

Implementation of the Screening, Brief Intervention & Referral to Treatment Model in the Court System for Driving While Intoxicated Clients

Steering DWI Clients Toward Help

A Demonstration Project Funded by the Minnesota Department of Public Safety

Final Report
June 30, 2015

Institute for Clinical Systems Improvement (ICSI)

ICSI Institute for Clinical
Systems Improvement
Transforming health care, together

PHONE

FAX

WEB

8009 34th Avenue South, Suite 1200, Bloomington, MN, 55425

952-814-7060

952-858-9675

www.icsi.org

Executive Summary

Being arrested for driving while intoxicated leads to court appearances, fines, increased insurance rates, and sometimes worse, if anyone gets injured or killed. With a grant from the Minnesota Department of Public Safety, an innovative team of public and private organizations has designed and implemented a way to help first-time driving while-intoxicated (DWI) clients reduce their risk for repeat offenses. The initiative inserts the Screening, Brief Intervention and Referral to Treatment (SBIRT) model within the court DWI process in Duluth, Minnesota. The project work was designed, facilitated and managed by the Institute for Clinical Systems Improvement.

SBIRT is an early intervention for persons with risky alcohol use. The model consists of *Screening* to identify people at risk for developing substance use disorders; *Brief Intervention* to raise awareness of risks and consequences, motivate for change, and help set healthier goals; and *Referral to Treatment* to aid access to treatment and coordinate service for people with high risk and/or dependence.¹ The assumption is, based on evidence mainly in the primary care setting, that screening and brief behavioral counseling on reducing alcohol consumption or adopting safer drinking behaviors will reduce future risks (legal, social, medical) associated with drinking alcohol.

Led by the Honorable Shaun Floerke, Minnesota's Sixth District Chief Judge, a core team of representatives from court administration, public defense, probation, public health, an arresting agency, and a local chemical dependency treatment provider developed a process by which first-time DWI clients go through the SBIRT process within a few weeks of their arrest, as part of their scheduled time in court. This process is speeding up case processing time and helping clients address their risky behavior.

This demonstration project resulted in: court system changes and improvements, such as faster case processing time; core team benefits such as increased knowledge about SBIRT and Motivational Interviewing; and community benefits due to enhanced relationships among participating organizations. Most importantly, the DWI client benefits from this project. Clients receive valuable information about their drinking behavior and its potential impact, are guided in addressing their risky behaviors, and are referred to treatment when appropriate. Several clients expressed appreciation for the intervention, and most who have completed the follow-up interview report positive behavior changes. To date, none have received a second DWI in Duluth.

Key to successfully implementing a project like this is the mindset and passion for working with clients to address and change their risky alcohol use and behavior. It takes a team of committed people, likely from a variety of organizations or areas of the court system working together, with common understanding and goals to successfully implement and maintain SBIRT in the court setting in this way.

Many recommendations for implementing SBIRT in the court system for first-time DWI clients emerged over the course of this demonstration project. Five priority recommendations identified by the core team are:

- Assess the overall core team mindset regarding philosophies and acceptance of the SBIRT model for this population. A willingness to understand and work out a process must be present; the project cannot be successful without common understanding and agreement at the start.

¹ More information about SBIRT can be found at www.icis.org.

- Have a Judge champion the project. Inserting a new model into the existing court process requires interpretation of the ability to make necessary changes and the authority to make them happen. The role of the judge as the key leadership voice is paramount.
- Create a supporting courtroom culture by ensuring everyone understands the work and knows the participants. Ensure the interventionists are easily connected to the client, and able to meet with them immediately before or after they appear in court.
- The screening tool and intervention in this model may be useful in other areas, such as probation. However, it is important to understand that this screening cannot replace all other required and established assessments. Take the time to discuss and create a communications plan regarding the differences among screening, assessment, and other similar probation/court enforcement proceedings.
- Establish measures early (include recidivism as early as feasible), track and monitor progress, and tweak the process frequently in order to move toward goals.

This work has been integrated into the court process, and will continue to be sustained by the core organizations for at least the remainder of this calendar year. The team is exploring expanding the client pool to include additional offenses related to alcohol or drugs, and considering providing SBIRT training broadly, especially for court, probation, and public defense staff.

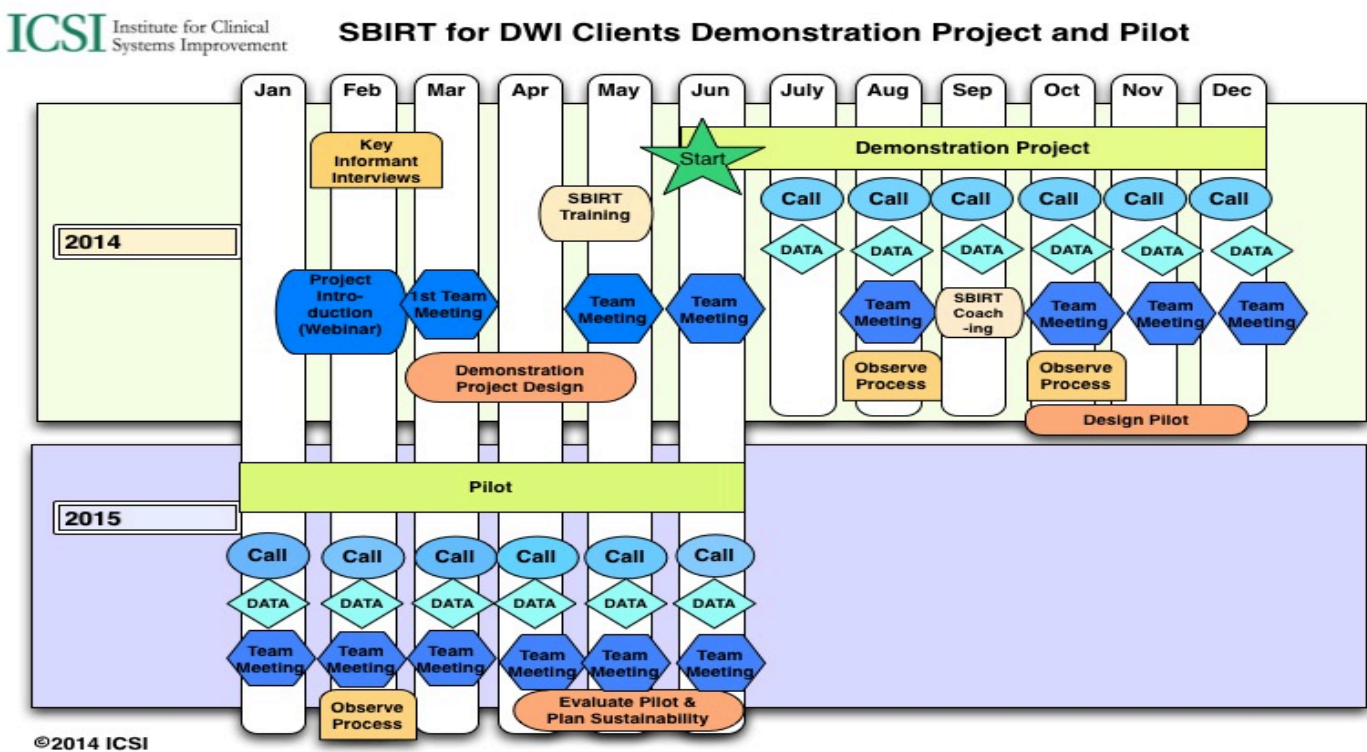
Introduction

The objectives of this project were to: 1) Design a process that integrates SBIRT into the DWI court system, 2) Support implementation through training and coaching small tests of rapid cycle change, and 3) Provide evaluation and recommendations for expanding and sustaining this work. The project was funded by the Minnesota Department of Public Safety, Office of Traffic Safety.

A variety of activities were performed, including a brief literature and data assessment, key informant interviews, SBIRT training, team project planning meetings, process mapping, measurement design, and sustainability planning. All activities were planned and facilitated by project staff at the Institute for Clinical Systems Improvement (ICSI), and worked on by the core team in Duluth. This report provides a summary of the project and includes recommendations for consideration by other communities and courts interested in implementing SBIRT in a similar manner.

Project Timeline

The overall timeline for this project was January 2014 through June 2015. Literature search and data review, project design, introductory meetings, and key interviews occurred in January and February 2014. The first core team meeting was held in March 2014, and a process for providing SBIRT to first-time DWI clients was first implemented in June 2015. The team met at least monthly by telephone and in person approximately monthly to review data, processes, and identify small tests of change to continue to improve the process.



Core Team

The project champion was the Honorable Shaun Floerke, Chief Judge of Minnesota's Sixth District. Through a series of interviews, a core team of community participants emerged and remained engaged in the initiative. This team included representatives from the following organizations. (See Appendix A for the full list of team participants):

- Arrowhead Regional Corrections
- Center for Alcohol and Drug Treatment
- Minnesota State Patrol
- Minnesota's Sixth District Court
- St. Louis County Court Administration
- St. Louis County Public Defense Office
- St. Louis County Public Health & Human Services

Summary of Key Activities

Literature Search and Data Assessment

A literature search of systematic reviews, randomized control studies, observational studies, summary reports, expert opinions and government reports was completed. The literature included articles that discussed the efficacy and challenges of screening, Motivational Interviewing as part of the brief intervention, and referral to treatment with criminal justice populations.

While the use of the SBIRT model within the criminal justice system (especially jails) has increased in recent years, and the use of tools and techniques (such as assessments and Motivational Interviewing) can be found among arresting officers, jail staff, and probation officers, we did not find any literature or data specifically tied to the parameters of this project. Providing SBIRT for first-time DWI clients within a few weeks of their arrest as part of their court appearance appears to be an innovative and unique approach.

The team also reviewed local information and data such as average first-time DWI arrests by arresting agency, recidivism, and chemical assessments. This information also helped inform our process development and measurement plan.

Key Informant Interviews

In order to better understand the DWI process, court and other organization culture and attitudes about DWI clients, current practices and local data, we contacted several people in the community. All individuals contacted were given a general question-and-answer document about the project, and encouraged to read key studies and summaries related to SBIRT and the criminal justice system.

Telephone interviews were conducted with 12 individuals representing 9 organizations or areas of court:

Anne Busche	Director, St. Louis County Public Health & Human Services
Jill Eichenwald	Public Defender, Sixth District Court
Judge Shaun Floerke	Sixth District, DWI Court, Duluth, Minnesota
Jeffrey Kazel	Lieutenant, Duluth Police Department
Wally Kostich	Chief Probation Officer, Arrowhead Regional Corrections
Dan Lew	Public Defender, Sixth District Court
Ross Litman	Sheriff, St. Louis County
Ryan Morris	Sergeant, Duluth Police Department
Mark Nelson	Director, Adult Services Division, St. Louis County Public Health & Human Services
Julie Seitz	Director, Center for Alcohol & Drug Treatment
Steve Stromback	Captain, Minnesota State Patrol
Jennifer Tahtinen	Court Administration/Special Projects

Through these interviews, local community stakeholders were identified as recommended participants of the core team. Individuals were informed of the project intent and timeline, and were able to share the information more broadly within their organizations or departments. In turn, ICSI project staff gathered valuable information regarding the DWI process and culture in Duluth, Minnesota.

Key points learned from these interviews include:

- Universal understanding of the process a DWI client goes through from being arrested to resolving the case or completing required actions did not exist. Individuals could tell us about the portions of the process their job or area impacted, but no one could articulate the full process.
- All interviewees had an open mindset and expressed interest in exploring ways to reduce second DWI offenses by implementing the SBIRT model in the court process.
- Some community-wide conversations and initiatives had taken place regarding risky substance use, which may have helped set the tone for willingness to work together on this project. Although community-wide work regarding substance abuse had taken place, the particular organizations and areas of the court system in this project had not worked together previously.

In addition, we held a telephone interview with Tracy McPherson, PhD, Senior Research Scientist in the Substance Abuse, Mental Health and Criminal Justice Studies Department at the University of Chicago. Dr. McPherson consults with the National Addiction Technology Transfer Center and other organizations on the implementation and evaluation of SBIRT in multiple systems. She provided insight and guidance in our implementation planning.

We also talked with the Honorable Linda Cooke, Presiding Judge for the Boulder Municipal Court in Boulder, Colorado. This court had implemented a similar SBIRT process for Minor in Possession charges. Clients there were screened within two weeks of arrest, and a brief intervention (and referrals to treatment, if screening scores

warranted) was completed by public health or corrections staff at the courthouse. As the Boulder SBIRT program started about a year earlier, we were able to gain insight from their implementation and apply it to our project and process design.

Process Planning

No individual or agency knew the entire DWI process from arrest to case resolution, so it was useful to spend time collectively mapping it multiple times to layer in all of the steps. Timing, documentation, gaps and redundancies were uncovered during process mapping. Over the course of three meetings, a shared understanding of the DWI process and good options for places within the process to insert SBIRT emerged.

The team prioritized inserting SBIRT into the process as early as feasible, and set a goal of scheduling the client's court date within two to three weeks of arrest, and providing SBIRT that day.

Screening and Brief Intervention

This project implemented a one-time SBIRT intervention for clients lasting 15-20 minutes. The structure and content of the intervention was developed from review of the evidence based on SBIRT in primary care and corrections settings, drawing on consultation with Institute for Research, Education, and Training for Addictions (IRETA), and the expertise of each of the interventionists' agencies.

The SBIRT intervention was conducted by interventionists from three different agencies: St. Louis County Public Health and Human Services (PHHS), the Center for Drug and Alcohol Treatment (CADT), and Arrowhead Regional Corrections (ARC). While this meant each had a different background and perspective, there were also commonalities: each had knowledge and skills in motivational interviewing, and all identified motivational interviewing as pivotal skill for SBIRT. All interventionists collaborated during project development to determine how process changes affected the intervention and clients' participation.

The screening tool used was AUDIT (Alcohol Use Disorders Identification Test), chosen based on the validation of its use in primary care and emergency department settings (Appendix B). Developed by the World Health Organization, the AUDIT is a simple and effective tool in identifying excessive drinking behavior and setting up a framework for the brief intervention. It is frequently used in healthcare settings, and it is also free and available to the public. This tool was new to ARC, which used the SASSI (Substance Use Subtle Screening Inventory) assessment with clients. CADT and PHHS interventionists had some familiarity with AUDIT.

With input from the interventionists and using information from National Institute on Alcohol Abuse and Alcoholism (NIAAA), ICSI developed a client tool to use as a conversational aid (Appendix C). The structure of this tool echoes the structure of the SBIRT evidence-based model: It raises awareness of risky drinking behavior by conducting and discussing the AUDIT score; It educates about risky substance use by presenting and discussing risky behavior associated with substance use; It elicits motivations for change; and it provides a plan for change by determining supports to tap into as well as triggers to mitigate.

Considerations

This intervention required interventionists put aside their typical roles and adopt somewhat different methods and focus. This took considerable planning and small tests of change, especially on the part of ARC. While accustomed to supporting behavior change related to substance use, this intervention benefitted when ARC interventionists

additionally put aside their typical focus on corrections and probation functions, such as inquiring into the police report and spending time informing them about court processes. For CADT interventionists, switching focus from a 45-60 minute session to a 15-20 minute screening and brief intervention was also a change.

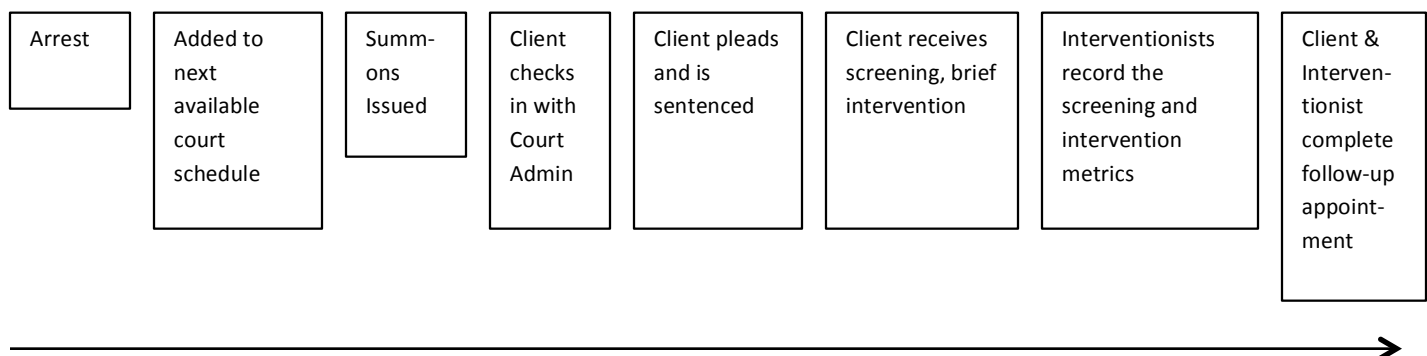
Implementation

First-time DWI arrests made over the 2014 Memorial Day weekend became the first clients eligible for SBIRT. With SBIRT scheduling set for Thursday mornings, June 12 was the first date for SBIRT delivery and expedited court cases. Through ongoing data gathering and analysis, issues and barriers were identified, and a series of small changes were tested.

Key changes and additions to the process included:

- Locating the interventionists in the courtroom. This provided a visual reminder for the judge to instruct the client to meet with the interventionist, and allowed the interventionist to immediately connect with the client. Space near the courtroom was used to actually conduct the screening and brief intervention.
- Holding Bench meetings and issuing a standing order. Keeping all judges informed of this project became increasingly important for consistency. Judge Floerke also issued an order stating that information captured in the screening and brief intervention would not be included in their case file, and could not be used against the client (Appendix D).
- Having ARC, PHHS, and CADT participate in the screening and brief intervention. The three organizations split shifts, compared approaches, problem-solved process and documentation issues. None of the organizations had the staffing capacity to conduct the weekly sessions alone, and forming a team approach to the intervention strengthened the process.
- Removing a \$100 fine imposed by ARC for conducting the screening. It was initially understood that the screening constituted an assessment, for which ARC was required to charge. Since neither PHHS nor CADT could charge for the screening, this caused an unfair, random additional charge for clients who met with ARC interventionists. After determining the screening was not included as an assessment, the practice of charging was dropped by ARC.
- Reducing client fines by \$50 when follow-up appointments were completed. Follow up telephone calls were made about a month after the initial screening and intervention. Client participation was voluntary, but important for measuring progress on goals and impact of the project. When the team analyzed the low follow-up rates, the \$50 reduction in fines was implemented, resulting in an increase of completed follow-up appointments.

The following broadly documents the final process implemented by the core team



Dissemination

When appropriate, the team shared information about this project with colleagues and others in the community. A local news station aired a story (featuring Judge Floerke and an interventionist) as part of their news broadcast in late August. Presentations were given at the 2014 St. Louis County Public Health and Human Services conference in October, and at the Toward Zero Deaths conference in November 2014. *The Duluth News Tribune* ran a story about DWI court April 27, 2015, and the article included mention of this project. The team anticipates presenting on this project again at the 2015 St. Louis County Public Health and Human Services conference in October, and a proposal to present at the national Institute for Healthcare Improvement conference in December 2015 has been accepted.

To aid discussions regarding the value and impact of this project, a list of potential value propositions was created. In April 2015, a 2-page project brief was created to distribute wherever appropriate. (Appendix E). This brief was especially useful during the Court Open House day, at which core team members staffed a table to share information about the project.

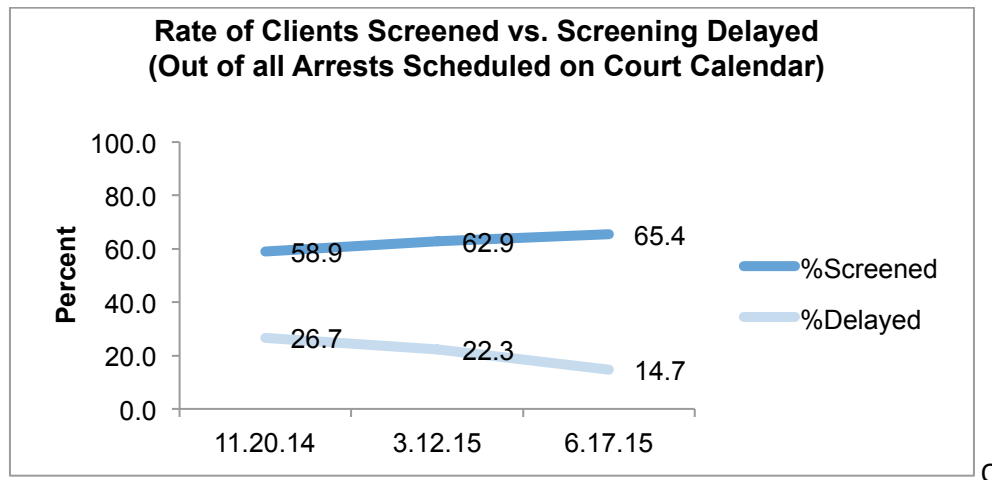
Measurement

The core team participated in a visioning exercise in August 2014 in which they imagined the project three years later. The exercise asked them to tell the story of the project. What did they know? What did they learn? How did they know and learn these things? Through this exercise, the following metrics and targets were discussed and agreed upon. ICSI collected data entered on the tracking spreadsheet by core team members and reported progress on these targets periodically.

Target goals were originally set in August 2014. In May 2015, after several months of data collection, target goals were reset based on the shared understanding of realistic expectations. Additionally, the team determined which metrics were most useful and which will be discontinued going forward.

As of June 11, 2015, 272 clients were eligible for the SBIRT program and scheduled to appear in court. Of those, 178 (65%) had completed the screening and brief intervention. As the demonstration project progressed, a greater percentage of clients successfully completed the screening and brief intervention. Barriers to the process (such as directing the client to another area in the courthouse for the screening) were continually identified, analyzed, and (to the extent possible) removed.

Considering the number of clients screened when first scheduled to appear in court (178 out of 272, or 63%), plus the number who are expected to be screened later (40 -because they requested a continuance or are set for a future hearing date-), we reach a projected 218 out of 272 (80%) of eligible clients screened.



Of the 69 clients who completed a follow up appointment after the initial screening, 96% reported positive behavior change by taking steps toward goals, approximately 54% reported a reduction in the frequency of consuming alcohol, and 51% reported a reduction in the number of drinks consumed when they do drink alcohol. Follow up rates and outcomes declined between January 15 and June 11, 2015. A \$50 fine reduction to the clients who return follow-up phone calls was recently implemented; follow-up completion rates are expected to rise as a result. Data in this report is likely not yet impacted by this change.

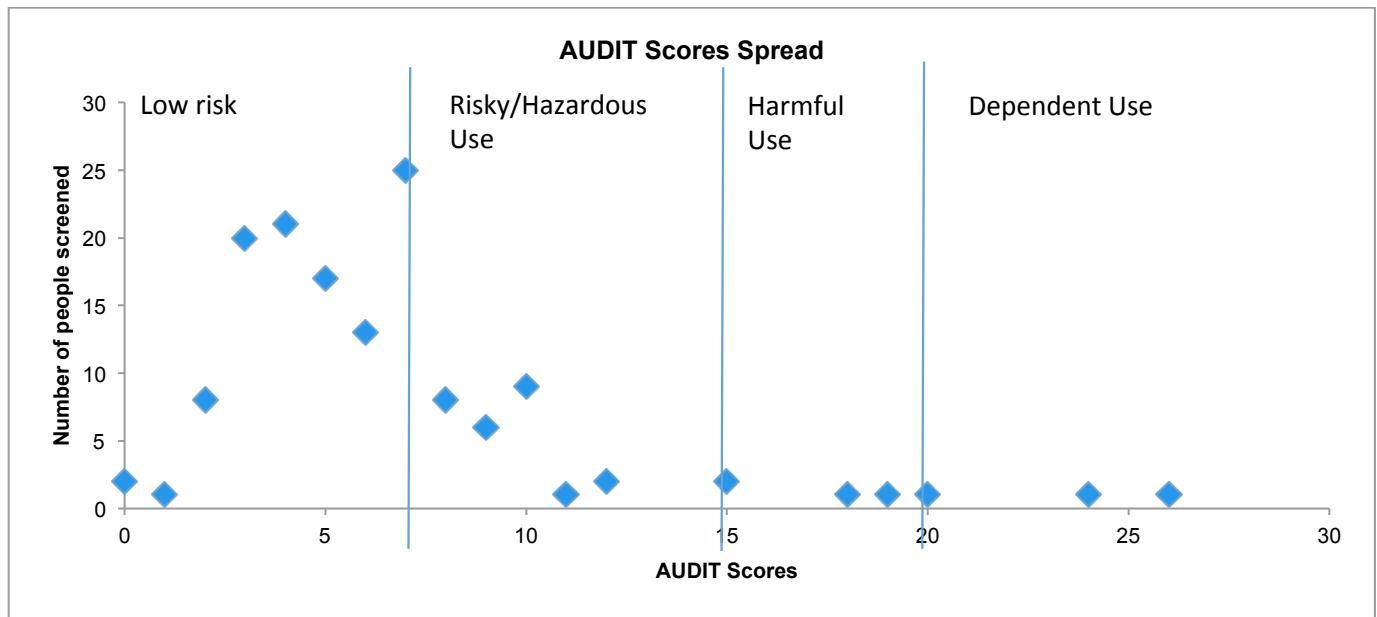
	Actual Thru 11.20.14	Actual Thru 1.15.15	Actual Thru 3.20.15	Actual Thru 4.30.15	Actual Thru 6.11.15	Target Goal
% Clients who complete follow up	69% (34/49)	64% (44/69)	51% (52/101)	43% (56/129)	41% (69/169)	75%
% Clients who took steps toward SBIRT goal(s)	94% (32/34)	95% (42/44)	94% (49/52)	95% (53/56)	96% (66/69)	100%
% Clients who report reduction in AUDIT Q1 ¹ at follow up	65% (22/34)	61% (27/44)	54% (28/52)	55% (31/56)	54% (37/69)	75%
% Clients who report reduction in AUDIT Q2 ² at follow up	41% (14/34)	36% (16/44)	38% (20/52)	38% (21/56)	32% (22/69)	75%
% Clients who report reduction in AUDIT Q3 ³ at follow up	68% (23/34)	70% (31/44)	63% (33/52)	63% (35/56)	51% (35/69)	75%

¹AUDIT Q1: How often do you have a drink containing alcohol?

²AUDIT Q2: How many drinks containing alcohol do you have on a typical day when you are drinking?

³AUDIT Q3: How often do you have five or more drinks on one occasion?

The average AUDIT score at initial screening was 6 (low risk) and the range of scores was from 0 at the lowest to 26 at the highest. Most clients (133) had AUDIT scores in the range between 0-7 (low risk). Thirty-seven clients had AUDIT scores between 8 and 15 (Risky Use range), four clients scored in the Harmful Use range (between 16 and 19), and four clients scored in the Dependent Use range with scores of 20 and higher.



Process Evaluation

This demonstration project resulted in the SBIRT model being inserted into the DWI court process through a series of activities, including SBIRT and Motivational Interviewing training, process mapping, implementation design planning, communications planning, and measurement. The project design and implementation work resulted in several enduring documents, including process maps and client flow maps, a SBIRT client intervention tool, a project brief, measures reports, presentation slide decks, and press releases.

The core team benefited from their involvement in this project as well. Team members expressed appreciation for new knowledge and skills regarding SBIRT and Motivational Interviewing. They also appreciated having a full understanding of the complexities of the court processes for DWI clients. Fully engaged in this work and having formed healthy teamwork skills, they expect to continue this work, and have plans for potentially expanding its scope.

There are also system and community benefits as a result of this project. DWI court processes were streamlined, case processing time was reduced, and new and enhanced communications streams were created. Since organizations outside of the court system were involved, new relationships have been developed and these organizations are likely to continue working together on common issues and concerns, benefiting the community overall.

Most importantly, the DWI client benefits from this project. Clients receive valuable information about their drinking behavior and its potential impact, are guided in addressing their risky behaviors, and are referred to treatment when appropriate. Several clients expressed appreciation for the intervention, and most who have completed the follow-up interview report positive behavior changes. To date, none have received a second DWI in Duluth. (See Appendix F for the Project Evaluation Logic Model).

There is good potential for reduced recidivism as a result of providing SBIRT for first-time DWI clients. The team plans to continue monitoring for recidivism and for related offenses.

Project Sustainability

The transition of this work from demonstration project to a sustainable component of the court system was addressed through identification of the core components, discussion of resources needed to continue them, and statements of commitment from the core team organizations.

Judge Floerke will continue to champion this work for the district. A representative from court administration will act as the project coordinator, and interventionists from PHHS and ARC will continue to conduct the SBIRT weekly at the courthouse. CADT will stay involved to the extent staffing resources allow. These staffing commitments are firm through calendar 2015, and will be re-assessed prior to 2016.

The core team will continue to meet periodically, and will continue to measure progress. Additional metrics aimed at understanding the impact this project may have on recidivism will be added. A subscription to Smartsheet™ is being purchased by court administration so that the same documentation and measurement processes can be maintained.

Recommendations

Key to successfully implementing a project like this is the mindset and passion for working with clients to address and change their risky alcohol use and behavior. It takes a team of committed people, likely from a variety of organizations or areas of the court system working together, with common understanding and goals to successfully implement and maintain SBIRT in the court setting in this way.

Many recommendations for implementing SBIRT in the court system for first-time DWI clients emerged over the course of this demonstration project. Five priority recommendations identified by the core team are:

- Assess the overall core team mindset regarding philosophies and acceptance of the SBIRT model for this population. A willingness to understand and work out a process must be present; the project cannot be successful without common understanding and agreement at the start.
- Have a Judge champion the project. Inserting a new model into the existing court process requires interpretation of the ability to make necessary changes and the authority to make them happen. The role of the judge as the key leadership voice is paramount.
- Create a supporting courtroom culture by ensuring everyone understands the work and knows the participants. Ensure the interventionists are easily connected to the client, and able to meet with them immediately before or after they appear in court.
- The screening tool and intervention in this model may be useful in other areas, such as probation. However, it is important to understand that this screening cannot replace all other required and established assessments. Take the time to discuss and create a communications plan regarding the differences among screening, assessment, and other similar probation/court enforcement proceedings.
- Establish measures early (include recidivism as early as feasible), track and monitor progress, and tweak the process frequently in order to move toward goals.

Lessons were learned during the planning, implementation, and running of this demonstration project. The team identified the following additional recommendations for communities interested in implementing SBIRT for DWI clients in the court system. These recommendations are categorized by: people, process, measures, tools and technology.

People:

- The roles, knowledge and skills of the people on the project team should reflect the overall goals. Select people and organizations with knowledge of court administration, motivational interviewing, administering alcohol use tools, court process, alcohol treatment and counseling, and DWI arrest processes, client rights, and laws.
- Choose stakeholders who already have good working relationships and/or are willing to solve complex issues together.
- Establish leadership buy-in and support for all organizations involved.
- Ensure the screeners/interventionists have motivational interviewing knowledge and skills, can effectively administer & score the screening tool, and have the time and ability to conduct the follow up appointment.
- Be sure to invite law enforcement at the very beginning of the project. Although processes for the arresting agencies may not be impacted by this work, the buy-in and understanding of the court and SBIRT processes is important.
- It is valuable to have an outside, neutral facilitator manage the planning and implementation. It is important to have someone external to the participating organizations manage the team and project until the work is successfully woven into the court process.

Process:

- Time should be taken to thoroughly map the DWI process from arrest through the entire court system. This will ensure team members have common understanding of the process, and will help the team identify the best place within the process to insert SBIRT.
- Share key project information with all people involved in the court process (e.g. court security, court administration, finger printing processing staff, prosecuting attorneys). They are all working with the client in some capacity, and their understanding of this work will help ensure the process is smooth.
- Insert the SBIRT model in the court process as soon as possible after the arrest. Provide SBIRT for all eligible clients, regardless of plea.
- Start with a small subset of the target client population (e.g. start with just the qualifying arrests from one arresting agency). Carefully observe and measure the process for a short time, and make improvements to the process before opening the process to a larger pool of clients.

- The judge champion should issue a Standing Order stating that the SBIRT information cannot be used in court.
- When meeting with the client, interventionists should state why the assessment and subsequent conversation is taking place, and discuss the goals of the screening and brief intervention.
- Establish common processes and expectations for the follow-up appointment between the interventionists and client (timing, by phone and/or email, etc.).
- Implement a reduction in fines for clients who complete the follow-up appointment.

Measures:

- Measure project process. The metrics chosen by this team all proved valuable, and the team recommends starting with these.
- Look for ways to measure recidivism upfront.
- Monitor case processing time and look for the impact this project may have.
- Consider the impact this work may have on other systems (e.g. emergency department visits related to car accidents involving drunk driving). Though difficult to measure, sharing information with representatives in these systems will help others to see potential correlations.

Tools/Technology

- If core team members are from unrelated organizations, it is imperative to use an internet-based application or software for shared tracking documentation. This team used SmartsheetTM.
- Interventionists do not need access to any information regarding the case (it actually compromises SBIRT fidelity), and judges should not have access to any of the SBIRT documentation.

Other Considerations

- Establish return on investment measures to determine the overall cost and benefits of this work.
- Consider expanding the clientele to provide SBIRT to others with alcohol or drug related offenses once processes are established.
- Once the initial project is established, provide SBIRT training for everyone on the core team and widely throughout the court system.
- Develop processes to follow clients over time to help measure and assess the impact of this work.

Regarding Project Costs and Funding

This team was able to take on this project and absorb related costs without additional funding for organizations participating in the demonstration. Participating organizations are uncertain about their ability to continue to commit staffing resources to this work beyond this calendar year.

The costs of working with an outside facilitator/project manager, designing a process for successfully implementing SBIRT into the court system, training staff, and acquiring appropriate tools and technologies may be challenging for other communities. The core team highly recommends funding for the project development and implementation be made available in order for additional communities to embark on this work.

Conclusion

An innovative approach to steering DWI clients toward addressing their risky alcohol use was designed and implemented through this demonstration project. As a result, court systems have been improved, community organizations have bonded and are likely to continue addressing common issues together, individuals have gained key knowledge about SBIRT and Motivational Interviewing, and DWI clients have reported positive behavior change, reducing their risk for recidivism.

The work done by the core team in Duluth now provides a roadmap for additional communities and courts to implement similar processes. Over time, best practices among communities doing this work may be established, and long-term measures related to the impact the program has on recidivism, costs and benefits, and community health may be determined. This demonstration project provides an important first step in addressing risky alcohol behavior resulting in DWI charges.

Appendices

- A. Core Team Participants
- B. AUDIT Tool
- C. Client Intervention Tool
- D. Judge's Order
- E. Project Brief
- F. Process Evaluation Logic Model

APPENDIX A: Core Team Participants

Christian Adams	Probation Officer, Arrowhead Regional Corrections
Greg Anderson	Supervisor, Adult Services Division, St. Louis County Public Health & Human Services
Kim Davis	Center for Alcohol & Drug Treatment
Jill Eichenwald	Public Defender, Sixth District Court
Shaun Floerke	Chief Judge, Sixth District, DWI Court, Duluth, Minnesota
Marcia Gurno	St. Louis County Public Health & Human Services
Matt Johnson	Social Worker, St. Louis County Public Health & Human Services
Nicole Korby	Supervisor, Court Administration
Heather Kussatz	Probation Officer, Arrowhead Regional Corrections
Dan Lew	Public Defender, Sixth District Court
Kathy Lionberger	Supervisor, Arrowhead Regional Corrections
Julie Seitz	Clinical Director, Center for Alcohol & Drug Treatment
Steve Stromback	Captain, Minnesota State Patrol
Amy Turnquist	Court Administrator, Sixth District
John Walker	Probation Officer, Arrowhead Regional Corrections

APPENDIX B: AUDIT Tool

AUDIT

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential, so please be honest.

For each question in the chart below, place an X in one box that best describes your answer.

NOTE: In the U.S., a single drink serving contains about 14 grams of ethanol or "pure" alcohol. Although the drinks below are different sizes, each one contains the same amount of pure alcohol and counts as a single drink:



Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have 5 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					Total	

Note: This questionnaire (the AUDIT) is reprinted with permission from the World Health Organization. To reflect drink serving sizes in the United States (14g of pure alcohol), the number of drinks in question 3 was changed from 6 to 5. A free AUDIT manual with guidelines for use in primary care settings is available online at www.who.org.

Excerpted from NIH Publication No. 07-3769 **National Institute on Alcohol and Alcoholism** www.niaaa.nih.gov/guide

APPENDIX C: Client Intervention Tool

A Healthier You

Small changes can make a big impact

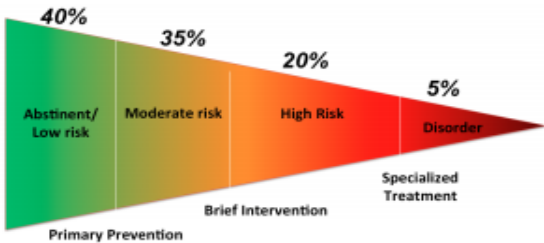
The graphics below illustrate the patterns of drinking behavior in the U.S., what constitutes a standard drink size, and low-risk drinking limits. Understanding your alcohol use can help in thinking about change.

MY AUDIT SCORE _____

AUDIT Score Scale:

8 or more (7 in women) may indicate strong likelihood of harmful consumption.

More than 15 (13 in women) may suggest alcohol dependence.



Source: www.RethinkingDrinking.niaaa.nih.gov


KNOW THE LOW-RISK GUIDELINES

BLOOD ALCOHOL CONTENT (BAC) Table for Male (M) / Female (F)									
Number of Drinks		Body Weight in Pounds							
		100	120	140	160	180	200	220	240
0	M	.00	.00	.00	.00	.00	.00	.00	.00
	F	.00	.00	.00	.00	.00	.00	.00	.00
1	M	.06	.05	.04	.03	.03	.03	.03	.02
	F	.07	.06	.05	.04	.03	.03	.03	.02
2	M	.12	.10	.09	.07	.07	.06	.05	.05
	F	.13	.11	.09	.08	.07	.06	.06	.06
3	M	.18	.15	.13	.11	.10	.09	.08	.07
	F	.20	.17	.14	.12	.11	.10	.09	.08
4	M	.24	.20	.17	.15	.13	.12	.11	.10
	F	.26	.22	.19	.17	.15	.13	.12	.11
5	M	.30	.25	.21	.19	.17	.15	.14	.12
	F	.33	.28	.24	.21	.18	.17	.15	.14

Subtract .01% for each 40 minutes of drinking.
1 drink = 1.5 oz. 80 proof liquor, 12 oz. 5% beer, or 5 oz. 12% wine.
Fewer than 5 persons out of 100 will exceed these values.


Source: California Dept. of Motor Vehicles (www.dmv.ca.gov)

NOTE: In the U.S., a single drink serving contains about 14 grams of ethanol or "pure" alcohol. Although the drinks below are different sizes, each one contains the same amount of pure alcohol and counts as a single drink:




12 oz. of beer
(about 5% alcohol)

=




8-9 oz. of malt liquor
(about 7% alcohol)

=



5 oz. of wine
(about 12% alcohol)

=



1.5 oz. of hard liquor
(about 40% alcohol)

Source: www.niaaa.nih.gov/guide

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Steering DWI Clients Toward Help with SBIRT

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PLANNING A CHANGE

Pros:

Cons:

Keep Track:

What are your goals?
Number of drinks, times,
etc.?

Support Yourself:

Who can you connect with? What
activities do you enjoy?

Avoid Triggers:

What feelings, people or
activities make you want to
drink?

Additional Resources and Support

- National Institute on Alcohol Abuse and Alcoholism www.rethinkingdrinking.niaaa.nih.gov
- Al-Anon Family Group Headquarters (www.al-anon.alateen.org)
- Alcoholics Anonymous (www.aa.org)
- National Council on Alcoholism and Drug Dependence (www.ncadd.org)

Follow-up Call Appointment:

Date: _____ Day: _____ Time: _____

I will call: _____ at _____

A Healthier You

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APPENDIX D: Judge's Order

STATE OF MINNESOTA

DISTRICT COURT

COUNTIES OF ST. LOUIS

SIXTH JUDICIAL DISTRICT

IN RE: SBIRT Audit Screening Tool

Whereas, St. Louis County – Duluth District Court has created a pilot project for persons charged with a first offense of Driving While Intoxicated, and

Whereas, the pilot project funded through the Minnesota Office of Traffic Safety includes an Alcohol Use Disorders Identification Test (AUDIT) to be completed by each defendant,

Whereas, the purpose of the pilot program and AUDIT screening tool is to reduce the likelihood of reoffending;

Whereas, the Court will require each defendant to complete the AUDIT for purposes of early intervention, education, and treatment; and

Whereas, the 5th Amendment of the Constitution and Art. I, Sec. 7 of the Minnesota State Constitution provides each defendant protection against being compelled to be a witness against himself or herself;

Now Therefore, after consultation with the participants and service providers in the SBIRT pilot program, the Court now makes the following:

ORDER

Any answers given by any defendant to questions on the AUDIT screening tool cannot be used against him or her in any criminal or civil proceeding arising out of the arrest or incident.

BY THE COURT



Floerke, Shaun
Jan 21 2015 4:30 PM

Shaun R. Floerke,
Chief Judge of the Sixth Judicial District

APPENDIX E: Project Brief

Steering DWI Clients Toward Help

“This wasn’t the first time I had driven drunk, but it was the first time I’d been caught. I believe I have a problem and now I am starting to face it.”

DWI Offender in SBIRT

Being arrested for driving while intoxicated leads to court appearances, fines, increased insurance rates, and sometimes worse, if anyone gets injured or killed.

With a grant from the Minnesota Department of Public Safety, an innovative team of public and private organizations has designed and implemented a way to help first-time driving-while-intoxicated (DWI) offenders reduce their risk for repeat offenses. The model inserts the Screening, Brief Intervention and Referral to Treatment (SBIRT) model within the criminal justice system. The project work is being facilitated and managed by the Institute for Clinical Systems Improvement.

Project Aims and Results

- **Reduce repeat DWI offenses and other risky behavior.** One third of first-time DWI offenders drink and drive again, with worse consequences for themselves and their community.
 - ✓ *Preliminary results show that the majority of clients who complete a follow-up appointment report positive change regarding their drinking behavior and drinking and driving.*
- **Meet people where they are – at court.** To ensure that clients get to the screening and intervention, it is ordered by the judge

and conducted right after arraignment. Public Health, a local treatment center, and probation each contribute a screener to the project.

- ✓ *Delivering the intervention where people are mandated to appear means few fall through the cracks.*
- **Right-time assessment.** Addressing substance use quickly, when most meaningful to clients, is more effective than the typical several months’ delay for DWI cases. This also saves case processing time in an often backed-up court system.
 - ✓ *According to screeners and observation, clients are both in a state of relief that their court appearance is over while still alert to the consequences of their actions. They typically are eager to meaningfully discuss and plan for change.*
- **Right-size the intervention.** Doing an evidence-based, simpler screening and intervention fits the needs of this population, instead of the in-depth assessments needed for those likely to have substance use disorder. It also saves time and costs.
 - ✓ *This approach has helped the court system improve towards one of their strategic goals: Case processing time has improved by approximately 10%.*

SBIRT is an Effective Model

SBIRT is an early intervention for persons with risky alcohol use. The model consists of *Screening* to identify people at risk for developing substance use disorders; *Brief Intervention* to raise awareness of risks and consequences, motivate for change, and help set healthier goals; and *Referral to Treatment* to aid access to treatment and coordinate service for people with high risk and/or dependence.¹

Work Aligns with Other Minnesota Efforts to Reduce Substance Use

Minnesota ranks fifth in the nation in binge drinking². In 2013, more than 25,700 Minnesotans were arrested for DWI, 41% of those arrested had at least one prior DWI. Moreover, 81 people were killed in crashes involving a drunk driver.³ This work aligns with other statewide efforts to reduce drinking and driving and to improve court processes, including the MN Judicial Branch Priorities and the MN Statewide Substance Abuse Strategy.

Additionally, this model aligns with Minnesota and nationally funded State Innovation (SIM) initiatives that seek to engage both health care and community resources to improve the health of their local citizens and lower the costs of health care.

Willing and Creative Partners

The current pilot involves a highly innovative team of community representatives brought together for this unique purpose.



The core team includes: Judge Shaun R. Floerke, Sixth Judicial District; Amy Turnquist and Nicole Korby, Sixth District Court Administration; Mark Nelson, Greg Anderson, Marcia Gurno and Matt Johnson, St. Louis County Public Health and Human Services; Kathy Lionberger, Johnny Walker, and Heather Kussatz, Arrowhead Regional Corrections; Julie Seitz and Kim Davis, Center for Alcohol & Drug Treatment; and Jill Eichenwald and Dan Lew, Public Defenders for the Sixth Judicial District. Also participating in the community effort are Steve Stromback of Minnesota State Patrol, and St. Louis County Sheriff Ross Litman.

Value of Continuing the Work

Continuing this work will enable the gathering of sufficient data to determine how implementing this model:

- Successfully reduces the number of second DWIs
- Potentially saves lives
- Contributes to safer roads and fewer accidents
- Results in fewer arrests and reduced court system costs
- Contributes to healthier populations

With continued funding, this work can be expanded to other court systems in Minnesota. The processes and lessons learned could be provided to other court systems nationally. For more information, please contact Jill Kemper (jkemper@icsi.org or 952-858 8991).

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¹ More information about SBIRT is available at: www.icsi.org

² *America's Health Rankings (2014)*

³ *Minnesota Impaired Driving Facts (2013)*

APPENDIX F: Process Evaluation Logic Model

SBIRT for DWI: Process Evaluation Logic Model

Objectives	Activities	Process	Outcomes & Impact
<p>a. Design a process that integrates the SBIRT model into the criminal justice system using a collaborative approach that is based on evidence-informed strategies, by end of first quarter 2014 (demonstration) and end of first quarter 2015 (pilot).</p> <p>b. Support stakeholder capabilities for SBIRT implementation through process mapping, implementation coaching, and conducting small tests of rapid cycle change by end of second quarter 2014 (demonstration) and end of second quarter 2015 (pilot).</p> <p>c. Evaluate SBIRT implementation effectiveness within the criminal justice system demonstration project by June 30, 2015.</p>	<ul style="list-style-type: none"> Conducted Literature Review Conducted 12 Key Informant Interviews Provided SBIRT Training for Project Team Members Provided Motivational Interviewing Overview for Project Team Members Planned and Facilitated 14 Face-to-Face Meetings for Group Planning Facilitated Periodic (approximately every 2-3 weeks) Conference Calls with Core Team Designed and Implemented a Measurement Plan Designed and Implemented a Communications Plan, Including Enduring Materials 	<ul style="list-style-type: none"> DWI Process Mapped <ul style="list-style-type: none"> Described components before and after inserting SBIRT Strengths/successes, barriers/challenges to implementation Resources needed and utilized to do implementation SBIRT Model fidelity <ul style="list-style-type: none"> Use of AUDIT Use of MI and Brief Intervention Referral Follow-up Communications Materials Developed <ul style="list-style-type: none"> Q & A Webinars Press Releases Process Maps Process Flow and Responsibilities Swim Lane Client Tool Value Propositions Meeting Summaries PowerPoint Presentations Project Brief Measures Reports 	<ul style="list-style-type: none"> Streamlined system processes Project Team Engagement Outcome Measures from data tracking Potential Reduced Recidivism (repeat DWIs) Reduction in risky behavior Reduced systemic cost (length of time in court process) Positive Client Feedback Community Engagement and Dissemination

Institute for Clinical Systems Improvement, June 2015