

**An Evaluation of a Jail-Based Public Inebriate Intervention
and Treatment Program**

By

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(ABSTRACT)

The effectiveness of the Jail-Based Public Inebriate Treatment and Intervention Program, in the city of Roanoke, VA, is evaluated. This program targets those who have violated their interdiction status, ordered by the Circuit Court, to not consume, possess or purchase beverages containing alcohol. A voluntary treatment program has been set up to treat those interdicted housed within the jail. This treatment program hopes to rehabilitate the offender, decrease the number of arrests within the City of Roanoke and improve the attractiveness of the downtown area. The typical participant in this program is a 51-year-old homeless male who has been drinking for approximately 33 years. Methods of evaluation include the analysis of arrest data collected from January 1996 to June of 2000, as well as interviews conducted in local day shelters, within the jail, with a court community corrections representative, in the court house, at the Blue Ridge Community Treatment Center and with a representative of the downtown business community. The goals of the program are evaluated for their effectiveness. Some goals are found to be more effective than others and Richard Hall's Contradiction Model is used to explain this variation.

TABLE OF CONTENTS

| | |
|---|----|
| Chapter 1: INTRODUCTION | |
| Statement of Problem..... | 1 |
| Chapter 2: LITERATURE REVIEW | |
| Historical Background..... | 8 |
| Chronic Inebriates in Roanoke, VA..... | 12 |
| Jail-based Public Inebriate Treatment and Intervention Program..... | 13 |
| Contradiction Model..... | 15 |
| Contradiction Model and Jail-based Public Inebriate Program..... | 17 |
| Chapter 3: Methodology | |
| Methods..... | 20 |
| Chapter 4: Findings | |
| Goal 1: Reduce Drunk-in-Public Arrest Rates..... | 24 |
| Goal 2: Improve the Appeal and Safety of the Downtown Area..... | 26 |
| Goal 3: Improve Health and Life Chance of Interdicted..... | 28 |
| Chapter 5: Conclusion | |
| Conclusion..... | 34 |
| References..... | 42 |
| Figure 1: Roanoke Drunk-in-Public Arrest Rates..... | 44 |
| Figure 2: Roanoke Habitual Offender Arrest Rates..... | 44 |
| Figure 3: 1997 Interdicted Cohort..... | 45 |
| Figure 4: 1998 Interdicted Cohort..... | 45 |
| Figure 5: 1999 Interdicted Cohort..... | 46 |
| Figure 6: Interdicted Sentence in Days..... | 46 |

| | |
|--|----|
| Figure 7: Interdicted Time Served in Days..... | 47 |
| Vita..... | 48 |

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CHAPTER ONE: INTRODUCTION

Statement of the Problem

Public intoxication was first made into a criminal offense in England during the year 1606, while the first written law came about in North America in 1619 (Clarke 1975). However, it wasn't until 1810 that the treatment of public inebriates began with Benjamin Rush's concept of the sober house in North America (Baumhol 1990). It took some time for this theory to become popular, but by 1835 there were already two contrasting versions of Rush's sober house. The first, which was popularized by Samuel Woodward, was based on the already present insane asylum. Those who supported Woodward felt the only way to truly help public inebriates included locking them up involuntarily in a similar fashion as the mentally insane (Baumhol 1990). Others fought against this notion and supported the Washingtonian Movement, which was widely spread through out the US during the early 1840's (Baumhol 1990). This movement was based on voluntary therapy and lead to the development of dry coffeehouses, restaurants, and hotels (Baumhol 1990). The Washingtonian Movement did not last past the 1840's; however, it was later succeeded by a variety of temperance movements with similar ideals (Baumhol 1990).

"By 1902 there where somewhere between 30 and 100 such inebriates' institutions in America, public and private, the count depending upon the definition of treatment employed" (Baumhol 1990:396). Funding and support for such programs soon dwindled, as prohibition swept through the US. Most politicians weren't as concerned about supporting such inebriate programs, since prohibition was viewed as the prevention that would equal the cure (Baumhol 1990). "By the 1920's, only private sanitarium remained, apart from public mental

hospitals and a few inebriate wards in city or county hospitals.” (Baumhol 1990: 400).

During the 1960's the arrest rates for public intoxication reached nearly 2 million annually, totaling one third of all arrests (Clarke 1975). It was also estimated that 75-80% of all drunk-in-public arrests was committed by the same small group of chronic inebriates. In 1967, the US and DC Crime Commissions and the Cooperative Commissions on the study of Alcoholism, “found that the criminal law was an ineffective, inhumane and costly device for the prevention and control of alcoholism or public drunkenness. All recommended a public health approach be substituted for current criminal procedures” (Clarke 1975: 223). This recommendation led to the 1968 Alcoholism Rehabilitation Act, which was the first piece of federal legislation that dealt specifically with the treatment of alcoholism (Clarke 1975). This act stated that since alcoholism was a medical condition it should be treated as such and not as a legal matter (Clarke 1975).

By 1970 the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act (Hughes Act) was in place. The Hughes Act gave substantial financial support to state and local programs, while establishing the National Institute on Alcohol Abuse and Alcoholism (Clarke 1975). This Act then led to the 1973 Uniform Act, which called for the decriminalization of public drunkenness. The Uniform Act was designed to provide states with a legal framework to develop their own program from a medical treatment approach. By August 30, 1973 seventeen states had passed the Uniform Act or similar legislation, while by 1980 thirty-four states had adopted the act (Finn 1985).

Due to the decriminalization of public drunkenness most states during the 1970's turned to the popular social model of treatment as an alternative to incarceration. The social model allowed for general care of inebriates, while

avoiding the costly physical examinations the medical model often required. An example of the social model treatment includes the sobering up station. Here inebriates can volunteer or be dropped off by law officials or family to facilities, where they can generally stay for up to 72 hours and receive basic care such as food and shelter (Virginia State Crime Commission 1981).

During the 1980's there was a resurgence of concern for the alcoholic homeless. It was thought that alcohol, as well as, other various drugs of abuse were causing the most serious health problems for the men and women living on the streets. It had been estimated that approximately 45% of the homeless population in the US were abusing alcohol on a regular basis (Huebner et al 1993). Estimates such as these lead to the development of the 1987 Stewart B. McKinney Homeless Assistance Act, which produced 20 new programs administered by 7 federal agencies (Huebner et al 1993). "Section 613 of the McKinney Act, authorized funds for the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to support a demonstration program to develop, implement, and evaluate innovative treatment interventions for homeless individuals with alcohol and other drug abuse problems" (Huebner et al 1993:7). It was this section that was used to create the Community Demonstration Projects for Alcohol and other Drug Abuse Treatment of Homeless Individuals, which awarded "9.2 million for two year grants to nine community based projects in eight cities" (Huebner et al 1993:7). Due to the lack of research and knowledge available, each program was allowed to develop and implement its own form of treatment, however, most utilized some type of social treatment model (Huebner et al 1993).

In Virginia during the 1980's chronic inebriates arrested for being drunk-in-public were filling up the jails. In 1980 there were 60,000 arrests alone in the Commonwealth, while it was estimated that between 26-53%(depending upon

the location) of all those in jail were being held for public intoxication (Virginia State Crime Commission 1981). Because Virginia law states that you can only hold a person charged with being drunk-in-public until they are no longer a threat to themselves or others, the average offender was only spending between 4-16 hours in jail (Virginia State Crime Commission 1981). If one is homeless upon release from the jail, their chances of being arrested again within a short time span are greater. This state law was causing a revolving door effect for Virginia's drunk-in-public offenders; in 1981 it was estimated that 77% of all chronic inebriates were homeless (Virginia State Crime Commission 1981). Because of these statistics, in 1982, Virginia adopted the concept of the sobering up stations to relieve the overwhelming costs and overcrowding the state jails had experienced (Virginia State Crime Commission 1981). However, sobering up stations had been difficult for small towns and cities to acquire because of the large costs involved. For example, in 1973, a station in Florida cost between \$125-150,000 to maintain per year (Clarke 1975). Finances made it nearly impossible for smaller cities, such as Roanoke, VA, to be able to utilize the social models of the 1970's and 1980's.

In the City of Roanoke the need for a program arose as the number of arrests due to public intoxication steadily increased. In 1996, 1,501 people committed 3,625 incidents of being drunk-in-public. However, only 60 of those arrested committed 1,418 offenses or 38% of all arrests for drunk-in-public. In 1997, 2,642 different people were responsible for 4,099 incidents, while 45 people or 1.7% of the total arrested were responsible for 919 incidents. In 1998, 1,312 people were responsible for 2,519 arrests for being publicly intoxicated, while 28 people or 2.1% of the total arrested committed 600 violations of drunk-in-public (Roanoke City Sheriff's Office 2000).

Jail-Based Public Inebriate Intervention and Treatment Program

On January 1, 1999 the Jail-Based Public Inebriate Intervention and Treatment Program was implemented in the City of Roanoke, VA. The purpose of this program is “to establish policy and procedures governing the administration of services to interdicted public inebriates sentenced to a term of incarceration in the Roanoke Jail (Roanoke City Sheriff’s Office 1998). The principle goal of this program is to reduce the number of public intoxication arrests in the City of Roanoke, “by assessing the offender’s substance abuse problems and providing appropriate levels of substance abuse treatment, comprehensive medical services, and developing work skills and good work habits that may assist the offender in obtaining jobs in the community once released” (Roanoke City Sheriff’s Office 1998).

The process of treatment begins with a recommendation from the prosecutor’s office after one has been convicted of being drunk-in-public ten times or more within the past eighteen months. The offender will then receive a notice of interdiction with a court date before the Circuit Court. The Circuit Court Judge then decides whether or not to interdict the offender and the defendant is released. According to VA Code 4:1-333, “when after a hearing upon due notice it appears to the satisfaction of the Circuit Court of any county or city that a person, residing within such a county or city...has shown himself to be an habitual drunkard, the court may enter an order or interdiction prohibiting the sale of alcohol beverages to such person until further ordered” (Roanoke City Sheriff’s Office 1998). If the interdicted person then violates this order, they will be arrested and await a sentencing hearing before the General District Court. During this waiting period the offender’s level of substance abuse and medical conditions are assessed. It is then up to the General District Court Judge to

decide the sentence, which can be up to twelve months, since these offenses are usually misdemeanors.

Once sentenced the inmate may choose to serve their time within the general population or in a separated pod known as AWARE (Attitude Willingness Abstinence Recovery Effort). AWARE is a treatment program within the jail where one, if able, is part of a work crew during the day and part of a treatment community at night. During the workday an inmate might perform such tasks as painting, raking and general cleaning for the city, where for each day worked one day is removed from one's sentence. Non-interdicted alcoholic inmates can also participate in the AWARE program and receive good time credit for working as well. At night there are Alcoholic Anonymous meetings and various other forms of group therapy, where the goal is to confront the alcoholic and make the inmate aware of their disease. If those on the jail staff feel the inmate has made significant progress, one can be released early from the jail upon graduation of the program. Entering AWARE is a voluntary process; however, it is to the inmate's benefit because those placed within the general population are required to serve their full sentence. Misdemeanor offenders in the general population can also receive good time credit for working, however, work opportunities are few and those in AWARE receive first choice.

Once released the interdicted person will then attend a rehabilitative treatment program, PHASES, which is operated by Blue Ridge Community Treatment. This program lasts for a period of one year, where the person is under probation-like supervision through Court Community Corrections. If the interdicted person is again arrested they will start the process over again beginning with their sentencing hearing in front of the General District Court.

Objectives

Evaluations are an important part of a program's success. An evaluation can determine a program's worth for continued funding, as well as help to make a program more efficient and effective. Smith defines a program evaluation as "a process for examining a program to assess its operations and/or effects (intended or unintended), relative to the objectives it set out to reach" (Smith 1989:13). A program evaluation is often required of new programs that receive grant money.

This program evaluation will be a case study of the Jail-Based Public Inebriate Intervention and Treatment Program, which will be examined from a formative approach. This type of evaluation, "is conducted while a program is ongoing; its purpose is for program improvement" (Smith 1989:13).

CHAPTER TWO: LITERATURE REVIEW

Historical Background

During the 1960's, one-third of all arrests made in the US was due to public intoxication (Clarke 1975). Those arrested ranged from the drunken college student to the skid row alcoholic; however, the chronic inebriate made up the majority of these arrests. Corrections officials determined that even though jail sentences for the charge of drunk-in-public were relatively short, ranging from a couple of hours to a few days, the rate of recidivism was so high that public chronic inebriates tended to spend a good deal of time behind bars. "The Committee on Prisons, Probation and Parole in the District of Columbia studied six chronic offenders and found that they had been arrested for drunkenness a total of 1,409 times and had served a total of 125 years in penal institutions" (Clarke 1975:222).

The recidivism rates of the chronic inebriate population caused several problems. Corrections officials viewed these rates as a direct failure of the criminal justice system because so much time and money were wasted booking the offender, the courts were tied up with minor nonviolent misdemeanors, and inebriates who were being picked up once a day were obviously not being rehabilitated. Because most chronic inebriates tended to be homeless, court and corrections officials began to raise issues, such as whether the drunk-in-public law targeted chronic public inebriates unfairly and if it is constitutionally acceptable to place a person in jail for most of his/her adult life (Clark 1975).

By the mid 1960's, the majority of court and health officials who were involved with the public inebriates believed that something needed to be done to help the chronic inebriate. During this time, alcoholism was beginning to be viewed as an illness, which meant that public intoxication was now seen as involuntary. In 1966, the US Court of Appeals for the District of Columbia Circuit voted 8-0 in the case of *Easter v. District of Columbia* that "an action committed involuntarily cannot be held criminal" (Clarke 1975:223). Also in 1966, the United States Court of Appeals for the Fourth Circuit ruled in the *Driver v. Hinnant* case "that conviction of an alcoholic for public intoxication...constituted cruel and unusual punishment, and, therefore, was in violation of the Eighth Amendment to the United States Constitution" (Clarke 1975:223). Court cases such as these led to the passage of the first piece of federal legislation, known as the Alcoholic Rehabilitation Act of 1968. This Act states that dealing with chronic inebriates through the court system only furthers inebriates' problems. Therefore, the inebriate should be handled through health officials who can detect, prevent and treat the alcoholic illness. This Act led to the passage of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (also known as the Hughes Act), which established the National Institute on Alcohol Abuse and Alcoholism and gave state and local programs substantial amounts of funds to treat alcoholism (Clark 1975).

During the 1970's, the move toward decriminalization of public intoxication continued and was supported by the majority of health officials, correction representatives and judges. By 1973 seventeen states had passed the Uniform

Act, which called for the decriminalization of public intoxication (Clarke 1975). This Act required states to substitute the treatment model for the previous jail model. By establishing receiving centers (also known as sobering up stations and primary care centers) where inebriates are taken by relatives, friends and police to receive treatment and/or sober up. This type of treatment center is usually nonmedical, because less than 5% of alcoholics require hospitalization during withdrawal. Staff members in sobering up stations generally consist of former alcoholics, nurses, volunteers, and social workers (Clarke 1975). The staff in this environment generally allows the alcoholic to sober up in a nonthreatening environment rather than on the street and then provide information needed for social services in his/her area. The alcoholic may leave this setting at any time, including when he/she is intoxicated. However, a sobering-up station in Toronto reported that most tended to stay at least until they were sober (Clarke 1975).

During the 1980's, the federal government continued to emphasize detoxification centers as the main way to treat the alcoholic homeless. In 1987, the federal Stewart B. McKinney Homeless Assistance Act created the Community Demonstration Projects for Alcohol and other Drug Abuse Treatment of Homeless Individuals. This Act gave \$9.2 million in the form of two-year grants for the formation of nine community treatment programs in 8 major cities (Huebner et al. 1993). Each of these programs developed and implemented it's own innovative treatment program. All of these programs continued to concentrate on the previously established detoxification method, but with slight

modifications. Previous centers removed alcohol from the person's life to solve the individual's problems with the goal of fully rehabilitating each chronic public inebriate to the point of independent living. Most researchers now saw this as an unrealistic goal and recognized that "treatment models that have been used for the chronic public inebriate have been found most useful in the middle-class, non-alienated alcoholic" (Willenbring et al. 1990:81). The McKinney Act programs then began to develop supportive relationships between the homeless alcoholic and staff members, as well as meeting his/her social welfare needs and to concentrate on helping the client to function within the community. In other words, they used intensive case management. In intensive case management, a case manager or a team of case managers is assigned to each person. This allows the case manager to build a rapport with the participant, and tailor a program to the needs of each client (Willenbring et al. 1990).

According to previous evaluations, programs that use detoxification and intensive case management have had some success in rehabilitating the alcoholic homeless. However, all of these programs have been in major cities. For example, the cities included in the Community Demonstration Project for Alcohol and other Drug Abuse Treatment of Homeless individuals are Anchorage, Boston, Los Angeles, Louisville, Minneapolis, New York, Oakland, California and Philadelphia (Lubran 1990). The major problem with the treatment center placement involves the costs that detoxification programs tend to incur. For example, in the 1970's a receiving center in Florida was estimated to cost between \$125,000 to \$150,000 per year to minimally maintain (Clarke 1975).

Part of this cost can be attributed to high mortality rates and advanced medical conditions of the chronic public inebriate. In Minnesota during the 1980's "detox, medical and psychiatric costs totaled \$15,900 per person per year, and expenditures for legal and social services amounted to \$6,940 per person per year, for total expenditures of \$22,840 per person per year" (Willenbring et al. 1990:80). These are high costs for any city or town to incur, but unaffordable for a smaller city such as Roanoke, Virginia. These high costs mean that detox programs with intensive case management could only be and are only found in large cities.

Chronic Inebriates in Roanoke, VA

During the 1990's, the Roanoke City Sheriff's Office began to realize that their city too had a problem with chronic public inebriates. For example, arrest rates for the charge of drunk-in-public were at an all time high in 1997 with 4,099 incidents; where 45 people, or 1.7% of the total arrested, were responsible for 919 incidents (Roanoke City Sheriff's Office 1999). This caused many problems for the city of Roanoke, which was also trying to renovate and rebuild its downtown area. The people in the business district began to complain to the sheriff about the behavior of the alcoholic homeless, and the cost and time associated with increased arrests was draining the already over-worked criminal justice system.

In 1998 the complaints and concerns of the Downtown Business Association led to the resurrection of a dead letter law known as interdiction. The interdiction law allows a Circuit Court Judge, based upon a recommendation by the

prosecutor, to prohibit the possession, sale or consumption of alcoholic beverages to the chronic inebriate. Violators of this interdiction status can be placed in jail for up to one year. The interdiction law did decrease arrest rates; however, many in the legal system, including judges and lawyers, saw it as a violation of the Eighth Amendment of cruel and unusual punishment.

In 1999 the Sheriff's Office started the Jail-based Public Inebriate Treatment and Intervention Program in the City of Roanoke, VA. This treatment program shares some of the characteristics found in the sobering-up stations of the larger cities. Both the sobering-up station and the Roanoke inebriate program attempt to get the alcoholic to recognize his/her disease and to be open to counseling. Both programs also attempt to eliminate the other social problems the participants' face such as homelessness, unemployment, and alienation. Both programs are also voluntary. The major difference is where the two programs take place and how voluntary is defined. The sobering-up stations typically take place in a shelter located near the jail for easy access of police, and voluntary refers to one's being able to leave the program at any time to return to civilian life. The program in Roanoke takes place in a separate treatment pod housed within the City of Roanoke's jail. This means the participant can leave the program at anytime, but he/she will then be returned to the general jail population to serve out the rest of his/her sentence.

Jail-based Public Inebriate Treatment and Intervention Program

The treatment process begins after a chronic inebriate has been convicted of being drunk-in-public ten times or more within the past eighteen months. Once

this happens, the Commonwealth's Attorney Office recommends an interdiction to the Circuit Court Judge. If the Circuit Court Judge feels it is appropriate, he/she will impose an interdiction status upon the offender in a hearing before the defendant. This status, based upon VA Code 4:1-333, prevents the interdicted from purchasing, possessing or consuming alcoholic beverages in the state of Virginia (Roanoke City Sheriff's Office 1998). If the interdicted person violates this law, he/she goes before a General District Court Judge, and could receive a sentence up to one year in length.

Once the offender has been sentenced, he/she is placed in the general population of the jail where he/she is assessed for mental and physical conditions. After this process is completed the interdicted offender has the option of entering a separated treatment pod within the jail known as AWARE (Attitude Willingness Abstinence Recovery Effort). If the offender chooses to enter this program, he/she becomes part of a treatment community and if able, will be a member of an outside work crew during the day and participate in group therapy sessions during the evenings. The interdicted that are able to work will receive good time credit; for each day worked, a day is removed from the total sentence. Those who choose not to enter AWARE are placed in the general jail population where they will remain until their sentence is completed. If one successfully completes all of the components of the AWARE program he/she will be eligible for an early release from the jail decided by a graduation committee within the jail.

Once the interdicted person is released from the jail he/she will participate in a program for recovering alcoholics known as Phases at the Blue Ridge Community Treatment Center for a period up to one year. The interdicted will also be under probation-like supervision during this time by Court Community Corrections. If the interdicted person again violates the interdiction order he/she will begin this process all over. However, if one remains sober and complies with treatment outside the jail, one can petition the courts to have their interdiction status removed.

In January, 1999, the Roanoke City Sheriff's Office implemented this program with the hope of accomplishing three major goals: reducing the number of arrests for the charge of public intoxication; improving the attractiveness of the downtown area; and increasing the health and life chances of the chronic public inebriate. These goals will be analyzed during the evaluation of this program.

Contradiction Model

In the past, most evaluations examined programs from a goal model perspective. In this model, program goals are identified and the effectiveness of the program is judged by whether the criteria have been met. This perspective views an entire program as either effective or ineffective. Hall (1999) recognizes the importance of identifying and examining the goals set forth by a program, but then takes a different approach that acknowledges that an organization can be effective in some features, but not in others. Although previous evaluation research has not utilized all of the criteria of the contradiction model, most program evaluations have used parts. This research will incorporate Hall's

contradiction model to better understand the effectiveness of the Jail-based Public Inebriate Treatment and Intervention Program.

This thesis will examine the four components of the contradiction model in relation to the effectiveness of the program. The first component recognizes that organizations have multiple and often conflicting goals. This component takes into account official goals or goals set forth in public statements or charters and informal goals. Because there are usually many goals within an organization, these goals may actually contradict one another and may also shift over time (Hall 1999).

The second component examines the realization that “organizations face multiple and conflicting constraints” (Hall 1999:267). According to Hall (1999:267), these “constraints involve policies or procedures set in advance. They guide decision making and behavior in the organization”. Constraints can be:

- imposed on an organization or beyond the control of the organization;
- bargained for or within the contract;
- discovered or constraints that appear over time;
- and self-imposed or backing a particular view that may limit the program’s effectiveness (Hall 1999).

The third component recognizes that “organizations have multiple and conflicting internal and external constituencies” (Hall 1999:268). A constituency may or may not be organized or considered part of the decision making process even though they are directly affected by the organization (Hall 1999).

A final component takes into account that “organizations have multiple and conflicting time frames” (Hall 1999:268). Time frames refer to whether the program has met its goals in the allotted amount of time. Hall recommends that when evaluating the effectiveness of time frames, the analyst keep in mind the history of the organization, the time frame itself and the environmental constraints the organization faces. This is because the researcher is often forced to make a judgment call about effectiveness when examining time frames. This research will examine each of these components and how they affect the effectiveness of this program.

Contradiction Model and the Jail-based Public Inebriate Program

This research will examine both the official and informal goals of this program to better understand their effectiveness. Official goals involve those goals set forth in the mission statement of the program. The principal official goal of this program is to reduce public intoxication arrests by chronic inebriates through the administration of services. According to the program’s mission statement, these services are to include the following: to assess the inebriate’s substance abuse problem, to develop an individually tailored treatment program, to provide medical services, and to develop work skills and habits that can be used upon release from the jail (Roanoke City Sheriff’s Office 1998). Informal goals are those goals that are not officially written in the program’s mission statement, but are considered a goal of the program by the organization. An example of an informal goal in this research is the goal of improving the attractiveness of the downtown area. These goals are often contradictory; this is because the

Sheriff's Office and the Downtown Business Association are primarily concerned with reducing arrests and keeping the inebriate off the street, while the goal of rehabilitating the offender is often overlooked and under stressed. This research will then examine how these contradicting goals affect the program's effectiveness.

This research will also look at the multiple and conflicting constraints within the organization; these constraints will be taken into consideration when judging the effectiveness of the inebriate program. The following three constraints will be used:

- imposed constraint ex- a judge not willing to give a long enough sentence to an offender for the program to work;
- discovered constraint ex- lack of social worker to help inebriates find housing, get a social security card etc. upon release from jail; and
- self-imposed constraint ex- the voluntary nature of the AWARE program allows for offenders to not have to enter.

This research will also take into consideration the multiple and conflicting internal and external constituencies in the organization during the evaluation. Internal constituents include the sheriff and the inmates, while external constituents are the treatment staff at Blue Ridge Community Treatment Center and the Downtown Business Association. These constituents are often in disagreement as to what is best for Roanoke, VA, as well as what is best for the offender.

This research will also take into consideration the multiple and conflicting time frames of the organization and how this may affect the program's effectiveness. An example of a time frame for this research would be the allotted time for this evaluation. The treatment program in the jail began in January of 1999; for this thesis data collection began in January of 2000 and will end in the winter of 2001. This time frame only allows the researcher to evaluate this program based on information collected over the past year for a program that has only been in existence for two years; for the majority of the goals this is not a problem. However, for the evaluation of the inebriate's rehabilitation and return to the community this is short amount of time. Therefore, the time frames given are in contradiction to the evaluation of this goal.

The majority of previous researchers, who performed evaluation research, have used the goal model approach or parts of Hall's contradiction model. This research will use the four components Hall has set forth in his theory to better understand the effectiveness of the Jail-based Public Inebriate Intervention and Treatment Program. This model will not allow the researcher to analyze the overall effectiveness of this program, but rather it will assist in understanding why parts of this program are effective and why parts are not.

CHAPTER THREE: ¹METHODOLOGY

This proposal is part of an evaluation process to analyze the effectiveness of the Jail-based Public Inebriate Program. Three purposes have been established, including reducing the number of drunk-in-public arrests in the City of Roanoke, improving the attractiveness and safety of the downtown area and improving the health and life chances of the public inebriate through treatment. The evaluation of this program will examine these three objectives and the extent to which they have been achieved.

Two methods of data collection are being used for this evaluation. The first method involves the collection and analysis of arrest data from 1996 to 2000 for those arrested for drunk-in-public including those who have been interdicted in the City of Roanoke beginning with the year of 1996 until June 2000. These years have been selected so that arrest figures before the program began could be compared to those arrest figures after the program had been implemented. This method of data collection has allowed for the evaluation of the first goal of this program to reduce the number of public intoxication arrests in the City of Roanoke. These data have been provided by the City of Roanoke's Sheriff Office and from an interdiction report given by the Commonwealth's Attorney Office.

The second method of data collection has included personal interviews with various organizations and agencies connected with this project. The first meeting occurred at the jail in the winter of 1999; it was at this time that various

¹ This project has received Virginia Tech Internal Review Board approval.

jail and treatment staff was introduced and recommendations were taken as to whom should be interviewed. The first set of interviews took place within the jail and lasted approximately thirty minutes each. These interviews took place within a meeting room in the jail, where only the interviewer and the inmate were present. These meetings included two interviews with those interdicted within the AWARE program; five interviews with those interdicted within the general jail population, and ten interviews with the non-interdicted in AWARE. Another interview was also conducted with one success case outside the jail at the Blue Ridge Community Treatment Center. This interview also lasted approximately thirty minutes and was conducted in a small office, where only the interviewer and the interviewee were present. These interviews gave insight on how the inmates viewed the program, as well as other information such as previous treatment history, education, employment, housing, income etc.

Next the purpose and goals of the jail-based program were clarified from the viewpoints of those working within the program. This process began with interviews of Roanoke City day shelter staff. These interviews also lasted approximately thirty minutes and included two interviews at the Ram House with the director of the shelter and a case manager. Another interview was also conducted at the Good Samaritan Day Shelter with their director. The day shelter staff's close contact with this population provided great information as to how the interdicted live while on the streets. The following interviews took place within the courthouse to better understand the legalities and flow of the program; these included three interviews with general district court judges, a

Commonwealth attorney, a court community corrections officer and a public defender.

The second goal of the program, to improve the safety and appeal of the downtown area, has been measured through interviews with a member and past president of the Roanoke City Downtown Business Association and an experienced Roanoke City Beat Officer. These two interviews were conducted to determine the effect of the program on community relations. Both interviewees were recommended by the sheriff's office because of their close contact with the downtown business area where they work.

The third goal of this program, to improve the health and life chances of the chronic public inebriate, will be analyzed through interviews with current and past participants of the AWARE program and three local day shelter staff members. This goal will also be examined using Richard Hall's Contradiction Model. There are four components in the contradiction model that allow the researcher to better understand a program's effectiveness. These components include examining multiple and conflicting goals that shift over time, internal and external constituencies, time frames, and constraints. This model avoids examining overall effectiveness by recognizing that organizations can be effective in certain aspects and not effective in others. However, it has been recognized that this third goal cannot be fully assessed due to time constraints.

CHAPTER FOUR: FINDINGS

In order to assess the effectiveness of the Jail-based Public Inebriate Program three purposes were established: 1) reducing the number of drunk-in-public arrests in the City of Roanoke; 2) improving the appeal and safety of the downtown area; and, 3) improving the health and life chances of the public inebriate through treatment. The evaluation of the effectiveness of this program focuses on these three objectives and the extent to which they are achieved.

The first goal, reducing drunk-in-public arrest rates, is evaluated through arrest data provided by the sheriff's office. The time period of 1996 to 2000 was selected so that arrest data before and after the AWARE program was implemented can be compared. The second goal, to improve the safety and appeal of the downtown community, is evaluated through interviews conducted with a member of the Downtown Business Association and a Roanoke City police officer. The third goal, to improve the health and life chances of the chronic public inebriate, is examined through interviews conducted with current and past participants of the AWARE program and with three local day shelter staff members.

This last goal is also analyzed through Richard Hall's Contradiction Model. There are four components in the contradiction model that allow the researcher to better understand a program's effectiveness. These components include: examining multiple and conflicting goals that shift over time; internal and external

constituencies; time frames; and, constraints. This model recognizes that organizations can be effective in some aspects and not effective in others.

Goal 1: Reduce Drunk-in-Public Arrest Rates

In 1996, 1,501 offenders accounted for 3,625 total arrests made for the charge of drunk-in-public in the City of Roanoke (See Figure 1). These totals hit an all time high in 1997, when 2,642 offenders were arrested for public intoxication a total of 4,099 times. After the January 1998 resurrection of the dead letter law known as interdiction, arrest rates began to drop dramatically. By December 1998, only 1,312 offenders were arrested for the charge of drunk-in-public a total of 2,519 times. In 1999, the Jail-based Public Inebriate Intervention and Treatment Program was implemented in the Roanoke City Jail. During that year arrest rates continued to drop, 1,131 offenders were arrested for public intoxication a total of 2,018 times. The year 2000 shows similar results in arrest rates as the previous year. In 2000, 1,286 people were arrested for the charge of drunk-in-public 2,192 times. The number of arrests for the charge of drunk-in-public has decreased overall by 40 percent when comparing 2000 total arrest rates to 1996 total arrest rates.

The number of habitual offenders charged with public intoxication - the few who make up the majority of the arrests- has also declined. For example, in 1996 60 habitual offenders made up 38 percent of the total arrested (See Figure 2). In 1997 45 habitual offenders accounted for 919 arrests, but were only 1.7 percent of the total number of offenders arrested. For the year 2000, the total number of habitual offenders dropped to 20 people who accounted for 1.6

percent of the total number arrested. Even with 20 habitual offenders in the year 2000, there is still a decline of 55.5 percent, when comparing 1997 habitual offender rates to the 2000 rates.

Recognizing that habitual offenders do not necessarily represent those interdicted within the City of Roanoke; those who have been interdicted were examined by cohort, based on the year of his/her interdiction. The cohort interdicted in 1997 includes four people who in 1997 went from 244 arrests to 4 total arrests from January to June 2000 (See Figure 3). The 1998 interdicted cohort includes five people who were arrested a total of 130 times for public intoxication in 1997; but who from January to June 2000, only had been arrested a total of one time (See Figure 4). The 1999 cohort includes twelve people who were arrested a total of 347 times for being drunk-in-public in 1998 (See Figure 5). However, from January to June 2000 members of the 1999 cohort had only been arrested 13 times.

In summary, the first goal, reducing drunk-in-public arrest rates in the City of Roanoke, appears to have been met when examining the arrest data that have been collected. This can be seen when comparing the over all arrest rates before the program began in 1996 to the 2000 total, when there was a 40 percent decline in arrest rates. However, it is the habitual offender arrest rates that are of most importance when examining reduction in arrests. This is because habitual offenders are the few offenders who tend to make up the majority of total arrests. Therefore, it is the reduction in total number of arrests for the habitual offender population that has had the most affect on the success of the first goal.

Goal 2: Improve the Appeal and Safety of the Downtown Area

One interview took place with a member of the Downtown Business Association in the downtown district of the city. This person was recommended by the sheriff's office as someone who needed to be interviewed because of his past role as president of the Downtown Business Association. This person is also at an advantage because of the location of his employment within the downtown business area, which allows him to see daily the effect of the program on the downtown community. When interviewed, this businessperson spoke very highly of the interdiction program and its effect on the downtown community. He believed that the program made community residents feel safer while shopping downtown, because the panhandlers and staggering drunks were not there to scare the patrons. He also spoke of the Downtown Business Association's desire to see this program continued and the association's plans of continuing funding for the inebriate program.

Another interview occurred in the Roanoke City Police Station in a small office with an experienced beat officer. This officer has been a member of the Roanoke City Police Department for 27 years and is responsible for patrolling the downtown business district, as well as, the popular city market area. This officer stated that there still are chronic public inebriates in this area; however, the number of inebriates has dramatically decreased since the resurrection of the interdiction law in 1997. He felt this was because many of the interdicted were spending more time in jail, a few were success stories, but that many of the interdicted had left town to avoid trouble.

This officer also is responsible for presenting updated data to the Downtown Business Association from the sheriff's office regarding the inebriate program. These presentations have given this officer an opportunity to hear how the business community feels about the inebriate program. The officer stated that the business community is pleased overall with the program and its success in removing the chronic inebriates from the streets. However, the business community continues to be concerned about the many homeless individuals who are still in the area. This is because the business people fear that the homeless, drunk or not, scare away customers by their panhandling. The police officer also stated that many of the female employees who work downtown had voiced their fear of the panhandlers to him, personally. However, the officer also said that where there once were ten to fifteen panhandlers, there are presently only one or two.

In summary, the second goal, improving the appeal and safety of the downtown business area, appears to have been met, based on information gathered through interviews conducted with a former president of the Downtown Business Association and a Roanoke City police officer. Both men agreed that the downtown business community believes the inebriate program has been helpful in removing chronic inebriates from the streets. The officer also noted that he now is making fewer arrests since the resurrection of the interdiction law, which implies that there are fewer inebriates in the area.

Goal 3: Improve the Health and Life Chance of the Interdicted Through Treatment

Ten out of the twelve inmates interviewed in the AWARE program believed that the program had helped them to become aware of their disease and that they needed help. However, all of the inmates in the program complained about the many rules that they were forced to observe. For example, it can be difficult to obtain an aspirin due to the privatized medical system observed in the jail, where two aspirin will cost an inmate \$5. There are also several strict rules observed during treatment sessions such as, “no hands or elbows on tables”. When an inmate violates one of the many strict rules he/she will be reprimanded with a verbal and written warning. As these warnings accumulate they result in privileges such as television time being taken away. All five of the interdicted in the general jail had been in the AWARE program before, but because all were homeless and many had mental and physical disorders due to alcohol related diseases, they had a difficult time finding and keeping adequate housing upon release. Three out of the five inmates then felt neglected and didn't find it necessary to continue with the program.

A final interview with the interdicted took place in the Blue Ridge Community Treatment Center with the only successful graduate of the program. He attributed his success in battling alcohol to the inebriate program. He also mentioned that while he was in the AWARE program he made a list of all his friends who had passed away due to their alcoholism. He said it was the length of this list that made him realize that he might be next if he did not stop drinking.

Three interviews were conducted in local day shelters in the City of Roanoke. Two of these interviews took place at the RAM House where the director and a case manager were interviewed. The third interview took place at the Good Samaritan day shelter with the director. These interviews allowed for a greater understanding of the lives of the alcoholic homeless from the perspective of those who see them at their worst. All of the interviewed agreed that the program was definitely needed in the City of Roanoke; while two of the three mentioned that they were hoping for more interdictions to take place in the near future.

The third goal, to improve the health and life chances of the public inebriate through treatment, appears to have been met in some areas and not in others. Many positive outcomes have occurred. For example, ten out of the twelve inmates interviewed in the AWARE program believed that the program had helped them to become aware of their disease and that they needed help; there has been one success case; and two of the day shelter staff members mentioned that more interdictions needed to take place in the future. This recommendation is important because it implies that the day shelter staff feels the program is worthwhile. However, many negative outcomes have occurred as well. For example, all of the inmates in the program reported being discouraged by the strict rules observed in the program, while many of the interdicted had difficulty meeting basic food and housing needs upon release from the jail.

Goal 3 and The Contradiction Model

Program Constraints:

Several constraints need to be examined when evaluating the effectiveness of the program. The first constraint impacts the effectiveness of the third goal- to rehabilitate the offender by not allowing the inmate enough time in the jail program to become aware of his/her alcoholism. The treatment staff involved with this project has suggested that an offender's sentence should be at least six months, with nine to twelve months remaining the ideal for rehabilitation. This is because they believe six months to be the minimum for success since the interdicted in the program can participate with the work crew during the day, where he/she can remove one day from his/her total sentence with each day worked. For example, an offender who was sentenced to six months would be eligible for early release within three months. An analysis of sentencing data from January 1998 to June 2000 has revealed that about one-fourth of interdicted persons are sentenced to 60 days or fewer, while just under half of the interdicted were sentenced to 120 days or less (See Figure 6). These data have also shown that 37 percent of those interdicted only served between two and thirty days in jail, while 61 percent served sixty days or fewer (See Figure 7).

This constraint has been imposed on this program by one of the three General District Court Judges who has consistently given light sentences of usually thirty days or less to the interdicted. This judge feels that the program violates the person's Eighth Amendment right against cruel and unusual punishment. He feels that a person who commits a nonviolent misdemeanor offense should, under no circumstances, be expected to remain in jail longer than

an offender who commits, for example, a DUI. The other two judges admitted to having reservations about giving a nonviolent misdemeanor offender such a stiff sentence. However, after the success of the one interdicted person, who has now been sober for almost three years, the two judges have been willing to consider longer sentences for the interdicted offender. It is important to note that the one successful graduate of the program has served the longest sentence of any interdicted person to date with a sentence of 540 days, where 226 days were served.

A second constraint that needs to be examined, during this program's evaluation, concerns the absence of a social worker to help the offender in his/her return to the community. This constraint relates to the effectiveness of the third goal - rehabilitating the offender by not giving the interdicted person the resources that he/she will need to survive upon his/her release from the jail. This is a concern because the interdicted interviewed all have been homeless. Most of the interdicted are eligible for Social Security benefits either, because his/her illness has led to a permanent disability such as cirrhosis of the liver, or veteran benefits because of time served in the military. When the interdicted person is released back into the community because he/she is homeless he/she usually returns to the street. This then makes it that much more difficult for he/she to fill out the necessary paperwork needed for Social Security benefits because of the lack of a permanent address. A social worker could help the individual fill out the necessary paperwork for benefits and find a residence, eliminating many of the problems faced by the interdicted person upon his/her return to the community.

A third constraint involves the voluntary nature of the program, which also affects the effectiveness of the third goal - rehabilitating the offender. As mentioned before, because the program is voluntary the interdicted inmate does not have to participate in the AWARE program within the jail and can instead choose to remain in the general jail population. By choosing to remain in the general jail population, the interdicted is helping to reduce arrest rates which is the first goal of the program. However, this person is not furthering their rehabilitation or the third goal of the program. Those on the jail staff who believe that a treatment program can only be effective if he/she enters voluntarily have placed this constraint upon the program.

Program Constituents:

External and internal constituencies should also be taken into consideration during this evaluation. Internal constituents include the Sheriff, those interdicted in the AWARE program, and those interdicted not in AWARE. External constituents include the treatment staff at Blue Ridge Community Treatment and the Downtown Business Association. Each of these constituents differentiates as to what he/she feels this program should and can accomplish. It is these differences that must be examined during the analysis of this program. For example, the Sheriff's main goal for this program is to reduce the number of public intoxication arrests; while the Downtown Business Association is primarily concerned with improving the appeal of the downtown area. The treatment staff at Blue Ridge Community Treatment Center is focused mainly on the health, well being, and rehabilitation of the interdicted person; while the inmates are trying to

comprehend his/her surroundings and what it is that is expected of himself/herself.

Time Frames:

A fourth criterion of multiple and conflicting time frames for the researcher must also be taken into consideration during this evaluation. The time frame given for this evaluation began in January 2000 and ends in March 2001. The jail-based program itself has only been in existence since January 1999. These time frames make it difficult to fully evaluate the effectiveness of the third goal or the rehabilitation of the interdicted. The Contradiction Model and interviews that have been conducted with participants of the program and day shelter staff have shed considerable light on the effectiveness of this final goal. However, it must be remembered that this program has only been in existence for approximately two years and this third goal should be reevaluated at a later time when more data become available.

CHAPTER FIVE: CONCLUSION

In 1971 the Uniform Alcoholism and Intoxication Act (also known as the Uniform Act) “encouraged states to decriminalize public intoxication and establish a community-based continuum of care for the detoxification and voluntary treatment of alcoholism” (McCarty et al. 1991:1142). The Uniform Act allowed for chronic inebriates to be treated in hospitals; instead of being arrested and placed in jail. However, hospital treatment is expensive, so treatment personnel and policy makers have sought other alternatives. The sobering up station is such an alternative. In the sobering up station the chronic inebriate is given a chance to sober up in a non-threatening environment and then once sober the person is made aware of referral services (Clarke 1975). These stations give the inebriate a chance at voluntary treatment, and to avoid the high costs of hospital care.

In 1975, these stations were cheaper than hospitals, where a hospital visit for a public inebriate was 80-100 dollars per day compared to only 15 dollars per day at the sobering up stations in the City of Toronto (Clarke 1975). These stations were also considered successful because even though the inebriate could leave at any time the majority chose to stay at least until he/she was sober. However, sobering up stations were expensive to run and because of this they were usually only found in larger cities.

During the 1980s policy makers and treatment personnel began to realize sobering up stations were not the answer for long-term care. Many chronic inebriates were using the stations as part of a cycle to and from the streets and

recidivism rates for public intoxication were not going down. In 1987, the federal Stewart B. McKinney Homeless Assistance Act set aside 9.2 million dollars to start the Community Demonstration Program for Alcohol and Other Drug Abuse Treatment of Homeless Individuals (Huebner 1993). This grant allowed for several treatment programs to be started around the country to try and find a solution for long-term care for the chronic inebriate and/or drug abuser. Many of these programs then turned to intensive case management, where a case manager is assigned to each individual to allow the case manager to build a rapport with the client and tailor the program to their client's needs.

One program took place in King County, Seattle, Washington during the second phase of the Community Demonstration Program for Alcohol and Other Drug Abuse Treatment of Homeless Individuals. In this program participants were split into those who were exposed to intensive case management and those who were not; this center served those who were homeless and/or those who were at risk of becoming homeless (Cox et al. 1998). The evaluation of this program found that clients who received intensive case management took advantage of more chemical dependency related services than those who did not receive intensive case management. The researchers also concluded that the longer one stayed in the program the less alcohol one consumed, which implied that long-term relationships between case managers and clients helped to reduce drinking (Cox et al. 1998). However, of the 100 cases that received intensive case management only 20 percent were able to maintain stable housing. "This finding implies a need for the intervention to develop either direct

training, or referral to training for the clients so that they can learn the personal, social and instrumental skills necessary for successful independent living” (Cox et al. 1998:537).

The Jail-based Public Inebriate Intervention and Treatment Program has used parts of the sobering up station and intensive case management models. The jail-based program does attempt to give the chronic inebriate a safe place to sober up, where when sober one will be exposed to the many services available. The inebriate does not have to participate in these programs; however, his/her time in jail is not voluntary. The jail-based program also attempts to provide a long-term solution to the chronic inebriate problem by offering follow up care upon release from the jail. However, this treatment is not intensively case managed like the federal program in Seattle, Washington.

The Jail-based Public Inebriate Intervention and Treatment Program has met its first goal of reducing public intoxication arrest rates with a decrease of 40 percent when comparing 1996 arrest rates to the 2000 total. However, it is the habitual offender arrest rates that are of most importance when examining reduction in arrests. This is because habitual offenders are the few offenders who tend to make up the majority of total arrests. Even with 20 habitual offenders in 2000, there is still a decline of 55.5 percent, when comparing 1997 total number of habitual offenders to the 2000 rates.

The Jail-based Public Inebriate Intervention and Treatment Program also appears to have met its second goal of improving the appeal of the downtown area. This can be seen in interviews with a Downtown Business Association

member and a Roanoke City Beat Officer who have expressed their delight with the progress of the program and are anxious to see the program continued. The police officer also mentioned that where there used to be ten or fifteen panhandlers there are now only one or two. This suggests that the downtown business area is now more appealing for downtown shoppers and employees.

The third goal, rehabilitating offenders so that they are an active part of the community, has been successful in some aspects and not in others. This goal is best assessed using Richard Hall's Contradiction Model where a program can be effective in some areas, but not in others. This model examines four components including multiple and conflicting goals, constraints, constituencies, and time frames.

Conflicting Goals:

After examining arrest data and interviews conducted with a Downtown Business Association member and a Roanoke City Police Officer the first and second goals of the program appear to have been met. However, these goals have focused solely on arresting and keeping inebriates off the streets, which conflicts with the third goal of rehabilitating the offender so that he/she can become an active part of the community. For example, the Sheriff's Office has dedicated a great deal of time to arresting chronic public inebriates and has supported the imposition of the interdiction status by the Circuit Court. However, the Sheriff's Office has not questioned why those interdicted in the general jail are unwilling to participate in the AWARE program in the jail. Those inmates who choose not to participate in AWARE are helping to meet the first goal of reducing

arrest rates, but are doing so at the cost of their own rehabilitation. This question needs to be highlighted; especially since of the seventeen inmates interviewed in the jail, only two were interdicted and in the AWARE program. The rest five were interdicted and in the general jail or noninterdicted inmates involved in AWARE.

Constraints:

One constraint for this program is the lack of consistent jail sentences given to the interdicted. This constraint mainly has been placed on this program by one of the three General District Court Judges who feels that the jail-based program violates the interdicted person's Eighth Amendment Right of Cruel and Unusual Punishment. This constraint impacts the effectiveness of the third goal- to rehabilitate the offender by not allowing the inmate enough time in the jail program to become aware of his/her alcoholism. An analysis of sentencing data from January 1998 to June 2000 reveals that about one-fourth of interdicted persons are sentenced to sixty days or fewer, while just under half of the interdicted were sentenced to 120 days or less (See Figure 6). These data have also shown that 37 percent of those interdicted only served between two and thirty days in jail, while 61 percent served sixty days or fewer (See Figure 7).

A second constraint concerns the lack of a social worker working to help intensively case manage the interdicted upon his/her release from the jail. The majority of the inmates in the AWARE program state that the jail program had helped them to recognize their problem with alcohol. However, many of the interdicted feel discouraged upon release from the jail when they are forced to return to their lives on the street. It is also important to note that the one

successful individual, upon leaving the jail, had some assistance from a treatment counselor in finding housing etc. This however, is not the norm because those on the treatment staff are not expected (nor do they usually have the time), to assist the interdicted person upon his/her release from the jail.

A final constraint involves the voluntary nature of the program. Treatment personnel who believe that a person must want treatment in order for the treatment to be successful have placed this constraint on the program. The interdicted that choose the general jail over AWARE are helping to reduce arrest rates, but are not furthering their own rehabilitation or the third goal.

Constituencies:

It must be remembered that different constituents have different goals for what they would like to see this program accomplish. For example, the treatment staff would like to see more interdicted rehabilitated, while the sheriff's office would like to see fewer chronic inebriates arrested. In order to make changes to the program for the better each of these constituencies will have to be convinced that their goal has been met and will continue to be met. For example, to receive money to hire on a social worker the sheriff will have to be convinced that his main goal of reducing arrests has been met. The Downtown Business Association has also contributed money in the past to this program and has pledged to do so in the future. They also must be convinced that their primary concerns have been met.

Time Frames:

The third goal of the program - rehabilitating offenders so that they are an active part of the community, has been more difficult than the first two goals to assess. This is because of the limited time frame set for this evaluation, and because of the few interdicted cases being evaluated. This goal could be better analyzed in the future, using longitudinal data.

Overall, the Jail-based Public Inebriate Intervention and Treatment program has met its first goal of reducing arrests and the second goal of improving the downtown community's appeal. It is the third goal, which now requires attention.

The third goal, rehabilitating the interdicted offender so that they can become an active part of the community, should be further examined using Hall's Contradiction Model and this research. This model will allow the researcher to better understand why the first two goals conflict with the success of the third goal and how to work on this conflict. The researcher will also have a better understanding of what parts of the program can and cannot be changed by examining the constraints of the third goal. For example, there are three constraints that have been placed on this program. Two of these constraints are the voluntary nature of the program and the differences in opinion between judges on sentencing. These constraints are not likely to change in the near future and this must be kept in mind when doing future evaluations of this program. However, the researcher could change one of the constraints, the lack of a social worker, by analyzing the multiple and conflicting constituents in the program. For example, the sheriff's office is mainly concerned with reducing

arrests for the charge of drunk-in-public in the City of Roanoke, while the Downtown Business Association is primarily concerned with improving the attractiveness of the downtown business area. These constituents must then be satisfied with the progress of the program and the success of their goal before they will be willing to improve upon other areas of the program such as the addition of a social worker.

References

- Baumhol, Jim. 1986. "On Asylums, Homes, and Moral Treatment: the Case of the San Francisco Home for the Care of the inebriate, 1859-1870." *Contemporary Drug Problems* 13: 395-445.
- Baumhol, Jim. 1990. "Inebriate Institutions in North America, 1840-1920." *British Journal of Addiction* 85: 1187-1204.
- Clark, S. George. 1975. "Public Intoxication and Criminal Justice." *Journal of Drug Issues* 5:220-232.
- Cox, Gary B., R. Dale Walker, Steven A. Freng, Bruce A. Short, Lucia Meijer, and Lewayne Gilchrist. 1998. "Outcome of a Controlled Trial of the Effectiveness of Intensive Case Management for Chronic Public Inebriates." *Journal of Studies on Alcohol* 59(5): 523-543.
- Finn, Peter. 1985. "Decriminalization of Public Drunkenness: Response of the Health Care System." *Journal of Studies on Alcohol* 46 (1): 7-22.
- Hall, Richard H. 1999. *Organizations: Structures, Processes, and Outcomes*. Prentice Hall: Upper Saddle River.
- Huebner, Robert B., Harold I. Perl, Peggy M. Murray, Jack E. Scott, and Beth Ann Tutunjian. 1993. "The NIAAA Cooperative Agreement Program for Homeless Persons with Alcohol and Other Drug Problems: An Overview." *Alcoholism Treatment Quarterly* 10(3/4): 5-20.
- Lubran, Barbara. 1990. "Alcohol and Drug Abuse Among the Homeless Population: A National Response." *Alcoholism Treatment Quarterly* 10: 11-23.
- McCarty, Dennis, Milton Argeriou, Robert B. Huebner and Barbara Lubran. 1991. "Alcoholism, Drug Abuse, and the Homeless." *American Psychologist* 36: 1139-1148.
- Roanoke City Sheriff's Office. *Jail-Based Public Inebriate Intervention and Treatment Program*. 1998.
- Smith, M.F. 1989. *Evaluability Assessment: A Practical Approach*. Kluwer Academic Publishers: Boston.
- Virginia State Crime Commission. 1981. *Report of the Subcommittee To Study the Public Inebriate*.

Willenbring, Mark L., Joseph A. Whelan, James S. Dahlquist and Michael O'Neal.
1990. "Community Treatment of the Chronic Public Inebriate I:
Implementation." *Alcoholism Treatment Quarterly* 10: 79-97.

Figure 1: Roanoke Drunk-in-Public Arrest Rates

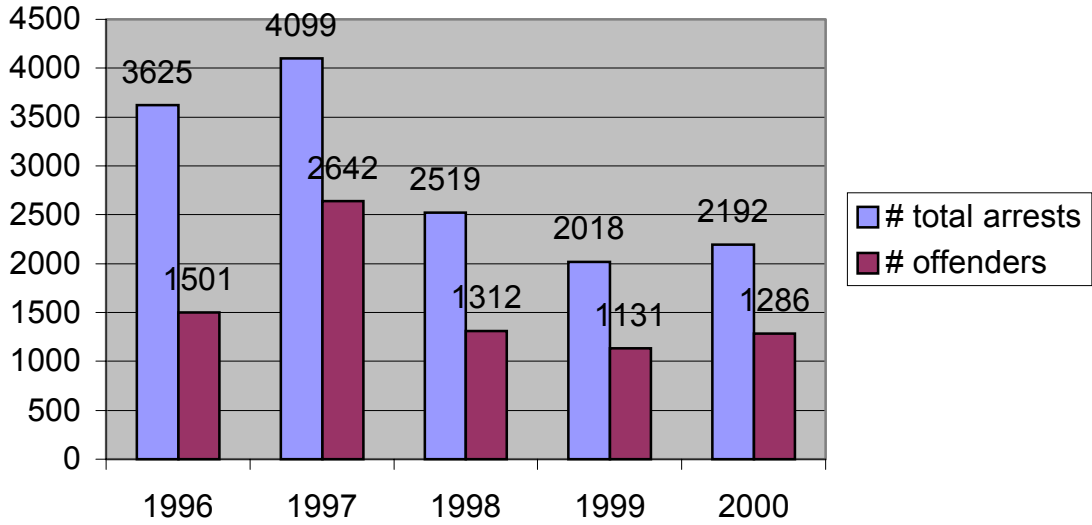
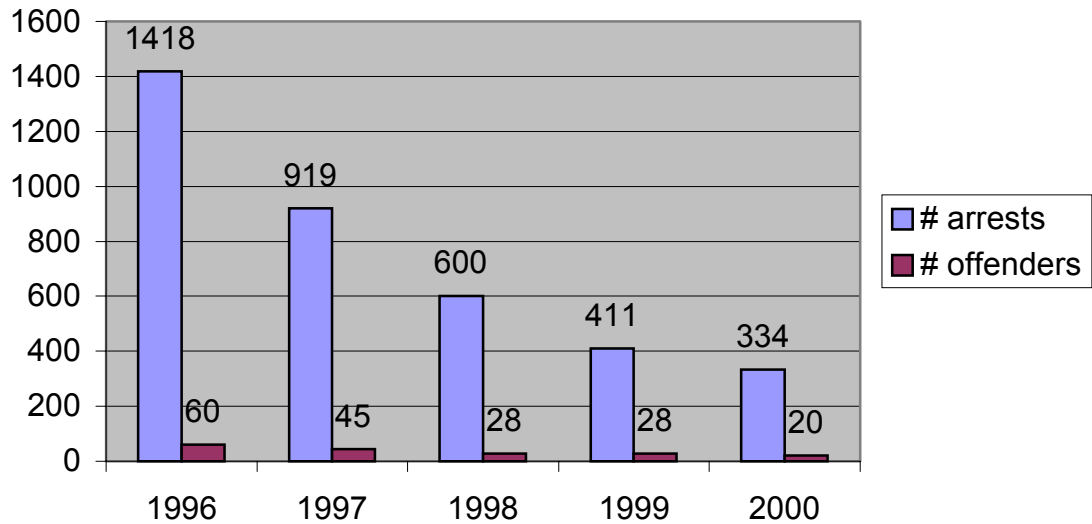
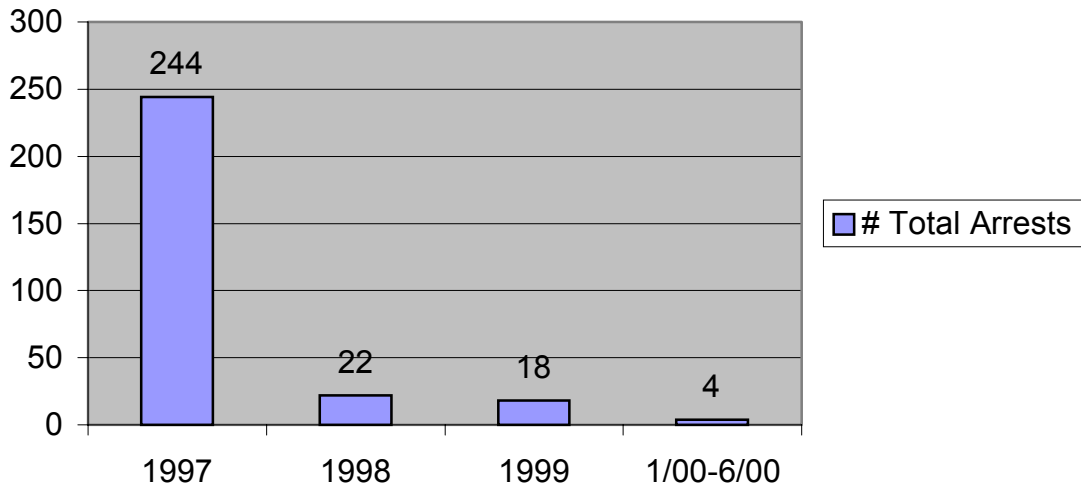


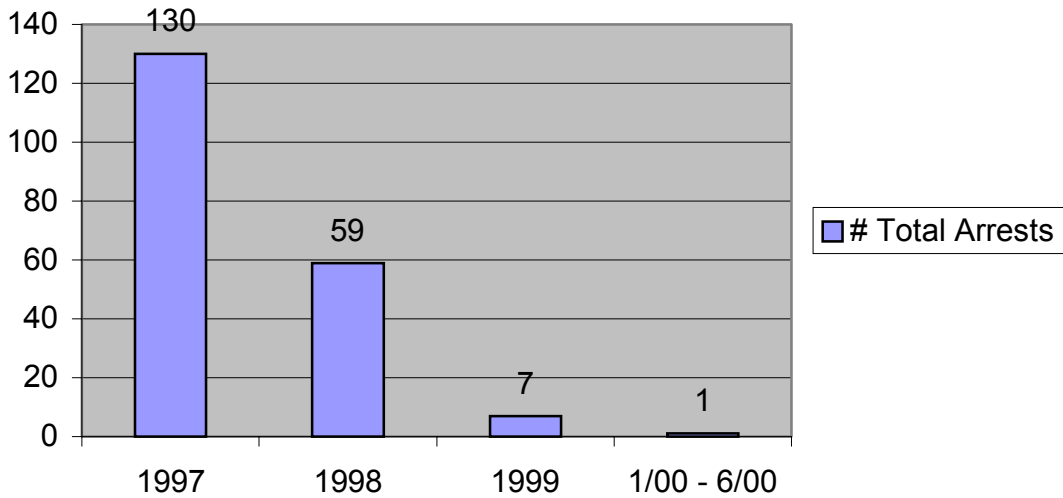
Figure 2: Roanoke Habitual Offender Arrest Rates



**Figure 3: 1997 Interdicted Cohort
(4 members)**



**Figure 4: 1998 Interdicted Cohort
(5 members)**



**Figure 5: 1999 Interdicted Cohort
(12 members)**

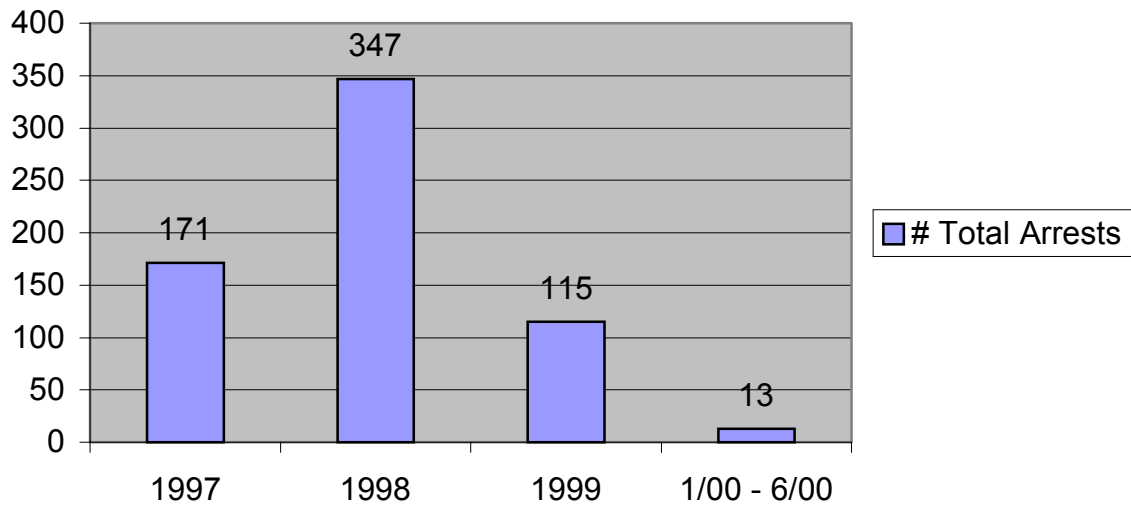


Figure 6: Interdicted Sentence in Days

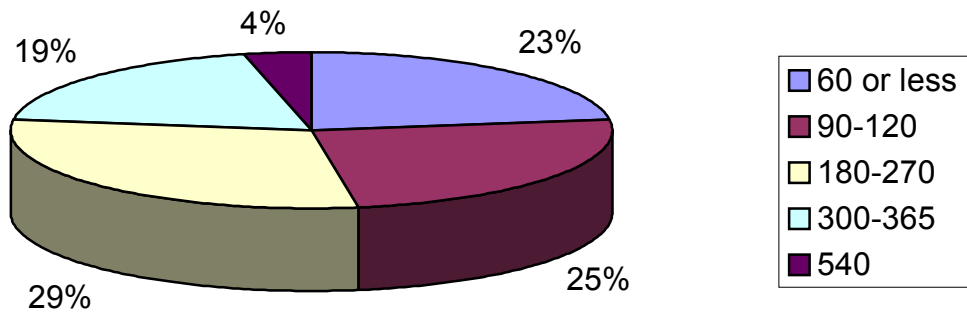
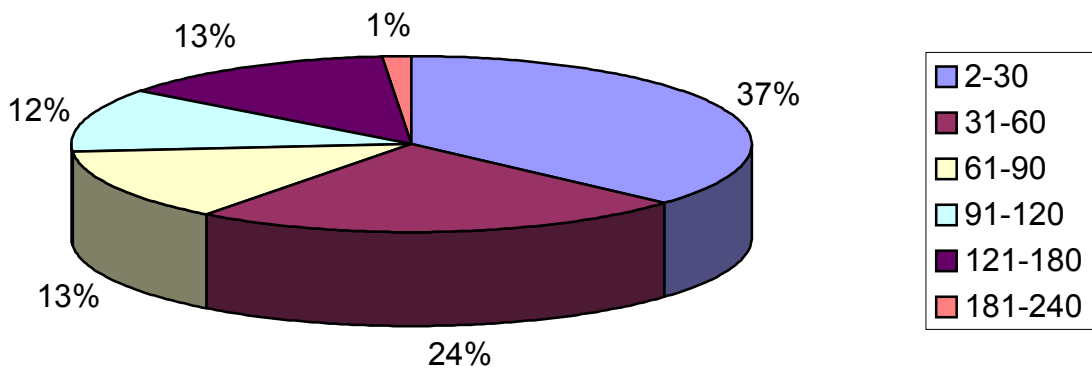


Figure 7: Interdicted Time Served in Days



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Juvenile Delinquency
Deviant Behavior
Criminal Justice