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Did you know?

In a Michigan study, offenders who went through DWI court were 19 times less likely to be re-arrested than DWI offenders in traditional courts.¹

Repeat DWI offenders who graduate from DWI courts are up to 65% less likely to be re-arrested for a new DWI offense.²

The number of DWI courts in the U.S. has grown from 42 in 2003 to 174 in 2010. There are another 395 drug/DWI hybrid courts, for a total of 569.³



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Behavioral Health and the Impaired Driver

DWI courts take what's been learned from the success of drug courts and adapt it to cases of driving while impaired (DWI), driving under the influence (DUI), or operating under the influence (OUI) [For the sake of simplicity, we'll be referring to them all as DWI in this newsletter].

According to the National Association for DWI Courts (NADC), more than 70% of alcohol-impaired driving fatalities involve a person with a blood alcohol concentration (BAC) of 0.15 or greater or a prior DWI arrest. The NADC refers to these offenders as "hardcore." These hardcore drinking drivers are significantly more likely to be involved in fatal crashes than non-drinking drivers or drinking drivers who don't meet either of the conditions to be considered hardcore.⁴ Unlike drug courts, which may work with all drug offenders, most DWI courts work only with these hardcore cases.

According to NADC, most of the people who meet their definition of hardcore drinking drivers also meet the clinical diagnosis of alcohol dependence and abuse, and don't respond to deterrents such as public awareness campaigns or traditional sanctions such as incarceration.⁴

DWI courts typically require offenders to undergo behavioral assessment, treatment, and follow-up supervision as conditions for release from jail, probation, and/or regaining their driving privileges. As more states and localities adopt the DWI court model, there will be an increased need for behavioral health providers to work with the courts to perform assessments, manage cases, and treat offenders.³

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North Carolina DWI Pilot Program

North Carolina law requires any person convicted of driving while impaired to receive a substance abuse assessment from an authorized NC DWI Services provider, followed by appropriate education or treatment before his or her driver's license can be reinstated.⁵ Currently, the state has approximately 400 authorized assessment providers.

"Historically, DWI programs have been separate from other substance abuse programs," explains Lynn Jones, who is the Program Manager for DWI Services with the North Carolina Department of Health and Human Services' Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS). "DWI programs in the past have been educational in nature with an emphasis on NC laws and specific information to prevent driving while impaired, while they did not always address other problems associated with substance use disorders.

"Some programs have developed into comprehensive substance abuse programs, while others do not attend to issues with other substances, even though many times an impaired driver may be both drinking *and* have another drug issue," Jones says. "Many programs for DWI haven't embraced the view of attending to the whole person either directly or through referrals. Offenders often have co-occurring mental health issues that need attention. So, we

just want to bring the state's response to these drivers in line with current practice and knowledge about the treatment of substance use disorders."

Over the summer, North Carolina's DWI services network launched a pilot program using ASI-MV for substance abuse assessments. About 20 providers are involved in the pilot, which includes training and support from Inflexxion, Inc.'s ASI-MV account team. ASI-MV was chosen for the DWI pilot because it fit with the need to address DWI as a problem with associated substance abuse and mental health components.

"I was familiar enough with the ASI-MV to know it is a pretty comprehensive tool," Jones says. "We reviewed the tools that are out there, and most are only screening tools, that don't cover all the psychosocial aspects. We wanted something comprehensive, and that was the ASI-MV."

ASI-MV also has a proven track record in the state. North Carolina has a well-developed Treatment Accountability for Safer Communities (TASC) program that provides assessment and case management services for clients charged with or convicted of eligible crimes who also need addiction treatment and/or mental health services.⁶ North Carolina TASC has used the ASI-MV to screen and assess new clients since 2005.

North Carolina's TASC network is unique among provider organizations in being unified under the central administration of the state Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS), which allows it to deliver the same quality of service across the state.⁶ Because ASI-MV eliminates the risk of evaluator bias, it helps TASC to maintain that

uniform quality in its assessments.

Jones would like to replicate those features for DWI Services. “We’d like to have a tool that we can standardize statewide,” she says. “We would like to provide a more uniform process for DWI Services. It would help with training people to conduct assessments if there were just one assessment tool that we know works really well. It would also be easier to monitor the provider agencies if there were a standardized process. So, we would know we were providing the same assessment to everyone who comes in.”

ASI-MV’s data reporting can also help the state understand how effective its interventions are and where we need to make improvements in the system, Jones says.

“We like its ability to aggregate data. Our existing data-gathering tools can generate a report that has demographics and substance abuse elements, but it doesn’t get into the mental health areas that the ASI-MV provides,” she explains. “The ASI-MV reports can help us identify trends in the mental health factors—depression, anxiety, those kinds of diagnoses—in a region, and can help the local providers tailor their treatment and outreach, by helping them know their populations better. For us at the state level, it can help us tailor our training, see what kinds of resources are needed in different areas. And it’s a tool that you can use to reassess clients, to provide a comparison that can show their progress over time.”

“We want our DWI programs to be dual-diagnosis-capable so that they’re current,” Jones says. “We’re moving them toward more evidence-based treatment, so that we can take better care of the people in our system and in our state. ASI-MV can help us do that.”

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