



**Impaired
Driving Solutions**

Reimagining Responses to Impaired Driving

Where's the call for Justice Reform?

Disclosure



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Case 1



A SECOND-TIME IMPAIRED DRIVER AT .38 BAC WITH HIS 2-YO DAUGHTER IN THE CAR WAS SENTENCED TO



One-year in
jail stayed



30 days of DOC
community service



Supervised
probation



Abstain from
alcohol and drugs



Complete a SUD
evaluation

Case 2



A THIRD-TIME IMPAIRED DRIVER WAS SCREENED AND SENTENCED TO



Monitoring
program



Obtain ignition
interlock device



Wear a transdermal
device



Drug testing
2x per week



Abstain from
alcohol and drugs



DMV-required
education program

Case 3



A SECOND-TIME IMPAIRED DRIVER AT .17 BAC WAS SENTENCED TO



90 days of
sobriety court



Abstain from alcohol
and marijuana



Daily alcohol
testing



Drug testing
3 times per week



Appearances in court
2x per month



Daily 12-step
meetings

Case 4



A seven-time impaired driver whose offense included 100 mph chase & crash into parked car and home (no injuries) was sentenced to a misdemeanor

364 days of work release due to his business /work situation

Obtain an ignition interlock device



Previous convictions in 1993, 1994, 1999, 2004, 2006, 2011, and 2013.



2011 charge was dismissed after participating in DUI court.



WWJD?

Would you have
handled any of those
cases differently?





Which statement best describes how your jurisdiction handles impaired driving cases?

- A. We have a series of possible sentences that are based primarily on the level of offense.
- B. We utilize screening and assessments to inform decisions on sentencing.
- C. Both





Impaired Driving Cases

1. What is your intended or ideal outcome on an impaired driving case?
2. Is the goal influenced by the offense, person, or both?
3. If so...
 - a) What offense factors impact your decisions?
 - b) What person factors impact your decisions?



Harmonious or Conflicting

Do your intended goals and how you handle impaired driving cases mesh with how the jurisdiction ultimately processes them?



Justice-topia

- All impaired drivers are screened and, if warranted, undergo further assessment within days after arrest.
- If a need for treatment is determined, the person is placed immediately.
- Cases are resolved within 50 days (30 for over-achievers).
- Sentencing is informed by assessments... there are no arbitrary requirements.
- Interventions are determined by risk and need.



High-Risk



HIGH RISK

Refers to the likelihood that an individual will not succeed adequately on standard supervision and will continue to engage in the same behavior that got him or her into trouble in the first place.

What Do We Measure to Determine Criminogenic Risk?



CONDITIONS OF AN INDIVIDUAL'S BEHAVIOR THAT ARE ASSOCIATED WITH RISK OF COMMITTING A CRIME

Static Factors

Unchanging conditions

Dynamic Factors

Conditions that change over time and are amendable to treatment interventions

Prognostic Risk



Current age
< 25 years

Delinquent onset
< 16 years

Substance use onset
< 14 years

Prior rehabilitation
failures

History
of violence

Antisocial Personality
Disorder

Familial history of crime
or substance use disorder

Psychopathy

Criminal or substance
use associations



Risk for Impaired Driving

- Prior involvement in the justice system specifically related to impaired driving
- Prior non-DWI involvement in the justice system
- Prior involvement with alcohol and other drugs
- Mental health and mood adjustment disorders
- Resistance to and non-compliance with current and past involvement in the justice system



What is Clinical Need?



CLINICAL NEED

Diagnosed

= Substance Use Disorder (Mod to Severe)

= Mental Health Disorder

= Both

NEED

What level and type of drug and alcohol/mental health treatment is required for recovery?

Is it life threatening?

Can they be treated safely in the community?

Clinical Assessment



The **ongoing** process for defining the nature of the problem, determining a diagnosis, and developing specific treatment recommendations for addressing the problem or diagnosis

ASI (Addiction Severity Index)

TCU DSII (Texas Christian University Drug Screen II)

GAIN (Global Appraisal of Individual Needs)

ASAM

PHQ

DSM 5 Criteria



Substance Specific



4 domains



11 criteria



Possible Diagnosis

Mild

Moderate

Severe

Remission

ASAM 6 Dimensions



- Intoxication and withdrawal potential
- Biomedical conditions/complications of SUD
- Emotional, behavioral, or cognitive conditions/complications
- Readiness to change
- Relapse/continued use potential
- Recovery/living environment

ASAM 6 Dimensions 4th Edition

- Intoxication, withdrawal, and Addiction Medications
- Biomedical Conditions
- Psychiatric and Cognitive Conditions
- Substance Use-Related Risks
- Recovery Environment Interactions
- Person-Centered Considerations - NEW

Determine Risks and Prioritize Needs



Severity of
each dimension

Interaction between
dimensions

Higher intensity services
tend to be needed

Instability in
multiple dimensions

Presence of comorbid conditions
or complications of SUD





Applying the wrong intervention may have undesirable effects

Treatment alone

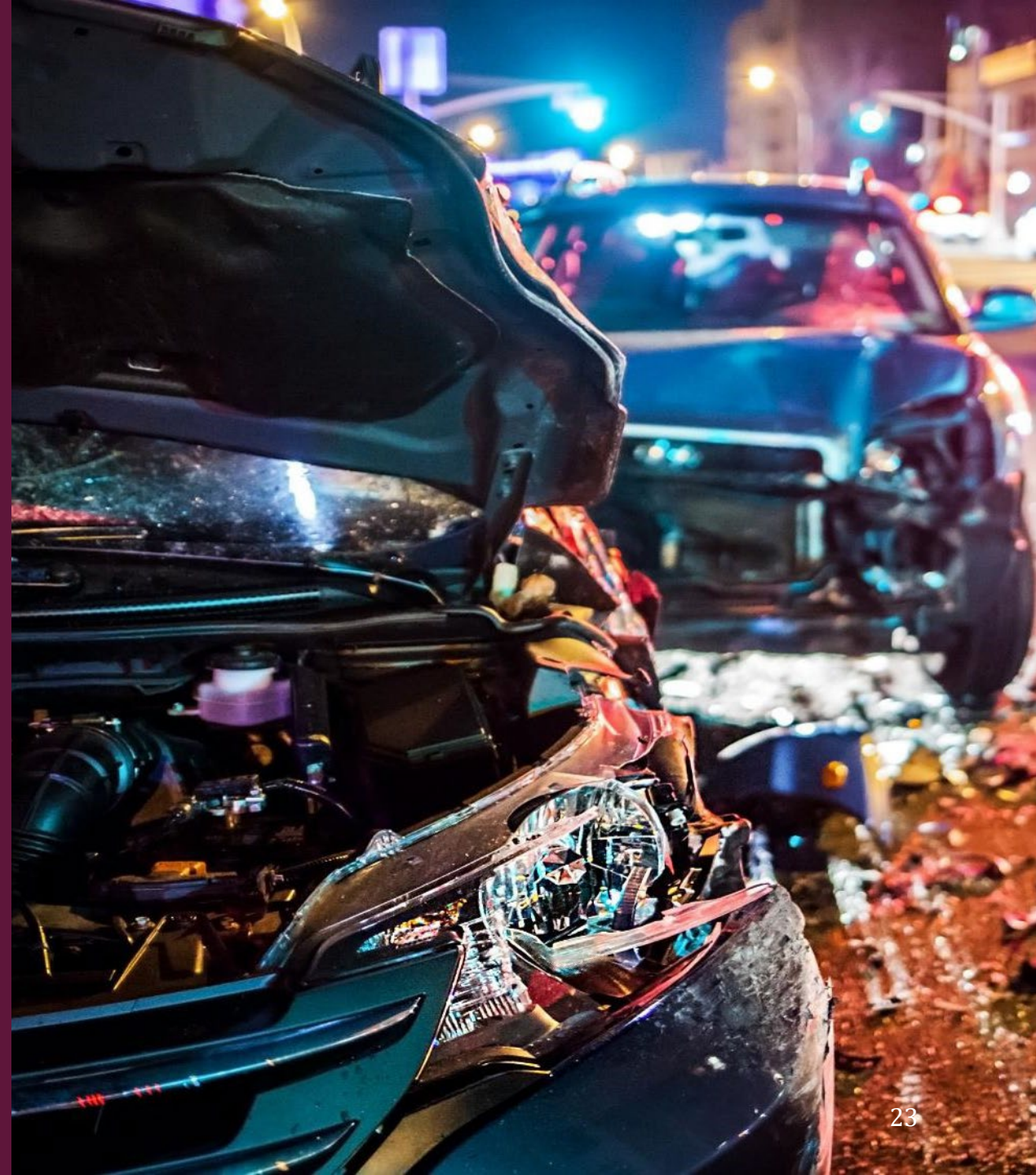
Intensive supervision

Frequent testing

Ignition interlock

Incarceration

DWI courts



Use Risk-Need-Responsivity Principles

MODEL AS A GUIDE TO BEST PRACTICES

Risk

WHO

Match the intensity of the individual's intervention to their risk of reoffending
Deliver more intense intervention to higher-**risk** offenders

Need

WHAT

Target criminogenic needs: antisocial behaviors and attitudes, SUD, and criminogenic peers
Target criminogenic **needs** to reduce risk of recidivism

Responsivity

HOW

Tailor the intervention to the learning style, motivation, culture, demographics, and abilities of the offender
Address the issues that affect **responsivity**



Annals of Research & Knowledge (ARK)



Strategies for Immediate Intervention

Timeliness



Screening, Brief Intervention, and Referral to Treatment

EARLY INTERVENTION FOR PERSONS WITH RISKY ALCOHOL USE

Screening

To identify people at risk for developing substance use disorders

Brief Intervention

To raise awareness of risks and consequences, motivate for change, and help set healthier goals

Referral to Treatment

To aid access to treatment and coordinate service for people with high risk and/or dependence



Goals of SBIRT with Impaired Drivers

Alter risky substance use behavior

Understand the paradigm shift

Find opportunities for intervention



SBIRT: Duluth, MN Pilot

PROCESS

- Team Approach
- First-time impaired drivers go through process within a few weeks of arrest
- Screen/Assessment

RESULTS

- System Improvements
- Clients receive information, self-awareness, and treatment when appropriate
- Self-reported appreciation
- None have committed a 2nd DWI

What We Do Know



SBIRT is effective
at reducing
risky/hazardous
drinking



SBIRT is effective in
primary care and
emergency
departments



SBIRT is evolving
with justice-involved
individuals

Platte County, MO Prosecutor's Office



- Developed a flagging system to identify potential DUI court participants
- DA files a notice to expedite the case
- Triggers the bench to set for faster sentencing and not grant automatic continuances
- Early in implementation but seeing a reduction in time... shaving 30 days off many of the cases

El Paso, TX SMART Praxis



- Developed own pretrial risk assessment (EPPRA-R)
- Categorizes offenses into level categories
- Matches risk level with supervision level according to offense level category
- Provides supervision level as well as the activities involved

El Paso, TX SMART Praxis

- Divides DUI into 5 categories
 - Non-aggravated (1st or under .15)
 - 1st over .15
 - DWI subsequent or with child
 - DWI 3rd or more
 - DWI drugs
- Provides supervision requirements
- Provides additional considerations



EI PASO Pretrial Smart Praxis

April 2, 2019 1'2



(SMART = SUPERVISION MATRIX ASSESSMENT & RECOMMENDATION TOOL)

Risk Assessment Level of Risk ↓	Offense Level Category (See below for DWI Guidelines)				
	1	2	3	4	5
	Including Felony Crimes of Violence	Including Misd. Crimes of Violence Terroristic Threats. VPO, and Other Sex Crimes	Including Drugs Crimes Manufacture & Delivery, POM over 50 pounds & Controlled substance over 4 gms	Including Drugs Crimes POM under 50 pounds \$ controlled substance under 4 grams	Including other Non-Violent Felony Crimes & Other Misdemeanors (excluding DWI's)
Level 1	Enhanced	Standard	Administrative	Administrative	Administrative
Level 2	Intensive	Standard	Standard	Administrative	Administrative
Level 3	Intensive	Intensive	Standard	Standard	Administrative
Level 4	Intensive	Intensive	Intensive	Intensive	Enhanced

EI PASO Pretrial Smart Praxis

April 2, 2019 1'2



(SMART = SUPERVISION MATRIX ASSESSMENT & RECOMMENDATION TOOL)

Pretrial Supervision Description	Pretrial Supervision Levels			
	Admin	Standard	Enhanced	Intensive
Risk Assessment	✓	✓	✓	✓
Criminal History & Background Information	✓	✓	✓	✓
Documentation of Residence and Contact Information	✓	✓	✓	✓
Court Reminders before each Pretrial Court Date	✓	✓	✓	✓
Intake advisement within 24 hours of receiving bond	✓	✓	✓	✓
Orientation with Intake Staff	✓	✓	✓	✓
Notification of New Arrest	✓	✓	✓	✓
Check-in the Day Before Court by phone or email	✓	✓	✓	✓
Treatment evaluation by court order or client request		✓	✓	✓
Orientation with Pretrial Staff			✓	✓
Call-in to Pretrial Office minimum of 1x p/month		✓		
Physical Check-in to Pretrial Office minimum of 1x p/month			✓	
Physical Check-in to Pretrial Office minimum of 2x p/month				✓
Client Meetings as Needed Only		✓		
*Minimum of one Client Meeting p/Month			✓	
*Minimum of two Client Meetings p/Month				✓

*Client meeting may count as a check-in

DWI Courts



What is a DWI Court?



HIGH-RISK / HIGH-NEED

Change
Behavior

Collaborative
Team Approach

Court
Monitoring

Holistic and
Comprehensive

Accountability

Frequent
Alcohol And
Drug Testing

Long-term
Treatment

Recovery

Intensive
Supervision

Non-
adversarial

Why are DWI courts effective?



01

Target the
Population

02

Equity and
Inclusion

03

Roles and
Responsibilities
of the Judge

04

Incentives,
Sanctions,
and Therapeutic
Adjustments

05

Substance
Use Disorder
Treatment

06

Complementary
Treatment
and Social Services

07

Drug and
Alcohol Testing

08

Multidisciplinary
Team

09

Census and
Caseloads

10

Monitoring
and Evaluation

**ADULT DRUG COURT
BEST PRACTICE STANDARDS**

VOLUME I

**ADULT DRUG COURT
BEST PRACTICE STANDARDS**

VOLUME II



NATIONAL ASSOCIATION OF DRUG COURT PROFESSIONALS
ARLINGTON, VIRGINIA

DCP
Association of
Professionals

DRUG COURT PROFESSIONALS
VIRGINIA

Why are DWI courts effective?



01

Target the
Population

02

Provide
a Clinical
Assessment

03

Develop
the Treatment
Model

04

Supervise
and Detect
Behavior

05

Develop
Community
Partnerships

06

Develop
Community
Partnerships

07

Provide Case
Management

08

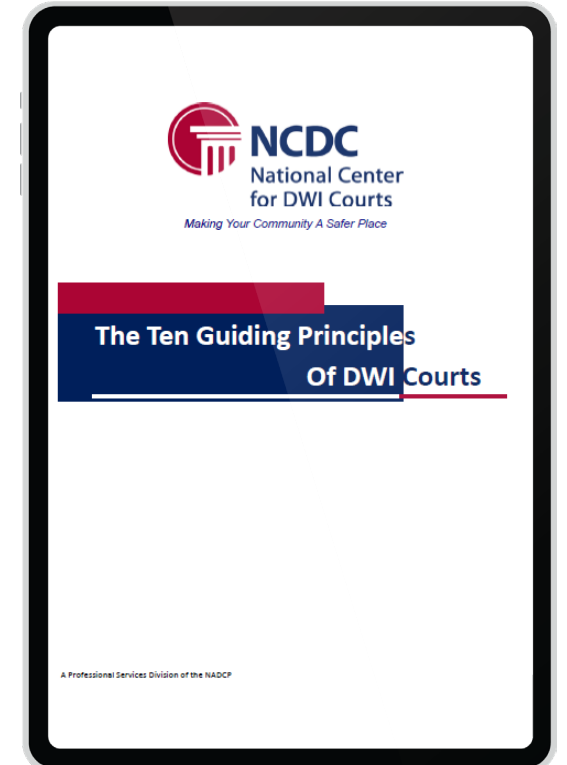
Solve
Transportation
Barriers

09

Evaluate
the Program

10

Ensure
Sustainability





Fidelity to the Model

Research shows an increase in criminogenic factors in clients for programs that do not follow the Guiding Principles or Best Practices



High-Performing Courts



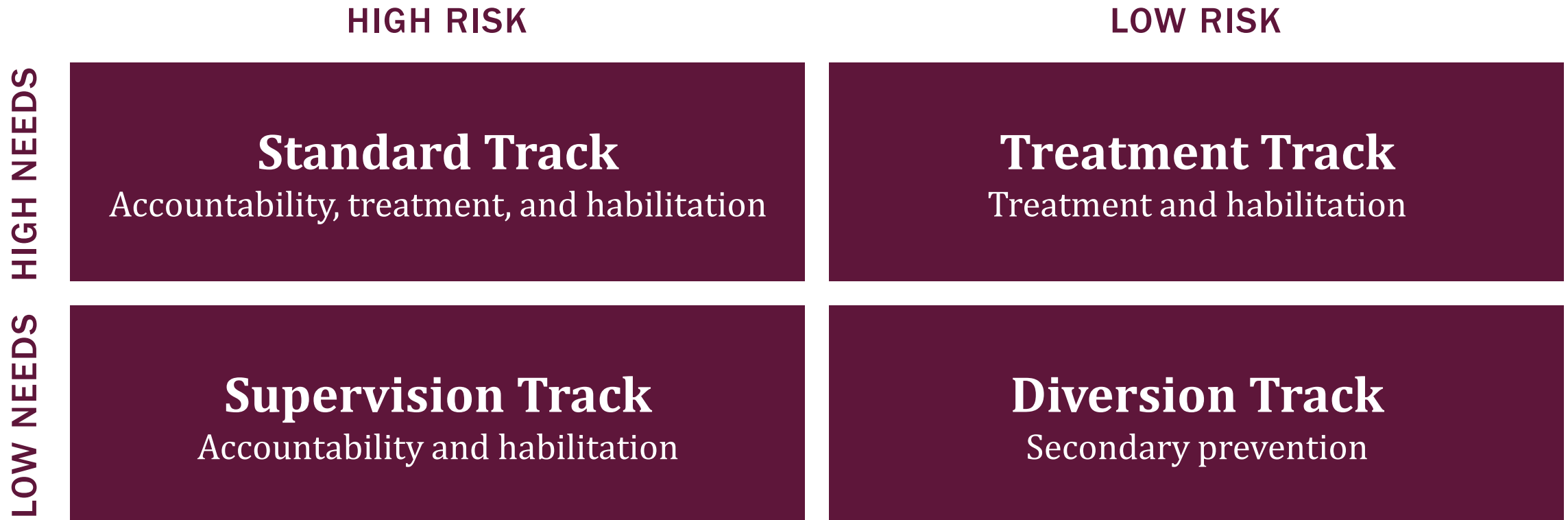
1. Fidelity to the model.
2. Early screening/assessment.
3. Treatment needs are identified, provided, and individualized.
4. Sentencing, program placement, and case planning utilizes the RNR model.
5. Entry occurs within 50 days... 30 days or less for overachievers.
6. Teams are high-functioning.
7. Holistic, wraparound approach.
8. Behaviors are identified and addressed immediately.
9. Incentives and therapeutic adjustments outweigh sanctions.
10. Individualization matters.

Determining Placement by Risk and Need

Developing Tracks



Quadrant Model



Quadrant Model



	HIGH RISK	LOW RISK
HIGH NEEDS	<ul style="list-style-type: none">• Status calendar• Treatment• Prosocial & adaptive habilit• Abstinence is distal• Positive reinforcement• Self-help/alumni groups• ~ 18-24 treatment court• 9 to 12 mos. treatment ~200 hrs.	<ul style="list-style-type: none">• Noncompliance calendar• Treatment (separate milieu)• Adaptive habilitation• Abstinence is distal• Positive reinforcement• Self-help/alumni groups• ~ 12-18 mos. program• 9 to 12 mos. treatment ~200 hrs.
LOW NEEDS	<ul style="list-style-type: none">• Status calendar• Prosocial habilitation• Abstinence is proximal• Negative reinforcement• ~ 12-18 mos. program• Criminal thinking ~100 hrs.	<ul style="list-style-type: none">• Noncompliance calendar• Psycho-education• Abstinence is proximal• Individual/stratified groups• ~ 3-6 mos. Program• Education ~ 12-26 hrs. or less

Measuring Effective Treatment

What Works in Treatment

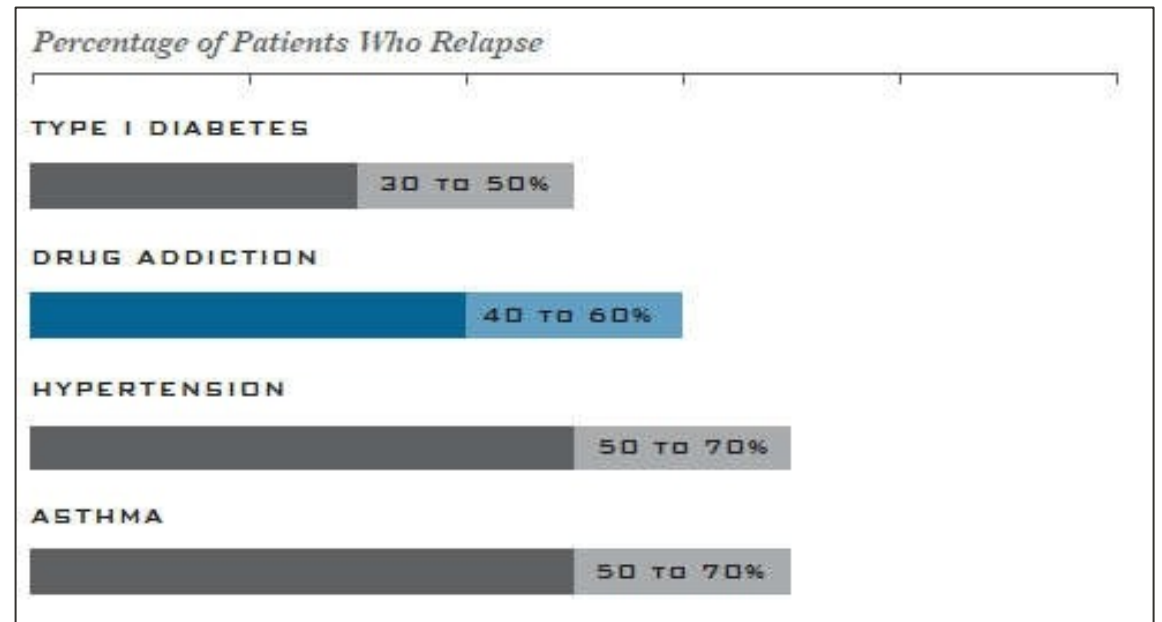
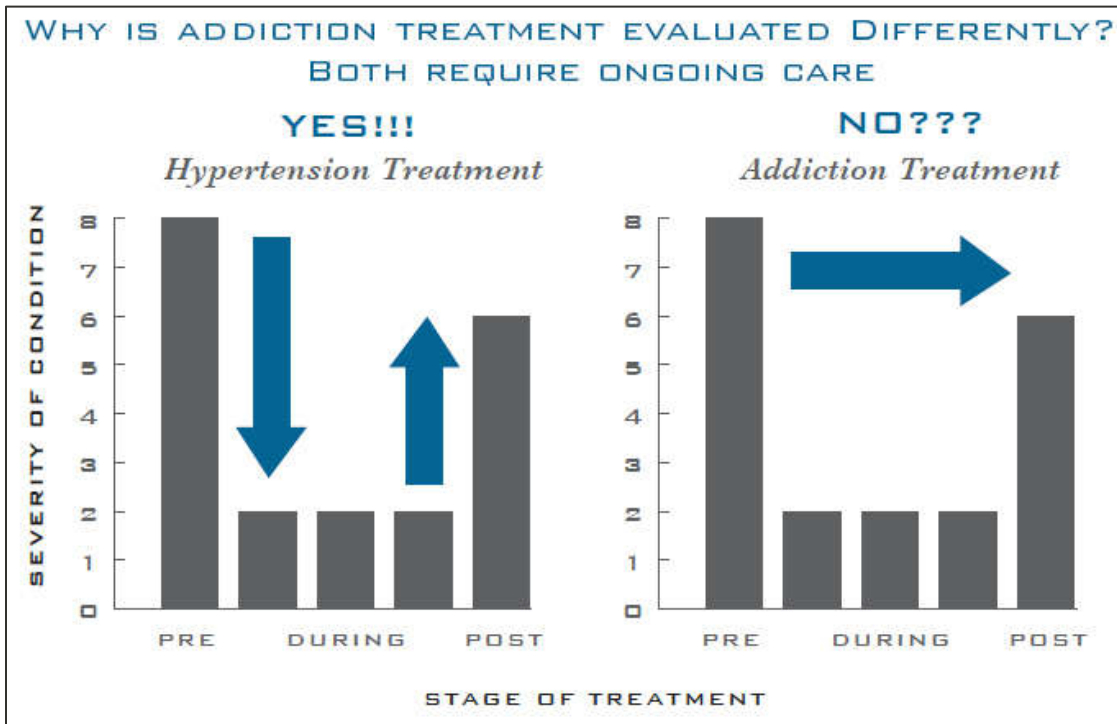


Treatment MUST

- Complex – not a “one size fits all” approach
- Varied levels of care
 - Outpatient
 - Inpatient or residential treatment
- Behavioral therapies
- Medications
- Comprehensive approach



What About Outcomes?



Change Happens When...



Compassion



Empathy



Acceptance

Principles of Effective Treatment



No single
treatment is
effective for
everyone



Readily
available



Multi-
dimensional



Program
length



Treatment/
services plan
continually
assessed and
adjusted

Barriers

- Stigma
- Access
- Siloed services from the general health care system
- Funding/insurance
- Fixed lengths of stay
- Lingering bias in some treatment centers/systems against medications
- Justice system

Putting the data to work

- Moving from an acute care model to a long-term care approach
- Recognizing many pathways to recovery
- Integrated behavioral health systems change; moving away from siloes
- Treatment courts

Getting to Justice-topia



1. What programs/interventions currently exist and what populations do they serve?
2. Where can we do better; e.g., missing interventions, impact timeliness, underserved populations?
3. What strengths do we have?
4. What challenges do we face?
5. Who needs to be at the table?
6. What is my role?

Evaluations



1. On your compatible phone or tablet, open the built-in camera app.
2. Point the camera at the QR code.
3. Tap the banner that appears on your phone or tablet.
4. Follow the instructions on the screen to complete the evaluation.
5. After completion, you will be provided with a certificate that can be saved and printed.

•Survey Link: <https://cvent.me/D1qxWA>

Questions?

