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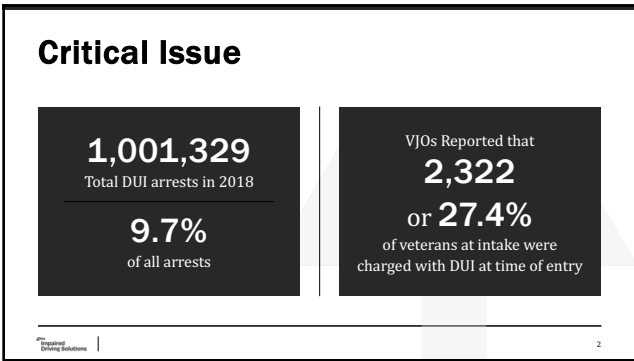
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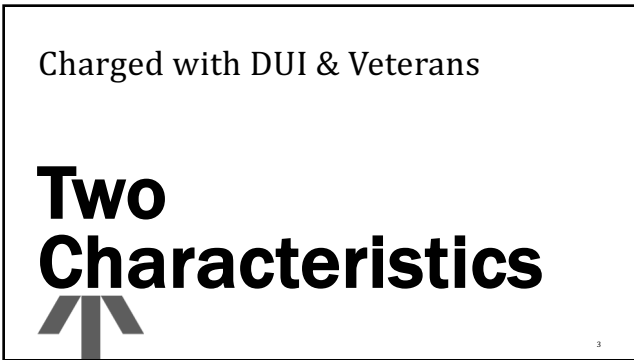
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SELF-REPORTING

## Asking the Question

Are you a veteran?

Vs

Have you ever served in the US Military to include the Reserves and National Guard?

**BUT**

- Veterans may not self-report
- The Department of Justice Bureau of Justice Statistics estimates that 7-8% of the U.S. prison and jail populations are Veterans.

Example- California Dept. of Corrections and Rehabilitation houses about 100,000 prisoners. By self-reporting, 2.7% inmates identified themselves as Veterans. Using VRSS, 7.7% of inmates were determined to have a record of military service. That five percent difference = approximately 5,000 previously unidentified inmates.

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## VA.VRSS.GOV

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## Veteran Identity

**Responsivity**

**HOW**  
Tailor intervention to learning style, motivation, **culture**, demographics, and abilities of the offender

Address the issues that affect **responsivity**

Gen. David H. Berger, commandant of the Marine Corps, talks strength, leadership, and mental health in recognition of Mental Health Awareness Month 2021.

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# Risk-Need-Responsivity (RNR)

MODEL AS A GUIDE TO BEST PRACTICES

### Risk

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

### Need

**WHAT**  
Target criminogenic needs - antisocial behaviors and attitudes, SUD, and criminogenic peers  
  
Target criminogenic **needs** to reduce risk for recidivism

### Responsivity

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

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# Veteran Identity

### Responsivity

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

- Military Culture is unique. Current and former service members that become justice involved have needs and risk that require clinical and criminogenic interventions which are culturally sensitive to them.
- At the same time, recognizing that these tailored interventions are most effective when balanced with an adherence to the best practices and standards that are implemented in the treatment court model.

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# SAMHSA 4 Major Dimensions that Support a Life in Recovery

- ♥ Health      🏠 Home
- 👥 Community      💎 Purpose



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## "The State of the American Veteran: The Chicagoland Veterans Study"

<b>45%</b> Feel that their military skills and experience are often dismissed.	<b>69%</b> "Civilians do not understand the problems faced by veterans."	<b>48%</b> "I feel so distant from people."	<b>48%</b> "Even around people I know, I don't feel that I really belong."	<b>41%</b> "Even around my friends, there is no sense of sister/brotherhood..."
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Graphic: Steve Hestland; Quotes: M. and Glenn, Carl A. The State of the American Veteran: The Chicagoland Veterans Study, 2016. Sample of 1,204 Social Connected Veterans.

PTSD  
Driving Solutions | 10

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### SAMHSA 4 Major Dimensions that Support a Life in Recovery

- Health
- Home
- Community
- Purpose



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## Mental Health Substance Use Disorder

- Alcohol is the primary substance of abuse/dependence for those that are serving or have served in the military.
- Among active duty service members
  - Heavy drinking (five or more drinks per occasion at least once a week) self-reported at 20%, 27% among those with high combat exposure.
  - Those deployed to imminent danger areas were 1.36 times more likely to develop an alcohol use disorder than non-deployed service members.
- Veterans are twice as likely to die from an accidental opioid overdose compared to the general population.

\*The appearance of U.S. Department of Defense (DoD) visual information does not imply or constitute DoD endorsement.

PTSD  
Driving Solutions | 13

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## Charged With DWI & Veterans

# Two Characteristics



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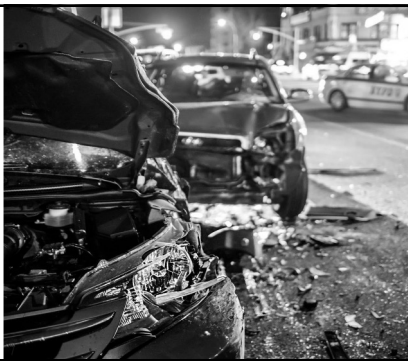
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### Critical Issue

#### CHARGED WITH DWI

Impaired-drivers engage in **behavior** that is dangerous and frequently causes serious injury or fatalities.



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### Intent vs. Impact

Applying the wrong intervention may have undesirable effects

- |                  |                       |
|------------------|-----------------------|
| Treatment alone  | Intensive supervision |
| Frequent testing | Ignition interlock    |
| Incarceration    | DUI courts            |



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## Targeting Impaired Drivers

ALL  
FIRST TIMERS  
REPEATERS (2+)  
HIGH BAC (.15+)

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## Impaired-Drivers are Unique

- Often lack an extensive criminal history.
- High degree of denial and separation.
  - Alcohol is legal, highly prevalent, and encouraged by societal norms.
  - Tend to be employed.
  - May have a stable social network.
  - Do not view themselves as criminals.
- Repeatedly engage in dangerous behavior.

**IMPAIRED-DRIVERS TEND TO SCORE LOWER ON TRADITIONAL RISK ASSESSMENTS.**

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## Validated Tools are Critical

**IMPAIRED DRIVING ASSESSMENT**  
Mark Stodola  
APPA Probation Fellow  
probationfellow@csg.org

**COMPUTERIZED ASSESSMENT AND REFERRAL SYSTEM**  
www.carstrainingcenter.org

HR/HN	LR/HN
HR/LN	LR/LN

**SCREENING TOOL**  
DUI-RANT

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## Co-occurring Disorders

- **A study** of repeat impaired-drivers found that 45% had a lifetime major mental health disorder.
- Another study that examined the prevalence of these disorders by **gender** found that 50% of female impaired-drivers and 33% of male impaired drivers have at least one psychiatric disorder.

### MENTAL HEALTH ISSUES OFTEN LINKED TO IMPAIRED DRIVERS INCLUDE

- Depression
- Conduct disorder
- Bipolar disorder
- Anti-social personality disorder
- Anxiety
- Post-traumatic stress disorder (PTSD)

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## Mental Health

- Very high level of psychiatric co-morbidity in DUI populations.
- Mental health issues linked to recidivism.
- Treatment has traditionally consisted of alcohol education or interventions that focus solely on alcohol or substance use.
- DUI treatment providers rarely have the training/experience to identify mental health issues among their clients.

**SUBSEQUENTLY, IN MANY CASES, PROBLEMS ARE NOT IDENTIFIED OR ADDRESSED. THEREFORE SCREENING OR ASSESSMENT FOR MENTAL HEALTH ISSUES BEYOND SUD NEEDS TO BE CONDUCTED WITH LINKAGES TO SERVICES.**

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## Female Impaired Drivers

- Ages range from late teens to 60's
- Diverse education, employment and family backgrounds
- More likely to be single (divorced or separated, never married)
- Often present with a more complex range of issues
  - Mental health disorders (often undiagnosed)
    - Trauma
    - Anxiety
    - Depression
- Women experience a more rapid development of alcohol use disorder

**WHY WOMEN DRIVE DRUNK The Facts**

- **WHEN DRINKING GETS OUT OF CONTROL**
  - Women are more likely to be single (divorced or separated, never married)
  - Women are more likely to be employed
  - Women are more likely to be parents
  - Women are more likely to be older
  - Women are more likely to be in a relationship with a partner who drinks
  - Women are more likely to be in a relationship with a partner who has a history of alcohol use disorder
  - Women are more likely to be in a relationship with a partner who has a history of mental health issues
  - Women are more likely to be in a relationship with a partner who has a history of substance use
- **WHEN DRINKING GETS OUT OF CONTROL**
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  - Women are more likely to be in a relationship with a partner who has a history of alcohol use disorder
  - Women are more likely to be in a relationship with a partner who has a history of mental health issues
  - Women are more likely to be in a relationship with a partner who has a history of substance use

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### What is a DWI Court?

HIGH-RISK / HIGH-NEED

Change Behavior	Collaborative Team Approach	Court Monitoring	Holistic and Comprehensive	Accountability
Frequent Alcohol And Drug Testing	Long-term Treatment	Recovery	Intensive Supervision	Non-adversarial

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### 10 Guiding Principles

1. Target the Population
2. Provide a Clinical Assessment
3. Develop the Treatment Model
4. Supervise and Detect Behavior
5. Develop Community Partnerships
6. Take an Active Judicial Role
7. Provide Case Management
8. Solve Transportation Barriers
9. Evaluate the Program
10. Ensure Sustainability

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**Guiding Principle #1**

**DETERMINE THE POPULATION**

- Public Safety
- Assessments
- Victim(s)
- Prompt Placement



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**Incentivize Participation**

Motivation is different for all potential candidates. Determine a wide array of incentives that will motivate participation.

Case Processing	Sentencing	Privileges
Introduce early	Reduced incarceration	Limited driver's license
Resolve case faster	Serve sentence in less restrictive manner	Use of tools and technology
Pre-sentence options	Reduced fines and costs	Freedom
Voluntary vs. Mandatory	Probation violations	Life changing

WV Research

Empowered Driving Solutions

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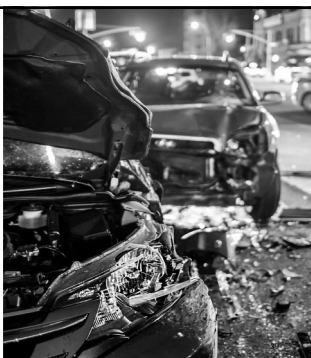
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**Poly-Substance Use**

**FOCUS ON THE BEHAVIOR, NOT THE DRUG OF CHOICE.**

Addiction is a disease and drug of choice is a moving target.



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## Guiding Principle #4

### SUPERVISION

- Public Safety
- Criminal thinking programming
- Testing
  - Polysubstance users
  - Alcohol testing
    - Daily in first three phases - 240 days
    - 2x/week in the fourth phase - 90 days
    - Random in the final phase - 90 days
- Technology
  - PBT; EtG/ETs; transdermal; smartphone/mobile; oral fluid
  - Ignition interlock

NHTSA Research

Prevent Driving Solutions

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## Guiding Principle #5

### FORGE AGENCY, ORGANIZATION, & COMMUNITY PARTNERSHIPS

- Victim advocacy groups
- MADD supports the use of post-adjudication DUI courts... also recommends should not be used to avoid a record of conviction or license sanctions
- Law enforcement

### Veterans

- Connection to VA
  - Fed, State & Local
- VSOs - Brick & Mortar and Non-traditional

Prevent Driving Solutions

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## Guiding Principle #8

### ADDRESS TRANSPORTATION ISSUES

- Loss of license or restrictions
- Monitoring compliance
- Use of ignition interlock

Prevent Driving Solutions

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## Guiding Principle #9

**EVALUATE THE PROGRAM**

- Different or additional outcomes to measure
  - DUIs in addition to general crimes
  - Crashes

**Veterans**

- Connection to VA Services
- Discharge Upgrades / Disability Claims

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### MODEL PHASES

## High Risk & High Need

**Sample DWI Court Phases (08/09)**

- Acute Stabilization**
- Clinical Stabilization**
- Pro-Social Habilitation**
- Adaptive Habilitation**
- Continuing Care**

**Sample Veterans Treatment Court Phases (08/09)**

- Acute Stabilization**
- Clinical Stabilization**
- Pro-Social Habilitation**
- Adaptive Habilitation**
- Continuing Care**

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### MODEL PHASES

## High Risk & High Need

	DWI Court Phases	Veterans Treatment Court Phases
PHASE 1	<b>Acute Stabilization</b> <ul style="list-style-type: none"> <li>Daily alcohol testing</li> <li>Develop Transportation Plan</li> <li>Maintain employment (to every extent possible)</li> <li>Address statutory-mandated jail</li> </ul>	<ul style="list-style-type: none"> <li>Engage with VJO or VA designee</li> <li>Engage with Veteran Mentor</li> </ul>
PHASE 2	<b>Clinical Stabilization</b> <ul style="list-style-type: none"> <li>Daily alcohol testing</li> <li>Continue to address transportation</li> </ul>	<ul style="list-style-type: none"> <li>Engage with VJO or VA designee</li> <li>Engage with Veteran Mentor</li> </ul>
PHASE 3	<b>Pro-Social Habilitation</b> <ul style="list-style-type: none"> <li>Daily alcohol testing</li> <li>Begin Criminal Thinking Program</li> </ul>	<ul style="list-style-type: none"> <li>Begin Criminal Thinking Program</li> <li>Engage with VJO or VA designee</li> <li>Engage with Veteran Mentor</li> </ul>
PHASE 4	<b>Adaptive Habilitation</b> <ul style="list-style-type: none"> <li>Weekly random alcohol testing</li> <li>2x per week min</li> </ul>	<ul style="list-style-type: none"> <li>Engage with VJO or VA designee</li> <li>Engage with Veteran Mentor</li> </ul>
PHASE 5		

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