DWI DASHBOARD REPORT

A TOOL TO MONITOR IMPAIRED DRIVING PROGRESS

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The mission of the Traffic Injury Research Foundation (TIRF) is to reduce traffic-related deaths and injuries. TIRF is a national, independent, charitable road safety research institute. Since its inception in 1964, TIRF has become internationally recognized for its accomplishments in a wide range of subject areas related to identifying the causes of road crashes and developing programs and policies to address them effectively.

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Robyn D. Robertson, Anna G. McKiernan and Erin A. Holmes

Traffic Injury Research Foundation

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provided insight and feedback into the development of the DWI Dashboard. Their institutional knowledge and perspectives helped to ensure this work would be applicable across jurisdictions and provide a national perspective on impaired driving.

Finally, TIRF gratefully acknowledges the input and guidance provided by Michael Brown and Diane Wigle from the National Highway Traffic Safety Administration. Their knowledge of national impaired driving priorities and effective interventions helped to shape this research and inform the development of the DWI Dashboard.

MEMBERS* OF THE WORKING GROUP ON DWI SYSTEM IMPROVEMENTS

Robyn D. Robertson
President and CEO
Traffic Injury Research Foundation

Anna McKiernan
Research Associate
Traffic Injury Research Foundation

Erin Holmes
Research Associate
Traffic Injury Research Foundation

Richard J. Ashton
Grant/Technical Management Manager
Highway Safety Committee
International Association of Chiefts of Police

T/Sgt. Doug Paquette
Division Traffic Services
New York State Police

Leonard R. Jacob
Former Director
Institute of Police Technology and Management

Master Sgt. Johnny Poulos
Director, Public Affairs Division
Mississippi Highway Patrol

Assistant Commissioner Warren Stanley
California Highway Patrol

Honorable Michael R. McAdam
Kansas City Municipal Court, Missouri
Past-President
American Judges Association

Paul L. Biderman (Ret.)
Past-President
National Association of State Judicial Educators

Greg Hurley
Senior Knowledge Management Analyst
National Center for State Courts

David Wallace
Traffic Safety Consultant / Former Director
National Center for DWI Courts,
National Association of Drug Court Professionals

Cregor Datig
Assistant District Attorney
Riverside County District Attorney's Office

Joanne E. Thomka
Director, National Traffic Law Center
National District Attorneys Association

Tom Kimball
Assistant District Attorney
Tennessee District Attorneys General Conference

Carl Wicklund
Executive Director
American Probation and Parole Association

Drew Molloy
Chief Deputy Director
Virginia Department of Criminal Justice Services

Tom Roy
Commissioner of Corrections
Department of Corrections Minnesota

Dr. Jane Maxwell
Senior Research Scientist
Center for Social Work Research, University of Texas at Austin

Honorable Harvey Hoffman
Eaton County, District Court
Michigan National Judicial College

Working Group on DWI System Improvements

Please note that member job titles and organization names are from the time of the 2013 meeting.

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Introduction

The Working Group on DWI System Improvements[1] is a prestigious coalition of senior leaders of organizations representing frontline professionals in all segments of the DWI[2] system. The initiatives undertaken by the Working Group in the past decade have demonstrated the need for increased understanding of operational and system practices associated with proven countermeasures. More recently, the Working Group has turned its attention to the need for robust and comparable performance measures in all segments of the DWI system with linkages to traffic safety measures.

In 2013, this series of activities culminated in a project undertaken by the Traffic Injury Research Foundation (TIRF), with support from the Working Group, and funded by Anheuser-Busch. It involved the development of a user-friendly, flexible tool designed to capture information that jurisdictions can use to increase understanding of why they are or are not making more progress in reducing impaired driving prevalence, deaths and injuries.

Performance indicators of impaired driving typically include: the annual number of alcohol-impaired driving fatalities and injuries; fatalities per vehicle miles travelled (VMT), and criminal justice performance indicators (e.g., impaired driving arrests and/or convictions). Although these indicators provide important insight and are helpful to measure progress nationally as well as to facilitate comparisons across jurisdictions, they reveal little about how or why progress is, or is not, occurring within jurisdictions. This incomplete picture of the problem makes it challenging for jurisdictions to determine what action to take, particularly in an era when most jurisdictions have implemented a comprehensive array of proven countermeasures[3] and interventions (e.g., alcohol interlocks, DWI courts, substance abuse treatment). Compounding this issue are factors related to the context of the jurisdiction (e.g., cultural aspects, population, geography, resources, political environment), and the actual quality of interventions (e.g., use of program features, evidence-based practices, fidelity to the model).

These gaps make it challenging for jurisdictions to make informed decisions about impaired driving priorities, and to strategically pursue those that are most achievable and that represent the most efficient use of dwindling resources. Ultimately, this hampers the ability of jurisdictions to capitalize on their strengths, or to target problem areas that can have the biggest impact and are most amenable to change.

Goals and methods

The goal of this work was to enable jurisdictions to gain insight and understanding into how and why progress is, or is not, being achieved in reducing impaired driving in their individual jurisdictions, and to inform decision-making about strategies to address the problem. This was achieved with the development of a dashboard tool that jurisdictions can use biennially (every two years) or annually to monitor their own progress in preventing and reducing impaired driving.

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1 This coalition was formed in 2003 to advance the recommendations stemming from the DWI System Improvements report series. The efforts of the Working Group on DWI System Improvements have served to identify critical system needs, to make needed educational materials available, to articulate the complex issues associated with the implementation of programs and policies embedded within broader systems, and to give voice to the concerns of practitioners in the DWI system and identify achievable solutions.

2 The abbreviation DWI (driving while impaired or intoxicated) is used throughout this report as a convenient descriptive label and to create consistency, even though some states use other terms such as OWI (operating while impaired or intoxicated) or DUI (driving under the influence), and in some states they refer to different levels of severity of the offense.

3 Countermeasures include but are not limited to those described by National Highway Traffic Safety Administration (NHTSA) in its report Countermeasures that Work (2013).

The tool was created using a broad model[4] that was based on existing research, expertise and practice relating to the wide array of factors that can, to varying extents, influence progress in reducing impaired driving. It included traditional measures of impaired driving, the presence, characteristics and quality of proven countermeasures, and a diversity of both environmental and contextual measures. This model was then applied in eight jurisdictions (Minnesota, Mississippi, Montana, New York, Oklahoma, Utah, Washington, and West Virginia) that were selected because they had made either a lot or very little progress to reduce impaired driving in the past five years.

Each jurisdiction participated in the data collection process by sharing state data and reports, participating in phone interviews with key representatives of the DWI system, and a focus group involving a broad cross-section of stakeholders. These data were synthesized to create the DWI Dashboard. It contains a select number of the most relevant indicators of progress and is based upon input and feedback from experienced practitioners in the eight states and then reviewed by the DWI Working Group at their annual meeting in Phoenix, Arizona (November 2013) along with representatives of the Highway Safety Office in the eight states.

Using the Dashboard

For the purposes of this report, the tool has been developed in a paper-format. This presentation was chosen in order to facilitate discussion about, and sharing of, the tool. TIRF's planned next step is to transition the DWI Dashboard to an online, automated format. While this will require additional time, resources, and testing, it will serve to greatly facilitate the ease of use and the ongoing application of the Dashboard by jurisdictions despite changing staff and enhancements to countermeasures. It will also make possible more precise comparisons of progress across jurisdictions in relation to individual facets of the DWI system and enable jurisdictions to better understand how and why some countermeasures are working better in other jurisdictions. Finally, such automation will create an easy point of reference for jurisdictions at any given time and enable them to review their progress over a period of years to examine trends.

Why should jurisdictions use the DWI Dashboard?

The use of the Dashboard underscores the importance of concerted and coordinated efforts on the part of political leaders, government officials across different systems, external stakeholders and grassroots organizations. Partnerships and coordination across people, organizations and systems play a fundamental role in achieving progress, and represent the next important step toward reducing impaired driving. One of the most important benefits that this tool can offer is the opportunity to build much-needed relationships with non-traditional partners whose activities can influence impaired driving, and whose input is essential to gain a complete picture of impaired driving in a given jurisdiction. The use of the Dashboard also makes it possible to identify critical but subtle gaps in DWI system processes. Moreover, the Dashboard can help to identify potential gaps before they fully emerge and help jurisdictions anticipate what strategies may be needed in the long-term to avoid such problems.

Who can use the DWI Dashboard?

The DWI Dashboard can be used by DWI task forces or committees, highway safety offices, criminal justice practitioners, treatment professionals, and licensing agencies. The outcomes of the tool should help all these practitioners develop priorities, strategies and activities across the DWI system and at an agency level. Ideally, the Chair of a state DWI Task Force or Committee, in cooperation with the Impaired Driving Coordinator of the State Highway Safety Office, is best positioned to lead and coordinate the

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4 The complete model developed as a foundation for the DWI Dashboard can be accessed in the full report at www.dwiwg.tirf.ca.

use of the Dashboard. Such leaders can identify the individuals who are best able to complete applicable sections of the Dashboard. It is important to note that some components of the Dashboard can be most easily and efficiently applied by individual agencies within the DWI system. In relation to some sections (e.g., countermeasures, data collection, environmental conditions) it may be practical to have more than one individual complete questions. Ultimately, using this approach enables jurisdictions to maximize the accuracy and efficiency of data collection while minimizing the workload associated with doing so. There are also a range of other government staff who, while not directly implicated in impaired driving issues, may be able to provide guidance and insight into government practices and processes that are relevant to the application of the Dashboard.

When should the DWI Dashboard be used?

The DWI Dashboard was designed to be applied biennially, annually, or on a continuous basis in accordance with the individual needs of jurisdictions. For some jurisdictions, progress in reducing impaired driving has been nominal or non-existent for several years despite their best efforts. Among them, there may be a more pressing urgency to find tangible solutions to reverse this trend in the near-term. Jurisdictions are encouraged to consider at the outset the most appropriate timing to use the Dashboard. As familiarity with the tool increases, or as situations change, the Dashboard can be adapted to use on a more continuous basis to help monitor progress and inform decision-making.

How is the DWI Dashboard structured?

The DWI Dashboard is based upon a two-tiered structure of questions. The first tier represents more general state-level measures that are designed merely to gauge whether an issue requires closer examination. For example, it seeks to determine whether education/training and or resources have generally declined throughout the DWI system in the past few years, or whether there is limited data automation across the DWI system. It is not intended to capture distinctions across specific agencies in relation to a specific topic (e.g., training, data collection, resources). The second tier represents agency-level measures that acknowledge differences across agencies with respect to a particular topic. The objective of Tier 2 questions is to determine where in the DWI system and why a gap is occurring.

This structure enables jurisdictions to first identify whether there are general gaps in the DWI system associated with fundamental issues related to the delivery of DWI countermeasures that require further investigation. Based on this general identification, jurisdictions can then better pinpoint where and why these issues are occurring, as well as evaluate which issues are more practical and feasible to tackle (e.g., training for law enforcement, lack of court automation, public attitudes towards impaired driving in rural areas).

There are different groups of stakeholders who may be able to provide useful information to complete the tool, including:

> highway safety offices;

> law enforcement agencies;

> prosecution;

> courts;

> correctional and community supervision services;

> assessment and treatment;

> grassroots/advocacy organizations; and,

> driver licensing agencies.

What does the DWI Dashboard contain?

The Dashboard[5] measures factors pertaining to the current state of DWI countermeasures or practices along with barriers or gaps that exist. These measures are related to the following issues:

1. Traditional indicators of impaired driving such as fatalities, injuries, arrests and convictions in the past three years.

2. Leadership by governments, politicians and agencies.

3. Resources allocated to DWI initiatives including funding, staffing, training and equipment.

4. Data collected regarding DWI and its availability, accessibility and use to inform decision-making.

5. Communication and information-sharing within and across agencies and practitioners to share and exchange knowledge, information and experience.

6. Practitioner education, training, experience and staff turnover.

7. DWI countermeasures in terms of use, quality of implementation, program measures, level of oversight and participation rates.

8. Education and prevention efforts for the general public and for young persons aged 20 and younger combined with prevailing local attitudes in urban and rural areas.

9. Environmental and contextual issues pertaining to the presence and enforcement of alcohol ordinances, the role of rural jurisdictions in DWI initiatives, discussions and partnerships with tribal entities on DWI issues, and the availability of alternative transportation options across the jurisdiction.

10. Total costs to DWI offenders in terms of programmatic and licensing fees and costs, recent trends in relation to costs, and the extent to which offenders are able to complete the re-licensing process.

Next steps

It is anticipated that the Dashboard will be further improved based upon the initial application of the Dashboard in individual participating jurisdictions in the coming year. In conjunction with the finalization of the tool, the development of an accompanying piece for the DWI Dashboard to assist jurisdictions in addressing gaps was anticipated and developed during the 2014 Working Group meeting. This accompanying piece is forthcoming and contains the key components of a strategic plan to address each of the DWI system gaps identified by the Dashboard. These strategies correspond to specific DWI system gaps that are identified by the Dashboard, and relevant considerations and caveats are noted as part of the plan. In summary, this anticipated 2014 document provides guidance for states at an operational level (i.e., "what to do" and "how to do it"). Plans are general enough so as to be relevant to a broad cross-section of states.

Strategies provide jurisdictions with the following:

> The steps necessary for the successful implementation of a countermeasure/strategy if it does not currently exist within the state.

> Methods to enhance a countermeasure/strategy that already exists within a state.

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5 A complete copy of the DWI Dashboard can be accessed at www.dwiwg.tirf.ca.

> A list of appropriate criminal justice professionals who should lead and be involved in each effort.

> A list of resources (e.g., staffing, funding, and equipment) that will be required to enhance a countermeasure/strategy.

> Priority contextual considerations and caveats which are relevant to the development and/or implementation of a countermeasure/strategy.

> The tools, models, and templates that currently exist to guide these efforts.

Additionally, these efforts will create opportunities to form partnerships among criminal justice practitioners, including the defense bar if appropriate, who are often involved in the delivery of countermeasures, and the highway safety offices who are held accountable for the lack of progress in reducing impaired driving. The Dashboard, and its follow-up strategic planning document from the 2014 Working Group meeting, to be released in 2015, marks an important milestone in the field to help build bridges between criminal justice and highway safety partners.

The Working Group on DWI System Improvements is a prestigious coalition of senior leaders of organizations representing frontline professionals in all segments of the DWI system. The initiatives undertaken by the Working Group in the past decade have demonstrated the need for increased understanding of operational and system practices associated with proven countermeasures, and the importance of accounting for these practices when conducting and implementing research.

More recently, the Working Group has turned its attention to the need for robust and comparable performance measures in all segments of the DWI system with linkages to traffic safety measures. This critical gap impedes progress in reducing impaired driving and was exemplified by the activities of the Working Group in 2011 and 2012 which highlighted priority impaired driving performance measures in the criminal justice system, and the magnitude and characteristics of impaired driving in rural jurisdictions across the United States.

In 2013, this series of activities culminated in the pursuit of a project undertaken by the Traffic Injury Research Foundation (TIRF) that was funded by Anheuser-Busch. The project involved the development of a user-friendly, flexible tool designed to capture information that states can use to increase understanding of why they are, or are not, making more progress in reducing impaired driving prevalence, deaths and injuries. The aim of this work was to broaden the scope of discussion about "progress" and how this can best be measured to inform the activities at each level within a jurisdiction. The tool was structured to acknowledge the significance of a "systems approach" to achieving effectiveness that is embodied in the Working Group.

A variety of performance indicators are often cited as measures of progress (or lack thereof) in reducing impaired driving. However, progress is typically measured using a few key traffic safety performance indicators. Among these typical indicators are: annual number of alcohol-impaired driving fatalities and injuries; fatalities per vehicle miles travelled (VMT), and criminal justice performance indicators (e.g., impaired driving arrests and/or convictions). Although these indicators provide important insight and are helpful to measure progress nationally as well as to facilitate comparisons across jurisdictions, they reveal little about how or why progress is, or is not, occurring within jurisdictions.

This incomplete picture of the problem makes it challenging for jurisdictions to determine what action to take, particularly in an era when most jurisdictions have implemented a comprehensive array of proven countermeasures[6] and interventions (e.g., alcohol interlocks, DWI courts, substance abuse treatment). At the same time, the effectiveness of these tools is often measured at a programmatic level, in other words, how well programs operate individually as opposed to in relation to each other. This makes it difficult to link results to overall success to identify the next steps or best strategies for reinforcing or re-establishing progress.

Compounding this issue are factors related to the context of the jurisdiction (e.g., cultural aspects, population, geography, resources, political environment), and the actual quality of interventions (e.g., use of program features, evidence-based practices, fidelity to the model) at the implementation level. These factors often receive limited attention. Yet they can significantly impact the ability of jurisdictions to implement programs and interventions and deliver them in a consistent fashion to produce the desired results (i.e., reductions in impaired driving prevalence, deaths and injuries).

These gaps make it challenging for jurisdictions to make informed decisions about impaired driving priorities, and to strategically pursue those that are most achievable and that represent the most efficient

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6 Countermeasures include but are not limited to those described by National Highway Traffic Safety Administration (NHTSA) in its report *Countermeasures that Work* (2013).

use of dwindling resources. Ultimately, this hampers the ability of jurisdictions to capitalize on their strengths, or to target problem areas that can have the biggest impact and are most amenable to change.

The outcome of the 2013 project is this report. It is structured in several key sections to provide insight into why this project was undertaken and what was achieved. The first two sections describe the rationale behind this work, as well as the purpose and methods of the study. Section 3 describes how the DWI Dashboard is intended to be used by jurisdictions, and Section 4 contains insight into the next steps that will further build on this work, to help jurisdictions develop a strategic plan to address gaps identified by the Dashboard. Section 5 provides a comprehensive review of the DWI Dashboard and its different components and features.

Goals

At a project level, the goal was to enable jurisdictions to gain insight and understanding into how and why progress is, or is not, being achieved in reducing impaired driving in their individual jurisdictions, and to inform decision-making about strategies to address the problem. This was achieved with the development of a dashboard tool that jurisdictions can use biennially (every two years) or annually to monitor their own progress in preventing and reducing impaired driving.

The tool was created using a broad model that was based on existing research, expertise and practice relating to the wide array of factors that can, to varying extents, influence progress in reducing impaired driving. As a starting point, this model included traditional measures of impaired driving. In addition, it also considers the presence, characteristics and quality of proven countermeasures. Finally it acknowledges a diversity of both environmental and contextual measures. From this more robust model, a select number of the most relevant indicators of progress were distilled based upon input and feedback from experienced practitioners in eight jurisdictions, as well as members of the Working Group.

With respect to the tool itself, the goal was to develop a complete overview of countermeasures across the DWI system and also provide insight into their features as well as the strength of their practices. The purpose was to inform discussions about the implementation and use of proven countermeasures, and to provide strategic guidance regarding the most relevant and achievable opportunities that jurisdictions can pursue to improve outcomes. The tool includes indicators that best provide jurisdictions with a complete overview of their DWI system and relevant factors that could influence it in order to guide priorities and the allocation of resources within the DWI system.

During the course of the project, substantial variations that exist across jurisdictions with respect to ways that data are defined, data availability and data collection practices were identified. The DWI Dashboard was designed as a flexible tool that could accommodate different levels of data availability and data automation. The objectives of dashboard tool are:

> To identify which countermeasures jurisdictions use within their system and the extent to which programs and policies reflect evidence-based approaches and retain fidelity to the model;

> To monitor environmental and contextual factors within a jurisdiction that can influence the pursuit and implementation of countermeasures as well as their success; and,

> To provide context for traditional measures of effectiveness in relation to strategies to reduce impaired driving (i.e., fatality and injury rates).

Of note, this dashboard tool is complementary to, and distinct from, the Impaired Driving Program Assessment offered to jurisdictions through the National Highway Traffic Safety Administration (NHTSA). This comprehensive assessment of impaired driving programs within a jurisdiction is a point-in-time, external assessment by independent experts. Its purpose is to identify strengths, weaknesses and recommendations for program and system improvements in accordance with the "Uniform Guidelines for State Highway Safety Programs."

Conversely, the tool emerging from this project can be self-administered by jurisdictions to monitor their progress biennially, annually, or on an ongoing basis. This will help them increase understanding of DWI system dynamics, synergies, linkages and practices as they relate to overall progress in reducing impaired driving. It aims to measure and account for the contextual and environmental factors (i.e., the day-to-day

challenges or barriers practitioners must overcome) which influence a state's progress. As such, it provides a more holistic picture of the impaired driving issue in each jurisdiction. The tool offered here may be likened to a "dashboard" of the most important indicators that place progress in context and suggest opportunities for continuous improvement.

Methods

This project comprised a logical and stepwise approach to gather, investigate, filter and review a wide range of indicators that have been linked through research and/or practice to progress in reducing impaired driving at a jurisdictional level. Each of these steps is briefly described below to provide insight into the development of the tool.

Developing the model

As a first step, TIRF developed a broad conceptual model based on the scientific literature and TIRF's own expertise regarding the types of factors that can influence progress with respect to DWI. The model encompassed a range of traditional measures of impaired driving progress and DWI countermeasures. These countermeasures, whose effectiveness has been previously proven, were an important starting point as many jurisdictions have implemented them to varying degrees.

It further included environmental and contextual factors related to the selection, implementation and effectiveness of impaired driving countermeasures in a jurisdiction's DWI system. The following is a summary of the traditional measures, countermeasures and environmental and contextual factors included in the model based on research and practice associated with DWI (see Appendix A for a more detailed description of these factors).

1. **Traditional measures.** The most common measures of impaired driving that are utilized at a national level are death and injury rates due to impaired driving as well as arrest and convictions rates for DWI. These measures were included in the model as a starting point to examine progress in reducing impaired driving and to help select jurisdictions apply the model. More specifically, data were collected in relation to the number of alcohol-impaired driving fatalities and serious injuries, the number of impaired driving deaths and serious injuries per 100,000 population, and number of impaired driving deaths and serious injuries per VMT. In addition, data were also collected in relation to DWI arrests and convictions. These data were more easily available and accessible in some jurisdictions than others.

2. **Countermeasures.** Factors related to the presence, quality and usage of recognized and proven impaired driving countermeasures were also included in the model. These were assessed according to research, best practices and fidelity to the model. The strength of program features, program participation by offenders, and consistent delivery across a jurisdiction were also considered. The following countermeasures were included in the model:

   > prevention activities;

   > police enforcement targeted at impaired driving;

   > impaired driving educational programs for youth; and,

   > DWI programs and services (e.g., DWI courts, probation and treatment).

3. **Environmental and contextual factors.** The model also included environmental and contextual factors that have been linked to the availability and implementation of impaired driving countermeasures within a jurisdiction's DWI system. Collectively, such factors can shape the attitudes towards, and the level of, attention and resources devoted to such countermeasures. These factors can also influence public opinion, beliefs and behaviors. Examples of such factors included in the model are:

> political and economic climate (e.g., political priorities, resource allocation, and the status of a jurisdiction's budget).

> geography of the state (e.g., availability of public transportation and the presence of rural versus urban areas).

> cultural climate and dynamics (e.g., attitudes towards alcohol and impaired driving, presence of advocacy groups and presence of Tribal lands).

Data collection

Next, eight jurisdictions (Minnesota, Mississippi, Montana, New York, Oklahoma, Utah, Washington, and West Virginia) were invited to apply the model in order to identify which elements of the model were available and represented the most useful indicators of progress. These jurisdictions were selected based upon their respective number of impaired driving fatalities, the number of impaired driving fatalities per VMT, and impaired driving arrests and convictions over the past five years. In essence, the objective was to identify some jurisdictions that had made the most progress in recent years according to traditional measures, as well as some that had made the least progress.

Each jurisdiction participated in the data collection process in the following manner:

> Key contacts identified reports or documentation that contained data needed for the project (e.g., highway safety reports or traffic safety polls).

> Relevant agencies and key persons in the jurisdiction provided data and insight into the issue via email and conference calls with TIRF researchers. This included DWI state task force members, impaired driving program administrators, state police training officers, traffic safety resource prosecutors, state judicial educators, treatment program administrators, and key representatives of grassroots organizations.

> An in-person focus group was conducted in each jurisdiction (except Montana) with key practitioners who were knowledgeable about impaired driving. The purpose of the focus group was to provide context for the data that had been gathered and to explore the experiences of diverse practitioners across the state.

The data TIRF collected were used to populate the model for each state. These data were then synthesized to identify indicators that were consistently linked to progress or lack thereof in each jurisdiction, and that appeared to be most informative (in terms of measuring progress) across jurisdictions. Based on this synthesis, these indicators were considered for potential inclusion in the dashboard tool.

External review

A draft of the dashboard tool that incorporated each of the potential indicators that could be included as a result of the synthesis of data, along with the data collected in each jurisdiction, were presented at the Annual DWI Working Group meeting in Phoenix, Arizona (November 2013). In addition to the members of the Working Group, representatives of NHTSA, highway safety offices, and the Judicial, Prosecutor and Probation Fellows were in attendance (Appendix B contains a complete list of meeting attendees).

The purpose of this external review by the Working Group and other experts was to obtain a diverse national perspective from leading representatives of key criminal justice and highway safety organizations who collectively possessed a wealth of knowledge and expertise. Participants discussed the results from models in order to filter the indicators into a manageable package of relevant and available measures that represented essential knowledge for decision-making. These indicators were subsequently organized into clear and succinct topics.

Once the draft tool was developed, it was shared with key representatives in each of the eight jurisdictions. These jurisdictions then participated in utilizing the tool to obtain feedback on the clarity and the availability of the indictors, ways to streamline data collection, and usefulness of the results.

USING THE DWI DASHBOARD

The remainder of this report contains detailed instructions about how to use the DWI Dashboard tool, and a step-by-step presentation of each of the components of the Dashboard. For the purposes of this report, the tool has been developed in a paper-format. This presentation was chosen in order to facilitate discussion about, and sharing of, the tool. It is also anticipated that the Dashboard will be further refined based upon the experiences of individual jurisdictions applying it over the coming year.

TIRF's planned next step is to transition the DWI Dashboard to an online, automated format. While this will require additional time, resources, and testing, it will serve to greatly facilitate the ease of use and the ongoing application of the Dashboard by jurisdictions despite changing staff and enhancements to countermeasures. It will also make possible more precise comparisons of progress across jurisdictions in relation to individual facets of the DWI system. Finally, such automation will create an easy point of reference for jurisdictions at any given time and enable them to review their progress over a period of years to examine trends.

Why should jurisdictions use the DWI Dashboard?

The use of the Dashboard underscores the importance of concerted and coordinated efforts on the part of political leaders, government officials across different systems, external stakeholders and grassroots organizations. In this respect, partnerships and coordination across people, organizations and systems play a fundamental role in achieving progress, and represent the next important step toward reducing impaired driving.

One of the most important benefits that this tool can offer is the opportunity to build much-needed relationships with non-traditional partners whose activities can influence impaired driving, and whose input is essential to gaining a complete picture of impaired driving in a given jurisdiction. These partners may include, but are not limited to, toxicologists, the state agency responsible for narcotics and dangerous drugs, coroners and medical examiners, health and substance abuse treatment practitioners, emergency medical services, advocacy organizations, auto insurance and industry partners.

In addition, the use of the Dashboard makes it possible to identify critical but subtle gaps in DWI system processes. The ability to reduce impaired driving is entirely based on the effective delivery of programs and policies, and the development of efficient operational strategies to ensure that proven solutions are implemented and consistently applied in the real world. The Dashboard enables jurisdictions to gauge the quality of implementation and focus attention on the need to strengthen the delivery of programs. Moreover, the Dashboard can help to identify potential gaps before they fully emerge and help jurisdictions anticipate what strategies may be needed in the long-term to avoid such problems. As such, the value offered by the Dashboard in terms of providing concrete solutions is substantial.

Who can use the DWI Dashboard?

The DWI Dashboard can be used by DWI task forces or committees, highway safety offices, criminal justice practitioners, treatment professionals, and licensing agencies. This includes all public and private practitioners. The outcomes of the tool should help all these practitioners develop priorities, strategies and activities across the DWI system and at an agency level.

Ideally, the Chair of a state DWI Task Force or Committee, in cooperation with the Impaired Driving Coordinator of the State Highway Safety Office, is best positioned to lead and coordinate the use of the Dashboard. Such leaders can identify the individuals who are best able to complete applicable sections of

the Dashboard. The DWI Task Force Chair or Impaired Driving Coordinator knows the personnel and the activities of many different agencies addressing impaired driving within the state. This knowledge can help them to establish a partnership of interested professionals representing agency administrators, program managers and frontline professionals to cooperatively utilize the Dashboard. The value of this partnership is that it can create efficiencies and produce the most complete picture of the problem, enabling agencies to spend less time identifying problems and more time developing solutions and strategies to implement them.

It is important to note that some components of the Dashboard can be most easily and efficiently applied by individual agencies within the DWI system. For example, impaired driving grant managers in highway safety offices, DWI training officers with the State police or Highway Patrol, Traffic Safety Resource Prosecutors, ignition interlock program managers, senior leaders in courts and DWI courts, senior officials with the state probation association and a representative of the Department of Health are likely best-positioned to complete specific components of the Dashboard. For this reason, the Dashboard, when automated, will be structured such that portions of the tool or questions within it can be shared with individuals who are most likely to possess answers to specific questions. In relation to some sections (e.g., countermeasures, data collection, environmental conditions) it may be practical to have more than one individual complete questions. For example, probation practices may vary across a jurisdiction, while experiences in managing DWI offenders in rural jurisdictions likely vary from those of urban centers. Hence, having a few more persons provide information in relation to these topics can provide a more representative picture of the problems in these areas. Ultimately, using this approach enables jurisdictions to maximize the accuracy and efficiency of data collection while minimizing the workload associated with doing so.

There are also a range of other government staff who, while not directly implicated in impaired driving issues, may be able to provide guidance and insight into government practices and processes that are relevant to the application of the Dashboard. For example, state constitutional officers such as attorneys general, state treasurers, state auditors and senior leadership of state departments such as licensing and police can be sources of important information regarding agency authority, pertinent statutes and legislation, the application of fees, and government processes. A representative of the Traffic Records Coordinating Committee may provide an important perspective on state data collection strategies related to highway safety. The head of the state licensing agency can provide insight regarding regulations, policies and procedures concerning driver licensing. Finally, court administrators, legislators and their staff may also be able to share important views on this issue.

When should the DWI Dashboard be used?

The DWI Dashboard was designed to be applied biennially, annually, or on a continuous basis in accordance with the individual needs of jurisdictions. For some jurisdictions, progress in reducing impaired driving has been nominal or non-existent for several years despite their best efforts. Among them, there may be a more pressing urgency to find tangible solutions to reverse this trend in the near-term. Yet in other jurisdictions, there has been more sustained progress in reducing DWI, meaning that other priorities are competing for attention and resources. Jurisdictions are encouraged to consider at the outset the most appropriate timing to use the Dashboard. As familiarity with the tool increases, or as situations change, the Dashboard can be adapted to use on a more continuous basis to help monitor progress and inform decision-making.

How is the DWI Dashboard structured?

The DWI Dashboard is based upon a two-tiered structure of questions. The first tier represents more general state-level measures that are designed merely to gauge whether an issue requires closer examination. For example, it seeks to determine whether education/training and or resources have generally declined throughout the DWI system in the past few years, or whether there is limited data automation across the DWI system. It is not intended to capture distinctions across specific agencies in relation to a specific topic (e.g., training, data collection, resources). In other words, the main objective of Tier 1 questions is to determine whether there is a gap in relation to a specific area that should be more closely scrutinized.

The second tier represents agency-level measures that acknowledge differences across organizations with respect to a particular topic. The objective of Tier 2 questions is to determine where in the DWI system and why a gap is occurring. This means that when using the Dashboard, each jurisdiction should answer all Tier 1 questions. Tier 2 questions, however, should only be completed if Tier 1 responses indicate that further information is needed to more clearly identify a potential problem area.

This structure enables jurisdictions to first identify whether there are general gaps in the DWI system associated with fundamental issues related to the delivery of DWI countermeasures that require further investigation. Based on this general identification, jurisdictions can then better pinpoint where and why these issues are occurring, as well as evaluate which issues are more practical and feasible to tackle (e.g., training for law enforcement, lack of court automation, public attitudes towards impaired driving in rural areas).

When completing the Dashboard, it is recommended that various state entities and agencies be involved in the process to gain a representative perspective regarding the many different components of the DWI system. Ideally, a DWI Task Force or Committee may be well-positioned to provide the relevant information to utilize the tool in an efficient fashion. The different groups of stakeholders who may be able to provide useful information to complete the tool are described below.

> **Highway Safety Offices.** This office may be housed in the Department of Transportation (DOT), Department of Public Safety (DPS), Traffic Safety Bureau/Division, or Traffic Safety Commission.

> **Law enforcement agencies.** These agencies may include local/municipal, county, and state police. Common examples are Highway Patrol, State Police, State Patrol, Sheriff Departments or Offices, county police, and police departments.

> **Prosecution.** These agencies may include district attorneys, county attorneys and city attorneys as well as part-time prosecutors. The Traffic Safety Resource Prosecutor is also a key individual who can provide information to help complete the tool.

> **Courts.** These agencies may include the Administrative Office of the Courts, Department of Justice, Conference of Municipal Courts, Judicial Outreach Liaison, State Judicial Educator and representatives of DWI Court teams. It should be noted that jurisdictions with a unified court system may find it easier to complete some sections of the tool (e.g., data collection) than jurisdictions without a unified system.

> **Correctional services and community supervision.** These agencies include pre-trial services, probation and parole departments as well as other community corrections entities that supervise offenders such as prisons, local jails, and private probation services. Overarching entities that should also be considered for inclusion are the Department of Probation and/or Corrections, and/or Department of Justice.

> **Assessment and treatment.** This includes agencies involved in both the delivery and oversight of substance abuse screening, assessment and treatment services such as the Department of Mental Health and Substance Abuse Services, Department of Health and Human Services, Department of Public Health, Department of Health and Welfare, Addiction Services, and Alcohol and Drug Abuse Administration. It may also include assessment and treatment delivered as part of licensing actions. In addition, any agency that provides oversight to private providers should also participate in the completion of the tool.

> **Grassroots/advocacy organizations.** These include community-based and citizen activist groups as well as those involved in prevention. These organizations can be within an individual community, county, or statewide. Mothers Against Drunk Driving (MADD) and Students Against Drunk Driving (SADD) are examples of this type of organization that also have a national presence. Other groups such as Minnesotans for Safe Driving, and STOP DWI (New York) operate solely within a specific state.

> **Driver licensing agencies.** These agencies are responsible for issuing licenses and maintaining driver records. They include: Department (or Division, Bureau or Office) of Motor Vehicles, Department of Driver Services, Motor Vehicle Administration, Registry of Motor Vehicles, and Motor Vehicle Commission.

Of importance, there are answer categories for these same stakeholders (identified above) included in the Dashboard. Hence, when considering who may be best-suited to answer these questions, these groups of stakeholders should be consulted and their responses placed in the appropriate categories.

What does the DWI Dashboard contain?

The Dashboard measures factors that are central to implementing DWI countermeasures. The current state of practices in relation to the issue is captured along with barriers that exist. These measures are briefly described below.

1. **Traditional indicators.** This section includes the familiar measures of alcohol-impaired driving fatalities and injuries, fatalities per VMT, and DWI arrests and convictions for the past three years. These measures are generally available from the Fatality Analysis Reporting System (FARS) maintained by NHTSA, state crash data reports, and Uniform Crime Reports from the Federal Bureau of Investigation (FBI) or state police agencies and/or the Administrative Office of the Courts.

2. **Leadership.** This section examines the presence and characteristics of a DWI task force (or comparable entity), the enactment of well-planned legislation and agency policies, and level of attention devoted generally by government to DWI issues.

3. **Resources.** This section addresses trends in resource allocations for DWI initiatives including funding, staffing, training and equipment.

4. **Data collection.** This section contains a variety of measures related to what and how data are collected, its accessibility and use in decision-making as well as links to other sources.

5. **Communication and information-sharing.** This section explores communication within and across agencies, and opportunities for agencies and practitioners to share and exchange knowledge, information and experience.

6. **Practitioner education, training and staff turnover.** This section evaluates the availability and content of DWI training/education opportunities, how it is delivered and the frequency of training, the level of experience that DWI practitioners possess as well as the level of turnover among staff.

7. **DWI countermeasures.** This section considers the implementation and delivery of priority DWI countermeasures (e.g., DWI courts, alcohol interlocks, probation services, substance abuse treatment), program features, program measures, oversight strategies and participation rates. While not all jurisdictions may have applied all of the available and proven countermeasures to an equal degree, the overall package of countermeasures is more important. In other words, the lack of or lower availability of some countermeasures may not be an issue if the total picture of services provided is adequate.

8. **Education and prevention.** This section examines prevailing local attitudes in urban and rural areas in conjunction with public DWI education initiatives (i.e., government, community and grassroots) and alcohol education and prevention efforts targeted towards young persons aged 20 or under in schools.

9. **Environmental and contextual issues.** This section contains information pertaining to the presence and enforcement of alcohol ordinances, the role of rural jurisdictions in DWI initiatives, discussions and partnerships with tribal entities on DWI issues, and the availability of alternative transportation options across the jurisdiction.

10. **Total costs to DWI offenders.** This section highlights the total cost of DWI for convicted offenders in terms of programmatic and licensing fees and costs It also explores recent trends in these costs and the extent to which offenders are able to complete the re-licensing process.

The Dashboard is in its final drafting stages and may be further refined based upon the initial application of the Dashboard in individual participating jurisdictions in the coming year.

In conjunction with the finalization of the tool, the development of an accompanying piece for the DWI Dashboard was planned and was the focus of the 2014 Working Group meeting activities. The objective of the 2014 meeting was to develop the key components of a strategic plan to address each of the DWI system gaps identified by the Dashboard. These strategies correspond to specific DWI system gaps that are identified by the Dashboard. Relevant considerations and caveats are also noted as part of the plan. The outcome, to be released in 2015, is a document that guides jurisdictions in developing strategies to strengthen countermeasures in ways that close the most common and/or largest gaps in their respective DWI systems. In other words, this document provides guidance for states at an operational level (i.e., "what to do" and "how to do it"). Plans are general enough so as to be relevant to a broad cross-section of states.

The strategies and corresponding steps will be designed to help states think through the practical issues that need to be part of decision-making in order for countermeasures to achieve intended goals and outcomes. Flexibility of strategies will be crucial, as states need the ability to tailor countermeasures to account for environmental and contextual factors that exist in their respective jurisdictions. These strategies will provide states with a sense of the operational considerations and practical realities that must be acknowledged to strengthen the delivery of impaired driving countermeasures, and in particular, a whole package of countermeasures.

Strategies provide jurisdictions with the following:

> The steps necessary for the successful implementation of a countermeasure/strategy if it does not currently exist within the state.

> Methods to enhance a countermeasure/strategy that already exists within a state.

> A list of appropriate criminal justice professionals who should lead and be involved in each effort.

> A list of resources (e.g., staffing, funding, and equipment) that will be required to enhance a countermeasure/strategy.

> Priority contextual considerations and caveats which are relevant to the development and/or implementation of a countermeasure/strategy.

> The tools, models, and templates that currently exist to guide these efforts.

Additionally, these efforts will create opportunities to form partnerships among criminal justice practitioners, including the defense bar if appropriate, who are often involved in the delivery of countermeasures, and the highway safety offices who are but held accountable for the lack of progress in reducing impaired driving. This will serve to greatly facilitate the ease of access and continued use of the Dashboard by jurisdictions despite turnover and program changes. With the online tool acting as an automated system that will collect state data, it will also make possible more precise comparisons of progress across jurisdictions in relation to individual facets of the DWI system.

Finally, such automation will create an easy point of reference for jurisdictions at any given time and enable them to review their progress over a period of years to examine trends. Our underlying goal, and our hope, is that states will find the DWI Dashboard a valuable guide to help them adopt strategies to improve their systems of DWI countermeasures, and to decrease the prevalence of DWI and its attendant harms.

TRADITIONAL INDICATORS

SECTION A: TRADITIONAL INDICATORS

	2008	2009	2010	2011	2012
Total number of deaths due to impaired driving					
Impaired driving fatality rate per 100K population					
Impaired driving fatality rate per VMT					
Number of DWI arrests					
% of DWI compared to total number of arrests					

SECTION B: LEADERSHIP (TIER I)

1. Does the state have a DWI Task Force?

A DWI Task Force or committee is comprised of important stakeholders including: highway safety office, law enforcement, prosecutors, courts, community corrections, treatment, driver licensing, education and grassroots organizations, alcohol enforcement, and rural representation.

It is led by a state professional who is in a paid position and is passionate about the issue (i.e., someone who can coordinate and run meetings). The task force meets at least twice per year and can conduct meetings in a neutral environment.

- Yes
- Yes, but it does not meet all of the definition criteria
- No

2. Has one or more pieces of DWI legislation (excluding amendments to existing laws) been passed in the state in the last five to seven years?

- Yes ⟶ If yes, what was the subject of the legislation? _____
- No

3. Is there a recognized political official(s) who champions or supports DWI legislation and/or initiatives?

- Yes
- No

4. Are there senior staff in each agency that exhibit leadership on the DWI issue in terms of taking responsibility to promote DWI policy and initiatives, allocating resources (funding, staff hours), designating responsibility for DWI-related tasks to frontline staff, and coordinating and engaging with other agencies in DWI initiatives)?

- Yes
- Yes, but only for certain facets of the DWI system
- No

> If you answered **no** to at least **two** questions, please proceed to **Tier II** questions in this section.

SECTION B: LEADERSHIP (TIER II)

5. If a DWI Task Force or committee exists in your state <u>that does not meet the criteria above</u>, please check all that apply:

○ All relevant stakeholder agencies are represented on the task force.

Agencies that are absent? _____

○ The task force meets at least twice per year.

○ The task force adopts a consensus-based approach to decision-making.

○ Task force members are well-informed about impaired driving and the DWI system.

○ The task force has reasonable access to political leadership.

○ The task force identifies tangible action items (e.g., recommendations) to pursue.

○ Task force activities result in changes to policy, regulation, legislation and/or improvements to countermeasures.

6. If the state does NOT have a task force, please answer the following questions:

a. Was a task force previously in place?

○ Yes ➜ Why was it discontinued? _____

○ No

b. Is there willingness among key agencies to implement a task force?

○ None ○ Limited ○ Sufficient

c. Is there a knowledgeable practitioner capable of and willing to lead the task force?

○ Yes ○ No

7. If you responded NO to Question 2, please answer the following:

a. New DWI legislation is consistent with the existing DWI laws.

○ Always ○ Often ○ Sometimes ○ Rarely

b. DWI legislation is generally consistent with current research findings.

○ Always ○ Often ○ Sometimes ○ Rarely

c. DWI legislation can be implemented in practice.

○ Always ○ Often ○ Sometimes ○ Rarely

8. If you responded NO to Question 3, please answer the following:

a. Is there a political official(s) in your state who can be cultivated to help draft and support DWI bills?

○ Yes ○ No

b. Are there opportunities to share DWI research with political officials to inform the drafting of bills?

○ Yes ○ No

c. Do stakeholders or advocates have access to legislative staffers?

○ Yes ○ No

d. Are road safety issues discussed during each legislative session?

○ Yes ○ No

9. If you responded <u>Yes, but only for certain facets of the DWI system</u> (Question #4) please indicate which of the following agencies exhibit leadership on DWI issues. Check all that apply.

○ Highway Safety Office ○ Law Enforcement ○ Prosecution ○ Courts
○ Probation[1] ○ Treatment ○ Education and Advocacy ○ Driver Licensing

10. For each agency, please indicate the aspects of leadership that are currently exhibited with respect to DWI:

	Highway Safety Office	Law enforcement	Prosecution	Courts	Probation	Treatment	Education/ Advocacy	Driver Licensing
Receptive to DWI initiatives informed by research								
Senior management is knowledgeable about DWI issues								
Resources are allocated annually to support DWI countermeasures								
Adequate DWI training is offered to practitioners (i.e., at least once per year)								
Partnerships are formed with other agencies to develop or implement DWI countermeasures and strategies								
Authority is granted to develop and/ or implement DWI countermeasures and strategies								

1 The term "probation" is used throughout this report as a convenient descriptive label and to create consistency. Probation includes correctional and community corrections entities ranging from pre-trial to post-conviction supervision.

SECTION C: RESOURCES (TIER I)

1. **Has funding for DWI countermeasures/initiatives consistently declined in the past five years?**

   ● Yes   ● No

   > If you responded **NO**, please proceed to the next section on **Data Collection**. If not, proceed to the corresponding **Tier II** questions.

SECTION C: RESOURCES (TIER II)

2. **Please estimate, at a state level, how much has funding generally declined for impaired driving initiatives over the last five years?**

0	10	20	30	40	50	60	70	80	90	100

3. **Please identify the three facets of the DWI system that have experienced the most significant cuts to their funding for impaired driving initiatives:**

   ● Highway Safety Office   ● Law Enforcement   ● Prosecution   ● Courts
   ● Probation   ● Treatment   ● Education and Advocacy   ● Driver Licensing

4. **What areas of the DWI system have funding cuts primarily affected in the last five years. Check all that apply.**

	Highway Safety Office	Law enforcement	Prosecution	Courts	Probation	Treatment	Education/ Advocacy	Driver Licensing
Staffing								
Overtime pay								
DWI-specific training and education								
Equipment								
Prevention initiatives								
Other DWI-related services								

SECTION D: DATA COLLECTION (TIER I)

1. Are there agencies in the DWI system that collect little or no data?

○ Yes ➔ If yes, whom? _____

○ No

2. Which of the following terms best describes data collection practices in the DWI system in your state in the past ten years?

○ paper-based data system ○ legacy automated data system ○ modern automated data system

3. What types of DWI data are generally collected at a state level? Check all that apply.

○ crash ○ arrest ○ court processes ○ DWI recidivism ○ treatment outcomes

4. Can DWI data be analyzed at a state level according to the following characteristics? Check all that apply.

○ BAC level ○ age ○ sex ○ first vs. repeat offenders ○ polysubstance use

> If you responded **NO** to **Question 1**, proceed to **Section E**.
>
> If you responded **YES** to **Question 1,** please proceed to **Tier II** in this section.

SECTION D: DATA COLLECTION (TIER II)

If you responded **YES** to **Question 1** above, please indicate which agencies in the DWI system are currently unable to collect impaired driving data, noting the reasons why. Responses should be limited to only those agencies that do not collect data.

	Highway Safety Office	Law enforcement	Prosecution	Courts	Probation	Treatment	Education/ Advocacy	Driver Licensing
Lack of automation								
No data entry/ collection protocols								
Lack of data entry training								

SECTION D: DATA COLLECTION (TIER II)

	Highway Safety Office	Law enforcement	Prosecution	Courts	Probation	Treatment	Education/ Advocacy	Driver Licensing
Lack of staffing/ resources to enter/ analyze data								
No oversight								
Lack of practitioner buy-in								
Privacy policies limit utility of data								
Unable to share or merge data due to different unique identifiers								

5. Are countermeasures targeted towards the characteristics of the DWI population in your state (e.g., BAC level, sex, age)?

⬤ Yes   ⬤ No

SECTION E: COMMUNICATION & INFORMATION-SHARING (TIER I)

1. **Do at least one-third of DWI practitioners in your state have opportunities to interact with their colleagues and professionals in other agencies to discuss DWI issues, policies, and strategies (i.e., network)?**

   ○ Yes   ○ No

2. **For each agency within the DWI system, identify the two agencies with whom communication is the strongest and also the weakest.**

	Highway Safety Office	Law enforcement	Prosecution	Courts	Probation	Treatment	Education/ Advocacy	Driver Licensing
Strongest	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
Weakest	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.

3. **Is information-sharing between agencies in the DWI system predominantly:**

   ○ paper-based data system   ○ legacy automated data system   ○ modern automated data system

   > If you responded **NO** to **Question 1**, proceed to **Question 4** in **Tier II** of this section.
   >
   > If you responded **YES** to **Question 1**, proceed to **Question 5** and **6** in **Tier II** of this section

SECTION E: COMMUNICATION & INFORMATION-SHARING (TIER II)

4. **What are the most pronounced barriers to networking among DWI practitioners? Check the two that are most significant.**

   ○ insufficient resources   ○ lack of awareness of opportunities   ○ policies that prohibit travel

   ○ competing priorities   ○ lack of planning   ○ agencies operate in silos

5. **What are some of the reasons for lack of and/or weak communication among agencies in the DWI system? Check the three that are most significant.**

   ○ privacy/access to information policies   ○ no formal communication protocols

   ○ no designated/primary contact person   ○ agencies operate in silos

   ○ unfamiliarity with roles of other agencies   ○ staff turnover

6. **What are the two (2) primary barriers to information-sharing among agencies in the DWI system?**

   ○ use of paper-based systems   ○ no formal protocols   ○ systems not integrated

   ○ lack of coordination   ○ reliance on legacy data systems   ○ unwilling/unable to share information

PRACTITIONER EDUCATION/TRAINING & TURNOVER

SECTION F: PRACTITIONER EDUCATION/TRAINING & TURNOVER (TIER I)

1. Are there annual DWI educational opportunities focused on current DWI research that are available to the following agencies of the DWI system? Check those where opportunities currently exist.

   ○ Highway Safety Office ○ Law Enforcement ○ Prosecution ○ Courts
   ○ Probation ○ Treatment ○ Education and Advocacy ○ Driver Licensing

2. Are there annual DWI educational opportunities focused on countermeasures or practices (e.g., sobriety checkpoints, ignition interlocks, new DWI paperwork or protocols) that are available to the following agencies in the DWI system? Check those where opportunities currently exist.

   ○ Highway Safety Office ○ Law Enforcement ○ Prosecution ○ Courts
   ○ Probation ○ Treatment ○ Education and Advocacy ○ Driver Licensing

3. Are cross-professional (e.g., law enforcement and prosecutor) DWI training opportunities available?

   ○ Yes ○ Sometimes ○ No

4. Estimate what percentage of practitioners in each facet of the DWI system receives DWI-specific training each year?

   a. Law enforcement

0	10	20	30	40	50	60	70	80	90	100

   b. Prosecutors

0	10	20	30	40	50	60	70	80	90	100

   c. Judges

0	10	20	30	40	50	60	70	80	90	100

   d. Probation

0	10	20	30	40	50	60	70	80	90	100

   e. Treatment

0	10	20	30	40	50	60	70	80	90	100

5. **What is the average level of experience of practitioners who routinely handle DWI issues in each facet of the criminal justice system?**

a. **Law enforcement**

   ○ less than 3 yrs   ○ 3-5 years   ○ 5 to 7 years   ○ +7 yrs

b. **Prosecutors**

   ○ less than 3 yrs   ○ 3-5 years   ○ 5 to 7 years   ○ +7 yrs

c. **Judges**

   ○ less than 3 yrs   ○ 3-5 years   ○ 5 to 7 years   ○ +7 yrs

d. **Probation**

   ○ less than 3 yrs   ○ 3-5 years   ○ 5 to 7 years   ○ +7 yrs

e. **Treatment**

   ○ less than 3 yrs   ○ 3-5 years   ○ 5 to 7 years   ○ +7 yrs

> If **less than 50%** of agencies/practitioners receive DWI training each year, or if **more than 50%** of practitioners have less than 5 years of DWI experience, proceed to the **Tier II** questions in this section.

SECTION F: PRACTITIONER EDUCATION/TRAINING & TURNOVER (TIER II)

6. **Is there a designated training person who actively delivers DWI education at each of these agencies? Check all that apply.**

   ○ Highway Safety Office   ○ Law Enforcement   ○ Prosecution   ○ Courts
   ○ Probation   ○ Treatment   ○ Education and Advocacy   ○ Driver Licensing

7. **Do new practitioners in each of the following agencies receive DWI-specific training? Check all that apply.**

   ○ Highway Safety Office   ○ Law Enforcement   ○ Prosecution   ○ Courts
   ○ Probation   ○ Treatment   ○ Education and Advocacy   ○ Driver Licensing

8. **Are continuing DWI education opportunities available to practitioners in each of the following agencies? Check all that apply.**

   ○ Highway Safety Office   ○ Law Enforcement   ○ Prosecution   ○ Courts
   ○ Probation   ○ Treatment   ○ Education and Advocacy   ○ Driver Licensing

9. **Identify the top 3 barriers to DWI education that are most significant in each agency. Check only those agencies for which barriers exist. (See table on p.14)**

	Highway Safety Office	Law enforcement	Prosecution	Courts	Probation	Treatment	Education/ Advocacy	Driver Licensing
Limited Resources								
Inability to travel								
Lack of qualified staff to deliver training								
No incentives for participation (e.g., education credits)								
Low motivation among practitioners								
Other competing priorities								

10. If the average level of DWI experience among practitioners is less than five years, identify the top 3 reasons why this occurs.

	Law enforcement	Prosecutors	Judges	Probation	Treatment
Senior/experienced staff retire					
DWI work assigned to entry level positions					
Burnout					
Salary not competitive					
Lack of incentives to remain in DWI field					

SECTION G: DWI COUNTERMEASURES (TIER I)

DWI COURTS

1. **Are DWI or hybrid courts in your state available and accessible to high-BAC and repeat DWI offenders?**

   ○ Yes   ○ Yes, but to other offender types   ○ No

2. **Do the DWI courts in your state adhere to the National Center for DWI Courts' (NCDC) 10 Guiding Principles[2]?**

   ○ Yes   ○ No

> If you responded **NO** to either **Question 1 or 2**, proceed to the corresponding **Tier II questions 15 and 16**.

ALCOHOL INTERLOCK PROGRAM

3. **Are you able to quantify the participation rate of your state's interlock program?**

   ○ Yes   ○ No

4. **Has the interlock program participation rate increased in the last five years?**

   ○ Yes ➡ (How much? _____ %)   ○ No   ○ Do not know

5. **Have the interlock program administrative rules been revised or updated in the last 7 years?**

   ○ Yes   ○ No

6. **Is there an agency that takes responsibility for administering the interlock program? (This agency may not be the designated authority).**

   ○ Yes ➡ (Which agency _____)   ○ No

7. **Does an agency monitor interlock offenders for non-compliance (i.e., violations)?**

   ○ Yes ➡ (Which agency _____)   ○ No

8. **Are there formal mechanisms in place to respond to non-compliance (e.g., graduated sanctions or performance-based exit)?**

   ○ Yes   ○ No

9. **Identify the two most significant gaps associated with the interlock program in your jurisdiction.**

   ○ lack of mandatory provisions   ○ lack of monitoring provisions

   ○ outdated administrative rules   ○ no vendor oversight protocol

   ○ no or lax device certification   ○ low participation rates

> If **No** to **Questions 4 or 6,** or **3 or more issues identified in Question 9**, please answer the questions in the **Alcohol Interlock Program** section of **Tier II .**

2 Accessible online: http://www.dwicourts.org/learn/about-dwi-court/-guiding-principles

SUBSTANCE ABUSE TREATMENT

10. Please estimate what percentage of DWI offenders complete remedial impaired driving programs for either alcohol education or substance abuse treatment to become re-licensed?

0	10	20	30	40	50	60	70	80	90	100

11. Please estimate what percentage of DWI offenders complete court-mandated treatment?

0	10	20	30	40	50	60	70	80	90	100

12. Are the following types of treatment services available to DWI offenders in your state? Check all that apply.

○ DWI-specific services

○ specialized services (e.g., gender-specific; culturally-sensitive)

○ substance abuse and mental health treatment offered in tandem

13. For the substance abuse treatment services offered in your state, please indicate which of the following features apply:

○ Use of evidence-based tools and treatment approaches

○ Use of validated and reliable screening/assessment tools

○ Licensing/certification of treatment providers

○ Oversight and quality assurance processes to ensure quality services

14. Is there an agency that has authority to conduct oversight and quality assurance of treatment providers in your state?

○ Yes, for state and private agencies   ○ Yes, for state agencies only

○ Yes, for private agencies only   ○ No

> If there are low completion rates and/or limited oversight of treatment providers, please complete **Tier II** in this section.

SECTION G: DWI COUNTERMEASURES (TIER II)

DWI COURTS

15. If you responded NO to Question 1 in this section, please indicate which of the following barriers affect the implementation of DWI courts in your state. Check all that apply.

○ lack of resources   ○ no training available   ○ lack of political support

○ not feasible to implement   ○ limited practitioner buy-in   ○ lack of identified need

16. If you responded NO to Question 2, please answer the following series of questions.

a. Is there an agency responsible for oversight of DWI courts?

◯ Yes ◯ No

b. Do DWI courts in your state track and report outcomes (e.g., drop-out rate, recidivism)?

◯ Yes ◯ No

c. Have DWI courts in your state been evaluated?

◯ Yes ➡ When was the most recent evaluation _____ ?   ◯ No

ALCOHOL INTERLOCK PROGRAM

17. What interlock program data are collected in your state? Check all that apply.

◯ eligible offender population   ◯ violations   ◯ device installations   ◯ recidivism rate
◯ device removals   ◯ indigent offender population

18. Identify the top three barriers to participation in your state's interlock program.

◯ loopholes in statute/regulations   ◯ lack of follow-up   ◯ too many eligibility requirements
◯ cost   ◯ failure of judges to order   ◯ loss to other jurisdictions
◯ lengthy hard suspension periods

19. Does your state have a device certification protocol?

◯ Yes ◯ No

20. Does your state have a vendor oversight protocol?

◯ Yes ◯ No

21. Identify which agencies have received interlock training in the last 3 years.

◯ law enforcement   ◯ prosecutors   ◯ judges   ◯ probation officers   ◯ treatment clinicians
◯ Highway Safety Office staff   ◯ driver licensing professionals

22. What are the 2 most significant reasons that the administrative rules for the interlock program have not been revised in the last 7 years?

◯ lack of knowledge   ◯ considered unnecessary   ◯ competing priorities
◯ lack of consensus   ◯ insufficient resources

23. Why are interlock offenders not monitored in your state? Identify the top 3 reasons.

◯ no designated monitoring authority   ◯ insufficient staff/resources to monitor
◯ lack of communication between agencies   ◯ lack of practitioner training
◯ supervision period ends prior to interlock program participation

SUBSTANCE ABUSE TREATMENT

24. What are some of the barriers to completion of treatment in your state? Check all that apply.

- ○ lack of service availability
- ○ lengthy wait times
- ○ Lack of insurance/high cost
- ○ lack of follow-up

SECTION H: EDUCATION & PREVENTION (TIER I)

1. What is the prevailing cultural attitude towards impaired driving behavior in your state?

a. In urban jurisdictions:

○ unacceptable ○ somewhat unacceptable ○ indifferent ○ somewhat acceptable ○ acceptable

a. In rural jurisdictions:

○ unacceptable ○ somewhat unacceptable ○ indifferent ○ somewhat acceptable ○ acceptable

2. Is impaired driving messaging (other than Federally required NHTSA campaigns) available at the following levels? Check all that apply.

○ community/municipal ○ county ○ statewide

3. How frequently is impaired driving public education delivered? Please indicate frequency in both rows.

○ monthly ○ quarterly ○ annually

○ during peak periods (e.g., summer) ○ during holidays (e.g., Christmas)

4. How consistent are impaired driving messages associated with public education initiatives?

○ inconsistent ○ somewhat inconsistent ○ fairly consistent ○ consistent

> If you responded **anything other than 'acceptable' and or 'consistent'**, proceed to **Question 6** in **Tier II** questions after completing the remainder of the **Tier I** questions.

5. Is alcohol education offered in schools in your state?

Elementary school	○ Yes	○ Yes, but inconsistently	○ No
Middle school/junior high	○ Yes	○ Yes, but inconsistently	○ No
High school	○ Yes	○ Yes, but inconsistently	○ No

> If you responded **NO** in **Question 5**, please proceed to **Question 9** in the **Tier II** questions.

SECTION H: EDUCATION & PREVENTION (TIER II)

If you responded anything other than **'acceptable'** to **Question 1** and or **'consistent'** to **Question 4,** please answer the following questions:

6. **Indicate which of the following agencies are responsible for delivering impaired driving public education.**

   ⚪ Highway Safety Office   ⚪ Media groups   ⚪ Law Enforcement
   ⚪ Education/advocacy organizations   ⚪ Other

7. **Identify what approach most closely resembles the approach in your state to delivering impaired driving messaging.**

   ⚪ fear-based/shock   ⚪ humor   ⚪ factual/informative   ⚪ emotional

8. **Identify the most common content for impaired driving messages in your state.**

   ⚪ don't drink and drive   ⚪ effects of alcohol on driving   ⚪ risks associated with drunk driving
   ⚪ alternative behaviors   ⚪ consequences of drunk driving   ⚪ other

If you responded **NO** to **Question 5**, please answer the following.

9. **Why is alcohol education not available in schools in your state? Check all that apply.**

   ⚪ curriculum restrictions   ⚪ lack of resources   ⚪ no one to deliver education
   ⚪ lack of interest   ⚪ difficulty in accessing schools

SECTION I: ENVIRONMENTAL & CONTEXTUAL (TIER I)

ALCOHOL ORDINANCES & COMPLIANCE

1. **Do most jurisdictions in your state have the following alcohol ordinances/laws? Check all that apply.**

   ⦿ underage drinking ⦿ sale restrictions (hours) ⦿ social host ⦿ sale restrictions (premises)

   ⦿ over-service (dram shop liability) ⦿ sale restrictions (quantity) ⦿ open container

   ⦿ sale restrictions (alcohol/volume)

2. **How frequently are these ordinances/laws enforced (e.g., compliance checks)?**

   ⦿ rarely ⦿ sometimes ⦿ often ⦿ always

   > If you responded that alcohol ordinances/laws are enforced '**sometimes**' or '**rarely**', proceed to **Question 10** in **Tier II** after completing this section.

RURAL JURISDICTIONS & TRIBAL LANDS

3. **Are the characteristics and limitations of rural jurisdictions taken into consideration during discussions of DWI policy and countermeasures among both policymakers and practitioners?**

   ⦿ Yes ⦿ No

4. **Is there rural representation on state DWI Task Forces/committees?**

   ⦿ Yes ⦿ No

5. **Are there current initiatives to deliver effective DWI countermeasures in rural jurisdictions in your state?**

   ⦿ Yes ⦿ No

   Please indicate which agencies have done so:

   ⦿ Law Enforcement ⦿ Prosecution ⦿ Judicial ⦿ Probation ⦿ Treatment

   ⦿ Highway Safety Office staff ⦿ Driver Licensing

6. **Is there Tribal representation on state DWI Task Forces/committees?**

   ⦿ Yes ⦿ No

7. **Do cooperative agreements and memoranda of understanding (MOUs) exist between Tribal entities and the state (e.g., law enforcement agencies)?**

   ⦿ Yes ⦿ No

8. **Are DWI countermeasures implemented on Tribal lands in your state?**

   ⦿ Yes ⦿ No

   > If you responded **NO** to **Questions 3-5** in this section, please proceed to **Question 11** in Tier II after completing this section.

TRANSPORTATION

9. Are alternative forms of transportation (e.g., safe ride programs) available in your state?

○ Yes   ○ No

a. In urban counties:

○ none   ○ 1-30%   ○ 31-60%   ○ more than 60%

b. In rural counties:

○ none   ○ 1-30%   ○ 31-60%   ○ more than 60%

> If you indicated that either **a few (1-30%) or none** of the rural counties in your state have alternative forms of transportation available, proceed in **Question 13** in **Tier II**.

SECTION I: ENVIRONMENTAL & CONTEXTUAL (TIER II)

ALCOHOL ORDINANCES & COMPLIANCE

10. What are some of the barriers to the enforcement of alcohol ordinances/laws in your state? Check all that apply.

○ no agency authority   ○ lack of training/education   ○ lack of man hours/staff

○ competing priorities   ○ lack of resources

RURAL JURISDICTIONS & TRIBAL LANDS

11. If you responded NO to Questions 3-5 please indicate which of the following are barriers to reducing DWI in rural jurisdictions in your state. Check all that apply.

○ attitudes about DWI   ○ lack of resources   ○ lack of political leadership to raise issue

○ lack of agency partnerships   ○ not considered during development/implementation of laws

○ lack of services

12. If you responded NO to Questions 6-8, please answer the following questions.

a. Is DWI data collected on Tribal lands?

○ Yes   ○ No

b. Indicate which of the following are barriers to reducing DWI on Tribal lands in your state. Check all that apply.

○ attitudes about DWI   ○ lack of resources   ○ lack of leadership to raise issue

○ lack of cross-jurisdictional partnerships   ○ turnover in Tribal leadership

○ lack of services   ○ lack of enforcement

TRANSPORTATION

13. Are there any plans underway to develop alternative transportation in rural counties?

○ Yes   ○ No

SECTION J: COSTS OF DWI TO OFFENDERS (TIER I)

1. **Please complete the chart below to determine the average cost of a DWI conviction and relicensing to a DWI offender in your state. Check off those which are applicable and if possible, provide a minimum and maximum fee estimate for both first and repeat offenders.**

| | Cost ($) per offender | | | | | |
| | First Offender | | | Repeat Offender | | |
	Applicable	Min	Max	Applicable	Min	Max
Warrant fee[3]						
Bond/bail						
Jail fee						
Impoundment/towing fee						
Reimbursement for chemical test/crime lab fee						
Vehicle forfeiture						
Surcharge for hospital/trauma						
Forfeiture of bond and post bond						
Attorney/defender fees						
Substance abuse screening assessment						
Alcohol education program						
Victim Impact Panel (VIP)						
Treatment costs						
Probation fees						
Interlock program fees (i.e., device, service calls)						
DWI court fees						
Relicensing/reinstatement fees						
Insurance cost						
Court fines						
Other						
TOTAL						

2. **What is the average cost of a DWI conviction and re-licensing in your state? Please provide an estimate.** _____

3. **Have the costs associated with DWI steadily increased over the last five to seven years?**

    ⚪ Yes ⚪ No

    > Please proceed to corresponding **Tier II** questions if you answered **YES** to **Question 3**.

---

3 The fee charged to an offender who fails to show up for court or fails to fulfill terms of release or probation. A bench warrant is issued ordering the offender's arrest, and the offender can be charged the fee.

4. **What is the median household income in your state?** _____

5. **What percentage of DWI offenders are estimated to be unable to afford the costs associated with sanctions and re-licensing**

0	10	20	30	40	50	60	70	80	90	100

SECTION J: COSTS OF DWI TO OFFENDERS (TIER II)

6. **Is indigent or subsidized funding available for any of the following DWI services/ interventions? Check all that apply.**

    ○ court fees/fines ○ remedial programs ○ substance use/risk assessments

    ○ alcohol/drug testing ○ probation supervision ○ alcohol monitoring technologies

    ○ treatment ○ license reinstatement

DEMOGRAPHICS

1. **From the following list, which best describes the agency you represent?**

    ○ Highway Safety Office ○ law enforcement ○ courts ○ correctional services

    ○ treatment ○ education/prevention ○ driver licensing ○ other _____

2. **How many years of experience have you had in the DWI system?** _____

3. **Which of the following roles best describes your position?**

    ○ staff ○ manager ○ administrator ○ other _____

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APPENDIX A: IMPAIRED DRIVING MODEL METHODOLOGY

The following is an overview of the broader conceptual model used at the outset of the development of the tool. The corresponding supporting research for the selection of these pieces is also noted.

Traditional measures

The most common measures of impaired driving that are utilized are death and injury rates due to impaired driving. These were included in the model as a starting point for states to begin data collection.

> Fatality and injury rates of impaired driving

» Number of alcohol-impaired driving fatalities and serious injuries

» Number of impaired driving deaths and serious injuries per 100,000 population

» Number of impaired driving deaths and serious injuries per vehicle miles travelled

» Percent of deaths and serious injuries due to impaired driving over total road deaths and serious injuries.

Countermeasures

The quality of the countermeasures were assessed according to best practices, the strength of program features and the identification of gaps, fidelity to the model, and researchers' own expertise in this area. The frequency of use was assessed according to program size, consistency in delivery across the jurisdiction, number of program participants, and the number of times a strategy has been used in a 12-month period. The success of countermeasures was assessed using NHTSA's "Countermeasures that Work" (Goodwin et al. 2013) as a guide. The following countermeasures were included in the model:

> Police enforcement targeted at impaired driving:

» Enforcement is executed through tactics such as sobriety checkpoints, DWI saturation patrols, DWI blitzes (around key weekends), and special task forces dedicated to DWI enforcement.

» It has been found that increased police patrols can reduce traffic crashes and fatalities (Goss et al. 2008).

> Measured by:

» Number of arrests for impaired driving among males and females.

» Number of sobriety checkpoints and saturation patrols conducted per year.

» The extent of intensive enforcement periods conducted per year including time of year.

» Involvement of law enforcement agencies in specific impaired driving activities in a jurisdiction (e.g., committees or task force).

» Estimates of the percentage of police force resources (financial and manpower) allocated to impaired driving enforcement.

> Impaired driving educational programs for youth:

» Types of educational programs include instructional, peer organization, and social norming.

» Studies show that instructional programs have been found to reduce self-reported riding with an impaired driver in teens (Elder et al. 2005).

> Measured by:

» Prevalence of educational programs related to impaired driving.

» Age group in which these programs are being targeted.

» Accessibility of these programs: delivered as part of the curriculum, advertised to target audience, or existence of a website.

> Mass media campaigns

» Campaigns include television public service announcements (PSAs), radio PSAs, posters and inserts, internet advertisements, and special events.

» Research supports that mass media campaigns alone have limited effectiveness in reducing alcohol impaired driving (Elder et al 2004; Cismaru et al. 2009; Phillips et al. 2011). It warrants mentioning that a certain level of intensity needs to be maintained in order to create a lasting impact, and that these campaigns are shown to be much more effective when coupled with enforcement.

> Measured by:

» Diversity of media campaigns per year (e.g., one-size fits all or tailored to different audiences).

» Use of media campaigns each year and time of year (e.g., three campaigns are advertised every Christmas/New Year, Labor Day and July 4th).

» Dissemination strategies utilized (TV, internet, billboards/posters, radio).

DWI Programs and Services:

> DWI courts

» These are problem-solving courts that target high-risk convicted drunk drivers (high BAC and repeat offenders) and incorporate penalties and interventions that are designed to provide appropriate supervision in combination with treatment of underlying drinking problems to create accountability.

» To be most effective, DWI courts should reflect the 10 Guiding Principles that have been established and are encouraged by the National Association of Drug Court Professionals and the National Center for DWI Courts.

» Compared to traditional courts, offenders who are processed through DWI courts are less likely to be re-arrested for another drunk driving offense during the two years after DWI Court participation (Fuller et al. 2008; NHTSA 2004).

> Probation

» Probation places convicted individuals under supervision in the community. Conditions imposed can include: abstinence from alcohol and drugs, random alcohol testing/urinanalysis, alcohol monitoring and participation in treatment.

» It has been proven that treatment programs can be more effective when the offender is under

community supervision (Gendreau & Andrews 1990).

> Alcohol interlock programs and other monitoring technologies

   » Alcohol interlocks permit offenders to drive and protect the public from potential impaired driving behavior.

   » Alcohol interlocks have been proven to reduce repeat impaired driving offenses anywhere from 35-90% while the device is installed (Elder et al. 2011; Willis et al. 2005).

   » Other types of alcohol monitoring including continuous alcohol monitoring devices also have some evidence of effectiveness in reducing re-offending (Robertson & Holmes 2011; Flango & Cheeseman 2009).

> Treatment

   » Treatment involves interventions aimed at changing offender behavior by alleviating problems with substance abuse with the goal of reducing recidivism. Treatment includes methods such as brief interventions, cognitive-behavioral strategies, motivational interventions and pharmacotherapies.

   » Different forms of treatment interventions have been found to reduce recidivism (Robertson et al. 2008; Wells-Parker et al. 1995). For example, offenders who participate in brief periods of counseling experience a decline in risky drinking by 25% compared to those who did not receive this treatment (Brown et al. 2010).

> Measured by:

   » Number of DWI courts and the extent to which courts incorporate the 10 guiding principles (i.e., to measure fidelity to the model).

   » Availability of these programs to all offenders (e.g., is probation supervision or alcohol interlocks available for first offenders; are treatment programs and interlock service centers both affordable and accessible?).

   » The caseloads of practitioners and providers.

   » Success rates of treatment providers and rates of recidivism.

Environmental and contextual factors

It was also important that the model included environmental and contextual factors that can influence the availability and implementation of impaired driving countermeasures within a jurisdiction's DWI system. Collectively, such factors can shape the attitudes towards and the level of attention and resources devoted to such countermeasures, as well as influence public opinions, beliefs and behaviors. Exemplars of such factors included in the model are highlighted below:

Population demographics

> Social factors: There is evidence that certain social factors can influence the likelihood that someone will drive while impaired.

   » It has been found that poor social position is associated with a higher probability of drunk driving. For example, those who are living alone or divorced are more likely to drive drunk (Impinen et al. 2011; Simpson et al. 2004; Jones and Lacey 2001).

> Socioeconomic status: Research has shown that some socioeconomic factors are connected to drinking and drug use and thus impaired driving.

  » Place of dwelling, income, education and employment may all play roles in the level in which people consume alcohol or drugs and drive.

  » For example, it has been established that convicted male DWI offenders often have less education and are unemployed (Simpson et al. 1991; Simpson et al. 1996; Jones and Lacey 2001; Simpson et al. 2004; McMurran et al. 2011).

> Other demographic factors included were dispersion of age groups and gender, and overall mental and physical health within the population as these factors have also been shown to be associated with impaired driving (Robertson et al. 2011).

> Measured by:

  » General statistics such as population size, density, dispersion of age and socioeconomic status (annual house hold incomes) as found in U.S. Census Bureau data.

Geography of the state

> Availability of public transportation both to the general population and during high-risk impaired driving time periods (i.e., later hours of the evening and early morning hours).

> The presence of rural versus urban areas should be considered when looking at issues such as accessibility of programs and policies to reduce impaired driving. For example, rural areas usually lack public transportation and and EMS response time is greater in rural areas than in urban areas. (Wigle 2012).

> Institutional composition of the state may lead to a greater chance of impaired driving in certain areas (e.g., cities with several large colleges/universities may need extra police enforcement targeted at drinking and driving among youth on and off campus).

> Measured by:

  » Presence and availability of public transportation and ride programs.

  » Demographics such as urban and rural areas available through the U.S. Census Bureau.

Political climate

> The attitudes and opinions of key leaders involved in policy making can influence the types of programs and policies that are utilized, as well as the level of resources available to support them.

> The perspectives and experiences of criminal justice professionals may influence the degree of implementation and frequency of use of impaired driving countermeasures (e.g., some judges are less inclined to utilize alcohol monitoring technologies in sentencing because they are unfamiliar with the technology).

> In order to develop a clear understanding of resource allocation, other political priorities that rank high on a jurisdiction's agenda and the resources being allocated to these priorities (e.g., other crimes such as domestic violence, drug use, other important policy issues such as health care and unemployment, and other road safety issues such as speeding) were included.

> Measured by:

» Attitudes and opinions related to impaired driving issues (collected through focus groups, and one-on-one interviews with government officials) and topics on the jurisdiction's political agenda.

» The number of impaired driving laws that have been initiated or passed.

» The level of resources being allocated to transportation (e.g., road infrastructure versus road safety, versus other road issues).

Economic climate

> The unemployment rate. Some studies have shown employment status is linked to impaired driving (Simpson et al. 2004; Jones and Lacey 2001).

> The status of a jurisdiction's budget is relevant to resource allocation and ability of jurisdictions to pursue different strategies to reduce impaired driving. It also can provide an indication of what strategies may be most feasible to pursue.

> Measured by:

» The unemployment rate, usage of social assistance programs, percentage of persons living above/below the poverty line. Information about budget issues taken from discussions with state officials or gathered through government documents.

» Budget, funding, grants and resource allocation statistics (Highway safety offices reports contain such information).

Cultural climate

> Public opinion regarding impaired driving including the presence of advocacy groups:

» The frequency and magnitude of advocacy groups whose aim is to reduce impaired driving within a jurisdiction shape public perceptions regarding the issue. Advocacy groups influence both the public's opinion of impaired driving as well as encourage policy makers and government agencies to put their efforts towards implementing strategies proven to reduce impaired driving (O'Neill 2001).

» For example, Students Against Destructive Decisions (SADD) raises awareness and influences behavior by providing students with the best prevention tools possible to deal with the issues of underage drinking and impaired driving, as well as several other destructive decisions. Students who participate in programs such as SADD are more likely to disseminate the impaired driving message among peers and in their homes, stimulating others to advocate for changes from policy makers and government agencies regarding the issue.

> Cultural dynamics within a jurisdiction:

» Cultural composition of the state and the presence of countermeasures that appropriately target different minorities in a jurisdiction (e.g., messages associated with impaired driving campaigns, the availability of treatment services that are culturally sensitive or in multiple languages).

> Availability of road safety resources for new immigrants.

> Presence of tribal lands:

» If tribal lands exist within a jurisdiction, the types of jurisdictional authority within these lands, and the separate police forces and judicial systems are important considerations regarding progress in reducing impaired driving.

> Measured by:

» Public opinion surveys. For example, NHTSA has conducted the 'National Survey of Drinking and Driving Attitudes and Behavior' which has captured public opinions and reported behaviors related to impaired driving (NHTSA 2010). The American Automobile Association Foundation for Traffic Safety (AAAFTS) has also produced several reports regarding "safety culture" with the aim of transforming the current attitudes towards road safety by instigating public dialogue regarding safety issues (Hedlund 2007). Any similar surveys conducted at state level could also help measure the cultural climate.

» Attitudes, opinions and information from focus groups with state officials.

» Immigration statistics, Tribal land relationships and Tribal land leadership.

TRIBAL LANDS

1. a. Is there Tribal representation on state DWI Task Forces/committees?

● yes ● no

b. Do cooperative agreements and memoranda of understanding (MOUs) exist between Tribal entities and the State (e.g., law enforcement agencies)?

● yes ● no

c. Are DWI countermeasures implemented on Tribal lands in your state?

● yes ● no

FOLLOW-UP QUESTIONS

If you responded **YES** to **1.a**, **1.b**, and **1.c** you have completed the survey.

If you responded **NO** to any of **1.a**, **1.b** or **1.c** please complete **Question 2**.

2. Please answer the following questions:

a. Is DWI data collected on Tribal lands?

● yes ● no

b. Indicate the two most significant barriers to reducing DWI on Tribal lands in your state.

● cultural issues around DWI ● lack of resources (staff, qualified staff)

● lack of leadership to raise issue ● lack of cross-jurisdictional partnerships

● turnover in Tribal leadership ● lack of services

● lack of enforcement ● jurisdictional authority is unclear

Robyn D. Robertson
President and CEO
Traffic Injury Research Foundation

Anna McKiernan
Research Associate
Traffic Injury Research Foundation

Erin Holmes
Research Associate
Traffic Injury Research Foundation

T/Sgt. Doug Paquette
Division Traffic Services
New York State Police

Leonard R. Jacob
Former Director
Institute of Police Technology and Management

Master Sgt. Johnny Poulos
Director, Public Affairs Division
Mississippi Highway Patrol

Commissioner Warren Stanley
California Highway Patrol

Honorable Michael R. McAdam
Kansas City Municipal Court, Missouri
Past-President
American Judges Association

Paul L. Biderman
Past-President
National Association of State Judicial Educators

Greg Hurley
Senior Knowledge Management Analyst
National Center for State Courts

Honorable Harvey Hoffman
Eaton County, District Court, Michigan
National Judicial College

Joanne E. Thomka
Director, National Traffic Law Center
National District Attorneys Association

Tom Kimball
Assistant District Attorney
Tennessee District Attorneys General Conference

David Wallace
Traffic Safety Consultant / Former Director
National Center for DWI Courts, National
Association of Drug Court Professionals

Cregor Datig
Assistant District Attorney
Riverside County District Attorney's Office

Carl Wicklund
Executive Director
American Probation and Parole Association

Drew Molloy
Chief Deputy Director
Virginia Department of Criminal Justice Services

Dr. Jane Maxwell
Senior Research Scientist
Center for Social Work Research
The University of Texas at Austin

Tom Roy
Commissioner of Corrections
Minnesota Department of Corrections

Judge Earl Penrod
Judicial Fellow
American Bar Association

Paul Hofmann
Probation Fellow
American Probation and Parole Association

Toby Taylor
Assistant Director
Oklahoma Highway Safety Office

Erin O'Mara
Prosecutor Fellow
National Highway Traffic Safety Administration and
National Association of Prosecutor Coordinators
(Joint Program)