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State Funding of Alcohol Safety Countermeasure Programs

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16. Abstract This study was to analyze current State practices in funding State alcohol highway safety programs. The results were intended to provide guidelines for establishing and improving self-sustaining alcohol safety programs. The literature was reviewed and data was collected by telephone from 22 State representatives; information was obtained from personal interviews with six of the initially surveyed program employees. The principal findings and conclusions are: 1) There may be a great deal of reluctance for States to initiate or expand programs because of large expense and difficulty of presenting direct benefits from expenditures; 2) a client fee of \$200 is a reasonable sum for a comprehension self-supportive program; 3) It is recommended that clients reach the alcohol safety program not only through the court, but through an administrative action on the part of motor vehicle departments; 4) There should be a State alcohol safety program office to help administer and support the local programs; 5) No special funds should be allocated for enforcement agencies; 6) Most motor vehicle laws are written so that alcohol safety programs could be an adjunct to the driver education programs and that additional legislation is really not necessary.					
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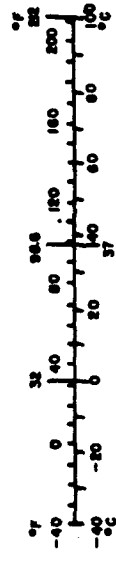
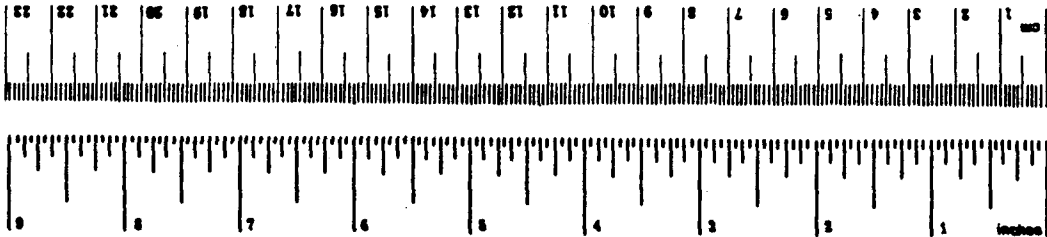
METRIC CONVERSION FACTORS

Approximate Conversions to Metric Measures

Symbol	When You Know	Multiply by	To Find	Symbol
LENGTH				
in	inches	2.5	centimeters	cm
ft	feet	30	centimeters	cm
yd	yards	0.9	meters	m
mi	miles	1.6	kilometers	km
AREA				
in ²	square inches	6.5	square centimeters	cm ²
ft ²	square feet	0.93	square meters	m ²
yd ²	square yards	0.8	square meters	m ²
mi ²	square miles	2.6	square kilometers	km ²
	acres	0.4	hectares	ha
MASS (weight)				
oz	ounces	28	grams	g
lb	pounds	0.45	kilograms	kg
	short tons	0.9	tonnes	t
VOLUME				
fl oz	fluid ounces	30	milliliters	ml
pt	pints	0.47	liters	l
qt	quarts	0.95	liters	l
gal	gallons	3.8	liters	l
cu ft	cubic feet	0.03	cubic meters	m ³
cu yd	cubic yards	0.76	cubic meters	m ³
TEMPERATURE (exact)				
°F	Fahrenheit temperature	5/9 (after subtracting 32)	Celsius temperature	°C

Approximate Conversions from Metric Measures

Symbol	When You Know	Multiply by	To Find	Symbol
LENGTH				
mm	millimeters	0.04	inches	in
cm	centimeters	0.4	inches	in
m	meters	3.3	feet	ft
m	meters	1.1	yards	yd
km	kilometers	0.6	miles	mi
AREA				
cm ²	square centimeters	0.16	square inches	in ²
m ²	square meters	1.2	square yards	yd ²
km ²	square kilometers	0.4	square miles	mi ²
ha	hectares (10,000 m ²)	2.5	acres	ac
MASS (weight)				
g	grams	0.035	ounces	oz
kg	kilograms	2.2	pounds	lb
t	tonnes (1000 kg)	1.1	short tons	st
VOLUME				
ml	milliliters	0.03	fluid ounces	fl oz
l	liters	2.1	pints	pt
l	liters	1.06	quarts	qt
l	liters	0.26	gallons	gal
m ³	cubic meters	36	cubic feet	ft ³
m ³	cubic meters	1.3	cubic yards	yd ³
TEMPERATURE (exact)				
°C	Celsius temperature	9/5 (then add 32)	Fahrenheit temperature	°F



*1 m = 2.54 (exact). For other exact conversions and more detailed tables, see NBS Misc. Publ. 226, Units of Weights and Measures, Price \$2.25, SD Catalog No. C13.10-286.

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EXECUTIVE SUMMARY

The purpose of this study was to analyze current State practices in funding alcohol-related highway safety programs. The results are intended to provide guidelines for establishing or improving self-sustaining alcohol safety programs. The study included a review of the literature, data collection by telephone interviews with 22 State alcohol safety programs and related personnel, and personal interviews with 6 of the programs initially surveyed by telephone. The data were compiled and analyzed.

Findings from this study include the following. Many States now authorize fees to be levied on drunk drivers to cover the direct costs, and in some cases the indirect costs, of alcohol safety schools and rehabilitation programs to which such drivers are referred. Although a few States use general funds and specific taxes on alcoholic beverages to help support alcohol safety programs, most of the States surveyed are attempting to conduct self-sustaining programs. Self-sustaining programs are generally defined as those which operate without appropriated State or Federal tax funds. That is, such programs operate with funds that are collected from program users (or potential users) specifically for program use.

The funding of alcohol safety countermeasure programs, through fees collected from persons convicted of driving while intoxicated or fees collected from only those persons sent to a program appear to reach satisfactory levels. Fees are typically used to pay for programs which provide intervention services. These services usually fall between traditional penalties (jails and fines) and traditional treatment (in hospital and outpatient) and consist of multi-level education and group therapy sessions.

The fees are collected by either the programs or the court and are committed to paying for all or, in some cases most of the program costs. As might be expected, the success or level of self-support seems to be a function of the amount of the fee. States which charge the higher fees of about \$200 per offender generally have totally self-supported alcohol safety programs, while those with lower fees require general tax support to cover administrative and other indirect costs. The total self-supported Alcohol Safety Program described in this report is limited primarily to a court referral treatment program. It does not take into consideration the cost required to fully fund other countermeasures of the system such as enforcement, increased adjudication costs, and systems management coordination.

General tax funds, including those collected from the sale of alcoholic beverages, are sometimes used to fill in the gap between the fees collected and the costs, but they are sought after by many traditional alcoholism treatment and education agencies. Alcohol safety programs, targeted only to the drinking driver, seem to have little success in obtaining these funds over a sustained period. The severe alcohol abuser-driver, however, may be referred to a general treatment program which is supported through alcohol tax funds. Some State and Federal Department of Transportation funds do, however, cover some alcohol safety programs administrative costs.

It is generally concluded that a State could operate a completely self-sustaining alcohol safety program through the collection of fees from persons convicted of driving while intoxicated. Fees in the range of \$200 per person would probably cover a significant portion of the the costs of multi-level educational and group therapy sessions, enforcement and judicial seminars, and limited program administrative and information system operations.

The States that were studied in detail all had different methods of operating their alcohol safety program; they collected fees differently; and they accounted for their funds by various means. No one State appeared to have a "best" system, but most could be classified as self-sustaining.

Figures 1A and 1B presents a matrix cross indexing the States included in the study with the types of funding mechanisms currently in-use. It should be noted that while each State is unique, all have a student-client fee education system, with State approval of program content.

**FIGURE 1A
ANALYSES MATRIX OF RESULTS**

	Self Suff. Funded St. ASP	Court Fee	Sch./Client Fee	Admin. Fee	St. Ofc. Desig.	St. Ofc. Approve Local Program	St. Ofc. Approval Local	St. Ofc. Audit
Arkansas	partial	\$25		not separate from court fee	Gov. Hwy. Safety Pub. Safety	Yes	Yes	Yes
New York	No		\$55 to 75	\$30	DMV Safety Program Coordination	Yes	Yes	No (but less authority)
Ohio	No		\$15 to 125	No	Alcohol/Drug Hwy. Safety Program	Yes	No	No
South Carolina	No		\$50 (1st offender) \$100 (multiple offender)	\$5	Comm. on Alcohol and Drug Abuse ASAP	Yes	Yes	Yes
Tennessee	No	\$50	\$50	No	Gov. Hwy. Safety Hwy. Safety Program	Yes	Yes	No (but less authority)
Virginia	Yes		\$200	20% of school fee	Gov. Hwy. Safety VASAP	Yes	Yes	Yes

**FIGURE 1B
ANALYSES MATRIX OF RESULTS**

	Other Funds	Budget 78	Rehab. Level 1	Rehab. Level 2	Rehab. Level 3	Enf. Trng.
Arkansas	402	\$ 800,000	Yes	Up to 10 hours of Level 2 or 3		No
New York		\$2,000,000		Combined Programs		No
Ohio	None	\$2,000,000	Yes	Yes	Yes	No
South Carolina	402	\$ 400,000	Yes	Combined Programs		No
Tennessee	402	\$ 400,000	Yes	Combined Programs		Some
Virginia	402	\$4,300,000	Yes	Combined Programs		Some

INTRODUCTION

To initiate innovation programs, the Department of Transportation's National Highway Traffic Safety Administration (NHTSA) initiated city, county, and State programs called Alcohol Safety Action Projects (ASAPs). Federal funding for such initiatives was to discontinue after a three or four year start-up period. The ASAPs were therefore encouraged to identify program support, particularly among health-education delivery systems to serve persons convicted of Driving Under the Influence of Alcohol (DUI).

In the health education delivery system there are alternatives to paying for service. In general the following methods are used, often in combination.

1. **General taxation.** General tax funds collected through income, property, sales taxes, etc., are placed in a general treasury and then distributed to governmental agencies on an economic-political basis. General budgetary funds for treatment programs, highway safety programs, and court and enforcement efforts are provided in this way.
2. **Special taxes.** Taxes levied on alcohol, gasoline, licenses, etc., are special taxes which are usually earmarked for special expenditure accounts. Alcohol taxes are used to fund alcohol treatment and education programs. Gasoline taxes are used for roads and licensing taxes and are sometimes used for driver training programs.
3. **Fines, fees, and administrative costs.** Court fines, fees and administrative costs are usually levied and collected directly by the agencies providing the services. These funds are usually placed in very carefully controlled earmarked accounts.
4. **Direct client payment, tuition and third party payments.** Programs charge the recipient of prospective services a fee which is placed into a cost reimbursement account. Where medical treatment is involved, insurance payments may be made to the program or the client.

In recent years, the impetus has been away from support of health-education programs through general taxation. This impetus results in part from Proposition 13 and other similar reactions to increasing tax burdens. As a result, intense bureaucratic scramble for special tax-based funds, including taxes on alcohol, has developed. State treatment and educational centers continue to fight for these funds so persistently that new and comparatively small-scale programs have little hope of tapping this resource.

Following NHTSA funding, the initial source of revenues for alcohol safety programs was generally court fees. However, several problems were associated with court-assessed fees as the sole source of ASAP support. First, the courts usually took a percentage of such fees for their own costs, including a percentage for retirement funds, law enforcement benefits, etc. (See Appendix E). Consequently, the total reaching program was usually far less than that collected. Perhaps even more critical was the problem associated with court accountability (or lack thereof). The courts did not keep accurate records

and account for dollars versus defendants. A sum of money finally appeared in the treasury for "DUI" programs, but it was very difficult for the programs to determine how many defendants were fined or in what amounts.

An additional problem with court collected fees was that the funds were received at the county (or State) level. Often, however, cities were paying higher enforcement costs for the ASAP programs. Since in most cases no funding distribution system existed, the cities lost money while the county gained.

Nevertheless, the court fee system did have certain advantages. Fewer general or specific tax funds were needed for continuation support of ASAPs. Further, most persons convicted of DUI were able to pay for the programs. The DUI population is unusual in that offenders are seldom indigent. Therefore, programs supported by their offender population require relatively little "overpayment" from those who can afford to pay in order to cover the program participation costs of persons unable to pay. Another benefit to the offender fee system was that funds were paid for services to be received, and the close proximity in time made the fee seem less like a penalty and more like a payment for services received. This mandatory pay-as-you-go scheme was also found to provide incentive for treatment and a better acceptance of programs which provided something for the fee charged.

As mentioned previously there was a problem with ASAP enforcement costs. Added patrols for DUI detection and special detection training increased enforcement costs. These activities then resulted in increase DUI detections and in some areas there was a 300 percent increase in arrests. The courts experienced a large increase in case load. Funds to handle this increased court case load were gained through the additional number of association fines and court costs. But the court costs were not used to directly support enforcement. The system of enforcement and adjudication in the United States prohibits enforcement agencies from directly obtaining monies as a result of a conviction (but not so the courts). It would seem, however, that if selective enforcement resulted in an increase in persons being convicted, the enforcement agency could be credited for its added expenses. But even though this crediting mechanism seemed to present sufficient checks and balances to prevent any irregularities from occurring, it never gained popularity. It was difficult for enforcement agencies to continue this support of ASAPs when their Federal funds were stopped.

The education treatment area appeared to be the one area wherein completely new funds and programs were needed to support ASAP. Entry-level programs for thousands of drivers with mild to intermediate alcohol abuse problems were nonexistent. They were built from the ground up by ASAPs. These entry-level programs, referred to as intervention programs, were housed in ASAP offices, school treatment centers, other government buildings and rented commercial spaces. Programs or curricula were developed anew and administered through contract by educators, treatment specialists, and ASAP program personnel. The educator-treatment programs initially operated with court fees or student client fees paid directly to the program. The court fee structure generally fell from favor while the direct payment structure strengthened.

As the federally funded ASAP effort continued over a three and one half year period, the ASAPs tended to separate from their parent agencies and become somewhat independent. The statewide programs developed stronger state-level administrations. These administrations provided a coordination effort, a budgeting source and an approval center for overall control. The extent to which these administrations developed and their functional roles evolved is widely varied. In some cases the administrative offices also used part of the student client fee for their support and in other cases they used Federal or State funds.

The States provided, in most cases, legislative action for the establishment of ASAP functions and their financing. But this legislation often limited the extent to which ASAP funds could be distributed and in particular usually prohibited the use of ASAP funds for enforcement. Virginia, for example, allows for funds to be used for enforcement training but not for additional patrol hours.

There were, then, numerous problems associated with the ASAP funds, channels of funding flow, and agency compensations. Each ASAP had its own peculiar problems, and it was difficult to generalize policy statements about their ability to continue without Federal funds.

With approximately \$2 million going to each ASAP jurisdiction, there was considerable interest to determine if ASAPs could indeed ever become self-sufficient. The original ASAPs received large sums of NHTSA money with collateral funding for rehabilitation from the National Institute on Alcohol Abuse and Alcoholism. Many programs were initiated with a great deal of concern about their future; the local sponsors would have to find another way to fund the programs after the Federal support terminated. On the other hand, when the time came, the local sponsors would have the start-up costs behind them, would have an opportunity to increase the effectiveness of many "trial" countermeasure activities and an opportunity to discontinue much federally required intense research involving detailed data collection and analysis.

Most typical continuation State ASAPs became stronger "systems integration" organizations dealing with portions of the health system treatment, including education, rehabilitation and therapy and the criminal justice system for enforcement and adjudication. There were some major strategical differences in funding these areas because the adjudication area required only incremental increases to expand their present services and obtained funds from court costs. Treatment, however, required new endeavors in the educational areas; consequently many local intervention programs were initiated with continuing guidance from the State offices.

These intervention programs were positioned between the classical driver improvement clinics and classical treatment therapy. Often they consisted of evening classes from four to six meetings of several hours each. Some also included entry-level group therapy. As treatment became more intense, such as individual psychiatric therapy or advanced group therapy, the costs were born either through NIAAA-funded programs, by the client directly, by the clients' insurance, or by some combination thereof.

Most local alcohol safety programs included in their charter a mechanism to obtain funds from offenders in order to offset the costs and as a method to help provide for a continuing source of funds in the future. Offender-based funds were and are today called "client fees" if collected by a treatment-educational program housed within a health-oriented agency and "student fees" or "tuition" if they are collected by a treatment-education program housed within an educational system. Sometimes, however, the source of funds is a convicted DWI person who pays a "fine" or fee as an extra court cost whether or not he is offered a program.

In 1978 some local program's offender fee scales were very low and could not support much more than an instructor's salary. In other programs the offenders' fees appeared sufficient to support the entire State program.

The Virginia ASAP (commonly known as VASAP) is a strong program that continued after Federal funding ceased and continues to operate on student-client fees. By 1979 the VASAP was dealing with 30,000 offenders per year. Twenty thousand of these were receiving some sort of help at one of 22 programs throughout Virginia. The fees supporting the VASAP have reached \$4 million, and a financial growth is expected. The Virginia program, however, is still not completely self-supporting and does not support enforcement. In addition to Virginia, other States were reporting limited success with self-supporting ASAPs. The need for an updating studied was therefore indicated. The degree of self support and types of activities supported needed to be examined in some detail.

The study reported on herein was therefore undertaken in 1978 to look at the self-sufficiency status of several States which had instituted alcohol safety programs. This report discusses the self-sufficiency of several typical alcohol safety programs. A description and evaluation of the current status of several programs are provided. The report is qualitative in nature because the study was not intended to be a catalogue of State programs. Only "typical" programs were selected for detailed study. The programs were selected on the basis of success as indicated either through the literature, general knowledge, or as the result of a telephone interview.

It was found that the States differed markedly in their program administration funding and fee collection systems. Financial reports, audits and general rate information were noticeably lacking.

In order to provide an understanding of the alcohol safety programs today, this report first examines the status of ASAPs after Federal funding ended, then looks at the Virginia ASAP State continuation. A subsequent section covers the findings of several State visits.

SYNOPSIS OF ASAP COSTS

A Southwest Research Institute study reported by Hawkin et al. (1976) attempted to determine if the ASAP system concept was financially viable. If ASAPs were to continue it was necessary that they be cost effective and that they have the capability to be self-sufficient. The overall finding of the Southwest

report is that ASAPs can be self-sufficient. Moreover, this finding appears valid for local and country-operated program as well as statewide programs.

Sufficient factual data exist to support the conclusion that ASAP is not a social program requiring large investments of taxpayers money. Some of the details to support these conclusions are as follows:

1. If cost reduction were made to eliminate the Federal research and report requirements of the New Hampshire ASAP, it could have operated at a net revenue of \$2 million over the 3.5-year ASAP period.
2. The South Dakota ASAP would have operated at a net cost of \$349,000 over a 3.5-year period if there were no Federal requirements. Offenders would have had to pay more for that program to have been self-supporting.
3. Of three county ASAP programs (Fairfax, Virginia; Hennepin, Minnesota; and Hillsboro/Tampa, Florida, Hennepin was financially self-sufficient.
4. Several city ASAPs programs, Oklahoma, New Orleans and Wichita would have been self-sufficient with higher offender-assessed costs.
5. The typical ASAP management required approximately \$250,000 annually for operating expenses and slightly less than \$100,000 for start-up planning and organization. Project management required 42% of the costs, project evaluation 40% and public information and education 18%. The start-up costs were rather high due to the collections of supporting base data, the design of public information and education materials and the purchase of office equipment. These operations were costly because of the large staffs required to support activities which were later discontinued. It was estimated that about 60% of the start-up and operating management costs could be eliminated for new projects.
6. Additional enforcement costs typically amounted to \$300,000 annually. Enforcement strengthening costs, however, amounted to \$15,000. About 82% of the operating costs were committed to selective enforcement patrols. The major strengthening costs were directed at training and equipment purchases. There was a wide variation in the number of citations issued. A typical project enforcement effort resulted in \$61,000 in increased fines. Again, all of these costs were studied and cost reductions recommended.
7. Adjudication costs were developed by combining the expenditures for judges, prosecutors, public defenders, probation officers, preventive investigations and jury costs. Typically these costs were \$229,000 annually with a start-up of \$23,000. Fines, fees and court costs generated \$464,000 annually. The average cost to the DWI offender was slightly more than \$100.
8. Rehabilitation costs ranged from \$25 per patient for an Alcohol Safety School to \$410 for in-patient treatment. Five of the ten ASAPs which accounted for 80% of the client student flow received tuition payments between \$15 and \$30 for the schools. These payments covered 60% of

the rehabilitation costs. It was recommended that slight increases in tuition payments should be made to cover all rehabilitation costs.

9. Example: ASAP planning algorithms were used to show the levels of self-supported based upon past ASAP experience on a city of 500,000. Using a number of assumptions, a 3-year operational program (+6 months start-up) would result in the following:
 - a. A community tax-supported program would require \$2,783,000;
 - b. An "average" self-supporting program would cost local government a total of \$390,000;
 - c. A "highly" self-sufficient program could produce \$1,182,000 in combining city and county revenues.

The DWI offender costs were as follows:

	<u>Community</u>	<u>Average Self- Support</u>	<u>High Self- Support</u>
Traffic Violation Fine	0	10	20
Court Fine - DUI	50	75	100
PSI Fee	0	0	10
Probation Fee	0	20	40
Rehabilitation Fee	0	25	50
Total	<u>\$50</u>	<u>\$140</u>	<u>\$220</u>

In summary, it can be seen from the Southwest Research Institute study that local or State ASAP programs should, if properly designed and administered, operate entirely from offender costs.

DETAILS OF THE VIRGINIA ALCOHOL SAFETY ACTION PROGRAM (VASAP) CONTINUATION

The VASAP was continued after Federal funding was discontinued. ^{1/} A major goal of the program was to be self-sufficient. There were 3 local VASAPs which had one full operational year by the end of 1975. ^{2/} There were 21 operational local programs by the end of 1977. It is discussed at this point in the report because of its importance and because more complete data was available on its operation.

¹ House Bill 1662 (March 1975) established ASAP and a \$150 probation fee.

² House Bill 1210 (March 1976) changed the fee to \$200 and permitted local programs to retain a major portion.

The VASAP now has a State office which has four major functions:

1. **Coordination.** The State VASAP office provides the necessary links between the National Highway Traffic Safety Administration, the National Institute on Alcohol Abuse and Alcoholism, the State agencies of motor vehicles, State Police, Mental Health, Community Colleges, and State Driver Education with the local court, police, prosecutors, treatment centers, educational facilities, regional and municipal planning units, media and private sector organizations.
2. **Training.** The State ASAP provides conferences, guidelines and curriculum manuals for local VASAP directors. Seminars are conducted for judges, and 32-hour police training courses are conducted for police instructors.
3. **Evaluation.** The State VASAP provides an evaluation manual for local VASAP managers and performs an overall statewide evaluation.
4. **Public Information.** The State VASAP operates a subdivision of the Highway Safety Division Public Information Office. Television, radio, films, publications, displays, etc., are used to promote VASAP activities.

The local programs are varied in their operations, but almost all of them involve a treatment-education program. These programs are of a classroom nature conducted for about 2 to 3 hours over a two to five-week period with each class lasting from 1 to 3 hours. Training programs are usually conducted for police departments, and seminars are conducted for judges. Public information and education efforts are also conducted at the local level. The local budgets vary from about \$115,000 to about \$412,000 for various population levels.

The second VASAP Annual Report (1976) contained some calculations regarding the self-sufficiency of local VASAPs. It was pointed out that few of the local VASAPs were self-sufficient, but it was also noted that the programs were rather new. Either the arrest rates were too low to support the local budgets or the number of offenders reaching the program were too few compared to the number of arrests.

The third VASAP Annual Report (1977) indicated that the total fees collected for the fiscal year ending June 1977 were \$1,391,000. In 1978, about 19,500 VASAP referrals were expected with a maximum of \$3,515,400 anticipated in fees from clients to support the local programs. The local VASAP budgets, however, total \$4,003,956 which would result in a \$488,556 deficit.

A draft report prepared in 1978 indicated that in fact the self-sufficiency deficient may reach \$532,628. The State and local budgets are shown in Tables 1 and 2.

The VASAP serves a State population of slightly over 4 million and has a 4 million dollar budget. The VASAP's present DUI arrest level is 30 thousand. The referrals to VASAP increased from about 9,000 in 1976 to 14,000 in 1977, to 18,000 in 1978, with 23,000 expected in 1979. Without reducing the level of services provided, it appears that either the number of arrested DUIs

must increase more, the number of offenders referred to VASAP must increase faster or the fee must increase in order for the statewide program to reach self-sufficiency.

TABLE 1
STATE VASAP OFFICE BUDGET

<u>Categories</u>	<u>FY 1976-77</u>		<u>FY 1977-78</u>	
Personal Services VASAP Staff	\$ 91,884	27%	\$113,704	32%
Other VDTs Staff	113,88	34%	78,401	22%
Contractual Services	106,105	31%	115,645	33%
Commodities	10,780	3%	10,700	3%
Other Direct Costs	17,290	5%	33,650	10%
Total Budget	<u>\$339,945</u>	<u>100%</u>	<u>\$352,100</u>	<u>100%</u>
Funding Source Fees	0	0%	352,100	100%
Federal	339,945	100%	0	100%
Total Budget	<u>\$339,945</u>	<u>100%</u>	<u>\$352,100</u>	<u>100%</u>

TABLE 2
LOCAL VASAP BUDGETS

	<u>FY 1976-77</u>		<u>FY 1977-78</u>	
Personal Services	\$1,292,000	54%	\$2,035,435	51%
Contractual Services	731,514	30%	1,165,893	31%
Commodities	244,820	10%	395,115	10%
Other Direct Costs	104,022	5%	247,974	6%
Other Indirect Costs	24,669	1%	97,016	2%
Total Budget	<u>\$2,397,025</u>	<u>100%</u>	<u>\$3,941,433</u>	<u>100%</u>
Funding Source Fees	1,422,911	59%	3,408,805	86%
Federal	974,114	41%	532,628	14%
Total Budget	<u>\$2,397,025</u>	<u>100%</u>	<u>\$3,941,433</u>	<u>100%</u>

CURRENT STATUS OF SELECTED ALCOHOL SAFETY PROGRAMS

Until the introduction of Alcohol Safety Action Projects (ASAPs) in the late 60's and early 70's, drivers convicted of Driving Under the Influence (DUI or DWI) were typically fined, sometimes lost their license, received a suspended license, or were penalized some combination thereof. Detailed investigations revealed, however, that many of these drivers were problem drinkers who needed assistance. Hence, many ASAP personnel became "intervention" specialists who were working within an alcohol abuse early warning system and were more prevention oriented than treatment or punishment oriented. Of course, there were also some errant social drinkers who required little attention and some severe alcohol abusers who needed comprehensive care. The former were usually turned out of the ASAP system with little notice, while the latter were turned over to traditional health care treatment centers.

The ASAPs focused on a sizable population for which "intervention" programs were needed. The DWI driver, by definition, had abused alcohol but this finding was further supported by interviews and tests. The care provided usually consisted of education, rather than costly therapy or intensive care usually provided to severe alcoholics.

These circumstances resulted in the development of alcohol safety schools. Typically, the school was from 10 to 20 hours in length, conducted in 1 to 2-hour sessions and taught by social science personnel. These personnel became better known as "intervention specialists" because they dealt with each student to determine the severity of their alcohol problem and helped insure that a proper program was followed. Social drinkers attended class, mild problem drinkers also attended group therapy sessions and severe problem drinkers were sent on to traditional treatment programs.

In most cases, the alcohol safety schools remained after the ASAP Federal funding was terminated. It was up to each State, county, or city to continue the funding. Fortunately, because the federally sponsored ASAP program stressed local takeover, a student-client fee was a part of practically every ASAP, and these fees supported many of the schools. The school education-group therapy treatment activity forms the basis for the operations of all of the State alcohol safety programs today.

Each State appears to have reduced emphasis on funding enforcement and public information efforts. The education/treatment programs are continuing, but a review of legislation and other written materials, and even telephone calls to many States, revealed little detailed information related to their funding and fiscal accountability. Site visits helped fill in some gaps in information. With a few exceptions, however, it was very difficult to follow the funding flow, especially when funds passed through the court or State treasury. Additional confusion existed when attempts were made to determine if those who control the alcohol safety program at the State level, associated staff personnel and computer support costs were paid for from general funds or program funds.

Within the scope of this study it was possible to extract many pieces of information from many facets of the States alcohol safety programs. The remainder of this report discusses the interview results of six site visits in detail and in a cursory way the results of 16 telephone interviews with State personnel who were not visited. Other States called had similar structures, but were not visited to prevent duplication of data collection. The six States selected were thought to have representative fee structures.

1. ARKANSAS

Administration

In 1975, partly as a result of the influence of the Pulaski County Alcohol Safety Action Project, the Assembly enacted Act 931. The Act stipulated that an assessment of \$25.00 costs upon each conviction for driving while intoxicated be dedicated to a Community Alcohol Fund for the provision of rehabilitative and educational services for the convicted intoxicated drivers. It charged the Office of the Coordinator of Public Safety with custody of the fund and the design and establishment of a system of such educational and rehabilitative services.

The Public Safety Office contracts with 18 nonprofit service delivery agencies to provide presentence investigations, screening, examinations, DUI schools and treatment programs. There are, however, Section 402 funds also used to support the service agencies. The Community Alcohol Fund also is used to pay the alcohol staff program's portion of the Public Safety Offices expenses.

The State Alcohol staff reviews and approves all course materials and instructors. They audit the school expenditures and pay invoices presented by the schools. This office also channels other funds for treatment, presentence interviews and screening examinations.

The Act 931 funds are to cover only the cost of the DUI school and then up to the first 10 hours of other levels of treatment.

Collection

The additional costs for the DUI program are collected by the court and are sent to the Public Safety Office on a monthly or quarterly basis. The Public Safety Office employs four staff members to administer the programs' accounting, approval and coordination functions. Upon receipt, the Public Safety Office deposits the funds in a "Community Alcohol Fund" account of the State Treasury as shown in Figure 2. This deposit scheme represents a change from an earlier system wherein the courts made deposits directly to the "Community Alcohol Funds".

Unfortunately the Judicial Department now only reports "number of cases filed" and "fines in dollars". While the \$25 DUI fine is always the same, the total court costs vary. The number of DUI cases reaching the courts, the number actually found guilty and the actual number or amount of fines collected are not reported.

ARKANSAS

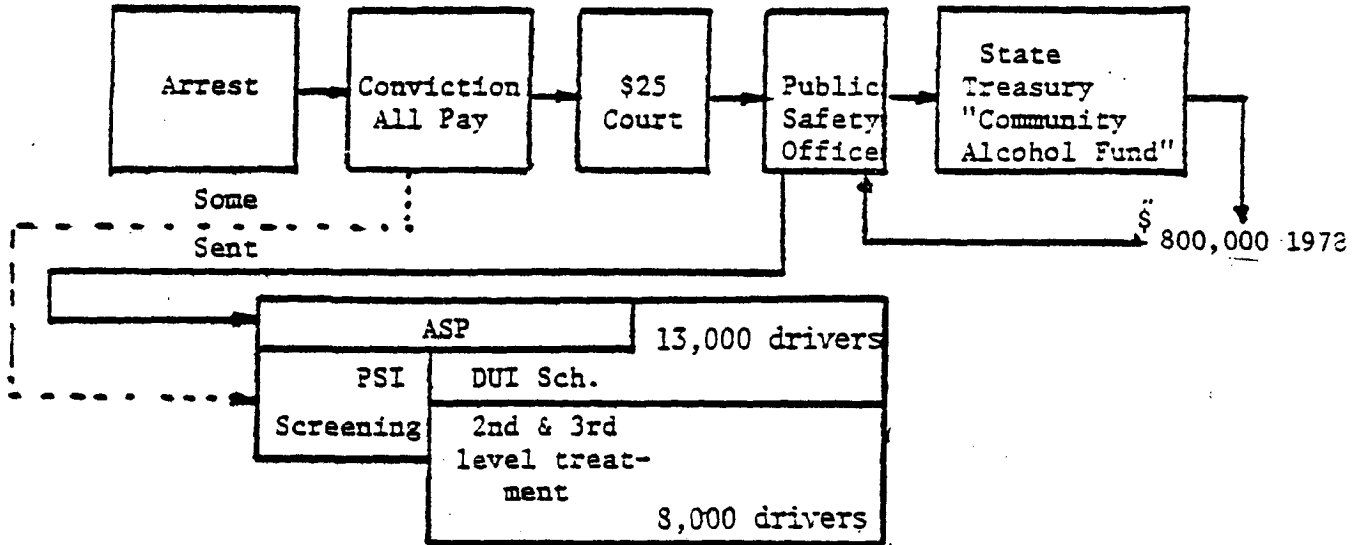


FIGURE 2. The Flow of Funds and Students in the Arkansas Alcohol Safety Program.

Key: _____ represents Funding Flow
 - - - - - represents Student Flow

Funding

The DUI client fee program in Arkansas derived about \$600,000 in 1977 and \$800,000 in 1978. Unfortunately the size of the population paying these amounts, the DUI arrest population and the DUI conviction population, are not known. However, the Arkansas Public Safety Programs Summary Report for the period 10/1 to 9/30, FY 1978, indicates that total Program commitments for FY 1978 were as follows:

	<u>Persons</u>	<u>\$</u>
Alcohol Treatment DUI Schools		
Educational Program	6,572	\$478,000
Preliminary Investigations	10,956	
Screening Facts	8,385	
Alcohol Treatment-Followup		\$401,000
Second Level Treatment	1,800	
Tertiary Treatment	2,288	
DWI Program Training	80	\$105,000
Public Information and Education		\$ 49,000

In addition to their contracts with the Public Safety Offices for services to DWI convicts, the Regional Mental Health Centers receive funding support for their broader scope alcohol-related activities from Federal Health, Education, and Welfare and Community Development sources.

Self-Sufficiency

Calculations made by the Arkansas Public Safety Office indicated that under the present mode of operation the client fee program could support the following activities:

- (1) State Administrative ASP support including:
 - (a) four salaried personnel
- (2) Equipment and materials for the field programs including:
 - (a) films
 - (b) pamphlets
 - (c) projectors
- (3) Field program costs for Education Programs including:
 - (a) instructor salaries
 - (b) some overhead

If follow-up treatment costs were excluded from the program, it could be considered self-sufficient, but at present it appears to operate with large dependency upon Section 402 funds. Developmental costs for new programs (for example, the youthful offender school) must also be paid by the Section 402 Highway Safety Funds.

There is the possibility that the court cost DUI fee will be increased to \$50. This increase could help underwrite new programs' developmental costs. There is also some hope that more stringent reporting requirements will be made of the courts and that a State DUI information system could be used to check the court reports.

Legislation

Act 931 enacted in 1975 provides that a fee of \$25 be collected from every person convicted of DUI by the courts. These funds may be spent by the Office of Public Safety in contracts with the Community Mental Health Centers. Senate Bill 797 changed the collection funding flow so that the coordinator of Public Safety receives the funds from the courts and he/she in turn places them in the State Treasury. Previously the court placed the funds directly in the State Treasury.

Summary

Although Arkansas has a statewide offender fee program, it cannot be termed self-sufficient. It cannot operate on court-offender fees alone. The present fee structure is well defined, but the mental health contracts do not clearly separate DUI funds for care from other types of services provided. Also, the centers can charge a client for additional treatment, but the distribution of funds and services cost is not available. Actual center auditing and case counting would be required for a detailed assessment.

Arkansas has a comprehensive program underway, but has the following funding problems:

- (1) It is not possible to determine either the number of offenders paying, or the amounts paid through the court collection of fees.
- (2) The outflow of funds to programs is from mixed sources which included Federal and State funds as well as client fees.

2. NEW YORK

Administration

New York has a statewide "Alcohol and Highway Safety Program." It is administered and controlled by the Motor Vehicles Division (DMV) of Safety Program Coordination, Office of Driver Safety. This office approves the curriculum and staff for the local programs. While expenditures are generally controlled by the local program, Motor Vehicles Division does maintain the option of audit. This option has not been formally instituted.

The New York State Program has been operational since the fall 1975. Motorists convicted of Driving While Intoxicated or Driving While Ability Impaired, if found to be eligible, may enter an education/rehabilitation program. The program may last from seven weeks up to eight months, depending on the severity of alcohol abuse among the participants. The basic program model is a 16-hour seven-week series of classroom presentations.

Generally, the local programs are offered at the sites of community colleges, community mental health treatment agencies, affiliates of the National Council on Alcoholism, universities, Boards of Cooperative Education Services, hospital-affiliated alcoholism programs and unaffiliated counseling centers.

Each agency enters into an agreements with DMV, acknowledging Departmental regulations required for administration of the Program. The regional field staff of DMV's Division of Motor Vehicle Safety Program Coordination are responsible for primary liaison with all agencies regarding questions of staff competencies, program administration and curriculum implementation.

The Program is available in all counties of the State where there is sufficient program population demand. Residents of those counties not having an agency authorized to offer the program have access to programs in proximal areas.

Should the instructors determine that a client is in need of an evaluation for possible referral for treatment of alcohol-related problems, they may order the client to receive one. The client pays the evaluation cost directly, and also pays subsequent treatment costs. Should the client refuse the evaluation request, he is dropped from the educational program. Only approved agencies of the Division of Alcoholism and Alcohol Abuse have the authority to perform an evaluation.

Local programs may, at their discretion, conduct judicial conferences, communicate with the Bar Association, etc.

The State of New York has taken the program entry out of the Judges' direct purview by way of an Administrative Departmental review. However, there are provisions for a judge to prohibit entry into a program or to convict with a conditional discharge, so as to encourage entry into the program. These provisions have not caused widespread problems.

Public Information and Education efforts conducted by the Department are funded through the use of State funds in DMV's Office of Public Information and not funds generated by the program.

New York State initiated the statewide program effort without seed funds which necessitated the reallocation of staff to this program during the start-up period.

Persons convicted of Driving While Intoxicated (DWI) or Driving While Ability Impaired (DWAI) are subject to traditional sanctions of license loss, fines, and court costs. When the convictions reach Motor Vehicles a review is performed and, if appropriate, the convicted person is notified by mail to appear at a District Office where he/she may surrender his/her license. When the offender appears at the Motor Vehicles District Office he may be offered the school. If the offender accepts, he/she pays a \$30 administration fee. In a majority of cases the offender is issued a conditional license and is scheduled into a particular program of his/her choice. Upon completion of the program, the offender may obtain a regular license and a refund of court fines related to the alcohol conviction. Upon reporting to the program, the offender pays a tuition of either \$75 (Buffalo, NYC) or \$55 in all other areas.

The tuition fees are collected by each instructional agency, and these agencies are not audited and do not provide cost information except upon request by the Department of Motor Vehicles.

Funding

Details of program funding are not available except at the local program levels. Estimates were made from the number of offender cases review by Motor Vehicles for the program. Those estimates are as follows:

- 8.75 million drivers
- 30,000 drivers reviewed by DMV for program
- 20,000* considered eligible for program
- 20,000 x \$30 administrative fee = \$600,000 - Administration
- 20,000 X \$65 (average tuition) = \$1,300,000 - tuition
- Referral rate 28% (for evaluation for treatment need)
- Referred number 4,000 (1978) for additional treatment
- The total funding level for the New York program appears to be close to \$2 million.

*During 1977-78, there were 26,320 offenders eligible to enroll in a program and receive a conditional license; 18,128 enrolled.

NEW YORK

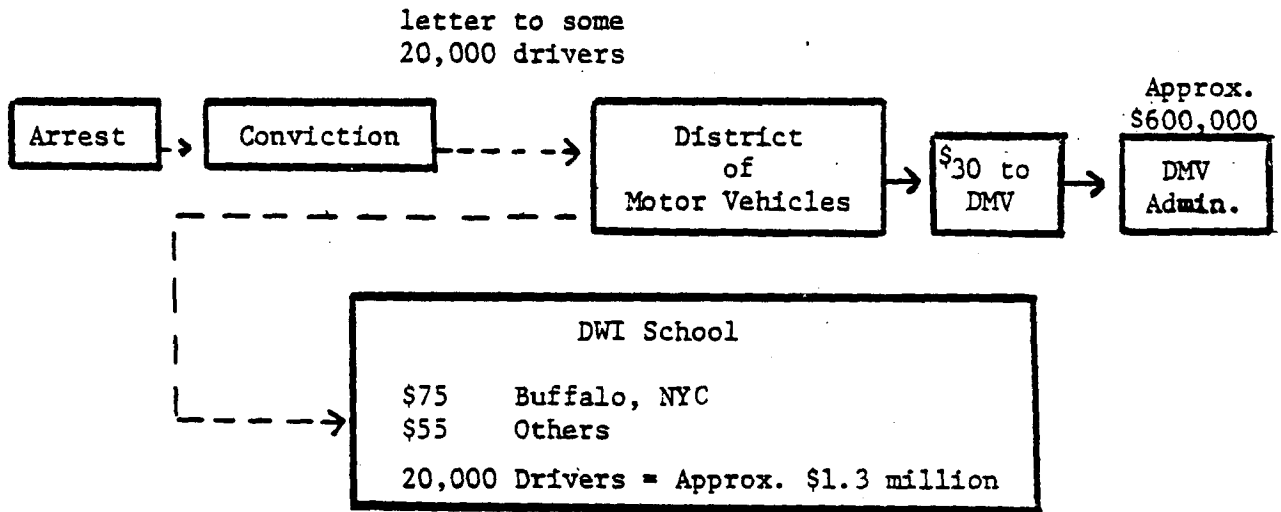


FIGURE 3. The Flow of Funds and Students in the New York Alcohol Safety Programs (ASP's).

Key: _____ represents Funding Flow
 - - - - - represents Student Flow

Self-Sufficiency

The \$30 administration fee covers the following services:

- o Motor vehicles clerical ASP support
- o Interview costs
- o Cashier labor -- for collecting fee
- o Internal clerical unit at Albany (offset not total)
- o 11 Driver Improvement Analysts (30 total, 11 ASP positions)
- o 1 position -- Account Clerk for Fiscal Planning
- o Computer time

The \$55/\$75 tuition fees cover the following:

- o Administrative salaries
- o Instructors salaries
- o Classroom rental
- o Clerical support
- o Training
- o Office supplies
- o Audio-Visual Aids
- o Projectors
- o Miscellaneous

The tuition fees apparently support all of the classroom presentations. There are, however, no audits available to support this conclusion; and there was some concern expressed by the New York administrative staff that requests for tuition fee raises may be made after audits are completed. The administration rates may also need adjustments to support an increasing case load.

Legislation

In 1975, an Alcohol and Drug Rehabilitation Act established a program in New York under Article 21 of the Vehicle and Traffic Law. The Commissioner of Motor Vehicles has the authority to provide the program. The Department of Motor Vehicles developed the drinking driver program of education and rehabilitation which was started in October 1975. Anyone needing extended care must receive a recommendation from a health official.

Summary

New York has a very efficient system for collecting administrative fees separately from alcohol safety program fees. Unfortunately, the New York ASP system does not hold the ASPs accountable for expenditures, although they do control the program content. At present there is not a cost accounting system which would provide an accurate self-sufficiency evaluation. On the other hand, it would appear that if the local programs were not sufficient they would be discontinued. Studies currently underway in the Motor Vehicles Division should help provide for a future evaluation.

3. OHIO

Administration

The State of Ohio maintains an "Alcohol/Drug Highway Safety Program" to coordinate at the State level and assist local communities with alcohol safety programs. The local programs consist of one or more of the following classes:

- Class I: Traditional Sanctions plus Alcohol Education Seminar (4 sessions at 2-1/2 hours each);
- Class II: Counseling is added to the seminar;
- Class III: Probation terms are added to the sanction provided;
- Class IV: Treatment and Rehabilitation may be added as terms of probation or as part of Seminar follow-up;
- Class V: Course is residential and removes offender from peer group for the three days of minimum jail sentence;
- Class IV: Presentence determination of drinking driver type added.

Some alcohol safety programs are housed within health departments, hospitals and alcoholism treatment centers, while others are independently operated. A directory of programs was prepared by the Alcohol/Drug Highway Safety Programs and the Ohio Alcohol Traffic Safety Association. The Alcohol/Drug Highway Safety Program controls the local program content, but does not control local program funding.

Collection

At the discretion of the courts, DUI offenders may be sent to a program available in their area as a condition of probation. At entry, they must pay a fee for admittance. As indicated in Figure 4, the fees vary from \$15 to \$125 depending on the level of program. All programs must be self supporting. That is, the fee money is used for instructor's salary, training materials, room and food charges when appropriate. All programs are nonprofit but may collect sufficient funds to provide for expansion or continuation expenses. Client program fees are deductible from the court fines, should such fines be activated because of revocation of probation.

Funding

Each program operates within its own budget. While these budgets may be reviewed by the local parent agencies there is no official audit by the courts or the highway safety offices.

Additional services provided to the DUI person by the courts, the probation, health, highway or motor vehicles departments are covered by normal budgetary increases (or shifting of funding). Some judges' seminar costs are covered by the client fee programs.

OHIO

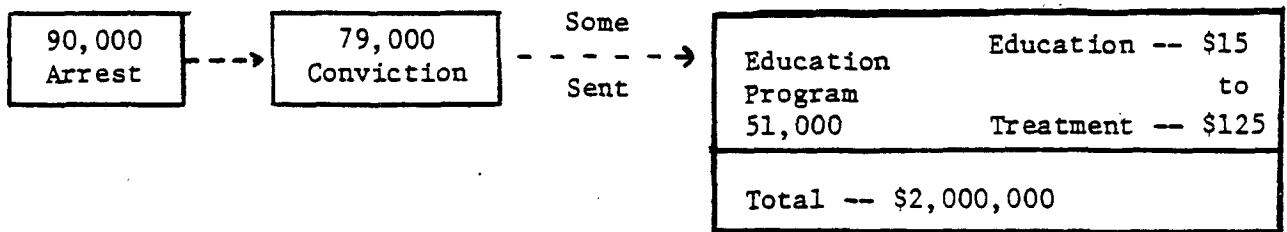


FIGURE 4. The Flow of Funds and Students in the Ohio Alcohol Safety Program.

Key: _____ represents Funding Flow
----- represents Student Flow

As of January 1979, there were about 74 DUI programs in Ohio. It was reported that of the 11½ million State population, there were 90,000 people arrested in 1978 for DUI and that 88% (79,000) were convicted (average BAC .19). Sixty-five percent (51,000) of the convicted population attended alcohol safety programs at an average cost of \$40. Total funds collected for alcohol safety programs then can be calculated as \$2,040,000.

Self-Sufficiency

It is extremely difficult to determine the level of self-sufficiency of the Ohio Alcohol Safety program. There is no State budget or auditing of local programs. Many of the local programs are housed within parent agencies which have other funding sources. No doubt some of these parent agencies provide at least administrative or management support which is not reimbursed from alcohol safety program funds. The continued existence of local DUI programs does, however, necessarily indicate that they are self-sufficient.

Legislation

The "Norris" Act provided that general tax funds be provided to the State Department of Health, Division of Alcoholism for treatment programs. The revised vehicle code 2935-3 provides that a judge can refer an alcohol offender for treatment, but there is no special legislation for the alcohol safety program.

Summary

Ohio's Alcohol Safety Program is unusual because it expands existing service providing agencies to meet the needs of the DUI offender. The offenders pay a fee which supports the local education/treatment program that they attend. There are no court collected fees, administrative fees or motor vehicle processing costs. On the other hand there is not a central State agency auditing the funding of the local programs. Ohio would appear to have one of the strongest grass roots self-supporting programs.

4. SOUTH CAROLINA

Administration

South Carolina has a statewide Alcohol Safety Action Program which is part of the State Alcoholism Authority; the South Carolina Commission of Alcohol and Drug Abuse (SCCADA).

Housed under the Division of Prevention, Education, and Intervention, the State ASAP program provides no direct client services but coordinates the county programs. SCCADA ASAP approves the plans and audits the county Alcohol Commission Programs. There are 36 county commissioners serving 46 counties (counties can combine programs).

The County Commission Programs usually provide a comprehensive range of services. In addition to ASAP, there are Drug Diversion Programs, School Intervention Programs, Women's Intervention Programs, and Offender-Based Programs.

South Carolina has a very efficient ASAP education system. Level 1 schools provide 4-2½ hour sessions and level 2 provide 8-2½ hour sessions. SCCADA approves program content, certifies instructors and group leaders and so notifies the county commissions. The State ASAP office controls program content, funding, and auditing but does not actually become involved in program delivery. The counties are permitted to arrange their own programs, within State guidelines, and handle the funds. The program operates independently of the courts, mental health agencies and motor vehicles.

Table 3 provides some 1975 and 1976 arrest and enrollment rates.

Collection

Persons convicted of DUI receive a license suspension letter. They can appear at the local ASAP and get a provisional license if they attend the school. As shown in Figure 5, persons attending the school pay a fee of either \$50 (for the first offender) or \$100 (for a multiple offender).

A local ASAP Intervention Specialist determines which program is suitable for the student, collects the fee, deposits it in a local bank and sends the student to the appropriate program. The county commissioner pays for the programs from the local bank account earmarked "student fee fund". The students also pay a \$5 fee to motor vehicles for processing the provisional license.

Funding

The entire SCCADA budget is based on a combination of Formula Title XX, and State funds including an alcohol tax and student fees. In 1979, the approximate funding from student fees was \$400,000. SCCADA deals with a total of 30,000 clients. Approximately 8,000 DUI clients are handled from 19,000 arrests, and 80% of these are first offenders.

SOUTH CAROLINA

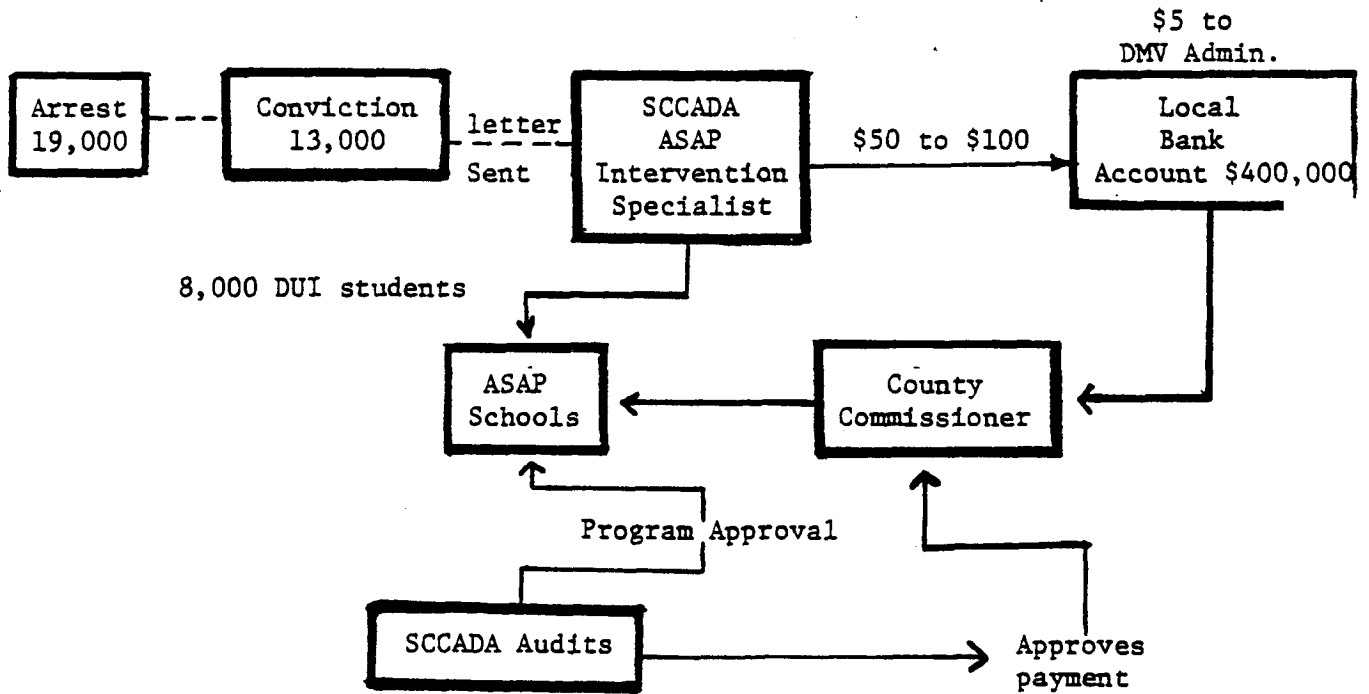


FIGURE 5. The Flow of Funds and Students in the South Carolina Alcohol Safety Program.

Key: _____ represents Funding Flow
 - - - - - represents Student Flow

TABLE 3
**Comparisons of 1975 and 1976 State and County DUI Arrests,
 DUI Suspensions, and ASAP Enrollments**

1975 DUI Arrests	21,426
1975 DUI Suspension	13,501
% Arrests Resulting in S.C. Suspensions	.63
1975 ASAP Enrollments	7,782
% Arrests Resulting in ASAP Enrollments	.36
1976 DUI Arrests	18,190
1976 DUI Suspensions	12,026
% Arrests Resulting in S.C. Suspensions	.66
1976 ASAP Enrollments	7,110
% Arrests Resulting in ASAP Enrollments	.39

Arrests -- Uniform Crime Report SLED by county of arrest
 DUI Suspensions -- Highway Department monthly list of suspension of S.C. licensed
 drivers by county of residence
 Enrollments -- State ASAP received enrollments by county
 All data based on January - December calendar year

South Carolina operates the SCCADA on a yearly budget which is based upon the following break down:

Title XX	\$2 million
Formula	\$1.2 million
Student Fee	\$400 thousand
State	\$1.8 million (mini bottle tax began in 1973)
State	\$500 thousand (State tax)

Each year the funding level of sources contributing to the County Commissioners Program changed. In 1979 it is anticipated that the State will contribute \$270,000, Formula funds \$310,000 and client fees \$400,000.

The mini bottle tax, collected by the State tax commission, is placed in a special account from which the counties may draw, but only with prior approved plans. Other sources of funding includes CETA grants and funds from "other" specified sources.

Basic payment for the ASAP school covers approximately \$7.50/hour for an instructor's salary and \$8.50/hour for the facility use.

Self-Sufficiency

The ASAP program student fees support the local-level ASAP schools and contribute to the local administration costs. All other ASAP costs, especially those at the State level, are funded from other sources. In terms of a community-supported ASAP, it would appear that the South Carolina ASAP is only about 50% supported with client fees. The alcohol taxes could be assumed to cover ASAP administrative costs, but such costs are covered within other budgets. Tracking monies throughout the Commission's Programs and evaluating ASAP self-sufficiency appears extremely difficult to accomplish with any accuracy.

Legislation and Restraints

Act 65 deals with the first-offender ASAP provisional license. This act specifies that the offender pay for the cost of the ASAP school. It should be noted that this legislation removes the intervention process from court control and relinquishes it to the administrative branch. The convicted offender deals with a county agency. The DUI client fees cannot be used for detoxification programs or other client services; they must be used for the ASAP school.

Summary

The South Carolina ASAP system has distinct advantages in being separated from judicial financial control. The funding level appears too low to support a comprehensive State ASAP, and the lack of funds for the State ASAP administration office appears to cause a lack of cohesiveness.

The contracting arrangement between SCCADA and the local ASAP, however, strengthens the fiscal relationships and works toward a very business-like arrangement for the services provided.

5. TENNESSEE

Administration

The Tennessee Alcohol Safety Program is coordinated by the Governor's Highway Safety Program Office, Highway Safety Planning Division. The Tennessee program consists basically of 13 regional program centers with satellites that conduct educational programs consisting of 10 classroom hours. Persons convicted of DWI may be sent to the school as a condition of probation. The State office has the authority to examine and approve program content. Moreover, the Highway Safety Office has the authority to audit the local programs, but no statewide audit summaries were available. The Highway Safety Planning Division receives no administrative funds to support the audit costs or the salaries of State personnel involved with the program.

Collection

Persons convicted of DWI are usually fined \$50 and pay court costs of about \$50. They may then be sent to the school where they pay the school costs of about \$40 (maximum is \$50).

The schools are private, nonprofit agencies which depend upon the cooperation of the courts for students.

Funding

Tennessee has 4.3 million people and 2.7 million drivers. Although summary cost data were not available, a 1976 State unpublished study indicated that there were approximately 1,800 DWI arrests in 18 counties over a given 6-month period -- 1800 arrests divided by 18 counties yields 100 arrests per county in a 6-month period, or 200/year. Two hundred arrests per county times the 95 counties in the State yields about 19,000 arrests per year in the State. Similar calculations from the unpublished reports yielded the following:

Court Cases	15,000
Convictions	11,273
DWI School Referrals	7,811
\$ collected*	\$391,000

DWI offenders may also be sent directly to the Health Department's program, which operates from traditional funding sources. Although Tennessee has an alcohol tax to help support the alcohol treatment programs, it was reported that the Health Department had difficulty in obtaining any of these funds.

*The fee for each school was multiplied by the number of school referrals times the percentage of collections to determine \$ collected.

TENNESSEE

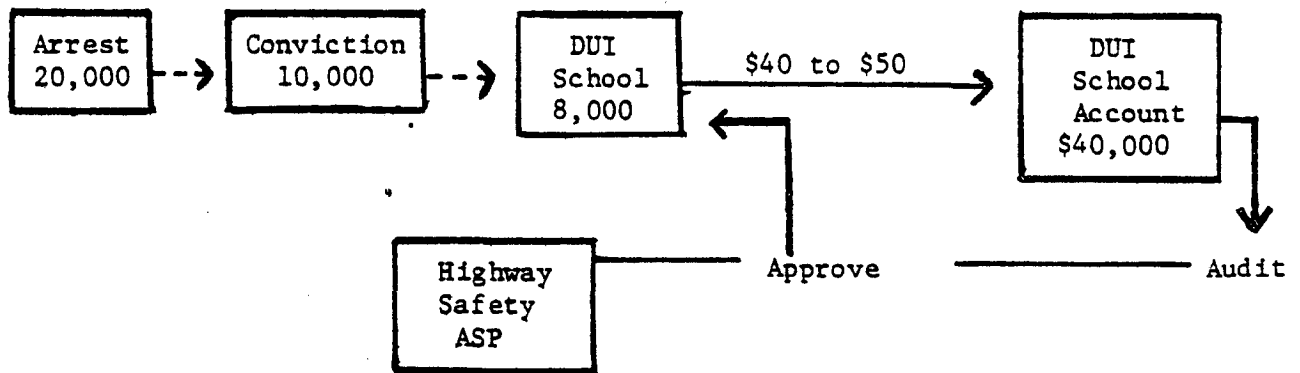


FIGURE 6. The Flow of Funds and Students in the Tennessee Alcohol Safety Program.

Key: _____ represents Funding Flow
- - - - - represents Student Flow

Self-Sufficiency

Each school operates on an almost autonomous level. They must function on the fees and pay all of their costs including overhead and administration. All are nonprofit. Initially, these programs were started with NHTSA Section 402 funds and placed their fee funds in an escrow account. They must be totally self-supporting.

It was reported that the education programs' financial success was directly dependent upon the directors' ability to coordinate with the courts. Successful coordination then led to an educational program's financial independence. All schools were apparently operating quite successfully on the fee schedule basis. In fact, it was reported that some bought extra equipment for the police department in order to expend funds and thereby maintain their not-for-profit status.

Legislation

Code 59-1023 provides for the approval of alcohol safety program curriculum. There is no authority permitting the judiciary to send offenders to a special school.

Summary

Tennessee has a statewide alcohol safety educational program supported by student fees. Treatment, rehabilitation, adjudication, enforcement, and State alcohol program administrative costs are supported through traditional sources. Factual statewide funding data were not available, so estimates were made for this report. There seems to be strong State agency control of each program's content and financial budgets.

6. VIRGINIA

Administration

Statewide VASAP is administered by the VASAP office of the Virginia Department of Transportation Safety. It has the responsibility to establish guidelines for the administration and evaluation of the local programs. It works closely with the local ASAPs in coordinating their programs and activities with those of State and Federal agencies. It has also established a close relationship with other State agencies which have responsibilities within the alcohol abuse/drinking driver area, such as the Department of Mental Health and Mental Retardation, Department of Corrections, Supreme Court, Division of Motor Vehicles, Department of State Police, the Community College system, and other such State agencies.

The program office has four professional-level staff members. Local programs may also receive support from the ten highway safety division area coordinators. The State office also has available two members of the highway safety division's public information staff and the services of personnel from the finance office.

The local programs are usually organized on a planning district basis and have local advisory committees composed of civic leaders from enforcement, the judiciary, the bar, education and other important groups. Local programs are established to conform to the general guidelines set down by the division and to conform to local policy and procedures.

Collection

Student fees of usually \$200, or in some cases \$100, support the local programs and State administration costs associated with the programs.

The method of fee collection is undergoing some changes which has resulted in at least three different systems operating concurrently. These fee collections systems are as follow:

- o The fees are collected by the local ASAP program which forwards 20% to the State.
- o The fees are collected by the local ASAP program, and then forwarded to the State, with a subsequent return of 50% to the local ASAP.
- o The fees are collected by the court, forwarded through the court system (which may keep 5% for processing) to the State Treasury, which deposits the funds in the State ASAPs.

The first of these fee collection methods is the most current and popular, while the last is the oldest and is due to become obsolete. Apparently, the problems with bookkeeping and accounting by the courts have resulted in the shift to the local programs' collecting the fees. The second method caused double handling of fees, while in the newest method, the

VIRGINIA

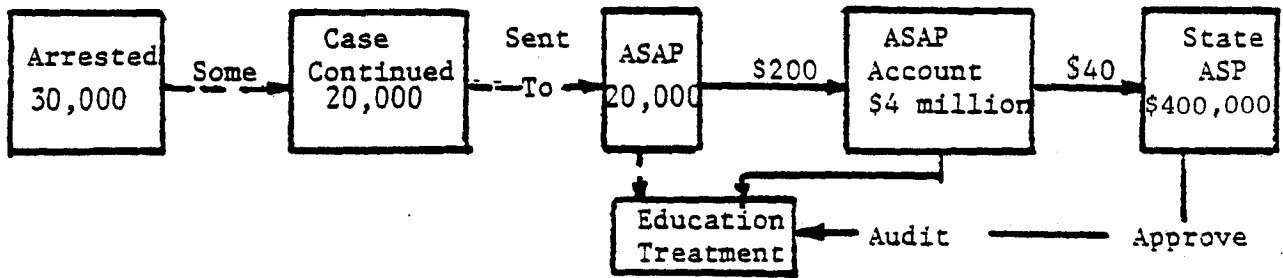


FIGURE 7. The Flow of Funds and Students in the Virginia Alcohol Action Program.

Key: _____ represents Funding Flow
- - - - - represents Student Flow

local program collects the fees and sends a 20% portion to State. With this change in collection and distribution, the local programs are becoming more autonomous.

Funding

In fiscal years 1977-78, the budget called for a 4-million dollar expenditure by the local ASAPs and about \$400,000 by the State ASAP. Of these amounts, \$530,000 are Federal funds. It is anticipated that these Federal funds will be reduced in FY 79-80. A detailed break down of expenditures versus years is shown in Figure 8.

FIGURE 8
Expenditures versus Years

	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>
# of Arrests	28,270	30,461	32,889	
% of State Population by VASAP	82	97*		
VASAP Referrals	13,515	18,262*	22,965*	
<u>State VASAP</u>				
Budget				
Fee	\$ 340,000	\$ 352,000	\$ 379,000*	\$390,000*
Federal	\$ 340,000			
<u>Local VASAP</u>				
Budget				
Fee	\$1,423,000	\$3,409,000		
Federal	\$ 874,000	\$ 532,000		
TOTAL	<u>\$2,397,000</u>	<u>\$3,941,000</u>		

Self-Sufficiency

Virginia has been striving for a completely self-sufficient status for some years but has yet to achieve this goal completely. The start of new programs and a growth of expanded State VASAP office services has prevented the Virginia program from reaching stable condition. Even so, VASAP is now operating on about only 15% of their total budget from other than client fees. As the program reaches for self-sufficiency, however, other agencies are looking for the use of VASAP funds.

For example, there are some strong feelings that because of the importance of local mental health commissions' cooperation and because of their funding problems, the client fee should be raised to \$250, with the additional \$50 fee going to mental health. The VASAP fee would be added to the treatment fees of from \$80 to \$100 for 90 days of individual and group service collected from the clients at the treatment centers.

*Estimates

Legislation

1. House Bill 1662, effective March 24, 1975, authorized the Highway Safety Division to establish "driver education programs and alcohol treatment and rehabilitation programs in connection with highway safety." In addition, it authorized the Division to "establish standards and criteria for the implementation of such programs, and to "establish criteria for the modalities of administration of such programs, as well as public information, accounting procedures and allocation funds."

The statute required the defendant requesting probation to pay a fee not exceeding \$150. This sum was to be set aside in a separate fund for expenditure by the Highway Safety Division for the maintenance of the State program. The statute also permitted judges to determine the system under which the courts would operate with the local VASAP.

2. House Bill 1210, approved April 10, 1976, (amending, in part, Section 18.2-271.1) made some major changes in the court-related VASAP practices. Instead of requiring the defendant to make a motion to the court for permission to enter the VASAP program, this amendment allowed the court, either upon the defendant's motion, its own motion, or by court order, to place the defendant into the VASAP program when the court deems the person to be eligible for such program.

It also increased the potential amount of the fee to \$200, and established the capability of the local jurisdictions to maintain their own local administration of the fees after forwarding a reasonable portion of the fees to the Highway Safety Division for the administration of State Driver Alcohol Driver Alcohol Rehabilitation Programs. It authorized the local VASAPs to charge additional reasonable fees of defendants referred for extended treatment under any of its programs.

Summary

Virginia has a well-developed and advanced student/client fee process. The State ASAP does audits for local programs. The State office also serves as an administrative support agency at the State level, providing public information and education programs, law enforcement support and assistance to treatment agencies. Moreover, it assists with the development of local programs.

The local programs follow the NHTSA systems approach for DUI countermeasures and are referral agencies. Contracts are made between the local ASAP and various educational and treatment agencies for countermeasure programs. If extended care is required, DUI persons can achieve this care through referral to the normal treatment programs conducted by mental health agencies. The local programs operate under local control within State guidelines.

The VASAP is about 85% self-sufficient. The source of self-support is a \$200 client fee.

CONCLUSIONS AND RECOMMENDATIONS

Alcohol Safety Programs often have budgets which do not sufficiently support many of the supportive types of activities. These activities, for example, may include the administrative management costs that occur at the State level, the cost of auditing and keeping records for financial accounting, and more often, data processing or motor vehicles driver record processing costs. Therefore, when attempts are made to determine the cost of a program, it is extremely difficult to evaluate self-sufficiency unless all of the supportive information is known. Quite often, the supportive activities are understandably confused with normal regulatory and administrative actions. Actual program cost is difficult to assess.

Therefore, there may be a great deal of reluctance for States without alcohol safety programs to expand them into full-scale statewide programs. This reluctance is probably not only based upon the large expense of alcohol safety programs, but also upon the problem that it is difficult to show direct benefits from expenditures. The use of tax funds to support these programs may be perceived as unpopular with the public. Those programs which are initiated from client-based fees have a much higher acceptance both politically and economically because they are paid for only by the people who use the services, and fewer approval mechanisms are involved in their adoption.

From a review of the programs in effect in the United States, it appears that a client fee of \$200 is a reasonable sum for a comprehensive self-supportive program. Comprehensive is meant to describe a program where educational and group therapy services are provided at local sites, public information countermeasures are carried out on a minimal basis statewide, and the law enforcement agencies are provided with training and educational programs. In many States where there is a strong alcohol safety program, there seems to be a catalytic effect upon the law enforcement agencies. Even though these law enforcement agencies may not be supported financially, they are provided technical attention. This catalytic effect, although difficult to estimate, seems to have a very valuable effect. There is greater DUI awareness and motivation for actions.

The most widely accepted method of obtaining client fees is the one whereby the client pays the fee when he/she enters the program. Funds collected in this manner are collected very efficiently. There is very little lost motion in the handling of the funds and the programs have direct access and budgetary control. There is no dilution or skimming of the funds for other services. Of course the fact that the client using the program pays for the program also means that there is added incentive for the client to perform well and to take as much advantage of the program as possible. It is recommended, however, that clients reach the program not only through the direction of the court, but through an administrative action on the part of motor vehicles departments. Some motor vehicles administrative offices have the authority to direct those people convicted of driving under the influence to attend administrative programs as a function of the driver license process. Should a State not have this authority, it should be considered for legislation. This recommendation is made to remove the total authority from the courts

for placing offenders into the program. It would appear that there should be a State alcohol safety program office and, perhaps, regional offices to help administer and support the local programs. It should be the function of the State office to approve program content, license or approve instructors and therapists, and audit the local program's expenditure of funds. The local program, although independently staffed, should be responsible to the State program and to local authorities for the administration of the program. It is not recommended that the State control the staff nor the local administration procedures. Each local staff and administration should be designed to suit the needs of the local community. This recommendation is made to provide an overall balance between the local needs and the State program. This balance should help provide that each local program would have community backing. The local program should send a percent of the fees collected to the State program for their financial support to support statewide public information and education activities and involvement with the enforcement agencies. It is also suggested that there be fewer restrictions placed upon the use of the State funds so that State programs could conduct their own demonstration and experimental projects especially in the enforcement area.

The State office should insure that there is proper coordination within the State legislative, judicial and administrative agencies. Inter-agency cooperation should be a fundamental goal of the State staff especially within the first year or two of its operation. There should be thought given to the design of a client tracking system or other motor vehicles data processing subsystems which would maintain records of those people convicted of DUI and/or sent to alcohol safety programs. An additional 10 percent of the total fees collected may be needed for a driver license agency to design and implement this data processing tracking system. At the very minimum the State office should provide for the following practices: 1) conducting judicial seminars, 2) supporting the conducting of investigations by courts or motor vehicles, 3) conducting enforcement seminars, and 4) providing for a comprehensive auditing/financial evaluation system. Additionally, however, the State office should provide each local program with materials which are acceptable for use as training aids and other public information and education materials. Such materials would include films, books, pamphlets, slides, and tapes.

The local programs should be responsible for level one and level two rehabilitation. The rehabilitation at level one should consist of entry level educational programs and at level two, group therapy. Any further rehabilitation of treatment should be done at the direct expense of the client, his insurance company or another agency funding. Comprehensive medical treatment for alcoholism problems should not be borne by the alcohol safety program. These expenses are direct medical expenses and should be treated as such.

There seems to be a continuing controversy in our country as to whether or not the enforcement agencies should ever receive any funding as a result of their activity. This argument could be stated in some detail but basically it can be noted that as the enforcement agencies activities are more effective, there will be more funds collected into the tax base system. While these funds may be reflected in increased court cost or fine collections, they are, nonetheless, a result of the activities of the enforcement agencies.

Therefore, it is recommended that no special funds be allocated for enforcement agencies. The direct result of effective enforcement agencies can be seen in the summary budgets and should be recognized as such. It should also be recognized that court costs and fines could help support the enforcement which brings the offender to the court. Therefore, if special enforcement activities can result in a 300 percent increase in DUI arrests, such activity should be thought of as being self-sufficient on the basis of court fines and fees.

Alcohol safety programs have had a wide variety of originating agencies. A list of them would include mental health agencies, college or university school systems, motor vehicles or highway safety agencies, and public safety agencies. Most of them, however, seem to lose their identity, at the local level, with the originating agencies after a year or two of operation. It appears that alcohol safety programs should be separate from either education or treatment. If not independent agencies they seem to fit best within a highway safety program. This affiliation seems to help place emphasis on programs for those persons convicted of driving under the influence.

In the early days of ASAP just about every program had a heavy emphasis on public information education as well as the treatment and enforcement efforts. With the subsequent gain in experience, it seems that the public information efforts importance has decreased. The efforts did not seem very cost effective and were difficult to assess. To totally discontinue them seems a mistake. There are certain catalytic effects that, while seemingly well known in a community, are very difficult to support scientifically. These catalytic effects were first noticeable in gaining judicial cooperation. During the early stages of the ASAPs, most courts and judges were not convinced that the ASAPs could be beneficial. It took some effort both from the general educational sense and from individual activities of ASAP program directors to influence the courts. The influence of public information programs upon public support seemed to help judicial cooperation. There were some catalytic effects from the public information education programs to also support the increased enforcement programs and, thereby gaining public acceptance to expenditure of funds for those activities. In the late 1970s, highway safety enforcement efforts have certainly seen a change from DUI activities to the enforcement of speed limits. It would appear, that as the new speed limits become routine and less enforcement is needed, that the alcohol enforcement program would be once again well received by both the enforcement agencies and the public.

The preliminary sentence investigation and screening investigations conducted either before, during or after the court trials were studied in many areas throughout the United States. There remains today what appears to be only a few of these programs in solid existence. The alcohol safety program should, perhaps, concentrate its activities with the probation department. Probation personnel could conduct investigations when ordered by the court. The investigation for alcohol safety program clients should be supported by a client tracking system. Every effort should be made to insure that the tracking system has background information to enable a medical review board to determine the severity of an offender's alcohol problem and to help remove the responsibility of this determination from the probation-judicial system. The placement

of the determination of problem drivers into the motor vehicles departments appears to be in keeping with traditions in most States driver license agencies.

In a review of the legislative activities of many States, it also appears that enabling legislation widely varies. In Ohio, for example, there appears to be little supportive legislation and tasks are simply conducted as a part of the duties of agencies which are already in existence. Additionally, it appears that the motor vehicle laws of most States are written so that alcohol safety programs could be an adjunct to the driver education programs and that additional legislation is really not necessary. The catalytic effects of obtaining such legislation however may be far reaching as it seems to provide program focus.

The final recommendations for various program components is summarized in the following list.

1. State Alcohol Safety Program Office

a. State alcohol safety action office is recommended because it would have the visibility and the authority to coordinate with other State and Federal offices; it should have the authority to audit local alcohol safety programs; it should be charged with the responsibility of providing statewide summary data including costs; it would have the visibility to compete for funds through the legislature; and it should provide the impetus for appropriate public support.

b. The State program funds should be used to provide for:

- (1) Enforcement Seminars
- (2) Judicial Seminars
- (3) Public Information Programs
- (4) Coordination (Federal, State, Local)
- (5) Auditing
- (6) Yearly State Reports

2. The Alcohol Safety Program should be independent of health, enforcement and educational agencies. The independence of the Alcohol Safety Program Office would help to prevent overemphasis on education, treatment, or enforcement; the independence would also help to balance the judicial, legislative, and administrative support at the local and State levels.

3. Alcohol Safety Program Information Tracking Systems.

An information system should provide the data source necessary to evaluate the self-sufficiency of the program. Additionally, it should provide for effectiveness measures against which funding can be compared. If part of the driver licensing data system, it could also be used for client selection on the basis of DUI convictions.

4. Student-Client Fee Levels.

A minimum fee of \$200 is recommended. It should be collected by the local program and divided as follows:

- \$20-\$40 -- State Program Office Support
- \$20-\$40 -- Information Tracking System
- \$120-\$160 -- Retained by Local Program

5. The Local Programs.

The local programs should provide for Level 1 -- Educational Services and some Level 2 Group Therapy Services to the extent of their budgets. Individual Counseling Services should be referred to other agencies.

An attempt should be made to collect comparable financial data from State programs. A simplified form for this purpose follows.

SELF SUPPORT FINANCIAL FORM

This form is designed for completion of State level agency to assess the self supporting status of a statewide Alcohol Safety Program.

1. EXPENDITURES

A. Administration -- State Level

Salaries (including benefits)	_____	
Overhead (rent, equipment, etc.)	_____	
Other Direct Costs (contractual travel, services, computer, etc.)	_____	

Subtotal

B. Administration -- Local Level^{1/}

Salaries (including benefits)	_____	
Overhead (rent, equipment, etc.)	_____	
Other Direct Costs (contractual travel, services, computer, etc.)	_____	

Subtotal

C. Enforcement

Salaries (including benefits)	_____	
Overhead (rent, equipment, etc.)	_____	
Other Direct Costs (contractual travel, services, computer, etc.)	_____	

Subtotal

D. Adjudication

Judges seminars, meetings	_____	
Screening support contracts	_____	

Subtotal

E. Education

Instructors Salaries (including benefits)	_____	
Overhead (rent, equipment, etc.)	_____	
Other Direct Costs (contractual travel, services, computer, etc.)	_____	

Subtotal

^{1/} Exclude education/treatment costs.

F. Treatment Contracts^{2/}

Group Therapy _____
Individual Counseling _____
Psychotherapy _____
Other Treatment _____

Subtotal _____

G. Escrow _____

H. Other (Specify) _____

GRAND TOTAL _____

2. INCOME (some line items may be 0)

A. Client/Tuition

_____ no. of program $\frac{\text{students}}{\text{clients}}$ x _____ avg. \$/student
client

B. Court Fines/Fees

1. _____ no. of offenders x _____ avg. \$/offender
court fees.....(_____)..... _____
2. _____ no. of offenders x fines... (_____)..... _____
3. _____ no. of offenders x court
costs.....(_____)..... _____

C. Support from General Tax Fund _____

D. Support from Alcohol Tax Fund (if separate from general tax) _____

E. Support from other Local Special Tax Funds (name funds) _____

F. Support from Federal Section 402 Funds _____

G. Support from NIAAA Funds _____

H. Withdrawal from Escrow _____

TOTAL (_____) _____

^{2/} ASP specific treatment only -- excluded mental health, NIAAA funded programs, etc. unless supported by ASAP.

3. **BALANCE**

- A. Total from (1) EXPENDITURES
- B. Total from (2) INCOME
- C. Difference

IF NOT 0 EXPLAIN:

Appendix A Glossary

Alcohol Safety Action Project (ASAP):

A federally funded demonstration contract financed from funds allocated under Section 403 of the Highway Safety Act.

Blood Alcohol Concentration (BAC):

The relative proportion of ethyl alcohol within the blood stated in terms of ratio, weight by volume, based upon the number of grams of alcohol per 100 milliliters of blood.

Countermeasure:

A specific activity, or related activities, designed to contribute to the solution of an accident problem.

Curriculum Guide/Manual:

A publication which describes course content, teaching methods, and instructional materials.

DMV:

Department of Motor Vehicles/Division of Motor Vehicles

DOT:

Department of Transportation

DUI:

Driving Under the Influence

DUIL:

Driving Under the Influence of Intoxicating Liquor

DWI:

Driving While Intoxicated

Earmarked Funds:

Those collected for or by a specific agency or program and spent according to a preset schedule.

Fee System:

A system whereby funds for the operation of the alcohol safety project, the court, or the compensation of the judge or other personnel of the court, depends on fines, court costs, or other revenues such as posting or forfeiture of bail or other collateral arising from court cases.

Funds, 402:

Funds provided under Section 402 of the Highway Safety Act by the Secretary of Transportation to the States on a matching basis for implementation of Highway Safety Programs.

Funds, 403:

Funds allocated to the National Highway Traffic Safety Administration under Section 403 of the Highway Safety Act to provide financial support for research and demonstration.

Governor's Highway Safety Representative:

The State official who is responsible to and represents the Governor in the conduct of the statewide Highway Safety Program.

NHTSA:

National Highway Traffic Safety Administration, Department of Transportation.

NIDA:

National Institute for Drug Abuse.

NIAAA:

National Institute of Alcohol Abuse and Alcoholism, Department of Health, Education, and Welfare.

OMVUI:

Operation of Motor Vehicle While Under the Influence.

OWI:

Operation of a Motor Vehicle While Under the Influence of an Intoxicating Liquor.

Presentence Investigation (PSI):

When used in alcohol safety programs, an activity that provides the court with facts that describe the prior behavior of a person arrested for DWI. The PSI aids the court in identifying problem drinkers and establishes a basis for selecting appropriate rehabilitation as part of the sentence prescribed for the person.

Problem Drinker Driver:

Any individual who frequently makes use of highways after consumption of alcohol, as evidenced through a record of alcohol violations, excessively high BAC, medical diagnosis, substantiated report or self-admission.

Rehabilitation:

An alcohol safety school and/or therapy (i.e., group therapy, individual therapy, chemotherapy) program designed to produce some desired change in behavior.

Self Supporting:

A program supported by funds collected from students or clients or sources other than tax funds.

Tax Funds:

Those State or Federal dollars collected either through general or specific taxation based dispersed through specific agencies.

Appendix B Bibliography

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Mississippi

Senate Bill No. 2127.

New York

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Staff Training Project, (Spring) 1976.

Ohio

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South Carolina

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and Drug Abuse, July 1976 to June 1977. Guidelines for Intervention
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and Drug Abuse. Application for Grant Funding: Greenwood 1978.

Tennessee

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of Tennessee, June 1977.

Virginia

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Form 1-76. Virginia Alcohol Safety Action Program VASAP Fact Sheet,
June 1978. Virginia Alcohol Safety Action Program Annual Report, 1978
-- Draft.

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Systems, Draft -- November 1978. Highway Safety Research Institute,
Michigan.

Appendix C

States Contacted by Telephone

California

California has a self sustaining program. Up to \$600 may be charged for treatment by service providers. Some programs include up to 52 hours of group therapy and 12 hours of education. One face-to-face therapy session of 15 minutes is included every other week. The fee is negotiated with the provider and there is a service provider list. Education programs are short term but rehabilitation needs may be determined by the courts. Service providers may be operated commercially or by government agencies.

Colorado

The State General Assembly appropriates \$250,000 for Alcohol Safety programs within the highway safety program. These funds are used for administration, public information and education and a preliminary sentence investigation effort. Student fees and NIAAA funds are used to support educational and therapy programs. Local mental health agencies conducted these programs.

Florida

Each school may charge and collect fees from those DWI convicted persons sent to them from the courts. The amount of the fee depends on the cost to the school for each session, which depends upon the number attending the session treatment programs are not specialized for DWI persons.

Idaho

Idaho derives funds from a 2% tax on alcohol beverage sales. These funds are distributed for many functions including education, State Police, the highway safety office and ASAP patrols and equipment. Funds are not earmarked for specific expenditures. Many non-alcohol safety programs are also funded from the 2% alcohol tax.

Indiana

Judges may refer DWI persons to a DMV Defensive Driving and Alcohol Education School or to a DWI counselor. A \$25 fee is collected for local schools by the courts and placed in a general school fund. Also at a local option, a \$1 fee may be added to traffic court cases for placement in a special fund to test a treatment model. Additionally Section 402 funds may be used at the local level for alcohol countermeasures. Rehabilitation is accomplished on a local level basis with client fees and mental health funds.

Iowa

First offenders are usually sent to a DWI school which may collect about \$20 ("reasonable client fee"). Each school has its own fee schedule and operates independently. Treatment for more severe DWI cases is dependent upon mental health agencies funded from general appropriations.

Consideration is being given to treatment funding through an ABC tax by the 1979 General Assembly.

Maine

A \$40 student fee is collected from every persons convicted of an alcohol related traffic offense. This fee is placed in a special Human Services account for the Driver Evaluation and Education Programs which are conducted in 23 locations throughout the State. The programs are self supporting with 80% of the funds being used for education and 20% for evaluation.

Treatment costs are borne by the client, NIAAA, and State funds.

Massachusetts

A fee of \$200 may be collected by any of 72 court programs from DWI persons. This fee is collected by the court in lieu of a conviction. It is used to support an "Instructor Revolving Fund".

Minnesota

The major source of ASAP funds is from a \$250,000 appropriation from the general fund. These funds are used for an Alcohol Problem Assessment conducted by employees who were previously probation officers. Recommendations on DWI cases, made to the judge, may result in the convicted DWI person being sent to rehabilitation (client fee, NIAAA funded, in or out patient, AA) or to a DWI school. DWI schools are permitted to charge students 50% of costs, but not to exceed \$25. The other 50% is made up from State funds (no Federal funds). Section 402 funds are used for public information & education (PI&E) and breath tests.

Mississippi

A fee of \$40 per student is intended to provide operational funds for the Mississippi Alcohol Safety Action Program. Seventeen (17) sites throughout the State conduct a 20 hour course for first offender DWI. The courses are operated through the Social Sciences program at Mississippi State University. It hasn't been determined if the program will cover administrative cost nor if there will be losses or profits. Two-thousand (2,000) students per year are anticipated.

Oregon

Treatment funds are available as follows:

- 70% State -- includes alcohol taxes, privilege tax on beer and wine, general State appropriations, revenues sharing funds.
- 8% Federal
- 12% Local -- including client fees

Local DWI schools are supported 100% by State treasury funds.

Pennsylvania

Although not yet statewide, there are county programs based upon the Philadelphia model. Basically, these are single county agencies which provide a full range of educational and treatment services. Although the agency may be different in each county, it subcontracts with the court to provide services. Each county is responsible for their program's financial accountability.

Rhode Island

Judges may assign first offense DWI convicted persons to classes at Rhode Island Junior College. The college may charge a client fee up to \$25. Treatment cases are sent to the Mental Health Centers that operate with client fees plus government funding. The schools operate at a slight profit but all funds may be accounted for in the defensive driving school annual audit. Administrative costs are funded with Section 402 funds.

Vermont

The Vermont Crash Program uses three sources of funding: \$75,000 per year from client fees, \$100,000 per year from HEW and \$70,000 per year from DOT. \$175,000 per year of these funds are used for counselors. All project costs including enforcement exceed \$400,000 per year.

**Appendix D
List of Persons Contacted**

Arkansas	Georgia Waskovich Public Safety Office	(501) 371-1101
New York	Richard Smith Drinking Driver Program	(518) 474-0883
Ohio	Len Porter Department of Health	(513) 466-7300
South Carolina	Jim Neal South Carolina Commission on Alcohol and Drug Abuse	(803) 758-2521
Tennessee	Dave Berry Highway Safety Office	(615) 741-2580
Virginia	Vince Burgess Department of Transportation Safety	(804) 276-9800
California	Van Oldenbeek Mary Saben Pam Simes	(916) 445-1940 (916) 322-2960
Colorado	Corde11 Smith	(303) 757-9381
Florida	Cindy Whitmeyer Richard Cox	(904) 488-8621
Idaho	Barbara Yankovich (Rosen)	(208) 384-3533
Indiana	Joe Tucker	(317) 633-4477
Iowa	Lance Faust	(515) 281-3832
Maine	Robert Nevins	(207) 289-2028
Massachusetts	Frank Colleton	(617) 727-5074
Minnesota	Bernie Weber	(612) 296-6935
Mississippi	Margaret Eatherly	(601) 325-3432
Oregon	Mike Shrunk	(503) 378-2163
Pennsylvania	Robert Coleman	(717) 787-6855

Rhode Island	Ed Walsh Gary Lemieux	(401) 277-3024 (802) 241-2177
Vermont	Darwin Merrill	(802) 241-2177
Washington	Tom Gullikson	(206) 753-6197
Washington, D.C.	Bob Goldstein	(202) 727-4451