abuse problem for which he has received no treatment, but he is a good candidate for closely supervised outpatient treatment. The most common charge at time of arrest, in addition to the DUI charge, is driving on a suspended license.

## Costs to Offenders

Conviction for a DUI offense is expensive for offenders, whether they receive traditional sentences or assignment to the DUI court. DUI court personnel have reported that the financial burden on the offenders is a significant obstacle to the progress of the offender through all the stages. An early analysis of DUI court participants found that about 1 out of 5 was unemployed.

Table 3 presents the average costs of a second or third DUI conviction in Georgia (in 2004). The amount for the fine is an estimate. Additional significant expenses are often encountered: posting bail, legal fees, higher insurance rates, and lost wages.

**Table 3. Costs of a Second or Third DUI Conviction for Offenders Sentenced to DUI Court Versus Offenders Receiving Other Sentences (2004)**

Item	DUI Court	Non-DUI Court
Fine	Range \$300 - \$6,000 – Average ~ \$1,000	Range \$300 - \$6,000 – Average ~ \$1,000
Jail	Lost wages	Lost wages
Treatment	Only if mandated. Courts have negotiated discounted fee. Free or low cost help is sometimes found for those who cannot pay.	
Ignition Interlock	If mandated, approximately \$75 per month	If mandated, approximately \$75 per month
Risk Reduction Program (also requires a commitment of 20 hours over 4 days, which may mean lost wages)	\$280 Total \$280 fee for RRP includes: \$75 NEEDS assessment <sup>1</sup> \$190 – 20-hr. class \$15 study guide (workbook)	\$280
License Reinstatement	\$210	\$210
TOTAL: Cost range not including treatment costs or lost wages	\$790 - \$6,490	\$790 - \$6,490

<sup>1</sup>The NEEDS assessment is administered for free by the DUI court – the offender has to pay \$75 for it when they attend the DUI School.

The cost of a DUI in Georgia is not significantly reduced by attending DUI court; all the above costs are the same for both except lost wages that varies greatly by offender. DUI court may include savings for the offenders by providing significantly reduced jail time that reduces lost wages and lowers treatment costs depending upon the contract negotiated with the treatment provider (although in some cases treatment may cost more because offenders are required to attend for a much longer time than the minimum 17 weeks that the State requires for license reinstatement). Participants get help with job placement and with managing their finances. In some cases, part of the fine may be written off for participants who successfully complete the DUI court. The DUI court staff provides guidance to the offenders in many ways that ultimately save them money such as helping them get a better paying job or working out a debt repayment plan.

## Offender Tracking System

To support the GAOC management and coordination of tasks associated with the DUI court project, a computer program was developed by ADE, Inc., of Clarkston, Michigan. This system, called the client-tracking program (CTP), enables project staff to collect and enter standardized DUI offender data from all Georgia DUI court pilot programs. A “NEEDS” assessment instrument, which is the State-mandated substance abuse screening instrument for the intensive intervention program, is used to collect and record client (offender) information. The CTP is designed to provide an efficient method for tracking and managing client involvement and progress in the intervention and treatment process. It not only updates project staff on offender progress, but also provides reminders on action items with the clients. A technical support manual was provided to the three DUI court administrators to ensure uniformity in data gathering, analyzing, and recording client information; and staff were trained in the use of the

new program. In 2004, the CPT/NEEDS tool was expanded, adding a secure Web-based version of the NEEDS tracking. This improved version of NEEDS allows probation and treatment providers to enter their own data via a secure Web site and to provide better reports at the court level. Probation and treatment providers prepare written report on each participant to the DUI court coordinator every 2 weeks. Upon receipt of these reports, the DUI court coordinator prepares a report for the presiding judge that includes any noncompliance issues that should be addressed in the upcoming DUI court session.

With the CTP/NEEDS program:

A record is automatically created for the offender.

Pertinent offender information from the NEEDS assessment results is transferred to the system.

Events in the offender's progression through the system are scheduled and tracked. This includes drug test and results, all appointments and whether they were made and kept, and attendance at the 12-step meeting. It also tracks all sanctions and incentives and generates court orders and court subpoenas.

The GAOC has used this database to compare the DUI court offenders to multiple and first-time offenders for demographics and life circumstances. This information is important to future evaluations that use comparison groups.

A series of questions were asked of Georgia DUI court officials concerning how their courts operated. Those questions and their responses are contained in summary form in Appendix A.

## Noncompliance

If an offender breaks the agreed-upon rules of the DUI court or they do not successfully complete each phase, they are considered noncompliant. The DUI court officials can then issue a petition for probation revocation. A warrant may or may not be issued in conjunction with the petition, contingent on the severity of the noncompliant act. Recommendations are gathered from team members for the DUI court to consider. The participant is served with the petition, and offered the opportunity to admit or deny the violation at a jail call hearing. Admissions are sanctioned at that time. Denials are set for later hearing, and sanctions such as jail time are imposed if the violation is proven.

Some of the reasons provided for noncompliance and DUI court termination include serious medical conditions, active military duty (some went to Iraq), not attending program requirements, awaiting final decision on termination, terminated for cause (re-arrest or failure to meet program requirements), and cases expired (probation period ended before completion of treatment).

## Graduation

The team recognizes movement up to next phase at status conferences and participants receive a certificate for each phase movement. Graduation ceremonies include presentations by the judge and framed certificates for the participants. At the first Athens graduation, 6 participants were honored and each graduate's picture was taken with his/her judge and the certificate. More than 30 invited guests attended to observe the outstanding achievements of these participants.

The DUI court staff monitors the participants in their quest for license reinstatement. Driving histories are reviewed by staff when the participant is within 60 to 90 days of the end of the hard suspension period. The staff determines all requirements for license reinstatement, sends these terms in writing to the participant, and sets up a meeting to establish a timeframe for completion.

## Obstacles and Solutions

In the winter of 2004, DUI court administrators were interviewed and asked what was working, what was not working, and what obstacles had been encountered. Here are their comments.

### Obstacles

The cost of treatment for participants is considered high in many instances. The overall cost to the participants in meeting all financial requirements of the criminal and administrative sanctions is high. This financial burden on the offenders is a substantial obstacle. The Chatham (Savannah) DUI court is delaying the payment of the fine. Court officials also are conducting a financial analysis as part of the intake. They will help the offenders learn basic life skills such as balancing a checkbook. All offenders are required by law to attend a 20-hour RRP. The cost of the program (\$280), which must be paid in advance to a private provider, is a barrier to this requirement being completed early in the treatment process.

There is a general lack of availability of intensive outpatient and residential treatment services and particularly a lack of public treatment services.

The movement of participants through the phases of DUI court has been slower than expected. The average time is 16 to 24 months, not the 12 months anticipated.

The RRP is a pre-treatment curriculum that can be beneficial to treatment if it is completed in the first few weeks of DUI court. The RRP curriculum is too elementary for those who have spent a year or more in the DUI court treatment program.

Chatham County offenders were pleading out in lower courts, thus avoiding a referral to State court for a possible assignment to DUI court. Solution: Some local court judges are now sending eligible DUI cases to State court for assignment to the DUI court, so this has been partially resolved.

It was initially difficult to obtain needed driving and criminal history records from the prosecutor's office in Hall County. This has been resolved between the DUI court coordinator and the State court solicitor.

There were some difficulties in obtaining participants' prescriptions (Rx) information from their physicians.

### Solutions

Changing the screening criteria in the Hall County court has helped. Unlike Clarke County, the Hall County DUI court originally did not accept offenders with more than three prior DUI convictions. Hall County now accepts offenders with a higher number of prior DUI convictions, and it is working well.

Another change has been in offender accountability. All DUI courts have begun to have law enforcement conduct home visits to offenders and have instituted stricter monitoring, including “bar sweeps.”

## Georgia DUI Court Descriptions

The three Georgia DUI courts that were funded by NHTSA worked cooperatively to develop their programs and procedures. Each, however, has implemented their own variations on the programs to best suit their offender participants and the legal climate in the county.

The following describes the Athens/Clarke County DUI court as an example of how DUI courts work in Georgia. In Clarke County, a DUI/drug court team was created. This team is comprised of representatives of (1) the courts; (2) the Solicitor General’s Office; (3) the local bar association, including the public defender’s office; (4) local law enforcement; (5) probation; and (6) licensed substance abuse professionals (treatment). Participation in the DUI/drug court process is mandatory for DUI offenders meeting particular criteria. All individuals convicted of DUI who meet the eligibility standards of admission as deemed appropriate by the court and who live in the jurisdiction are required to participate in the DUI/drug court program. More than 95 percent of the participants are DUI offenders. The remaining offenders were charged with either possession of marijuana or underage possession. (Note: The other two pilot courts only accept DUI offenders.)

The Clarke County program uses a case-management-team approach for immediate intervention, participant accountability, enhanced supervision, and counseling and treatment for the individual to function in the community with continuing support. A key goal of the program is the maintenance of sobriety to improve the participants’ quality of life and to reduce participants’ recidivism.

Upon entering into a negotiated plea agreement or upon conviction, each participant must complete an intake process with the DUI/drug court coordinator office. Demographic information, contact information, and employment status are determined, and an appointment with the treatment coordinator is arranged for the participant to attend orientation. This information is entered into the NEEDS instrument and into the CTP database. At orientation, a baseline drug screen is performed, additional information is given to the participant, and a level-of-care screening is established for group placement. The Athens-Clarke County DUI/drug court is a five-phase treatment process, lasting for a minimum of 12 months and a maximum of 24 months. All participants are required to sign a participant agreement, which establishes specific conditions. Failure to comply may result in removal from the program and revocation of some or all of the probationary sentence initially imposed by the court, most often involving incarceration.

## Athens/Clarke County DUI Court

The Athens/Clarke County DUI court was organized under the direction of Chief State Court Judge Kent Lawrence. The Clarke County DUI/drug court piloted a similar program in 2001, but discontinued it when they discovered that a full-time coordinator was required to manage the program. In anticipation of funding from the NHTSA cooperative agreement, they started the program again and 22 offenders were enrolled by May 2002. The official start date for their NHTSA cooperative agreement was July 2003. The DUI court team concluded that the program

required further administrative and managerial structure, which caused a delay in starting the program. It began official operation in January 2003 and after a month of preliminary planning, enrolled 19 more participants in February 2003.

The Athens DUI/drug court hired an in-house probation/surveillance officer. Before receiving DOJ grant funding for this position, the participants were supervised by private probation providers. The limitations in Georgia law on private probation providers, who supervise misdemeanor cases, did not allow for the type of supervision required for DUI courts. With the addition of one probation officer hired by the court, the DUI court system could make home and work visits, perform drug screens during those visits, and conduct bar sweeps. One official reported that “the ability to have additional, unscheduled contact with the participants closes the circle of accountability. We believe we are, in general, holding the participants to a maximum level of accountability.” Collections of the fines and fees are an additional aspect of the probation officer’s responsibilities. The probation officer also is available to assist the court in pre-sentencing investigations for potential inclusion into the DUI/drug court program when there are concerns. The probation officer meets biweekly with each participant to address any individual issues such as employment, educational concerns, GED classes, conflicts, and any additional ancillary services that participants may need.

Another enhancement achieved by the Athens DUI/drug court is the addition of a mentor program. Project staff pointed out that “the best example to put forth to our new participants is a living, breathing example that completion of this process and living in recovery is possible.”

Unlike some other towns of its size, Athens offer services for intensive outpatient and in-patient. Additionally, recovery residences are available for participants who need added structure and support.

The Athens DUI/drug court program has benefited from the support of the local defense bar. From inception, the Public Defender’s office in this area has attended training and has been integral to the program’s implementation and operations. The local bar sees the DUI/drug court program as a true intervention tool for their clients in need of such intervention and has supported the continued work. Attorneys who represent participants are invited to graduation so they may be a part of the ongoing path undertaken by their clients to combat their addiction issues.

The Athens staff reported some measures of their success: “Numerous participants have gotten new or better employment, several have married, and one graduate said we gave him the opportunity to reach all of his lifetime goals. No better testament to this program exists than seeing individuals enter our program at a low point in their life and later witnessing that same individual smile and shake hands with Judge Lawrence at graduation.”

The Athens DUI/drug court program continues to pursue additional avenues of funding resources. Initial grant funding was from NHTSA through the Georgia Governor’s Office of Highway Safety, and additional funds were received through the GAOC. Other funding sources have included Byrne grant funding; DOJ, Bureau of Justice Assistance Drug Court discretionary grant funding; local Drug Abuse Treatment and Education funds; and participant fees. The supervision of some pre-trial cases was shifted under the umbrella of the drug court, which generates an additional source of revenue. The local business community expressed interest in supporting the Athens DUI/drug court financially as well. This source of funds is expected to become a source of scholarships available to participants on an as-need basis and

will be funneled through Family Counseling, Inc., a local nonprofit agency that partners with the drug court program in providing treatment resources.

The DUI court staff state that “the return on the investment of time and energy is only beginning to appear.” As illustrated so eloquently in a letter to a judge from a recent graduate: “I only tell you these things about how I have changed so that you will know that the program has worked for me, and I am grateful. Thank you.” More than a few participants have expressed that participation in this program saved their lives. One of the participants stated that, for the first time, he has meaning to his life and knows why he is here: “...this gift given to me by the Athens DUI/drug court which is, indeed, touched by the hand of God.”

## Athens/Clarke County Treatment and Court Schedule

Note: Other two DUI courts have similar phases with minor variations.

- Phase 1:** Orientation, contracting, and initial clinical assessment  
Intake, NEEDS survey within 48 hours of sentencing or release, orientation, level-of-care screening, assignment to treatment group
- Phase 2:** Extended assessment (duration minimum 8 weeks)  
2 hours per week in group therapy with at least one individual session with DUI court treatment provider twice each month
- Phase 3:** Active treatment and early recovery (duration minimum 24 weeks)  
2 hours per week in group therapy with at least one individual session with treatment provider. DUI court twice each month.
- Phase 4:** Relapse prevention (duration minimum 16 weeks)  
3 hours per month in group therapy with at least one individual session with treatment provider. DUI court twice each month.
- Phase 5:** Continuum of care (duration 52-104 weeks)  
Individually determined requirements based upon the needs of the participant. Duration: determined by DUI/drug court team. Court monthly until graduating from the program.

Although any DUI court team member can recommend sanctions, it is the sole responsibility of the DUI/drug court judge to impose sanctions on any participant. Some examples of sanctions follow:

- Verbal or written reprimand from the bench
- Required reporting to DUI/drug court office
- Increased frequency of alcohol/drug testing
- Increased appointments with probation official
- Loss of driving privileges
- Additional community service hours
- Incarceration

Other sanctions deemed appropriate by the bench

Consequences of program violations also may include the following:

Increased case management with treatment provider

Increased treatment attendance and/or individual sessions (at participant expense)

Increased 12-step meetings

Increased random drug and alcohol testing

The DUI/drug court provides positive support to offender participants who do well in their treatment. Therefore, as positive reinforcement, the court recognizes participant birthdays, special occasions, and specific life events (such as babies born, death in the family) in a public forum (DUI/drug court session) to support offender participants in their recovery process. Community service credit is given for successful completion of each phase of the program.

Offenders are tracked through the entire DUI court program, from sentencing into the program components through graduation. The case follows normal procedures through arrest, investigation, and prosecution. If the offender qualifies for the program, DUI court staff will screen the case, and if appropriate, will sentence the offender to the DUI court. Intake, orientation, assessment, and assignment to a treatment group, along with a schedule for meeting with the probation officer, occur within the first week of the sentence or release from confinement. The team meets biweekly, before the DUI/drug court status conference. At the staff meeting, each participant's progress is reviewed. The treatment coordinator gathers the information on each participant and presents a status report at the meeting. Participant information is updated daily, so current references are available immediately. Additionally, participating treatment and probation providers submit monthly reports to the DUI court office in which the relevant data are input into the NEEDS tracking system.

Sobriety is monitored through urine drug screens and Alco-sensor (breath) tests for alcohol. Compliance with all sanctions is documented by recording it at the time of imposition. Compliance is verified by the probation, treatment, and DUI court staff and input into the NEEDS tracking system. A probation revocation report is maintained as part of each participant's file.

## Hall County DUI Court

The Hall County DUI court was organized in February 2003 under the direction of Chief State Court Judge Charles Wynne, who volunteers his time to the DUI court. The DUI court functions as a post-conviction process that requires clients to maintain a drug- and alcohol-free lifestyle while the system helps them become productive members of the community. The DUI court is described as a partnership comprised of the judge, the solicitor's office, probation, law enforcement, the DUI court office, the treatment provider, representatives, the defense bar, and the pretrial services director. This partnership became known as the "team" and is charged with administering the DUI court.

The Hall County (Gainesville) DUI court began March 31, 2003, by enrolling 10 participants. Because of the large Hispanic population in Hall County, the court is using an experienced Spanish-speaking and an established English-speaking treatment provider. There were some issues regarding participant's ability to pay for treatment, probation, and fines. Even though



these problems were anticipated, they have not been completely resolved and ways of serving the truly indigent population continue to be explored.

In December 2003, the Hall County DUI court had 83 participants enrolled with 68 actively in treatment and still compliant (82%). Seventeen participants were in the Spanish track, and 48 participants were in the English track. Ten participants were AWOL, 7 were incarcerated, and 1 had been terminated.

As of May 2005, the Hall County DUI court reported the following changes and accomplishments:

- Developed a community policing process with the drug court to conduct random home visits approximately once per week.

- Changed their Phase 2 treatment process to a more individualized track that allows for individual work, family work, and specific issues work.

- Developed incentives for participants through community donations, though a consistent revenue source for this process has not been sustained.

- Determined that sanctions that appear to have the most influence are jail and a day in court. Community service is used frequently and most participants eventually manage to complete their community service as a sanction early in the program rather than later which could delay graduation.

- Incentives other than positive feedback are rare, so it is difficult to judge effectiveness of the program. Participants say they appreciate the positive feedback and reiterate that in exit interviews.

- Continued to develop relationships with residential providers and persuaded two male halfway houses to work with them regularly. Female placements appeared to be more difficult to complete.

- Support of prosecution has been a positive feature. The solicitor general maintains involvement and has been helpful.

The court has witnessed several offender relationships restored. A summary of participants' feedback follows:

- One marriage was basically over until she became involved in the program. The husband agreed to help the participant by driving her because she did not have a license and the time in the car allowed them time to discuss their relationship. As she became sober and he saw the changes in her, they got back together and they have a restored marriage.
- Another participant was engaged until his drinking ended up splitting up that relationship. She saw him get sober in the program and become responsible. They got back together after he was about halfway through the program and were recently married.
- One participant was not allowed to baby sit his grandchild because of his drinking. He had a long history of problems with drinking. After time in the program, his daughter now allows him to watch his grandchild and is proud of the progress he has made while he was in the program.

- One recent graduate lived on the streets at age 13. She was involved in programs along the way, but never made much progress. She entered the program reluctantly and complaining...loudly...about it. She learned along the way how to be responsible for herself and for her 15-month-old daughter. She is planning to return to school, and she has her own place to live. She has made tremendous progress in her life.

### **Excerpts From Hall County DUI Court Exit Interviews**

*"I'm about to buy a house, and I have my real license back."*

*"Reluctant at first, but I needed the structured lifestyle and discipline."*

*"I took advantage of the second chance that the program gave me."*

*"I needed the program. I didn't stop drinking at first, it took time for it to sink in, but I was headed toward death and the program saved my life."*

*"The program taught me responsibility. I am almost 2 years sober now and I am very proud of myself. I don't think my family has ever been as proud of me as they are now."*

*"I used to disappear for days but now I come back home when I say I will."*

*"I have regained my relationship with God and learned to surrender."*

*"I have a better relationship with my children."*

*"Going to jail was the positive catalyst for change for me."*

*"Program lets you sober up enough to make an informed choice."*

*"I have a new group of friends."*

*"It helped me because I did not take things seriously. I started to understand the problem that I had."*

*"My first DUI did not help at all. The second DUI has helped me a great deal. I have learned that I have a problem with alcohol and I have not drunk anything in two years now."*

*"The counseling was good and helped me to develop a better relationship with my family. My husband and I were separated, but we are now back together."*

*"I learned that I am responsible and accountable for my actions."*

## Chatham County DUI Court

The Chatham County DUI court was organized under the direction of Chief State Court Judge Gregory Fowler. Savannah, before beginning its DUI court in May 2003, negotiated a contract with an evaluator and a treatment provider. The probation company providing services to the State court developed specific DUI court procedures and assigned a probation officer to the DUI team. A DUI court coordinator was hired, and the first DUI court session was held in May 2003. Once protocols were finalized, enrollment of offender participants began.

The Chatham County DUI Court established a team concept similar to those developed in other Georgia DUI courts. The team consists of a judge, a prosecutor, a defense counsel, a substance abuse treatment specialist, law enforcement, probation officers, and a DUI court coordinator.

This program, like the DUI courts in Gainesville and Athens, is mandatory for all eligible offenders. Eligibility for sentencing to the DUI court program is either two DUI convictions within a 5-year period or three or more total DUI convictions. The program involves enhanced supervision, mandatory treatment, individual and group counseling, periodic drug testing, AA and Narcotics Anonymous meeting attendance, and biweekly appearances before the judge. To ensure that participants' payments were monitored appropriately, treatment fees were required to be paid to Chatham County State Court. Treatment providers then invoiced the court for individual fees. The court then paid the treatment provider on behalf of the participant. This procedure was necessary to track client payments and hold them accountable initially. Later, it was determined that the treatment provider would collect the fees directly and any failure to pay was considered a sanctioned event. A computer program was designed and implemented by the County's Information and Communication Service (ICS). This program not only tracks the clients' payments, but also allows court personnel to view the clients' file and enter address changes and general comments (Chatham DUI Court Program Report, Period Ending June 30, 2003). These data are transferred to the NEEDS Web-based tracking system.

The treatment provider and probation office are required to give bimonthly client status reports. Consequently, this process was streamlined by combining the two treatment reports into one Adobe form.

One problem that surfaced was offenders who circumvented being sentenced to DUI court by pleading guilty in recorder's court, which is a lesser court of jurisdiction than State court. Reaching the anticipated number of DUI offenders assigned to DUI court would have been negatively impacted had this issue not been rectified. This problem was resolved through close cooperation among the recorder's court, the district attorney's office, and State court. All DUI court eligible participants' cases coming before the recorder's court are now forwarded directly to State court so that the offenders become eligible for DUI court sentencing.

Another problem was identified when an offender was placed in the DUI court, but afterwards was found to be ineligible for several reasons. One such case was an offender who had mental health issues that could not be treated by the program. The offender also lived well outside the court's jurisdiction. Consequently, this offender should not have been sentenced to the DUI court. An amended sentencing order was issued, placing the offender with a probation office closer to the offender's residence. Chatham County's assistant district attorneys were asked to be aware of such issues before offering a plea bargain that involved the DUI court program.

Savannah continues to have a problem with participants not paying treatment fees. A large percentage of the participants either are unemployed or have low-paying jobs. Fees associated with the DUI court requirements can exceed \$3,000 to \$4,000. The DUI court must determine on a case-by-case basis which participants are able to pay, which ones may be eligible to receive treatment services from the Department of Human Resources public system, and which ones are noncompliant. Those who are not compliant will be considered candidates for termination from the program.

In the Chatham DUI court, many participants report multiple addictions. Those testing positive more than once have been placed in a public 14-day in-patient substance abuse treatment

program. Participants terminated will be considered for incarceration and while incarcerated will attend the 28-day substance abuse treatment program.

The Chatham County DUI Court provided an illustrative chronological description of the court offender's progression through the DUI court. It describes the day-to-day operations of the court and is presented below (Chatham County, 2005):

“Any DUI defendant whose case is being heard in the State Court of Chatham County is screened for eligibility into the Chatham County DUI court. A video has been produced outlining the DUI court program and it is played for all eligible DUI court defendants prior to the plea docket. If the defendant is found guilty by the court, and eligibility requirements are met, the defendant is sentenced to participate and comply with the Chatham County DUI Court as a condition of probation. Eligibility includes anyone with two DUIs in a 5-year period, or three or more DUIs in a lifetime. The defendant must not be a violent offender and must live in Chatham, Effingham, or Bryan County. The defendant's address at the time of arrest is considered, so defendants cannot move out of the tri-county area to avoid DUI court. In addition, any case that meets eligibility is sent directly to State court, without being heard first in the City of Savannah's Recorder's Court. This was done to prevent defendants from pleading in Recorder's court to avoid the State court DUI program.

“As soon as possible after sentencing, the participants meet with the DUI court coordinator. All necessary forms are completed, including the NEEDS Survey and a Release of Information. The NEEDS is entered into a secured Web-based program that generates a report on the individual's substance abuse issues. This report is available to the treatment coordinator, who uses it at treatment intake appointments to help assess the individual's substance abuse issues. The DUI court coordinator also explains and ensures each participant fully understands the requirements to attend three 12-step program meetings per week. Before leaving the court coordinator's office, the participant is given contact information with the treatment coordinator and told to set up an appointment immediately. If the participant speaks only Spanish, then he [she] is given instructions to call a certain telephone number to a counselor that speaks Spanish. An appointment would be made with that counselor, who would administer the NEEDS and assist the participant's involvement in Recovery Place's Spanish-speaking group.

“Participants in every phase are assigned a color and given a telephone number that must be called daily. If the participant's color is called on the recording, the participant must report to the Recovery Place and submit to both urine and breath tests. A missed test is considered a positive test and sanctioned as such. Chatham County DUI Court participants are required to attend DUI court approximately every 2 weeks. To provide for an incentive to advance in phases, participants in the Aftercare Phase are only required to attend every other court session and report to probation once a month. The Chatham County DUI court normally has two sessions on the day of DUI court. The first is a 3:00 P.M. session for participants that have been compliant the previous two weeks and a 4:00 P.M. session for all others. Participants are tested randomly at the DUI court sessions. In addition home visits are conducted to ensure that that no alcohol or drugs are

present in the residences. DUI court participants are allowed to delay paying on sentencing fines while actively in treatment as an incentive. The participants are also given 35 hours credit towards their ordered community service hours for each phase of the treatment successfully completed.

“If, at the time of initial assessment with treatment, the participant is found to have any other co-occurring disorders, the participant would be given the appropriate referrals. In addition, if the participant requires a higher level of care than the DUI court provides, the participant will be referred to an appropriate treatment facility including the Savannah Area Behavioral Health Collaborative, which is a nonprofit organization designed to provide care for Chatham County’s indigent population.

“A secure, Web-based Information Management System (IMS) has been developed by the current DUI court. It allows for treatment, probation and the court to track each participant. It includes and has the ability to track all drug test and results, all appointments and whether they were made or not, and attendance of all 12-step meetings. It also allows for tracking of all sanctions and incentives and generates court orders and court subpoenas. The IMS has the ability to provide reports with filters for every field. Probation and treatment provide reports for each participant to the DUI court coordinator every 2 weeks. Upon receipt of these reports, the DUI court Coordinator prepares a report for the presiding judge that includes any noncompliance issues that should be addressed in the upcoming DUI court.

“Court sessions are held approximately every 2 weeks. Staff meetings are held on the morning of each court in the judge’s chambers. The staffing is attended by the judge, the DUI court coordinator (who is a certified police officer with the Savannah/Chatham Metropolitan Police Department), the probation coordinator, the treatment coordinator, a defense attorney (who presently works pro-bono) and a clerk from the State court. During the staffing, noncompliance issues are discussed and sanction recommendations are made to the presiding judge. The judge is also made aware of compliance issues that he [she] may wish to bring up in court. During the DUI court sessions, each participant is recognized for either compliance or noncompliance issues. Noncompliance issues are addressed and normally sanctioned. Sanctions range from having to perform additional community service hours before the next DUI court session to time in jail. Serious offenses are sanctioned by taking the participant into custody and placing them on the next available probation revocation docket. Before the revocation docket the participant is given the opportunity to be represented by an attorney. Revocation hearings normally result in full or partial revocation of probation.

“Upon receiving a certificate of completing the treatment phase of DUI court, each graduate is brought back to the judge’s chambers where they are debriefed and asked about the pros and cons of the DUI court. This feedback is taken into consideration when program changes are made. When a participant graduates from the treatment phase of DUI court, they are required to continue on regular probation until their probation time expires. If the participant is found to have

violated his probation during this time, he/she may be placed back into the treatment side of the program at any phase that the team members deem appropriate.”

### Anecdotal Success Stories

The following information was provided in the May 2005 progress report by Chatham County staff:

*“There is no doubt that the court has changed people’s lives. We have been told by graduates that we “have saved their lives” and “provided relationships with family members that they had lost all hope of regaining.” One graduate told us that the only negative thing about DUI court was that his children said he was boring. When asked what he meant, he responded that when he was drinking there was always “drama” at his house, and since he had stopped drinking, things were calmer.*

*Most DUI court graduates have told us that they will continue to attend AA meetings. They have indicated that had the court not mandated they attend AA, they would not have known it is a valuable resource in their recovery.*

*Of all the success stories I could mention one in particular comes to mind:*

*One day last year as Judge Fowler and I were walking out the courthouse, Judge Fowler saw Anthony J., who had been in his court in days prior (for a driving on suspended license charge), drive up to the courthouse and park his truck. Judge Fowler asked a nearby State trooper to investigate and not only did Anthony J. still not have a valid license, but he was under the influence of alcohol. The trooper made the DUI case and Anthony J. was eventually placed in DUI court. Initially, I did not give Anthony J. much of a chance for success. While in DUI court, Anthony J. committed himself to sobriety and completed the treatment portion of DUI court without a sanction. Anthony J. did all of this while holding down a full-time job and caring for his sister who has cancer. Sometimes, he would have to bring his wheelchair-bound sister to court with him, but he did this without asking for any special treatment or favors.*

*After graduating, Anthony J. told us that if he had not been placed in this program, he would still be out drinking and driving. All of the Chatham County DUI court stakeholders understand that sometimes we are told “what we want to hear”; however, there was never a doubt that Anthony J. was sincere.*

### Court Specific Histories and Retention Information

Each individual court provided information on their programs’ progress and client status. This information is contained in the descriptions of each court (above). A summary of statistics on the offenders in all three DUI courts combined is displayed below:

## Summary Statistics on the Three DUI Courts (May 2006)

### Average Length of Time in Program for Participants Who Graduate

14 months; range: 9 months – 22 months

### Average Blood Alcohol Content at Time of Arrest

.152 (Legal Limit for adults - .08); range: .02 - .40

### Substance Abuse Assessment Results

No apparent addiction problem	0%
Beginning or potential problem	5%
Problem that needs addressing	17%
Established addiction	22%
Severe addiction	55%

### Prior Treatment for Substance Abuse/Addiction

Twenty-seven percent of participants report having received previous treatment for their substance abuse problem.

### Demographics

Average Age – 36 (Clarke has an average age of 31, reflecting its location in a university town.)

#### Education

Less than High School	32%
High School Graduate	43%
Some Post High School	18%
College Graduate	7%

Note: The average number of years of education for participants is 12.

Sex	Percentage
Male	83%
Female	17%

Race	Percentage
White	61%
African-American	24%
Hispanic	11%
Asian	1%
Multiracial/Other	3%

Note: 28 percent of Hall County's participants are Hispanic (Hall has a Spanish-speaking component to its court), 4 percent of Chatham County and 3 percent of Clarke County are Hispanic.

	Percentage
<b>Marital Status</b>	
Married/In Relationship	36%
Divorced/Separated	24%
Widowed	2%
Never Married	37%
<b>Income Level</b>	
\$0 - \$10,000	36%
\$10,001 - \$20,000	28%
\$20,001 - \$30,000	18%
\$30,001 - \$40,000	7%
\$40,001 - \$50,000	5%
\$50,000+	3%
<b>Employment Status</b>	
Employed	60%
Unemployed	17%
Employed Part Time	7%
Disabled	4%
Student	2%
Student/Employed	3%
Homemaker	1%

**Program Component Attendance (Percent Sessions Attended that were Scheduled)**

Court Sessions	95%
Probation	96%
Treatment	94%
Self-Help (AA/NA)	96%

Note: AA – Alcoholics Anonymous; NA – Narcotics Anonymous



## Sanctions and Incentives

### Sanctions

Code	Percent of Offenders Receiving Sanction
Jail	29%
Increased Community Service	26%
Other	13%
Curfew	10%
Verbal Reprimand	6%
More Intense Level of Treatment	4%
Work Release	2%
Increased 12-Step Meetings	2%
Increased Drug Testing	1%
Increased Probation Supervision	1%

Note: Treatment plans are individualized. A participant may be moved to more intensive treatment and increased level of drug screening as needed without it being considered a formal “sanction.”

### Incentives

Code	Percent of Offenders Receiving Incentive
Credit for Community Service	25%
Recognition from Judge in Court	18%
Waiver of Assessment/Intake Fee	14%
Reduction in Jail Time	14%
Reduction in House Arrest Time	14%
Certificate of Accomplishment	10%

## Drug Screens

Frequent random and monitored drug screening is a critical program component. Breathalyzer tests are used to detect alcohol. Fifty-six percent of total drug screens taken from urine were negative. As expected, the highest percentages of positive drug screens were in the first 90 days of enrollment, with a significant drop after 90 days.

### Drugs most frequently testing positive:

Alcohol

Marijuana

Cocaine

Source: Administrative Office of the Courts of Georgia (2006), NEEDS Client Tracking Program

## Impact Evaluation

An outcome or impact evaluation, using a matched comparison design, was initiated when enough court participants graduated or were terminated and longitudinal data became available to determine the effectiveness of the DUI courts in reducing recidivism. The basic design of the impact evaluation was to collect and compare information on three groups: DUI court participants (intent-to-treat group), a retrospective group of similar DUI offenders who were arrested for DUI and sanctioned in the same counties before the DUI courts were established, and a contemporary group of offenders who fit the criteria of the DUI court offenders but were arrested and sanctioned in demographically matched Georgia counties that do not have DUI courts.

The sample used for the intent-to-treat participants contained 363 offenders who completed (graduated from) the DUI court program: 151 from Chatham County, 86 from Clarke County, and 126 from Hall County combined with 259 offenders who were terminated from the DUI courts: 143 from Chatham County, 72 from Clarke County, and 44 from Hall County. The terminated offenders had a similar distribution of prior DUI convictions as the DUI court graduates and the other two comparison groups. Most of these offenders were terminated by the DUI court for non-compliance with court requirements. No offenders were allowed to “drop out.” DUI court in Georgia is a condition of probation, and the offenders assigned to it either complete the program, are terminated for cause, or leave for some other good reason, such as:

Left for health problems, including mental illness that prevented them from participating in the group – they would have been referred to other services.

The offender’s probation period expired and the offender left in good standing but did not complete all requirements for graduation. These were participants who were on a 12-month probation period. The DUI courts have since modified their entrance requirements to only accept participants with enough charges to be on probation for 24 months, because almost no one can complete all the program requirements in 12 months—one of the process evaluation findings.

The offender died, moved away from the court area with permission, entered military service (some deployed to Iraq), and were in compliance when they left.

All of these offenders (intent-to-treat group) had at least one prior DUI (or similar alcohol-related offense) before their index offense, with the exception of a small number of ostensibly “first offenders” who were apparently assigned into the program due to other aggravating circumstances (such as, prior drug offenses, a high arrest BAC, or involvement in a DUI crash causing serious injury). The most current graduation date for the DUI court offenders was December 2006, which allowed at least one year out of the DUI court program for each offender.

The DUI court intent-to-treat group of offenders was compared to two other groups of offenders:

- (1) the contemporary comparison group (in different, but “matched” counties);
- (2) the retrospective comparison group (same counties as the Intervention cases, but in years before the DUI court).

In terms of prior offenses, half (50%) of the intent-to-treat offenders had just a single prior DUI on their record (those few anomalous “first offenders” [*sic*] in the program due to aggravating circumstances were classified with those having a prior offense); slightly less than one-fourth (24%) had two priors, with the remaining fourth (26%) having three or more priors. In terms of the most egregious offenders, 30% of the contemporary comparison offenders, 25% of the retrospective comparison offenders and 24% of the terminated offenders had 3 or more prior DUI convictions on their records.

Three of the offender groups (graduated; retrospective; terminated) involved the same three counties (Chatham, Clarke, and Hall); the contemporary comparisons used three other counties that were chosen to match each of the Intervention Counties as closely as possible. The counties from which the contemporary comparison group was sampled were selected so as to be matched to the Intervention counties’ demographics and socioeconomics. The intent-to-treat group (both graduates & terminated) were stratified by county; paired with the same county when testing against retrospectives, or paired with the matched county for contemporary comparisons. These comparison counties were Bibb County (for Chatham), Bulloch County (for Clarke), and Whitfield County (for Hall). For each of these comparison counties, 150 DUI offenders were selected via stratified random sampling methods, from the population of all those having committed a repeat (second or more) DUI within the equivalent period as the intent-to-treat group of offenders (2003-2007). These random selections were made within cells defined by key strata (namely, sex, age group, and number of prior DUI convictions) such that the composition of this comparison group would be essentially identical to the intent-to-treat offenders in terms of their distribution on these three stratifying variables. The age, sex and prior DUI convictions are factors known from previous research to be predictive of alcohol-involved offenses (Jones & Lacey, 2000; NHTSA/NIAAA, 2006). Thus, the distribution of prior offenders for the contemporary comparison group was essentially similar to that for the intent-to-treat group (see Table 4).

In addition to the contemporary comparison offenders, DUI offenders from the DUI court Counties who would have been eligible for the DUI court program but who had offended in earlier years before the DUI court program began, were selected as a retrospective comparison group. As with the contemporary comparison group, this group was selected so that they had a similar distribution of prior DUI convictions as the intent-to-treat group.

**Table 4. Composition of Study Groups by County and Prior DUI Offenses**

OFFENDER GROUP:		County			Total (%)	
		Chatham (Bibb)	Clarke (Bulloch)	Hall (Whitfield)		
Contemporary Comparisons (different counties)	Priors	1	61	59	71	191 (42%)
		2	39	40	43	122 (27%)
		3	50	51	36	137 (30%)
	<b>Total</b>	<b>150</b>	<b>150</b>	<b>150</b>	<b>450</b>	
Retrospective Comparisons (same counties)	Priors	1	44	38	54	136 (50%)
		2	20	20	27	67 (25%)
		3	25	19	23	67 (25%)
	<b>Total</b>	<b>89</b>	<b>77</b>	<b>104</b>	<b>270</b>	
Intent to Treat (Graduated plus Terminated)	Priors	1	142	75	97	314(50%)
		2	68	43	38	149 (24%)
		3	84	40	35	159 (26%)
	<b>Total</b>	<b>294</b>	<b>158</b>	<b>170</b>	<b>622</b>	

For the main analyses, the terminated group of offenders were pooled with the DUI court graduates to assess the general programmatic effect (i.e., the efficacy of assigning offenders to the intervention [DUI court]), regardless of whether they completed all the requirements. This combined group has been designated as the intent-to-treat group.

By agreement with Georgia, the data for DUI convictions and some other alcohol-related criminal convictions were obtained from the Georgia Criminal History Record Information (CHRI) file by a private consulting group (Applied Research Services, Inc.) that has a contractual relationship with Georgia and a security clearance to perform analytic services on their data. With the joint collaboration of that consulting group and the State, a processed data file from the consulting group was obtained according to specific design sampling protocol (the stratified random sampling for the comparisons, as already described earlier), groupings of offense types, variable selection, and data file structure appropriate for these analytic methods. The identifying information (driver's license number or social security number) for the offenders in the study, was used for determining the recidivism from all offenders among the State's Criminal History Record Information file.

The recidivism data for all these offenders were analyzed using survival analyses, namely Cox Regression models and Kaplan-Meier models, both of which account for varying exposure periods and quickness to recidivate (Kaplan & Meier, 1958; Cox, 1972; Cox & Oakes, 1984). These methods calculate hazard functions over exposure time, relative to the number of subjects still "exposed" (or, for whom risk of recidivism can be measured) at any given time point. Selected was "any recidivism" after the index arrest date occurring within the relevant time that would qualify one for the DUI court. The term "any recidivism" here includes DUIs and other alcohol-related offenses—offenses that often involve alcohol whether a DUI is charged or not, and may even be charged by police instead of DUIs for more serious offenses. More specifically, the following offenses were used:

Explicit DUIs (which accounted for 92.6% of the recidivism events)

Other Alcohol Offenses (Ignition Interlock Violation; Serious Injury by Vehicle; Firearm Discharge while DUI; Zero Tolerance Violation if under age 21, etc.)

Habitual Violator which usually was a DUI offender

Vehicle Causing Injury (very few cases; almost all were redundant with DUI dates similar to the Habitual Offender)

The Criminal History Record Information file did not contain administrative license revocation (ALR) or BAC refusal violations, so if an offender was not charged with DUI or some other alcohol offense along with these charges, these were not detected. Although more than three-fourths of all DUI court and comparison offenders still had measurable exposure, more than 3 years beyond their index offense (except those terminated, only half of whom reached three full years of exposure), by 4 years from the index offense, the attrition of offenders to having 4 years or more of exposure had the Intervention graduates down to 30 percent of its original number of offenders (roughly half of the two comparison groups still had exposure beyond 4 years). For these reasons, the decision was made to censor all groups beyond five years, and even at that, the statistical estimates of risk (and the computed rates of recidivism) are probably most reliable up through about 4 years of exposure risk.

For those who recidivated more than once, all their repeat offenses were counted as separate recidivism events. Although this differs slightly from the traditional application of survival models (in which a person can experience no more than a single terminal event, producing estimates of proportions of exposed persons recidivating), this counting of multiple re-offenses by the same person produces a more appropriate “incidence rate” as produced by the entire group. (Note: The more typical “single-recidivism” analyses was also conducted producing results that were substantively identical to the multiple-recidivism analyses reported herein, in terms of the relative effect sizes and statistical significance among the predictor variables.)

About a dozen cases had an apparent recidivism event a single day after the index event, and three other participants had an apparent recidivism date only 3 or 4 days after the index event. Although this sort of unusually fast recidivism does, indeed, occur on very rare occasions, we found in most States (and data records officials in Georgia concurred for their State) that most of these instances really represent data recording errors or multiple charges for the same incident, and these were likely spurious records of the index event and not a real recidivism occurrence. Much less error is involved by ignoring these rather than by including them. For these dozen cases, we only counted further recidivism beyond the first week and ignored these “day-after” events.

In addition to the Intervention (intent-to-treat) effect versus comparison groups, other potential predictor variables available to use as covariates in the survival models included age, sex, race/ethnicity, and prior DUI offenses. These potential predictors were selected for inclusion in the Cox regression models using a forward conditional method, in which the criterion for entry was a 2-tailed probability value of  $p < .10$  (predictors selected in earlier steps that became non significant due to co-linearity with new predictors were backward eliminated, using the same criterion). *County* was used as a stratifying variable, partitioning contrasts among groups explicitly within county stratum, with baseline hazard rates calculated separately within each county grouping.

## Results

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### Process

#### Impact on Driver's License Reinstatement Rates

Anecdotal reports from project staff indicated that the license reinstatement rate for court participants is less than 10 percent at the time of their graduation. Participants must complete all re-licensing *eligibility* requirements that can be completed in the timeframe of DUI court as a requirement for graduation. One of the major reasons for this low rate is that participants face high reinstatement fees. Georgia requires that participants pay a \$210 reinstatement fee for *each* outstanding conviction, and it is fairly common for participants to have three to five or more convictions. The Georgia legislature has since raised the reinstatement fee for DUI multiple offenders to \$500.

In addition, all multiple DUI offenders are required to have an interlock for 6 months after a 1-year hard suspension before their license can be reinstated. Mandating an alcohol ignition interlock and meeting that requirement is a challenge for the participants; therefore, many graduate before meeting that requirement. Finally, some participants were under a 2-year hard license suspension and, therefore, were ineligible for license reinstatement when they graduated.

With these barriers in mind, the first 313 DUI court graduates were compared to 232 retrospective offenders for license reinstatement rates. A total of 176 DUI graduates had reinstated (56.2%) while only 91 (39.2%) of the retrospective offenders had reinstated their license even though they had a longer period of time to do so. This finding was highly significant (Chi Square Value with Continuity Correction = 14.747; Effect size [Somers' d] = .170;  $t = 3.988$ ;  $p < .001$ ). The DUI court graduates were almost twice as likely to reinstate their license compared to retrospective Offenders (Odds Ratio = 1.991).

#### Court Accomplishments

In addition to developing the programs, the protocols, and a computerized tracking process, significant progress was made in other areas:

- 301 DUI court offenders had graduated from the DUI court by April 30, 2006.

- 532 DUI court offenders were successfully moving through the phases of the treatment program as of April 30, 2006.

- A NEEDS Web-based tracking system was developed, succeeding the previous Access database system. This new system can track all drug tests and results, all client appointments made and kept, and attendance at all 12-step meetings. It also can track all sanctions and incentives and can generate court orders and court subpoenas. Probation and treatment providers prepare written reports for each participant every 2 weeks. Upon receipt of these reports, the DUI court coordinator prepares a report for the presiding judge that includes any noncompliance issues that should be addressed in the upcoming court session.

The Clarke County (Athens) DUI/drug court added an in-house probation officer to make unscheduled contact with the clients in homes, at work, and in bars, thus providing ongoing oversight.

The Hall County DUI court developed a community policing process with the drug court to conduct random home visits approximately once a week.

The Chatham County DUI court coordinated with local law enforcement to conduct random home visits.

The Athens DUI/drug court received funding to establish a mentoring program so that clients who have completed the program can help those who are in the program.

In Hall County, community donations provided incentives for participants.

In Chatham County, a three cent tax on each mixed drink sold was enacted by the County Commission to fund the DUI court.

## Progress

There was much improved coordination between the courts and the prosecutor and public defender (or private attorney) to screen offenders for eligibility.

Each DUI court has developed a protocol that requires meeting the driver's license sanctions as a condition of progressing to a higher phase in the treatment program.

Each DUI court has contracted with one or two private treatment providers to provide outpatient treatment services to DUI court participants at a negotiated discounted fee. If it is determined that a participant needs a greater intensity of treatment, the treatment coordinator works through the publicly funded treatment system or nonprofit agencies to locate appropriate services for the participant. Referrals vary (type of receiving institution) and the DUI courts are effective in finding appropriate and affordable comprehensive substance abuse treatment services with the resources available to them.

Each private probation provider for the DUI courts has assigned a designated probation officer to the court. That probation officer attends each team staff meeting and court session and monitors participants for compliance. The data are recorded into the NEEDS Tracking System.

All courts have converted to the NEEDS Web-based tracking system, which provides superior functionality and ease of use over the desktop-based Access tracking system. This improved system allows courts to have their own separate screens for local use. ADE is working with each court to develop reports. The court coordinators and data clerks have done a good job in beta testing the system. In addition, Chatham County developed an Access database to meet the needs of their local court. Project management at the AOC is working with the vendor to develop a future enhancement to import data from local DUI court system into the NEEDS tracking system.

All the prosecutors are now supportive of the DUI court program. They are elected officials.

In May of 2005, Clarke County reported that with funding from DOJ, they hired their own in-house probation/surveillance officers, instead of using private contracted probation. The probation officers make home and work visits, perform drug screens on these visits, and conduct bar sweeps. These additional, unscheduled contacts with the participants close the

circle of accountability. Collections of the fines and fees are an additional aspect of the officers' responsibilities.

## Impact

The design for the impact evaluation of Georgia's DUI courts is summarized in Table 5.

**Table 5. Georgia DUI Court Evaluation Project Design**

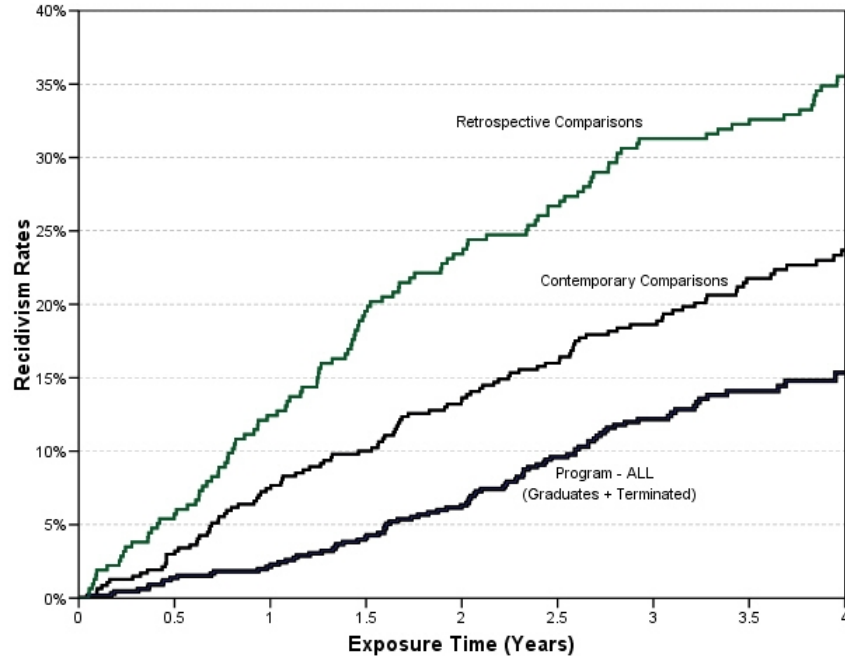
DUI Court	Retrospective Comparison Group	Contemporary Comparison Group
Intent-to-treat offenders in Chatham, Clarke, and Hall counties, sentenced to DUI court since its beginning in early 2003 through December 2006 (graduates and terminated combined)	From same three counties as DUI court. Arrested between July 2000 and June 2002, meeting same requirements as DUI court group. Sentenced to DUI risk reduction and Multiple Offender Programs.	From three matched comparison counties. Arrested for DUI in same timeframe as the DUI court group (2003 through 2006) and meeting same requirements as DUI court group. Randomly selected. Were sentenced to attend the DUI risk reduction and Multiple Offender Programs
N=622 offenders: 294 from Chatham 158 from Clarke 170 from Hall	N=270 offenders: 89 from Chatham 77 from Clarke 104 from Hall	N=450 offenders: 150 from Bibb (Chatham) 150 from Bulloch (Clarke) 150 from Whitfield (Hall)

## Outcomes

To guard against any self-selection bias that could produce a spurious Intervention (DUI court) finding, analyses with the DUI court graduates group combined with the DUI court terminated group were performed so that the tests for the DUI court intervention (versus comparison groups) became a test of the "gross programmatic effect" (i.e., the efficacy of implementing the program for a group of offenders, without distinction as to whether these offenders complete the program) (intent-to-treat). This overcomes the threat to validity from a potential self-selection bias by focusing only on the subset of DUI court graduates.

With this combined "program Assignment" group considered together (intent-to-treat), the DUI court program shows a significant improvement of 38.2 percent lower recidivism than the contemporary comparisons (a 15% recidivism rate at 4-years for the combined DUI court graduates and terminated (intent-to-treat), as opposed to a 24 percent recidivism rate at 4 years for the contemporary offenders; Wald statistic = 11.10,  $p < .001$ ), and 65.0 percent lower recidivism than the retrospective comparisons (15% versus 36%; Wald statistic = 53.84,  $p < .001$ ). The recidivism rates for these contrasts, pooled across county, are shown in Figure 1.

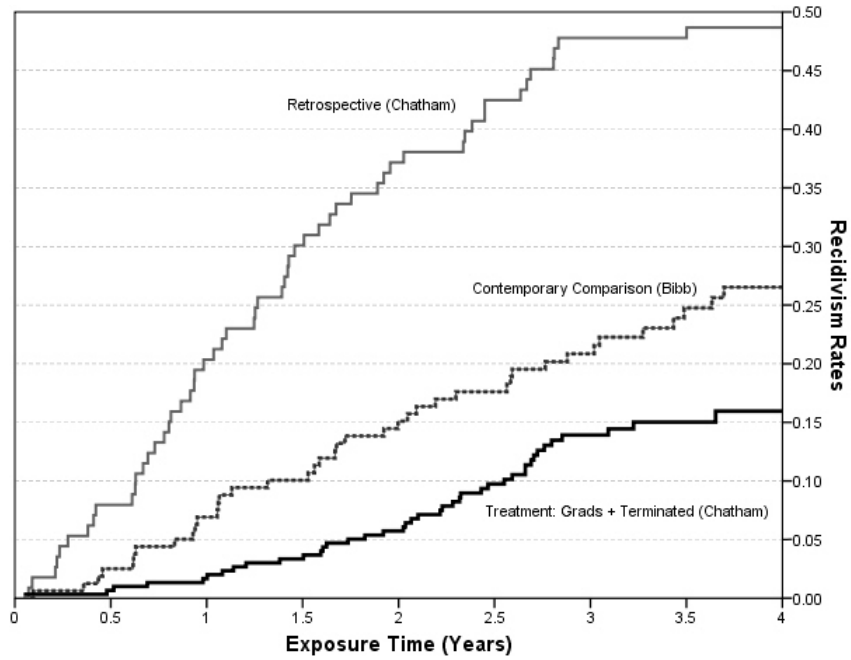




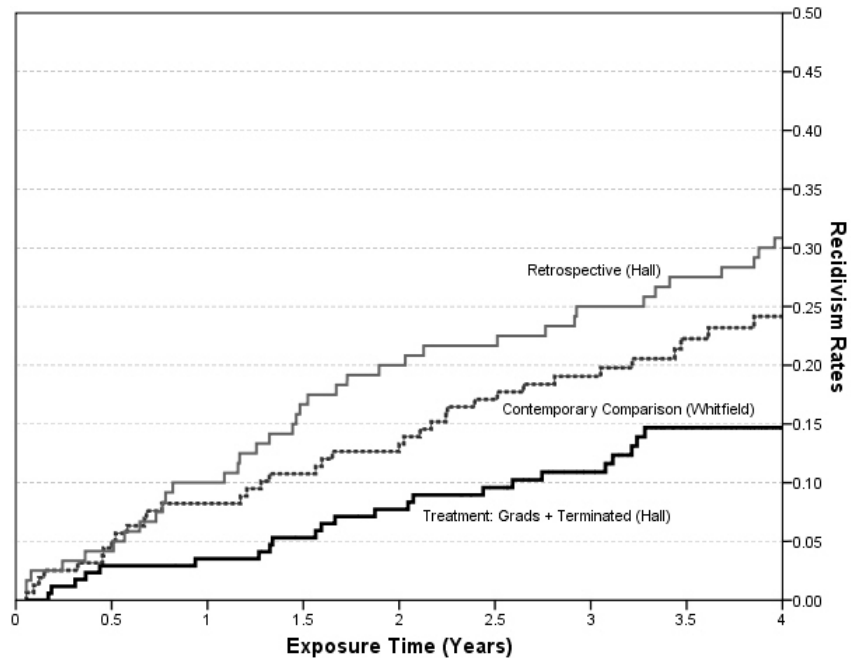
**Figure 1. Overall DUI Court Program (Intent-to-Treat: Graduates and Terminated) Recidivism Rates (DUI and Other Alcohol)**

These “gross programmatic” effects varied by county; whereas the intent-to-treat group had substantially less recidivism than both comparison groups for the Chatham County assignees (16 percent;  $p < .01$  for both comparison group contrasts; see Figure 2) as well as for Hall County assignees (15 percent;  $p < .001$  for both contrasts; see Figure 3), the combined program assignees in Clarke County were not significantly different from contemporary comparisons (16 percent;  $p = .35$ ) in Bulloch County (its matched county) nor from the retrospective comparisons in the same (Clarke) County ( $p = .34$ ; see Figure 4).

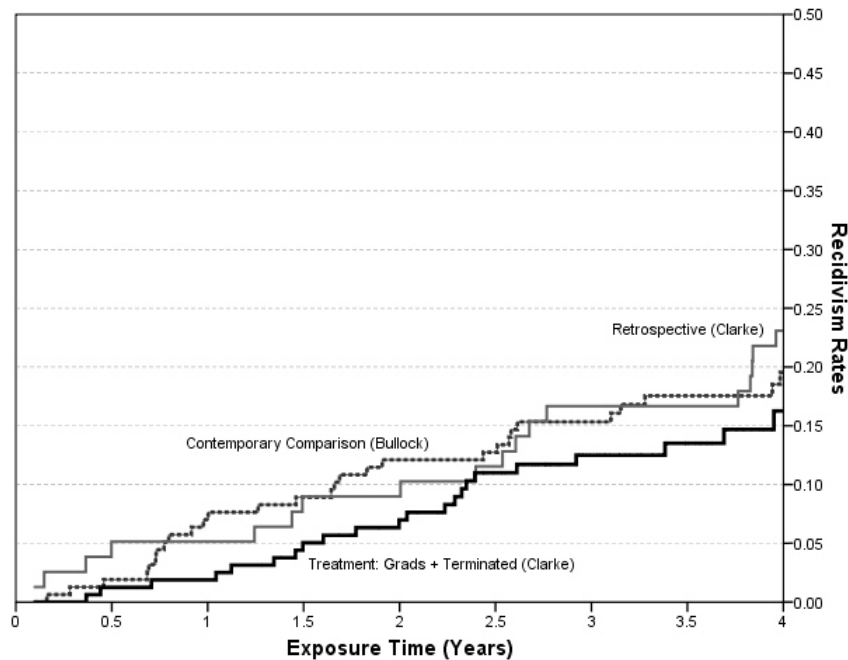
The differences observed are strongly supportive of a marked DUI court program benefit, extending through at least 4-years beyond the index event. Interestingly, the terminated group tended to have very similar recidivism rates as the contemporary comparisons, which lends support to the assumption of comparability to comparison counties selected, as well as to the matched stratified random samples within these counties.



**Figure 2. Chatham County DUI Court Recidivism Rates (Intent-to-Treat: Graduates Plus Terminated) Versus Contemporary (Bibb) and Retrospective Offenders**



**Figure 3. Hall County DUI Court Recidivism Rates (Intent-to-Treat: Graduates Plus Terminated) Versus Contemporary (Whitfield) and Retrospective Offenders**



**Figure 4. Clarke County DUI Court Recidivism Rates (Intent-to-Treat: Graduates Plus Terminated) Versus Contemporary (Bulloch) and Retrospective Offenders**

Using Cox Regression models, it was found that the DUI court graduate group had 63.5 percent lower recidivism (per same equivalent exposure) than the contemporary comparison group; 79.3 percent lower recidivism than the retrospective comparison group; and 65.1 percent lower recidivism than the terminated group. All of these contrasts are statistically significant differences, well below the  $p < .001$  level. (Wald statistics are 25.0, 61.7, and 22.2, respectively, each with 1 df.) The recidivism risk curves, pooled across counties (and adjusting for the effects of *Age* and *Prior DUIs*) are shown in Figure 5. After 4-years of exposure, the Treatment/Intervention graduate group had displayed a recidivism rate of approximately 9 percent, compared to almost 24 percent for the contemporary comparison group, 36 percent for the retrospective comparison group and 26 percent for the terminated group. Figure 6 shows the recidivism rates by year for each of the four groups of offenders. After two years, for example, the recidivism rate for the DUI court graduates was 3 percent compared to 13 percent for the contemporary group, 24 percent for the retrospective group and 11 percent for the terminated group. (These rates adjust for the effects of other predictors of recidivism, as discussed hereinafter.)

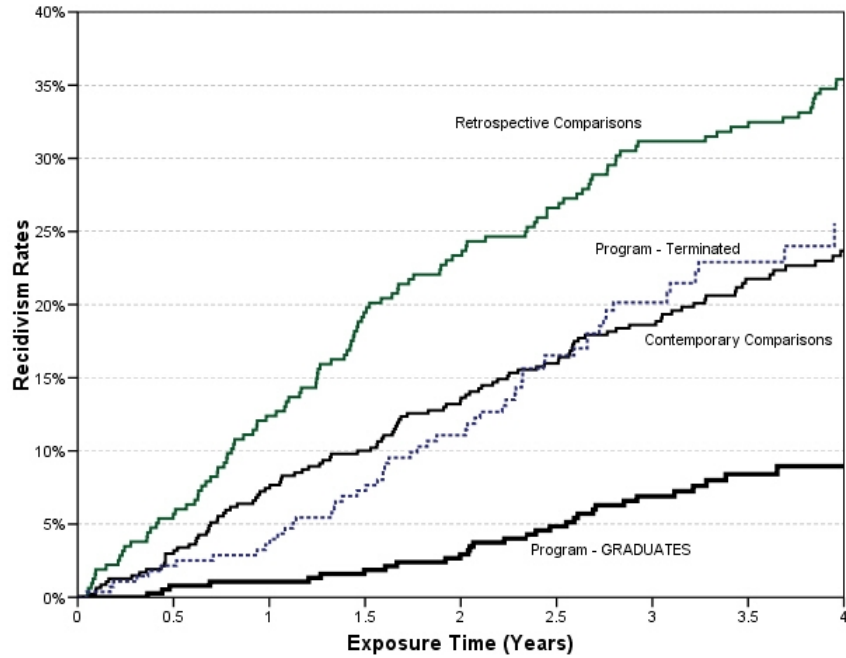


Figure 5. Recidivism Rate for DUI and Other Alcohol Offenses Pooled Across Counties

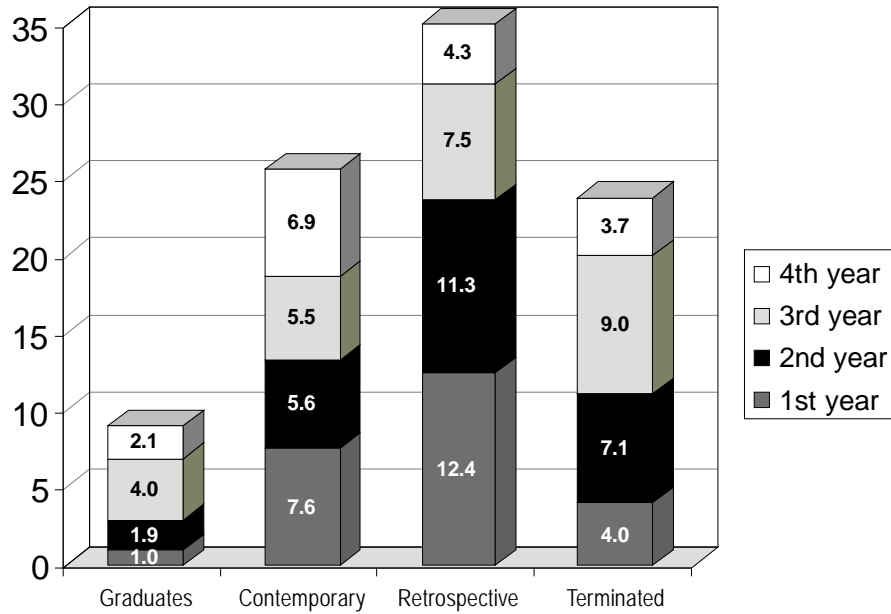


Figure 6. Percentage of Offenders Recidivating per Exposure Year

Recall from the “Methods” section that the term “any recidivism” here includes DUIs and other alcohol-related offenses that often involve alcohol whether a DUI is charged or not, and may even be charged by police instead of DUIs for more serious offenses.

These effect sizes for each of the group contrasts remain roughly the same—or are even greater—when we analyzed specific DUI recidivism only, without considering the other “secondary alcohol” offense types (such as Ignition Interlock violations, Habitual Violator, Zero

Tolerance) as recidivism. Recall that DUIs accounted for 92.6% of the recidivism events. The DUI graduates (treatment/intervention group) had a 8 percent recidivism rate considering DUI only compared to 21 percent for the contemporary offenders, 36 percent for the retrospective offenders and 21 percent for the terminated offenders (see Figure 7).

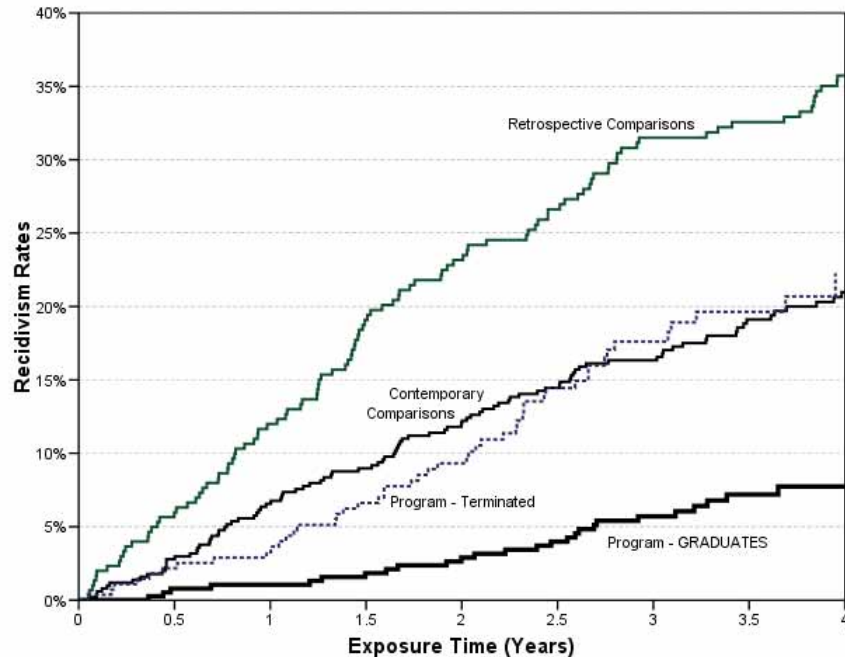


Figure 7. Recidivism for DUI Offenses Only Pooled Across Counties

## Counties

Overall differences among the offenders in the three DUI Court counties were statistically significant (overall effect: Wald=10.03, df=2;  $p=.007$ ), accounting for a substantial amount of variation in recidivism likelihood. However, closer examination revealed that these county differences were primarily due to interactions with group; there were substantial differences between counties for the retrospective comparisons ( $p<.001$ ;  $p=.004$ ;  $p=.085$ ) as can be seen in Figures 8 through 10. For these retrospective comparisons, Chatham County showed 48 percent recidivism within 4 years (Figure 8), Hall County showed 31 percent recidivism (Figure 9), and Clarke County showed only 23 percent (Figure 10). But for the pairwise contrasts between counties, there were no differences for the DUI court graduates ( $p=.66$ ;  $p=.37$ ;  $p=.23$ ), for which the 4-year recidivism rates were 10 percent for Chatham, 11 percent for Clarke, and 7 percent for Hall. Likewise, the differences for the contemporary comparisons (26 percent for Bibb, 20 percent for Bulloch, and 24 percent for Whitfield counties) were not significant either ( $p=.23$ ;  $p=.98$ ;  $p=.20$ ).

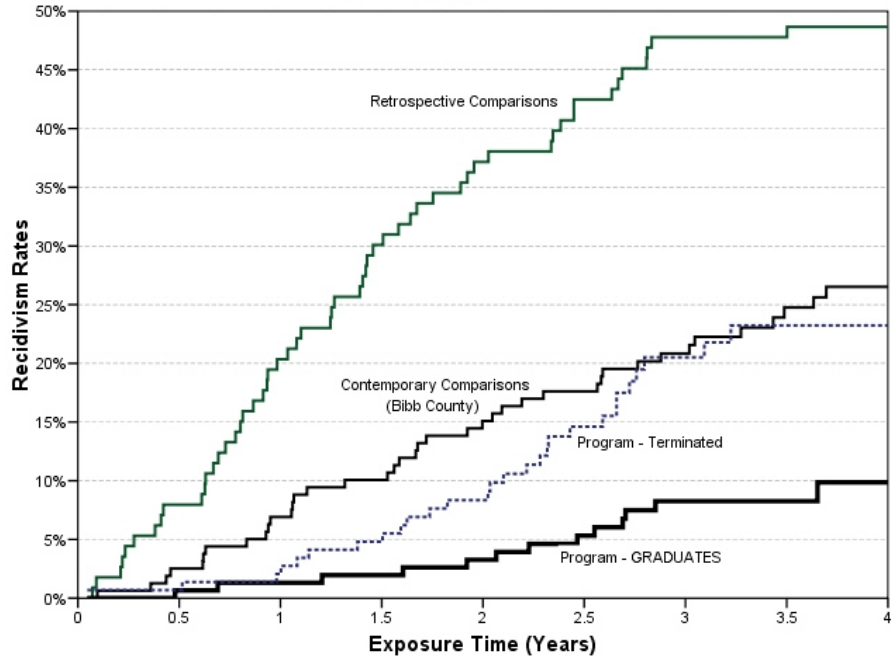


Figure 8. Chatham County Recidivism Rates (DUI and Other Alcohol Offenses)

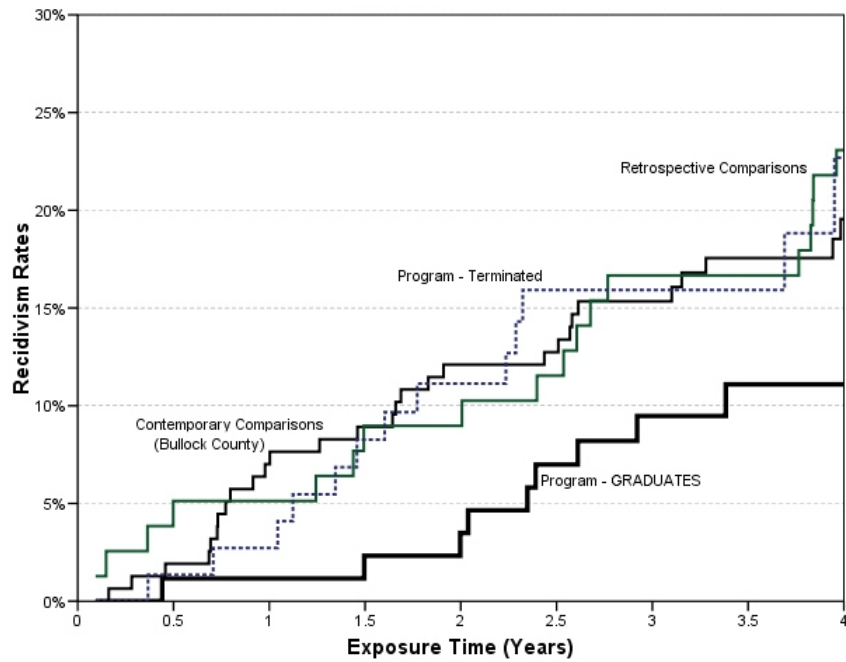
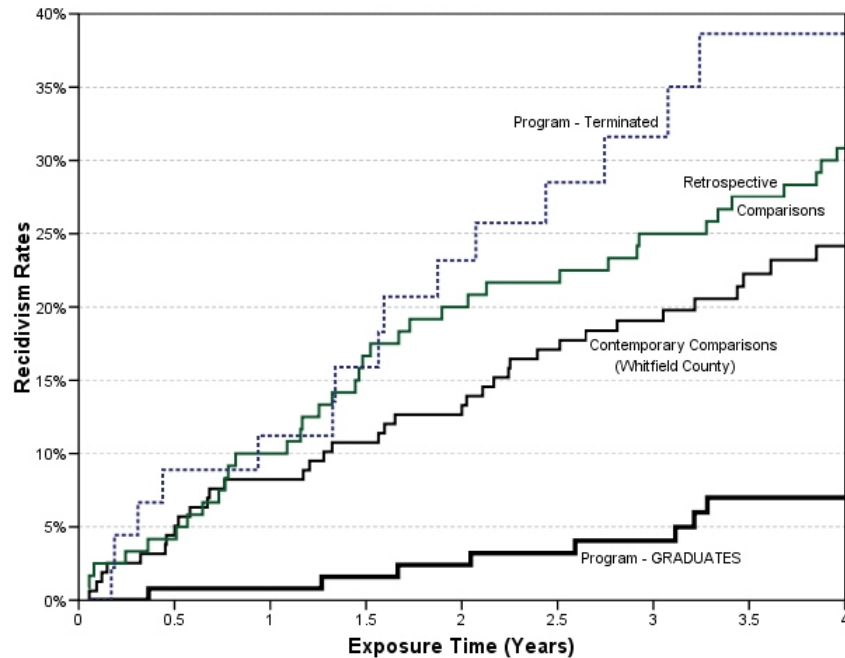


Figure 9. Clarke County Recidivism Rates (DUI and Other Alcohol)



**Figure 10. Hall County Recidivism Rates (DUI and Other Alcohol)**

To guard against potentially spurious findings from county effects contaminating the group contrasts, in addition to modeling county as a proportional factor (an assumption that Cox Regression makes for all predictors), analyses using “county” as a stratum in the model were conducted, estimating three separate baseline hazard functions (one per county), so that the testing of all predictors would control for this “county” effect, by making contrasts explicitly nested within each county. It is worth noting that whether modeling county as a proportional factor or as a stratum, the results for the significant predictors (group, prior DUIs, and age) remained almost identical.

### Repeat DUI Arrests Prevented

Using the 4-year recidivism rates from the survival analyses, pooled across all counties and adjusting for significant predictors (prior DUI offenses and age), our best prediction for the amount of recidivism that would have hypothetically occurred among the treatment group (had there been no program intervention) was derived from the rates actually observed for the comparison groups. The number of additional re-arrests that would have been necessary to raise the intent-to-treat group’s rate to that of the comparison groups becomes the estimate for the number of re-arrests prevented. Note that this assumes the same amount of total exposure for the intent-to-treat group (in person-months of post-index exposure) during that (up to) 4-year period, and that the arrests prevented would have occurred proportionally across time, raising the intent-to-treat group’s survival curve by a constant multiplier.

The “prevented” number (and the recidivism rate from which such a number is derived) could be computed either from the re-arrest rates (and actual incident counts) pertaining to the DUI court graduates alone, or based on the “programmatic effect” that combines the terminated subjects with the graduates (intent-to-treat). Additionally, the predicted level could be defined as either of the two comparison groups: contemporary comparisons (matched counties) or retrospective comparisons (same counties).

If we define the amount “prevented” as being the gap between intent-to-treat offenders’ recidivism rate versus their contemporary comparison cohorts’ recidivism rate (i.e., this latter rate being the prediction for “would have been” for the graduates), then there were between **46.8 and 49.4 repeat DUI arrests prevented**. (This range depends on whether one uses the DUI court graduates only [49.4 repeat DUI arrests prevented], or the intent-to-treat: Combined graduates and terminated [46.8 repeat DUI arrests prevented].)

If, however, we use the retrospective comparisons’ rate as the prediction for what would have occurred for the DUI court program subjects, then there were between **88.7 repeat DUI arrests prevented (using the intent-to-treat: graduates plus terminated) and 112.3 repeat DUI arrests prevented (using the graduates only)**. So in conclusion, we estimate that the three DUI courts in Georgia prevented between 47 and 112 new DUI arrests over the 4-year period examined.

## Predictors of Recidivism

The other factors that might be expected to contribute to the likelihood to recidivate—namely, age, sex, race/ethnicity, and number of prior DUI offenses—were also examined to ensure that the group effect found was not an artifact of some other factor on which the groups might have been differently composed—although we knew already that the two comparison groups had been composed via stratified random sampling to match the Intervention group on these factors. (Differences among counties were also examined; this effect is discussed separately herein.)

From these other variables tested, only *age* and *prior DUIs* were significant predictors of recidivism for all four groups of the offenders we examined.

*Age*: After adjusting for the higher likelihood of recidivism due to prior DUIs, the youngest offenders (18 to 25) were the most likely to recidivate; those from 25 to 34 years old were only about 85 percent as likely to recidivate (relative to the under-25 offenders), and those over 40 were only 70 percent as likely to recidivate. Thus, older offenders decrease in their recidivism risk by approximately 1.9 percent per each year older, although this relationship is curvilinear, and is higher in the younger age ranges (the decrease in recidivism is 5% per year for offenders under 21), and diminishes at older age ranges (e.g., decreases by only 1% per year for those over 40). The Wald statistic for the *Age* parameter is 6.8;  $p=.009$ .

*Prior DUI Convictions*: Prior DUIs was the most potent predictor of recidivism, with each additional prior making the offender approximately 28 percent more likely to recidivate (although, like age, this marginal increase per prior is a curvilinear relationship; i.e., the effect for a third-offender versus a second-offender is much larger than the difference between a seventh-offender versus a sixth-offender). The Wald statistic for *Prior DUIs* is 25.2;  $p<.001$ .

Taken as a whole, those with four to six prior DUIs had about twice the recidivism on average than those with just one prior DUI. Those offenders with seven or more prior DUIs (N=32 in this study) were about three times as likely to recidivate as those with one prior DUI.

Notably, after accounting for the effects of age and priors, neither sex ( $p=.89$ ) nor race/ethnicity ( $p=.34$ ) was significant. See Table 6.



Table 6. Predictors of Recidivism

	B	se(B)	Wald	df	signif	Exp(B)
<b>Age</b> (centered log function)	-0.2680	0.1025	6.84	1	.009	0.765
<b>Priors</b> (sqrt transform function)	0.6001	0.1196	25.18	1	.000	1.822
<i>[increased likelihood, relative to 1 prior]</i>						
2 priors	28.2%					
3 priors	55.2%					
4 priors	82.2%					
5 priors	110.0%					
6 priors	138.7%					
7 priors	168.5%					
<b>Variables not in the Equation</b>			<b>Wald</b>	<b>df</b>	<b>signif</b>	
Sex			0.00205	1	.964	
race			2.21119	3	.530	
Aggravated-DUI/high-BAC/ drug			0.79332	1	.373	

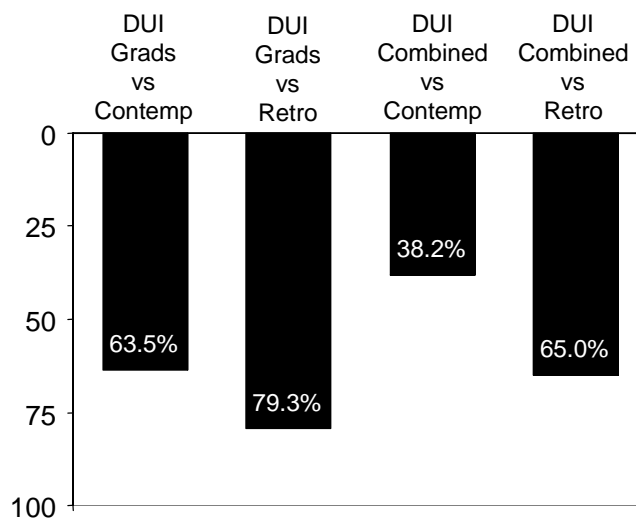
Note from Table 6 that the effects (coefficients and significance levels) of the other predictors – Prior DUIs and Age – remain virtually identical as in the previous analyses that modeled 4 groups. Note also that Sex ( $p=.90$ ) and Race/Ethnicity ( $p=.57$ ) again remained unproductive of recidivism.

There was a subgroup of offenders who were in the program despite not having a prior DUI listed on their record. According to officials in Georgia involved with this program, this group was likely to have been referred to the DUI courts due to one or more of the following: (1) the single index offense being an aggravated level (e.g., very high arrest BAC; causing serious injury; refusals); (2) having a prior drug offense; or (3) having other alcohol-problem background or diagnostic indicators of having severe alcohol problem. Thus, though they were technically first time DUI offenders (by driving record status), they were almost certainly not representative of the population of first-time offenders, having been specially pulled out of that pool and referred because of their special “aggravated” circumstances. As might be expected, this subgroup of anomalous “zero prior” offenders, whom we will call the “aggravated/special offenders” were not at a lower risk of offending than those with just the single requisite prior. They were almost 40 percent more likely to recidivate than those “normal second offenders” having a single prior (Wald = 3.00;  $p=.083$ ). This marginal result approaching significance disappears if we only count one recidivism event per offender; this is because those in this special group who did recidivate, tended to do so more frequently (i.e., more than once) than other recidivators.

## Conclusions

Significant and substantial reductions in recidivism for repeat DUI offenders have been achieved via the Georgia DUI court programs. When the terminated offenders are combined with the DUI court graduates (intent-to-treat group), significantly lower recidivism rates were evident (on the order of 38% to 65% lower recidivism compared to the offenders in traditional programs) when all three courts are combined. When each DUI court was analyzed individually, these findings held up except for Clarke County. It appears the major reason that there was no statistical difference in recidivism between all the groups in Clarke County was the relatively low recidivism rates for the contemporary offenders and the retrospective offenders (compared to the other two counties). The DUI court graduates recidivism rate in Clarke County was only 11 percent after 4 years, certainly comparable to the 10 percent rate in Chatham but somewhat higher than the 7 percent rate in Hall. The three DUI courts did not appear to use substantially different approaches to their offenders which might account for this difference. For the intent-to-treat offenders (graduates plus terminated) the other two courts showed a recidivism rate of 15 percent while Clarke showed a rate of 16 percent. However, in Clarke, the recidivism rate for the contemporary offenders was only 19 percent and the retrospective offenders only showed a 23 percent rate. In Chatham and Hall, the contemporary and retrospective offender recidivism rates were substantially higher: contemporary group (Hall 24%; Chatham 27%); retrospective group (Hall 31%; Chatham 48%). It was not clear why the different recidivism rates occurred.

The overall finding from this analysis greatly supported the DUI court concept for reducing recidivism. As Figure 11 shows, these reductions in recidivism rates ranged from 38 percent to 79 percent depending upon the intervention and comparison group used. The DUI court program prevented between 47 and 112 repeat DUI arrests over the 4-year period analyzed for a substantial cost savings to the State in terms of jail confinement, treatment and probation.



**Figure 11. Reduction in Recidivism Rates**

The clinical assessment of each offender, the period under treatment, the frequent monitoring, the partnerships with other agencies, and the leadership of the judges all appeared to play a role in these outcomes. DUI courts, using DUI statutory conviction requirements as the structure of

the program, bring together the various professionals needed to ensure a thorough clinical evaluation, treatment assessments, probation monitoring, and offender adjudication. The coordination between these professionals provides the mechanism for close oversight by the judge of both the offenders and the service providers.

Georgia's DUI courts appear to be administered as intended. Each DUI court team member plays a key role in the management of the offender participants.

One significant obstacle to the successful implementation of the DUI courts in Georgia is the high financial cost of the DUI court program for offenders. Additional costs include offender-paid treatment and individual therapy sessions, random drug and alcohol testing, and travel for increased attendance at meetings which are typically not included in the traditional sanctioning program. Many offenders have very low incomes. Providing DUI court only for persons who can afford the program is antithetical to the American concept of equal treatment under the law. Local funding for the courts to obtain self-sufficiency after grant funding ends is needed. All three DUI courts continue to operate successfully supported by participant fees, fundraising, local government appropriations and state grant funding. The National Drug Court Institute (Reilly & Pierre-Lawson, 2008) recommends that DUI court officials seek funding from the following sources to ensure sustainability in the future.

- Legislation and Appropriations
- Court Assessments and Fee Systems
- Interagency Agreements
- Medicaid and Managed Care
- Funding from Counties and Municipalities
- Community Partnerships
- Nonprofit Organizations
- Fundraising

Based upon this study, DUI courts in Georgia have the potential to reduce DUI recidivism and the societal costs associated with the harm caused by repeat DUI offenders.

## Limitations

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Some of the limitations of our data and analyses include the following:

- The Georgia Criminal History Record Information (CHRI) file was used for the recidivism analyses. The Georgia Department of Driver Services Driver Records system was under revision at the time of this study and was unavailable for access. The CHRI file contained all of the DUI convictions, but it may have missed administrative license revocation (ALR) actions and BAC test refusal violations. If DUI charges (or other alcohol charges) were not filed along with such violations, the recidivism rates calculated may be somewhat conservative (lower than reality).
- The exposure period for the DUI court program graduates was measured from the index offense, not from the program graduation (or end) date. However, because each program offender has a different length of time in the program, it is not possible to use the program end date for the beginning of the exposure period, as there is no comparable date for the contemporary or retrospective comparison offenders. The average exposure times of the various groups of offenders were as follows: DUI court graduates – 3.73 years with 99.5% having at least 2 years and 84.3% with at least 3 years; contemporary comparisons – 4.19 years with 100% having at least 2 years and 87.6% having at least three years; DUI court terminated – 3.33 years with 91.1% having at least 2 years and 58.7% having at least 3 years. Given that non-recidivism while one is in the program is a presumed requirement for a program offender to continue to graduate status, the recidivism might be artificially repressed for the average program length (approximately a year) and perhaps accelerate thereafter. The survival graphs show evidence of this phenomenon, which has been noted in other sanction programs (e.g., Ignition Interlock studies). Nevertheless, even if the recidivism slopes for the program group parallels those of the comparison offenders after the sanctions have ended, the total rates for the program group never catch up with the comparison groups' rates. Therefore, it can be argued that a lasting effect has still been achieved.
- Ideally, randomly assigning eligible DUI offenders to DUI courts and similar offenders to traditional programs would be the preferred scientific method. However, in this particular initiative, all eligible offenders were compared to matched similar offenders.
- Unfortunately, costs associated with the operation of these DUI courts could not be obtained, nor could the cost savings of these DUI courts be estimated. Neither could the costs associated with the more traditional courts that deal with DUI offenders be obtained, nor could any estimated cost savings due to these operations be estimated for comparison purposes. This rendered a comprehensive cost-benefit analysis impossible to conduct in this study.

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## Appendix A: Georgia DUI Court Process Information

The questions in this appendix were provided to the courts for inclusion in this process evaluation. Consolidated summary responses are provided here, excerpted from responses from the court administrators and from the body of the report.

### County and DUI Court Start Dates:

Chatham (5/03), Clarke (10/02), and Hall (3/03)

### DUI Court Eligibility Criteria: How are offenders selected (what are the eligibility criteria)? Include attachments as appropriate.

The criteria for the three courts (listed below) are similar.

#### Sentencing Criteria for Three Georgia DUI Courts

Hall County/Gainesville	Clarke County/Athens	Chatham County/Savannah
<ul style="list-style-type: none"> <li>• 2 DUI convictions in the last 5 years, no more than 6 in a lifetime</li> <li>• 1 DUI in last 5 years, but 2-6 in a lifetime</li> <li>• For those 1 in 5 offenders with 2 DUIs in a lifetime, both have to have occurred within the last 7 years</li> </ul>	<ul style="list-style-type: none"> <li>• 2 DUI convictions in the last 5-year period or 3 or more lifetime DUI convictions.</li> <li>• Defendant has criminal history associated with substance abuse (e.g., multiple underage possessions, possession of marijuana); no defendants with carrying-concealed-weapon convictions or any sort of drug-trafficking convictions.</li> <li>• Offenders with only one DUI conviction are ineligible unless there is other criminal history associated with substance abuse pattern.</li> </ul>	<ul style="list-style-type: none"> <li>• 2 DUI convictions in the last 5-year period or 3 or more lifetime DUI convictions.</li> </ul>
No violent offenses.		
Must live in county or close to county (Must be able to attend treatment but cannot drive due to suspended license)		

Note: Offenders with only one DUI conviction are ineligible.

### What are the incentives/sanctions for offender participation in the DUI court?

DUI court is a condition of sentence carried out by probation. As such, all eligible offenders are mandated to the program regardless of any incentive process. A sanction would be potentially the revocation of 12 months of probation time, which means the offender could spend 6 months in jail.

In Hall County, as with the other two DUI courts, the court provides some benefits for offenders as a part of the program. The court may waive the initial \$50 assessment fee; lessen jail time by 25 percent where possible; reduce time on house arrest by 33 percent where possible (this also results in a dollars savings since offenders pay to be on house arrest); and credit up to 240 community service hours upon successful completion of the DUI court program (participants earn community service credits for “time in treatment” compliance and attending 12-step meetings). Georgia law requires multiple offenders to receive 240 hours of community service

as part of the sentence, but the judge has sole discretion as to what counts as community service.

**DUI court Status:**

**How many offenders have been selected to date?**

**How many offenders have refused to participate?**

**How many offenders have successfully completed all elements of the DUI court?**

**How many offenders were unsuccessful and were removed from the DUI court program?**

The following table provides the number of DUI court participants, the number of offenders who are not in compliance or terminated, and the number who have graduated.

**How many offenders chose to leave the DUI court program for the alternative?**

They do not “choose” to leave because the alternative is jail. This is counted in the “noncompliance or terminated” category.

**Georgia DUI Courts Status (April 30, 2006)**

	<b>Court Start Date</b>	<b>Participants</b>	<b>Graduated</b>	<b>Active in Compliance</b>	<b>Not in Compliance or Terminated</b>	<b>Retention Rate</b>
Chatham Co. (Savannah)	5/03 <sup>1</sup>	458	134	208	116	75%
Clarke Co. (Athens)	10/02 <sup>2</sup>	263	62	152	49	81%
Hall Co. (Gainesville)	3/03	332	105	172	55	83%
Totals		1053	301	532	220	79%

<sup>1</sup>In the early stages of the program, 12 persons were sentenced to DUI court but went AWOL before beginning. These 12 are not counted here.

<sup>2</sup>The Clarke County DUI court started receiving offenders in October 2002, under alternative funding with the knowledge that NHTSA funding would begin in January. This number includes all offenders since October 2002, although there were only a few between October 2002 and January 2003.

**What program guidelines are provided to participating offenders (include attachments as appropriate)?**

In Hall County, participants receive the Participant Handbook, a copy of the DUI court requirements, a handout of participant requirements, a handout for 1 in 5 (first DUI in 5 years) or 2 in 5 (second DUI in 5 years) administrative license reinstatement requirements and process, a handout of local RRP (DUI Schools), and appointment with treatment.

In addition, Chatham County has produced a video. The video outlines the DUI court program and it is played for all eligible DUI court defendants prior to the plea docket. If the defendant is found guilty by the court, and eligibility requirements are met, the defendant is sentenced to participate and comply with the Chatham County DUI court as a condition of probation.

**DUI court program Phases:**

**Describe program phases and sanctions all offenders are required to complete (include attachments as appropriate):**

Here we provide the Athens/Clarke County treatment and court schedule. The other courts have a similar phase system, with minor variations.



- Phase 1:** Orientation, contracting, and initial clinical assessment  
Intake, NEEDS survey within 48 hours of sentencing or release, orientation, level of care screening, assignment to treatment group.
- Phase 2:** Extended assessment (duration minimum 8 weeks)  
2 hours per week in group therapy with at least one individual session with treatment provider; DUI court twice each month.
- Phase 3:** Active treatment and early recovery (duration minimum 24 weeks)  
2 hours per week in group therapy with at least one individual session with treatment provider; DUI court twice each month.
- Phase 4:** Relapse prevention (duration minimum 16 weeks)  
3 hours per month in group therapy with at least one individual session with treatment provider; DUI court twice each month.
- Phase 5:** Continuum of care (duration 52-104 weeks – DUI/drug court team)  
Individually determined requirements based upon the needs of the participant; appear in court monthly until graduating from the program.

Although any team member can recommend sanctions, it is the sole responsibility of the DUI/drug court judge to impose sanctions on any participant. Some examples of sanctions follow:

- Verbal or written reprimand from the bench.
- Required reporting to DUI/drug court office.
- Increased frequency of alcohol/drug testing.
- Increased appointments with probation official.
- Loss of driving privileges.
- Additional community service hours.
- Incarceration.
- Other sanctions as deemed appropriate by the bench.

**Consequences of program violations also may include:**

- Increased case management with treatment provider.
- Increased treatment attendance and/or individual sessions (at participant expense).
- Increased number of 12-step meetings.
- Increased random drug and alcohol testing.

**Describe how an offender is tracked through the entire DUI court program from arrest to final disposition (attach data forms used):**

The DUI cases follow normal procedures through arrest, investigation, and prosecution. If the defendant qualifies for the program, DUI/drug court staff screen the cases. If appropriate, the defendant is sentenced to participate. Intake, orientation, assessment, and assignment to a

treatment group, along with schedule for meeting with the probation officer, occur within the first week of sentence or release from confinement. Biweekly, before the DUI/drug court status conference, a staff meeting of the team is held. At the meeting, each participant's progress is reviewed. The treatment coordinator gathers the information and presents a status report to the staff meeting. Information is updated daily, so current information on each participant is immediately available. Additionally, relevant data are input into the CTP/NEEDS tracking system.

The client-tracking program enables project staff to collect and enter standardized DUI offender data from all Georgia DUI court pilot programs. A NEEDS assessment instrument, which is the State-mandated substance abuse screening instrument for the intensive intervention program, is used to collect and record client information. The CTP is designed to provide an efficient method for tracking and managing client involvement and their progress in the intervention and treatment process. It not only updates project staff on offender progress, but also provides reminders on action items with the clients. A technical support manual was provided to the three DUI court administrators to ensure uniformity in data gathering, analyzing, and recording client information, and staff were trained in the use of the new program. In 2004, the CPT/NEEDS tool was expanded to include a secure Web-based version of the NEEDS tracking. With the improved version of NEEDS, probation and treatment providers can enter their own data via a secure Web site and provide better reports to the court. Probation and treatment providers submit reports for each participant to the DUI court coordinator every 2 weeks. Upon receipt of these reports, the DUI court coordinator prepares a report for the presiding judge that includes any noncompliance issues that should be addressed in the upcoming DUI court.

#### **How is sobriety monitored?**

Participants in every phase are assigned a color and given a telephone number that must be called daily. If the participant's color is called on the recording, the participant must report to the recovery place and submit to both urine and breath tests. A missed test is considered a positive test and sanctioned as such.

#### **How is compliance with all sanctions documented?**

With the CTP/NEEDS program, a record is automatically created for the client, and pertinent client information from the NEEDS assessment results is transferred to the system. Events in the client progression through the system are scheduled and tracked. This includes drug tests and results, all appointments and whether they were made and kept, and attendance at 12-step meetings. It also allows for tracking of all sanctions and incentives and generates court orders and court subpoenas.

#### **Offender Demographics and Lifestyle Changes:**

##### **Document demographics of each offender (e.g., sex, age, marital status, occupation, number of children, ethnicity).**

After an analysis of DUI court data from all three courts, the GAOC (May 2005) described the average DUI court offender as follows: The average participant is a 35-year-old White male with at least three DUI convictions in his lifetime. This average participant is a high-school graduate, is not currently married, and is employed but earns under \$20,000 a year. The majority of participants have had three or more lifetime DUI convictions. Thirty-six percent of the DUI court participants have had four or more substance-abuse-related arrests. The average participant's primary drug of choice is alcohol, which he started drinking by the age of 18. He

has a severe substance abuse problem for which he has received no treatment, but he is a good candidate for closely supervised outpatient treatment. The most common charge at time of arrest, in addition to the DUI charge, is driving on a suspended license.

**Describe how significant lifestyle changes are documented for each offender:  
(Examples include marital status, occupation, having children, remaining alcohol/drug free)**

Significant lifestyle changes in the offenders' lives are discussed in group meetings among the court team. They are not systematically measured (for example, through a post-graduation survey), but changes have been noted anecdotally. Some examples from Hall County follow.

*"The program allowed me to keep my marriage and my job. I would have lost both"*

*"I'm about to buy a house and I have my real license back"*

**DUI court compliance:**

**How is noncompliance with any element of DUI court handled?**

Noncompliance issues are addressed and normally sanctioned. Sanctions range from having to perform additional community service hours before the next DUI court session to time in jail. Serious offenses are sanctioned by taking the participant into custody and placing them on the next available revocation docket. Before the revocation docket, the participant is given the opportunity to be represented by an attorney. Revocation hearings normally result in full or partial revocation of probation.

**How is compliance with all elements handled? (e.g., graduation ceremony, certificate, license reinstatement)**

The team recognizes movement up to next phase at status conferences, and participants received a certificate for each phase movement. Graduation ceremonies include presentations by the judge, and framed certificates for the participants. At the first Athens graduation, six participants were honored; individual pictures were taken with the judge and with their certificates. More than 30 invited guests attended to observe the outstanding achievements of these participants.

The DUI court staff monitors the participants in their quest for license reinstatement. Driving histories are pulled when the participant is within 60 to 90 days of the end of the hard suspension period. The staff reviews their histories to determine all requirements for license reinstatement, sends the written terms to the participant, and sets a meeting date to establish a timeframe for completion.

**Alternatives to DUI court:**

**Describe alternative programs for similar offenders not participating in DUI court.**

Traditionally, under Georgia law, a person convicted of driving drunk twice within a 5-year period can be sentenced to a fine, 12 months in jail or probation, community service, and license suspension. The offender must undergo a clinical evaluation and complete a substance abuse treatment program of 17 weeks to 1 year's duration and a 20-hour intensive RRP curriculum (DUI School). Under the current statutes, offenders convicted of driving under the influence of alcohol can apply to the Department of Driver Services for reinstatement of their driving privileges only after completing the evaluation and treatment and intervention programs. In some cases, after 12 months, offenders may be granted a limited permit to drive with an alcohol ignition interlock device.

**Describe major differences between DUI court offenders and offenders in alternative programs.**

As of April 30, 2006:

DUI court participants average age: 36

Women make up 17 percent of DUI court population compared to 12 percent for alternative multiple offender population.

African Americans make up 24 percent of DUI court participants compared to 27 percent of alternative multiple offenders and 26 percent of first offenders.

17 percent of DUI court participants are unemployed compared to 10 percent of alternative multiple offenders and 8 percent of first offenders.

32 percent of DUI court participants have less than a high school education.

Almost two-thirds (64%) are not married or in a relationship.

Over half (64%) make \$20,000 or less annually.

24 percent of DUI court participants are divorced/separated compared to 27 percent of alternative multiple offenders and 18 percent of first offenders.

11 percent of multiple offenders started drinking alcohol before the age of 16 compared to 6 percent of first offenders.

Multiple DUI offenders report more use of illegal drugs than first offenders.

In summary, researchers noted a difference in demographics and life circumstances when comparing the DUI court group to first offenders and alternative repeat offenders. A greater proportion of those offenders selected for the DUI court have severe alcohol problems, are unemployed, and have more difficult life situations. They also are older, are female, started drinking at a young age, have had little previous substance abuse counseling, and report more use of illegal drugs.

**Documentation of Offenses:**

**Describe the nature of offenses that are documented for each offender during participation in DUI court:**

Offences include positive readings on drug and alcohol tests, missing treatment or treatment meetings, missing court, noncompliance with community service requirements, and re-arrest. Examples of offences that have occurred during DUI court involve domestic battery, arrests for driving with a suspended license, possession of cocaine, and shoplifting.

Not all of the offenders are noncompliant due to personal actions. Some of the reasons provided for noncompliance included serious medical conditions, active duty military, and cases expired (probation period ended before completion of treatment).

**DUI court Success Stories:**

**Describe any success stories occurring with DUI court offenders:**

The biggest measurable success is the number of repeat DUI offenders who have graduated from the DUI court program, which indicates that they have successfully conquered their addiction to alcohol and have mastered skills and developed a social network, such as through

AA, to help them remain sober. In addition, 532 offenders are currently in alcohol treatment, and they are maintaining sobriety and actively participating in their treatment.

Some anecdotal success stories are provided here.

From Chatham County/Savannah:

### **Anecdotal Success Stories**

The following information was provided in the May 2005 progress report by Chatham County staff:

*“There is no doubt that the court has changed people’s lives. We have been told by graduates that we “have saved their lives,” and “provided relationships with family members that they had lost all hope of regaining.” One graduate told us that the only negative thing about DUI court was that his children said he was boring. When asked what he meant, he responded that when he was drinking, there was always “drama” at his house, and since he had stopped drinking, things were calmer.*

*Most DUI court graduates have told us that they will continue to attend AA meetings. They have indicated that, had the court not mandate they attend AA, they would not have known it is a valuable resource in their recovery.*

*Of all the success stories I could mention, one in particular comes to mind:*

*One day last year as Judge Fowler and I were walking out of the courthouse, Judge Fowler saw Anthony J., who had in his court in days prior (for a driving on suspended license charge), drive up to the courthouse and park his truck. Judge Fowler asked a nearby State trooper to investigate, and not only did Anthony J. still not have a valid license, but was under the influence of alcohol. The trooper made the DUI case, and Anthony J. was eventually placed in DUI court. Initially, I did not give Anthony J. much of a chance for success. While in DUI court, Anthony J. committed himself to sobriety and completed the treatment portion of DUI court without a sanction. Anthony J. did all of this while holding down a full-time job and caring for his sister who has cancer. Sometimes, he would have to bring his wheelchair bound sister to court with him, but he did this without asking for any special treatment or favors.*

*After graduating, Anthony J. told us that if he did not get placed in this program, he would still be out drinking and driving. All of the Chatham County DUI court stakeholders understand that sometimes we are told “what we want to hear”; however, there was never a doubt that Anthony J. was sincere.*

**From Hall County:**

*“We have seen several relationships restored. One marriage was basically over until she became involved in the program. The husband agreed to help the participant by driving her because she did not have a license and the time in the car allowed them time to discuss their relationship. As she became sober and he saw the changes in her, they got back together and they have a restored marriage.*

*Another participant was engaged until his drinking ended up splitting up that relationship. She saw him get sober in the program and become responsible. They got back together after he was about halfway through the program and were recently married.*

*One participant was not allowed to baby sit his grandchild because of his drinking. He had a long history of problems with drinking. After a period in the program, his daughter now allows him to watch his grandchild and is proud of the progress he made while he was in the program.*

*One recent graduate lived on the streets at age 13. She was involved in programs along the way, but never made much progress. She entered the program reluctantly and complaining...loudly...about it. She learned along the way how to be responsible for herself and for her 15 month old daughter. She is planning on a return to school and she has her own place to live. She has made tremendous progress in her life."*

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