

AIRise

**Impaired
Driving Solutions**

Reimagining Responses to Impaired Driving

Where's the call for Justice Reform?

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 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?

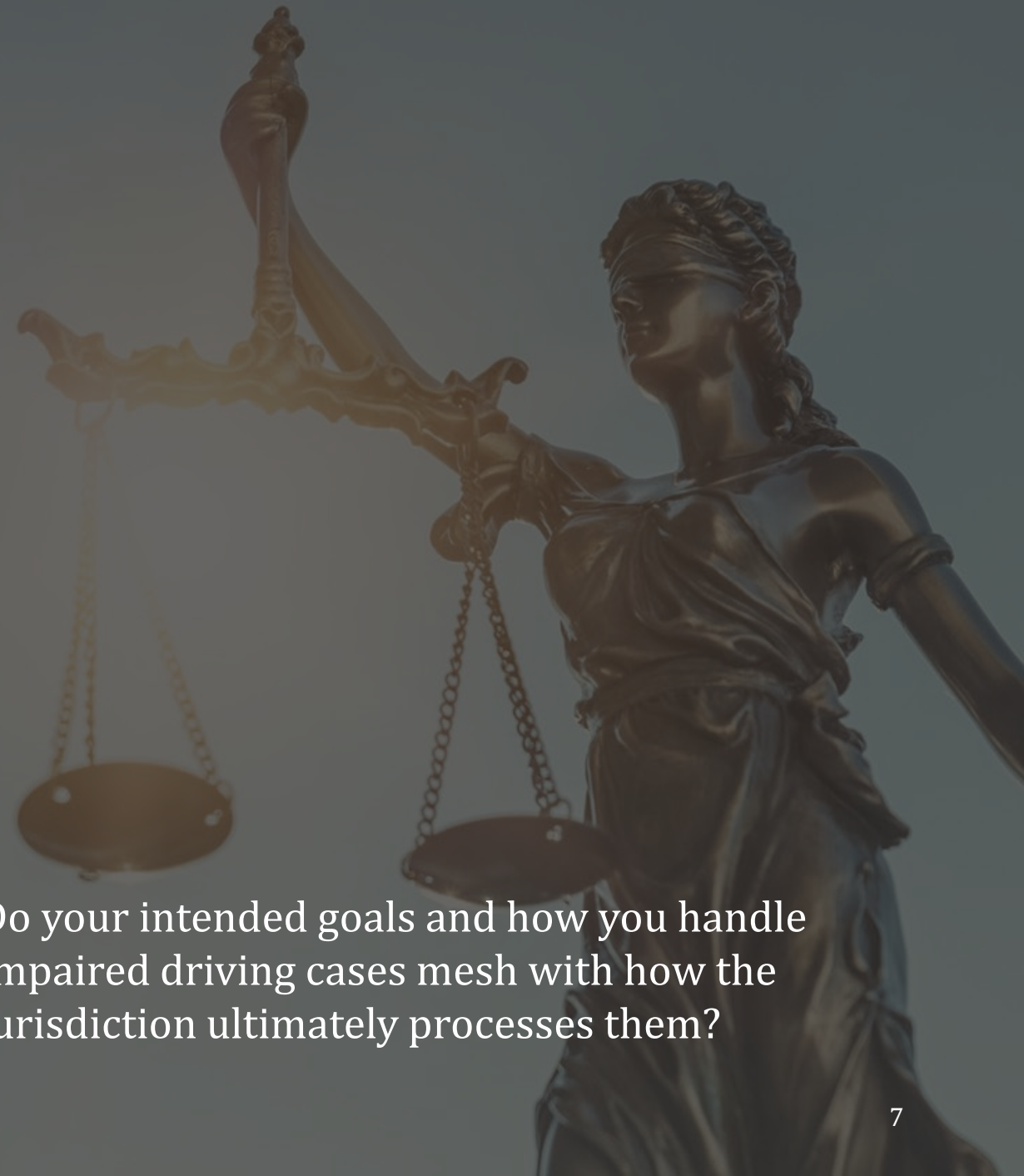




Which statement best describes how your jurisdiction handles impaired driving cases?

- 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





Harmonious or Conflicting

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



Applying the wrong intervention may have undesirable effects

Treatment alone

Intensive supervision

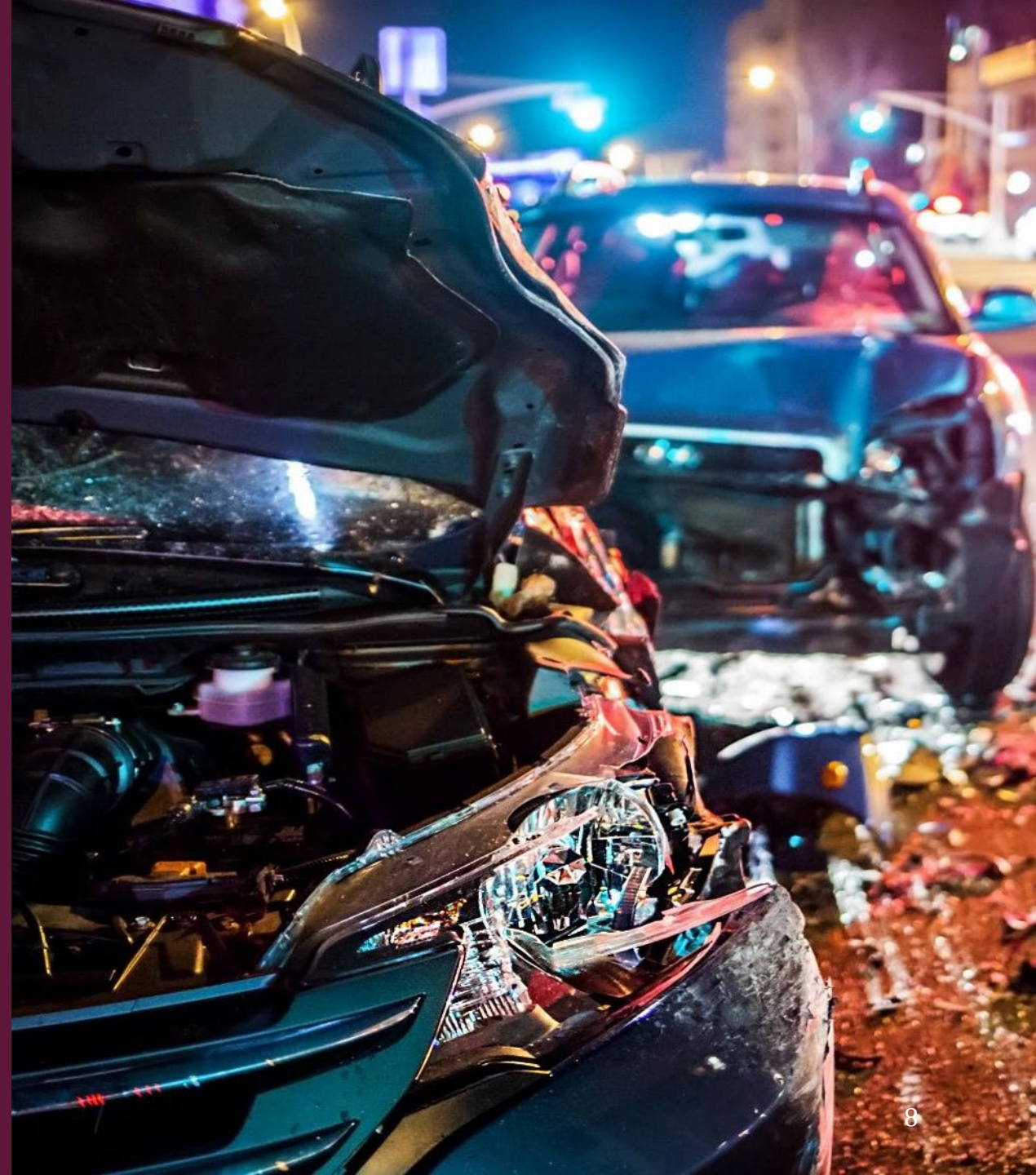
Frequent testing

Ignition interlock

Incarceration

Education classes

Impaired driving
treatment courts



THERE IS A SUBSET OF THE IMPAIRED DRIVING POPULATION THAT WILL NOT ADHERE TO CERTAIN INTERVENTIONS

Willful Noncompliance

Substance Use Disorder
Mental Health Disorder

Ineffective Intervention:
Under or Over-Treating



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
- = 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?

**WE MUST SCREEN/ASSESS FOR CLINICAL NEED TO
DETERMINE IF THERE IS A SUBSTANCE USE DISORDER AND
LEVEL OF CARE WHEN INDICATED**

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)

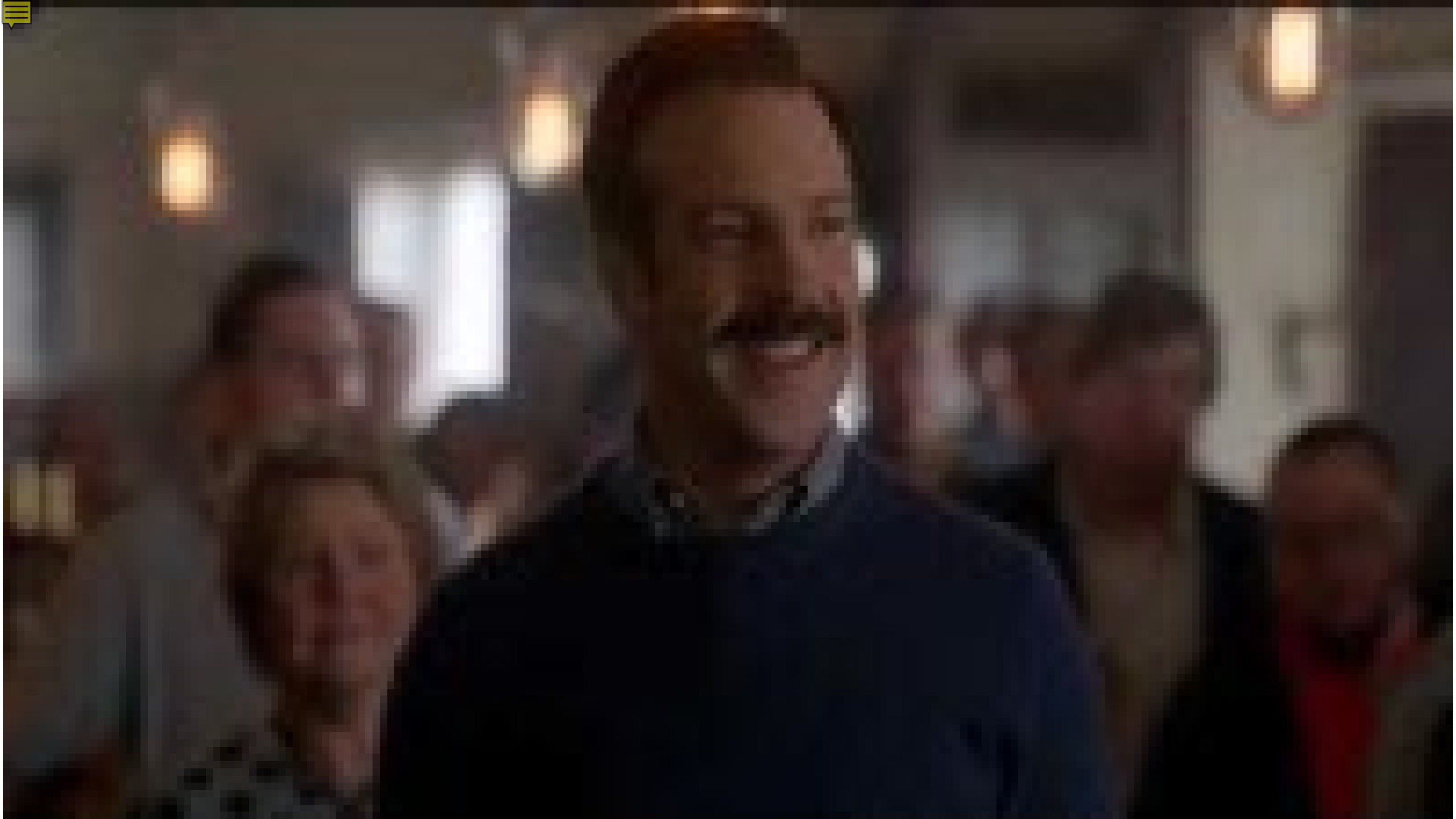
MMP

PHQ

ASAM 6 Dimensions



- Intoxication, withdrawal, and addiction medications
- Biomedical conditions
- Psychiatric and cognitive conditions
- Substance use-related risks
- Recovery environment interactions
- Person-centered considerations



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**

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

SBIRT: Duluth, MN Today

PROCESS

- Fully implemented for all first-time impaired drivers
- 3 question screen – clinical and self-report
- Longer screen if indicated
- Conducted in court, online

RESULTS

- Long-term analysis due soon
- Early reports indicate similar, if not better results than the pilot
- MN Office of Traffic Safety is exploring mandatory implementation with all funded impaired driving treatment courts

DULUTHSBIRT.NET

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)

Offense Level Category (See below for DWI Guidelines)

Risk Assessment Level of Risk ↓	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

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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

Technology





Continuous Alcohol Monitoring (CAM)

- Research supports the use of CAM technology for the first 90 days
- Careful considerations
 - Longer doesn't necessarily equate to better
 - Cost
 - What's the goal?



Role of Interlocks: Florida, United States

Mandating alcohol-use-disorder treatment for impaired drivers with interlocks

- Required treatment after 3 violations: 1 violation = 2 lockouts within 4 hours
- 640 repeat impaired drivers/AUD treatment vs. 806 not mandated to treatment
- Individualized treatment lasting on average 8-12 weeks
- Required to complete treatment before interlock is removed

32% lower recidivism over three years

Estimated to save 3.13 crashes and 2.18 injuries per 10 arrests prevented

Cost-benefit of \$632,000

Role of Interlocks: Michigan, United States

Within a “sobriety court” program

97% complied with order to install interlock

0.6% removed without authorization

1% tampered with interlock

Compared those that had interlock vs those that did not

Alcohol *and* drug use was substantially lower

Improved levels of education

Higher rates of employment

Spent less time incarcerated

Higher rates of successful program completion

Lowest recidivism rates for impaired driving and general crimes (1-4 years)

Impaired Driving Treatment Courts





What is a Impaired Driving Treatment Court?

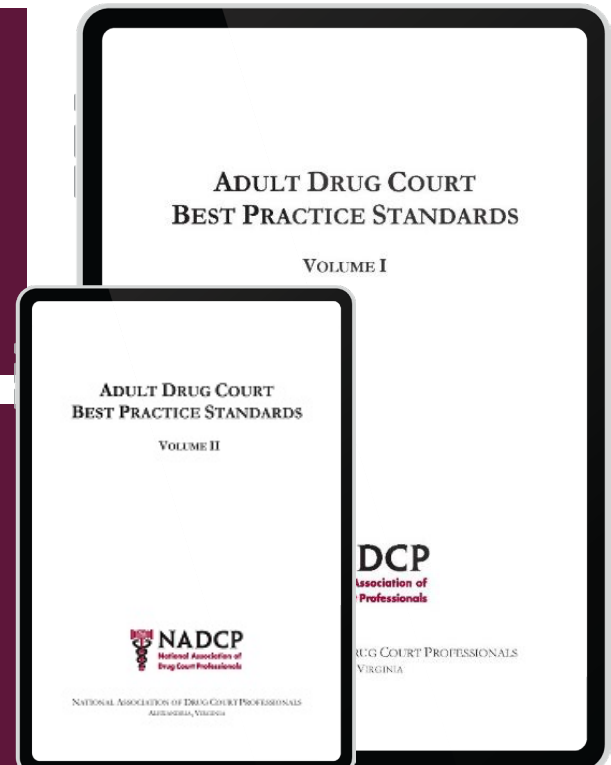
HIGH-RISK / HIGH-NEED

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 IDTCs effective?



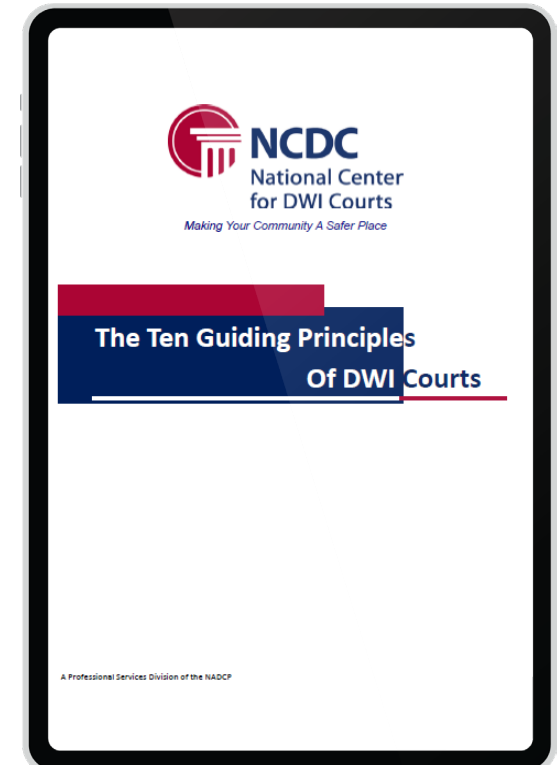
- 01**
Target the Population
- 02**
Equity and Inclusion
- 03**
Roles and Responsibilities of the Judge
- 04**
Incentives, Sanctions, and Therapeutic Adjustments
- 05**
Substance Use Disorder Treatment
- 06**
Complementary Treatment and Social Services
- 07**
Drug and Alcohol Testing
- 08**
Multidisciplinary Team
- 09**
Census and Caseloads
- 10**
Monitoring and Evaluation



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. Incorporate recovery capital and recovery management.
8. Behaviors are identified and addressed immediately.
9. Incentives and service adjustments outweigh sanctions.
10. Individualization matters.

Determining Placement by Risk and Need

Developing Tracks



Quadrant Model



HIGH RISK

LOW RISK

HIGH NEEDS

Standard Track

Accountability, treatment, and habilitation

Treatment Track

Treatment and habilitation

LOW NEEDS

Supervision Track

Accountability and habilitation

Diversion Track

Secondary prevention

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?

Questions?

