



## CRITICAL DUI SYSTEM REFORMS: SUPERVISION



Utilize validated screening and assessment tools that are specific to the impaired driver population to ensure accurate identification of risk level and treatment needs.

### Call to Action

Traditional assessment instruments are not effective in accurately assigning risk level to DUI offenders. Most agencies utilize screening and assessment tools that have not been validated among the impaired driver population which can result in the inaccurate classification of high-risk DUI clients. In a system that relies on risk level to make decisions about intensity of supervision as well as eligibility for specialized programming (such as DWI courts), misclassification can limit intervention options, produce poor outcomes, and create liability.

Community supervision officers are also responsible for formulating treatment recommendations and targeted referrals. Research has consistently shown that the impaired driver population has unique criminogenic and treatment needs that go beyond substance use. Unfortunately, most of the assessments that are administered to these clients are not broad enough to effectively capture these needs (i.e., the central focus is alcohol consumption). To reduce recidivism and improve client supervision plans, criminogenic and behavioral health needs must be identified and addressed. It is necessary to educate probation departments about the availability of new tools that are designed specifically for the screening and assessment of impaired drivers. The Computerized Assessment and Referral System (CARS), Impaired Driver Assessment (IDA), and DUI-RANT (Risk and Needs Triage) are validated instruments that should be widely implemented at the pre and/or post-sentence levels. Community supervision agencies are strongly encouraged to replace or supplement existing screening/assessment processes by integrating one or more of these tools to provide officers with accurate information about the impaired drivers on their caseloads.

### Challenge/ Background

Community supervision officers have the dual role of protecting public safety and facilitating behavior change among clients. It is their responsibility to ensure that each client is adequately monitored and adheres to the conditions set forth by the court. In instances of non-compliance, officers must identify violations and apply swift, certain, and meaningful but fair, graduated sanctions.

While some DUI offenders might change their behavior without significant intervention, others require intensive supervision and treatment due to the presence of anti-social characteristics, substance use disorders, and mental health issues. A significant challenge for community supervision officers who have DUI clients is the possibility that the assessment tools they are currently using fail to accurately assess the risk and needs of this group. There are many reasons why traditional risk assessments fall short when used with impaired drivers.





## Challenge/ Background

### **High risk impaired drivers are routinely misclassified as low-risk offenders.**

This population tends to be better educated, employed at higher rates, and of higher socio-economic status when compared to other justice-involved populations. Also, DUI offenders often have strong ties within the community and stable pro-social peer networks. They tend to function at a high level and while they may have extensive treatment needs, these individuals are still capable of completing daily tasks. It is not uncommon for high risk DUI offenders to have a relatively insignificant criminal history or limited criminal record (i.e., comprised primarily of prior DUIs, traffic infractions, or low-level misdemeanor offenses). As a result of these factors, most risk assessments will score these individuals as low risk.

However, DUI offenders, particularly repeat offenders, are some of the most dangerous offenders that a probation officer could supervise. Low risk scores due to lack of criminal history and pro-social factors are extremely misleading. These offenders:

- Repeatedly engage in behavior that could result in the serious injury or death of innocent people. Even when caught, many are not deterred by sanctions and are unresponsive to treatment interventions.
- Misuse substances and frequently operate a vehicle with extremely high blood alcohol concentrations (.15 and above) or under the influence of a combination of substances.
- Lack insight into their behavior. They frequently lack understanding about the seriousness of their actions, are defensive, and are unlikely to assume responsibility for their decisions.
- Have high rates of substance use disorders and co-occurring mental health disorders and trauma. These issues are often not identified by the criminal justice system and go untreated.
- Are non-compliant, highly resistant to behavior change and difficult to engage in treatment. They often disregard court orders (i.e. installing an ignition interlock device).

Ideally, offender supervision would commence with an officer and client meeting to begin the process of developing individualized case management and treatment plans. Unfortunately, this is not done in every jurisdiction. If a client is placed on a banked (unsupervised) caseload, there may be minimal time spent customizing supervision and treatment strategies. These limitations are explored further within the reform section.

Assuming there is some degree of active offender monitoring, a case plan is developed which serves as a roadmap for supervision. It summarizes relevant information about the offender (client) and states what must be accomplished during the term of supervision. While the structure of the plan varies from one agency to another, it generally outlines the following:

- Goals and corresponding action steps (including objectives, completion timeframes)
- Roles, responsibilities, and expectations of both the client and officer





## Challenge/ Background

- Supervision conditions, requirements, and expectations
- Sanctions and incentives
- Schedule of contacts or appointments with the probation officer
- Overview of various monitoring technologies and alcohol/drug testing protocol
- Definitions of violations and graduated sanctions or consequences for non-compliance
- Summary of client criminogenic needs, treatment needs
- A list of protective factors (such as housing, employment, transportation, and risk factors that must be addressed or the risk of recidivism may increase.

Each case plan is specific to the client and is designed to help that individual successfully navigate the terms and conditions of community supervision and engage him/her in treatment. Case plans should be consistent with the risk-needs-responsivity framework and advance recommendations for an appropriate level of supervision and type of treatment for each client.

If a client presents with significant behavioral health needs, a separate treatment plan may also be created to facilitate referral to and participation in treatment programs. Like the case plan, the treatment plan should outline responses to compliant and non-compliant behavior including sanctions and incentives and provide a summary of the client's issues. The probation officer should collaborate with the client in formulating treatment recommendations and develop a list of referrals based on the client's needs, learning style, and other important considerations (i.e., gender, history of programming, culture, trauma, etc.). The goal of the treatment plan is to engage the client in his/her own recovery and work towards long-term behavior change.

The development of both supervision and treatment plans is informed by screening and assessment. The use of actuarial risk assessments provides community supervision officers with an indication of offender risk level. Risk/needs assessments provide information about criminogenic needs, substance use, and/or mental health issues that are present for each client. Screening and assessment of impaired drivers is explored in-depth in the system phases portion of this resource. The use of these tools is imperative for predicting an individual's likelihood of recidivating (commission of a new DUI) and identifying the needs that must be targeted to facilitate behavior change.

Ideally, an impaired driver will be screened and assessed at the pre-trial phase and, at minimum, pre-sentence. Even if this process has been completed, community supervision officers are encouraged to re-assess each new client at the time of intake. Most risk factors and criminogenic needs change over time. The interventions that an individual is subject to before being assigned to community supervision may have impacted his/her behavior or new life circumstances may place that client at heightened risk for re-offense. Periodic re-assessment of clients who are under supervision orders is recommended, typically at six-month intervals, to gauge progress and any potential changes in criminogenic needs. The updated findings can then be used to modify supervision and treatment plans as needed.





## Challenge/ Background

Community supervision officers need accurate and robust information to effectively perform their jobs. They have limited resources and do not have the ability to spend a substantial amount of time with each client. Therefore, the isolation of risk levels and individualized needs can assist officers in triaging cases and maximizing efficiency by determining which individuals on their caseload require the most time and attention.

Another reason why the accurate identification of risk is imperative has to do with the risk principle. Corrections research has continually shown that the degree of intervention matters – i.e., subjecting low-risk individuals to intensive supervision and treatment when they do not require it could lead to increased recidivism among a group that is likely to self-correct (Latessa & Lowenkamp, 2006). If offenders of different risk levels are mixed in programming or treatment, the low-risk offenders may adopt some of the anti-social characteristics and attitudes of the high-risk offenders. The net result is negative outcomes with the low-risk offenders either failing to improve or being at greater risk to re-offend after the intervention is complete.

While probation departments are keenly focused on risk classification, it is also necessary to screen and assess for criminogenic and treatment needs as these factors are tied to recidivism. The most obvious origin of impaired driving is an alcohol and/or drug problem. However, DUI offenders also frequently suffer from one or more mental health disorders. Studies have found that upwards of 45% of repeat DUI offenders have a lifetime major mental health disorder other than alcohol or drug abuse or dependency (Shaffer et al., 2007). Unfortunately, co-occurring disorders are historically overlooked among this offender population. While there are many instruments available to identify substance use issues among impaired drivers, there are very few tools that will simultaneously identify mental health needs. The failure to identify mental illness misses an opportunity to treat another root cause of offending and prevent future system contact. Therefore, to facilitate the development of robust treatment plans and targeted referrals, all impaired drivers should be screened/assessed for mental health disorders and trauma as well as substance use disorders.

To ensure that screening and assessment instruments are valid and have appropriate levels of sensitivity and specificity, they should be validated among criminal justice populations. Ideally, any assessment instrument should be validated among the population it is targeting to ensure that the outcomes are accurate. Community supervision officers who supervise DUI clients should use one of the three existing instruments that are validated among impaired drivers because the risk scores they generate, and criminogenic/treatment needs they identify are more reliable than other risk/needs assessments. To determine which instrument is most appropriate, community supervision officers should first determine what information they most want to collect.





## Barriers

To facilitate the integration of screening and assessment tools validated specifically for impaired drivers, several issues must first be addressed. Any proposed changes to department protocol and practices may be met with resistance. Some community supervision officers may believe that existing instruments are adequate and resist the use of new tools. To make the transition to a new tool as efficient and seamless as possible, any concerns among officers must be addressed, and a case should be made to articulate why the change is necessary and how new tools could improve the development and quality of supervision and treatment plans. Officers should also be given the opportunity to familiarize themselves with the new tools prior to implementation so they can become comfortable with them and ask questions. If practitioners feel like they are involved in the process and their input is valued, it may be easier to gain support for change.

Some departments recognize the need to change current practice. There may also be staff support for the use of new instruments. However, in some jurisdictions the most significant challenge is statutory requirements. In some states, practitioners are statutorily required to use specific screening/assessment instruments even if those tools are outdated or have proven to be inadequate for identifying the risk level and needs of certain populations. Multiple states have state-specific assessment instruments or assessment systems that must be used with either the entire criminal justice population or impaired drivers. Unfortunately, many of these instruments are more than 20 years old and do not reflect the most recent research on risk factors and criminogenic needs. Moreover, many of these instruments are not validated specifically for impaired drivers which produces low-risk offender designations for individuals who are likely high-risk.

This is the situation in both Texas and Wisconsin. Absent a change in legislation, the only alternative available to practitioners is to administer the required instrument and then administer other tools that will provide them with more accurate information to assist in developing supervision and treatment plans. This, of course, takes additional time which may already be limited. While assessment should be a mandatory practice, being overly prescriptive in statute by requiring the use of specific tools limits practitioners in their ability to select instruments that are best suited for individual criminal populations. For this reason, legislators should afford practitioners the flexibility and discretion to use the tools that the field deems to be most appropriate or, at a minimum, select instruments that satisfy certain agreed upon criteria.

A general lack of resources and having a limited amount of time available to screen/ assess clients are other re-occurring themes within the community corrections field. If new tools carry licensing fees, it may be cost-prohibitive to use them. Fortunately, two of the DUI-specific instruments (CARS and IDA) are available to any agency free of cost. Both Responsibility.org and the American Probation and Parole Association (APPA) recognize that community supervision agencies are faced with budget constraints and that funding allocated to cover assessment fees could be better spent on the active monitoring of DUI clients.





## Barriers

Therefore, the decision was made to prioritize implementation and positive outcomes over revenue generation and both CARS and IDA are freely available to any agency. It is important that every community supervision department be made aware that there are tools currently available that accurately identify DUI client risk and needs and that some of these instruments can be obtained and used without incurring any costs. For example, if an agency decided to use CARS to screen/assess DUI clients, the process of obtaining the tool is easy to navigate. To complete this process, a practitioner must register and download the tool from [www.carstrainingcenter.org](http://www.carstrainingcenter.org) and simply follow the installation and set-up instructions which involves customizing the tool to fit the agency's needs. Once download and set-up is complete, the staff responsible for administering the tool to clients can be trained using the CARS manual and other resources that are available on the website. This process is easy to complete and can be done relatively quickly.

Even if the issue of licensing fees is addressed, concerns regarding the time needed to screen/assess clients persists. As discussed in the community supervision overview, community supervision officers have a limited amount of time to spend with each client. The process of screening and assessment can be onerous and while a stacked approach to assessment may be preferred to obtain as much information about each client as possible, this may not be feasible for officers who have caseloads numbering several hundred clients. Therefore, when determining which tools to use, community supervision agencies must factor in how much time it takes to complete each assessment. Screening is often done in lieu of full assessment because it can be completed in roughly 5-45 minutes depending on the tool used. Unfortunately, screening only provides practitioners with a starting point information-wise. CARS and IDA can be used in a screening capacity and the outcomes generated by these tools provides practitioners with an indication of both risk level and the issues that require further attention. However, a full assessment is always preferred. Fortunately, when CARS was designed, thought was given to the limited amount of time community supervision officers have at their disposal. The assessment portion of the instrument is structured in such a way that it allows practitioners to start and stop the assessment, meaning that it could be completed over several appointments. Moreover, the tool employs extensive skip logic and always begins with completion of the screener. This ensures maximum efficiency as a client is only referred to modules and required to complete question blocks if they are at risk of qualifying for a disorder.

If a probation department cannot feasibly complete a full assessment, it is necessary to refer clients to an outside agency (frequently a treatment provider), who can administer a clinical assessment and determine treatment needs. When determining which instruments are most appropriate, probation departments must balance the time available to complete the screening/assessment process with the level of detail required to develop robust supervision plans and accurate treatment referrals. By strengthening relationships with treatment providers, probation departments may be able to screen clients and outsource assessment to community partners that have more time available to do diagnostic work.





## Strategies to Implement Solutions

Impaired drivers are a unique population among justice-involved individuals. To ensure that community supervision officers receive accurate risk and needs information to inform the development of comprehensive case management and treatment plans, agencies must use screening and assessment instruments that are validated specifically for impaired drivers. To facilitate the implementation of tools such as CARS and IDA, agencies should audit existing assessment practices, identify potential barriers, and develop a plan to integrate the use of these instruments.

### Review of Existing Assessment Practices:

- Educate agency leadership about the shortcomings of generic risk and needs assessments when used with impaired drivers. Encourage each community supervision agency to examine current practices to determine whether there is room for improvement.
- Identify what screening and assessment tools are currently used to assess risk and needs among impaired driving clients.
  - o Are these tools statutorily required?
  - o Are specific tools selected on account of provisions contained in agency rules?
  - o Is the use of these tools supported by research?
  - o Are these tools validated among impaired drivers?
- Review existing assessment protocols and determine whether the instruments being used are meeting the department's needs (i.e., are these tools providing sufficient and accurate information to inform supervision plans and treatment referrals?).
  - o Are high-risk impaired drivers being accurately identified?
  - o Are all impaired driving clients screened and assessed for both alcohol and drug use?
    - o Are all impaired driving clients screened and assessed for mental health disorders and trauma?
- Identify the screening and assessment workflow and determine if this process varies depending on the client (i.e., are all clients screened and assessed? Are high-risk or high needs offenders subject to additional assessment?).
  - o Do community supervision officers have the discretion to use a variety of instruments to attain more detailed information regarding specific client needs?
- Determine if the process of assessment is done within the probation department or if clients are referred to treatment providers to be assessed.
  - o If assessment is outsourced, what instruments are used by the treatment providers?
  - o Are providers required to use specific instruments or do they have discretion?
  - o How are the outcomes shared with community supervision agencies?
  - o Are community supervision officers trained to understand the results of the assessment tools.





## Strategies to Implement Solutions

- Determine what information about client risk, criminogenic needs, and behavioral health issues is not being attained (or accurately attained) as a result of current practice.
- Identify whether the agency has the authority to introduce the use of new screening and assessment instruments.
- Assess whether existing instruments should be replaced or whether officers should be encouraged to use supplementary tools as they deem necessary.
- Make recommendations regarding how existing assessment processes/practices should be modified to improve the supervision and treatment of impaired drivers.

### Identify and Address Potential Barriers to the Use of New Tools:

- Develop strategies to obtain buy-in and support for the use of new tools. Present this as an opportunity to strengthen practice and improve outcomes.
- Determine if statute needs to be modified to allow for the use of new assessment instruments.
- Determine if policy/rule changes are required to allow for the use of new assessment instruments.
- If statute or rule changes are required and navigating this process will take an extended period, determine whether DUI-specific instruments can be used in a supplementary capacity.
- Evaluate whether a stacked approach to assessment is a viable option. To determine if this is feasible, identify whether community supervision officers have the time and resources available to screen/assess impaired driving clients using more than one tool. If there are significant time constraints, determine if assessments can be conducted on a subset of the DUI population (individuals with multiple DUI convictions).
- Determine the level of resources that are available to improve and/or expand existing screening and assessment practices.
  - o Both CARS and IDA lack licensing fees which allows probation departments to utilize the instruments at no additional cost. Training materials are also freely available.
- Identify approximately how much time community supervision officers have available to conduct screening and assessment with DUI clients. If caseload sizes are too large to allow for the assessment of all offenders, consider implementing a tiered strategy whereby all clients undergo screening and then select offenders are subject to assessment.
  - o Consider performing assessments with certain categories of offenders to strategically target limited resources (e.g., repeat or high-risk DUI offenders).







## Strategies to Implement Solutions

### Integrate Assessment Instruments that are Specific to the Impaired Driver Population:

- If an agency can use CARS and/or IDA with its impaired driving clients, develop an implementation plan.
  - o Identify who will be responsible for administering the instrument;
  - o Designate when the instrument will be administered in the supervision process;
  - o Determine whether a tiered approach will be employed (i.e., all DUI clients are subject to screening but only select individuals complete the assessment);
  - o Determine what population of DUI clients will be screened and assessed;
  - o Identify any necessary agency policy changes;
  - o Determine whether IT support is required to implement electronic instruments;
  - o Determine an estimated timeframe for the integration of the new instrument;
  - o Identify training needs and any additional support required;
  - o Designate individuals who will offer training;
  - o Designate individuals who will be responsible for addressing any issues related to the use of the new instruments.
- Determine whether new tools can be introduced as part of upgrades to case management systems. For example, electronic or online tools can potentially be built into these systems which provides an opportunity to centralize client supervision and treatment information in one location.
- Develop a training protocol to ensure that all community supervision officers can effectively administer the new assessment tool.
  - o Do training materials already exist?
  - o Is a certification process necessary?
  - o Estimate how long it will take to train existing staff on the use of the instrument and identify opportunities to streamline this process.
- Obtain officer feedback to identify ways to improve training and enhance the screening/assessment instrument.
- Identify any issues and work to resolve these as quickly as possible to reduce potential frustration among frontline officers.
- Review practices on an ongoing basis and determine whether enhancements or improvements can be made.
- Explore opportunities to use the data obtained from the instruments to perform research and analyses. This may include identifying common characteristics and treatment needs among impaired driving clients. By tracking the percentage of DUI offenders that are found to be low and high-risk as well as low and high needs, agencies can make informed decisions about the allocation of resources for the supervision of impaired driving offenders.





## Stakeholders

A variety of stakeholders should be educated on the importance of screening and assessment and the availability of instruments that are specific to impaired drivers. It may be necessary to begin with policymakers and supervision agency leaders to ensure the integration of these instruments. The following two educational points are important to convey:

- Screening and assessment should drive decision-making within the DUI system
- Use of generic instruments fails to produce accurate findings among impaired drivers due to the unique characteristics of the population.

A strong case should be made for the use of tools such as CARS or IDA since these instruments can improve the supervision and treatment of impaired drivers, reduce recidivism, and facilitate behavior change.

Training for frontline officers is necessary to institute widescale implementation of new assessment instruments. Each probation/parole department assumes responsibility for training their officers on new practices. Alternately, training and education can be offered through state supervision or treatment court associations. Many of these associations have annual conferences and some offer trainings on specific issue areas. Agencies are encouraged to work with these associations to provide staff with more educational opportunities.

While community supervision officers are the primary stakeholders, it is also important to educate prosecutors, judges, and treatment professionals about the availability of impaired driving assessments. Each of these stakeholders should understand why it is important to use tools that are validated among the population and how specific instruments can identify a multitude of treatment needs. These practitioners can support the use of tools like CARS and IDA within their respective programs.

## Legislative/ Policy Change

Legislative or policy changes will vary by jurisdiction. If there is a willingness to modify requirements to use instruments or permit agencies to use supplemental tools, then states are encouraged to amend policy. Traditionally, statute is more difficult to change than rules, so agencies should consider placing more detail in the latter.

As a best practice, a state statute should, at a minimum, require every impaired driver who enters the criminal justice system to be screened for identification of risk level and potential treatment needs. If the screening indicates a need for further assessment, then the completion of this process should be required. Even first offenders who are commonly low risk should undergo screening and assessment. Research shows these individuals have high rates of substance use and mental health disorders that require intervention. The screening and assessment should be completed pre-trial (ideally) or pre-sentence (at a minimum, to inform sentencing).





## Legislative/ Policy Change

While statutes should contain provisions that require screening and assessment for impaired drivers, states are cautioned against mandating the use of specific instruments. In several jurisdictions, the use of state-specific tools is a statutory directive. This has severely limited the discretion of community supervision agencies and other criminal justice practitioners. Many of the state-specific tools are outdated and do not provide community corrections officers with details they need to make informed supervision and treatment decisions.

If states are considering mandating the use of specific instruments, these requirements should be outlined in agency or program rules as opposed to statute. The rule-making process is easier to navigate and amend. Probation agencies should consider language that requires the use of tools that are validated specifically among the impaired driver population to ensure accuracy in risk assessment. In addition, agencies should further clarify that officers use tools that assess the presence of co-occurring substance use and mental health disorders.

Agencies need flexibility in decision-making and discretion to use instruments that are most appropriate choices for specific populations or are best suited to attain precise types of information. For example, some clients may present with trauma and community supervision officers might want to explore these areas further as part of the development of case management and treatment plans. A tool such as the Adverse Childhood Experience Questionnaire (ACEs) or other trauma inventories are appropriate choices in these instances. All community supervision agencies should have the discretion to use a stacked approach and a combination of instruments when necessary.

## Reform in Action

Many DUI programs and agencies have begun to examine screening and assessment practices to determine whether improvements are needed. Several agencies have made the switch and replaced generic instruments with tools that are validated among DUI offenders.

One question that is commonly asked is whether one of these tools is preferable to the other. The CARS and IDA tools are highly complementary instruments. Each has a different primary purpose. The IDA was designed by probation officials to accurately assess risk level with a secondary goal of identifying service needs and levels of responsivity of clients. CARS provides an in-depth examination of the extent of behavioral health needs and recommendations for treatment. Its secondary purpose is to identify offender risk level to inform supervision decisions. Used in tandem, CARS and IDA provide a comprehensive picture of DUI offender risk and needs. The DUI-RANT is used as a triage tool to quickly ascertain an offender's level of risk and needs and therefore, its primary purpose is to identify clients who require further assessment.

The stacked approach is favored among agencies responsible for supervising a large volume of clients. Not every offender requires the same level of attention, so it is important to identify and segment out those individuals who present with more significant issues. This is a triage process like what is used in emergency departments. Every client is screened to ascertain the level of risk and needs. Those who are high risk and high needs are prioritized and will be subject to further examination to gain greater understanding of the extent and severity of their problems. By triaging, probation departments can strategically allocate time and resources to the individuals who require the most intensive interventions.





## Reform in Action

A strong example of triaging occurs within the San Joaquin County DUI Monitoring Court. Every repeat DUI offender in the county is assigned to the court program which is a tiered version of a DWI court. Offenders are assigned to either a monitoring track or a treatment track depending on their level of behavioral health needs. Track assignment is determined via a triaging process.

All clients who enter the program are initially screened using the DUI-RANT. The tool is administered in under 10 minutes and provides compliance managers with a quick indication of the level of risk and the level of needs. While the bulk of the population is identified as high-risk (this is to be expected given their repeat offender status), most offenders do not present with a high level of treatment needs. Low needs offenders are placed in the monitoring track and are not required to undergo further assessment or complete intensive treatment interventions. They also report to court less frequently than individuals in the treatment track. While assignments are generally accurate, offenders can be transferred from the monitoring to treatment track if they are non-compliant with conditions.

Clients assigned to the treatment track are subject to full assessment to inform supervision decisions and treatment referrals. Court compliance managers require clients to complete CARS as this is the preferred tool for identifying substance use and mental health disorders among DUI offenders. The court began using CARS in 2016 and served as a pilot site prior to the tool being made available nationwide. The impetus for the integration of this assessment was recognition that a significant number of high needs clients had undiagnosed mental health issues, but other instruments were ineffective in identifying the extent of these problems. Compliance managers now use CARS to facilitate referrals to treatment providers within the community to ensure that all clients have comprehensive treatment plans that address all underlying issues tied to recidivism.

In addition to having robust screening and assessment practices, the court also uses the data generated by these tools to further understanding about the characteristics of repeat impaired drivers. For example, the court uses the data generated by the DUI-RANT to analyze the composition of its population (i.e., what percentage of clients fit into each risk-needs quadrant) and reviews the data from CARS assessments to identify the percentage of clients who have both substance use and mental health needs.

## Resources

Agencies are strongly encouraged to learn more about the tools that are validated among impaired drivers and identify how one or more of these instruments can be integrated into existing screening and assessment practices. Both CARS and IDA are available free of cost; the DUI-RANT carries licensing fees.

To learn about CARS, download the instrument, access training materials, and obtain online support visit: [www.carstrainingcenter.org](http://www.carstrainingcenter.org)

To learn about the IDA, refer to the [validation study](https://validationstudy.com) and access the new online training here: <https://appa.academy.reliaslearning.com/Using-the-Impaired-Driving-Assessment--APPA-UTIDA-G.aspx>

To learn more about the DUI-RANT, contact the Treatment Research Institute: <http://tresearch.org/products/courts>





## CRITICAL DUI SYSTEM REFORMS: SUPERVISION



Address supervision issues and conditions that can negatively affect client performance and lead to poor case outcomes.

### Call to Action

The supervision of DUI offenders is largely inconsistent from one jurisdiction to another. Both the structure of supervision and the specific conditions that offenders are expected to abide by can make success difficult. Often, conflicting goals and conditions can create an environment where clients feel as though failure is inevitable. This, in turn, can affect client motivation resulting in limited engagement in the supervision and treatment processes or lead to a self-fulfilling prophecy where non-compliance occurs.

Supervision plans should be developed in consultation with clients and the specific goals and objectives contained within these plans must be reasonable and achievable. While community supervision should be the nexus of public safety and behavior change, under some circumstances, the failure to adequately supervise or motivate DUI clients perpetuates the revolving door effect and instead of changing behavior, produces conditions that lead these offenders to become regular fixtures on officer caseloads. To prevent this from happening, systemic changes are needed.

### Challenge/ Background

The supervision of DUI clients is a difficult task that is often constrained by statute, judicial orders, and the availability of resources. Community supervision officers are in a position where they must create supervision and treatment plans that are tailored to individuals, but they may be limited in their ability to formulate these plans and manage cases. This limited autonomy and lack of discretion leads to gaps in service and a departure from the risk-needs-responsivity framework and principles that should be at the root of informed justice decision-making and evidence-based practices. **Three overarching issues contribute to this problem.**

**Conflicting and inflexible Conditions:** Clients are often required to adhere to multiple conditions that are difficult to comply with simultaneously. For instance, remaining employed is a common requirement for individuals under community supervision. This can be challenging for DUI offenders whose driving privileges have been revoked and who live in areas without public transportation or alternative transportation. Getting to and from work as well as other required appointments (such as probation contacts, treatment, and random testing) can be difficult and costly. If clients can gain employment, it may be difficult to keep these jobs over the duration of their supervision period.

The nature of supervision limits flexibility and can jeopardize an offender's job because the probation officer routinely visits the place of employment (which draws attention to the person's probation status). If clients are frequently expected to report to probation appointments, random alcohol/drug testing, and/or treatment sessions during work hours, employers may be unwilling to accommodate this level of absence.

The lack of flexibility in conditions and the failure to identify competing demands and priorities produces frustration among clients who assume that success is an unattainable goal. If clients perceive that there is no way to remain compliant, even if they are acting in good faith, then an anticipated outcome is a lack of engagement in the supervision and treatment process.





## Challenge/ Background

**Law or Sentencing Limits Effective Supervision Decisions:** Mandatory supervision conditions can limit community supervision officers from creating supervision and treatment plans tailored to individual clients. Impaired driving offenses often carry mandatory minimum periods of incarceration or supervision as well as other requirements. Judges may lack discretion when sentencing offenders and community supervision officers are required to adhere to the conditions put forth in each case.

While policymakers or judges might be well intentioned in framing sentence requirements, each individual DUI offender is different and therefore, a cookie-cutter approach to sentencing, supervision, and treatment is an ill-advised approach to any criminal justice population. In some jurisdictions, supervision officials prepare an in-depth pre-sentence report that provides detailed information about an offender's history, risk factors, and treatment needs that gives a judge more information at his/her disposal to administer an appropriate sentence. However, this does not always occur.

### Common Mistakes include:

- Screening and assessment often not completed until an offender is convicted and referred to a community supervision agency. (This practice is incredibly limiting).
- Requiring mandatory participation in specific programs or treatment (May not produce behavior change).

### To produce better outcomes:

- Conditions should be specific to the individual
- Supervision officials should be able to construct case management plans and treatment referrals based on individual's risk level and criminogenic needs.

Individuals respond differently to programs. What works for one person may prove to be ineffective with another. By limiting options, it minimizes a probation officer's ability to select the interventions that are most appropriate for each client. It also limits a probation officer's ability to make changes to the supervision plan if an initial approach fails to work. For this reason, statutes should not be overly prescriptive and while judges should deliver informed sentences, many of the specific aspects of supervision as well as the nature of treatment/programming referrals should be left to the probation officer responsible for overseeing each DUI case.

**DUI offenders are inconsistently supervised:** The structure of supervision itself may be inadequate in many jurisdictions. DUI is one of the most inconsistently supervised offenses within the criminal justice system. Terms of probation vary but generally, an individual is either subject to active probation or banked/administrative/paper probation. The terms banked, administrative, and paper probation refer to an inactive status where there is no real contact or very limited contact with the officer responsible for overseeing the case.

Individuals assigned to a banked caseload typically are deemed to successfully complete their probation if they are not re-arrested during the specified period or supervision. To be placed on a banked caseload, an offender is usually identified as low risk or lacks a criminal record. An offender with an active probation status is required to report to or have contact with his/her probation officer on a regular basis to monitor compliance and progress. Most repeat or high-risk offenders will be actively supervised.





## Challenge/ Background

In most states, DUIs are not classified as felony offenses until the third or fourth conviction. This means that many first and second DUI offenders are not subject to active supervision and may be placed on banked/unsupervised caseloads with a limited degree of monitoring. In these instances, high-risk classifications or non-compliance could lead to more intensive supervision but generally, these offenders will have minimal contact with their assigned probation officer.

Placing DUI offenders on a banked caseload can be problematic because there is no way to effectively monitor their progress. These caseloads, which tend to be mixed, can have hundreds of offenders. Clients who are monitored in this manner will not receive the level of services that are needed to address criminogenic needs or behavioral health issues. Inactive supervision is unlikely to produce lasting behavior change. Placement on a banked caseload should be determined based on accurate risk assessment as opposed to the presence or absence of a criminal record. The latter can be deceiving as many first-time DUI offenders drove drunk many times before they were caught. First-time or misdemeanor DUI offenders can present with the same level of criminogenic and treatment needs as repeat offenders. Therefore, it is important to inform decisions based on complete information. Failure to address these needs could lead to future offending and waste an intervention opportunity.

## Barriers

**Limited resources** are a significant barrier to the provision of adequate supervision. Most probation departments struggle to actively supervise high-risk clients let alone all offenders. In order to meet these demands, some offenders must be placed on administrative probation to ensure that resources are targeted towards those individuals who present the greatest public safety threat. These are the individuals who most frequently require intensive supervision and a higher degree of treatment interventions. In order to effectively triage offenders and determine how best to allocate limited supervision resources, accurate risk assessment tools must be utilized. Risk misclassification can lead to ineffective decision-making and practitioners are beginning to realize that traditional risk assessment instruments often fail to accurately identify high-risk DUI clients. The result of this practice is that DUI offenders are not receiving adequate supervision and may not be eligible for intensive programming such as DUI courts.

**Lack of Offender Accountability:** The massive size of some caseloads where ratios can be as large as several hundred supervisees to one officer further impedes effective supervision. Officers can barely keep up with paperwork let alone be expected to act on non-compliance and intervene with individual clients. This creates an environment where there is a lack of offender accountability and subsequently, limited or no behavior change.

Each contact with the criminal justice system presents an opportunity to intervene and prevent future offending. By assigning offenders to enormous caseloads where no real individualized programming takes place misses an opportunity to identify the root or underlying causes of offending and pair individuals with programming that could assist them in addressing specific issues.

Given the unique nature of the DUI offender population, the development of specialized caseloads and assignment of trained officers should be a priority and resources should be made available for this purpose. This would ensure that a trained and skilled officer who understands the challenges associated with working with DUI offenders oversees the cases that present the highest risk for re-offense. This approach could produce better outcomes.





## Barriers

**Limited Treatment Options and Resources:** Another challenge that community supervision officers face is a lack of diversity in community resources and treatment options. This problem tends to be more pronounced in rural jurisdictions where options are generally limited. If one of the primary goals of supervision agencies is to develop supervision and treatment plans that are tailored to individual risk and needs, there should be a variety of options available to facilitate referrals. Again, not every intervention will work with every individual; if one DUI offender responds well to an intervention this does not mean that another offender will have the same success.

This is especially true for specialized populations such as women, minorities, individuals with co-occurring mental health disorders or a history of trauma, etc. Unfortunately, many jurisdictions may only offer standard treatment options such as mixed gender group therapy. Ideally, a probation officer and client could review all available options and determine which programs are likely to be the best fit based on what is known about that individual. As part of this process, alternative options should also be identified if the first choice is a bad fit such as individual and group therapy, support groups, and treatment programs that employ different approaches and philosophies. Consideration should also be given to whether the suggested program offers services that are gender-sensitive or specific, culturally appropriate, and trauma-informed. Care should also be integrated and individuals with substance use disorders and co-occurring mental health disorders must be able to find treatment options that address these problems in a concurrent fashion. Overall, the more knowledge that a probation officer has about available community resources, the better equipped that he/she is to make recommendations to each client.

## Strategies to Implement Solutions

Community supervision officers face many system constraints that affect their ability to develop individualized plans for each client on their caseload. Moreover, limited resources either within the agency or in the community at large may limit the amount of time available to spend with each client and make targeted referrals. In these instances, there may only be a few options available to strengthen practice. However, community supervision officers are encouraged to follow the risk-needs-responsivity framework and rely on validated assessment instruments to inform their decision-making. By triaging offenders, more time and resources can be focused on the high-risk individuals who present a critical threat to public safety and have the most pressing behavioral health needs. To produce better outcomes and to create supervision plans and treatment referrals that are best suited to each individual client's risk and needs, community supervision officers should consider the following recommendations and modify practice as policy and resources permit.

While systemic issues such as the use of banked caseloads or limited resources are difficult to address absent significant appropriations or structural changes, there are several goals that probation departments can work towards in a piecemeal fashion. To enhance the supervision of impaired drivers, community supervision agencies should endeavor to strengthen assessment practices, develop effective case management plans, maximize accountability through the use of technology and graduated sanctions, recognize progress, and facilitate access to services and treatment. While all probation departments are encouraged to adhere to evidence-based practices and guidelines for supervising impaired drivers, sometimes this simply is not possible.







## Strategies to Implement Solutions

However, any degree of monitoring presents an opportunity to prevent future contact with the criminal justice system and therefore, every probation term has value. Even minor modifications to practice can be instrumental in increasing client motivation and promoting behavior change.

### Strengthen Assessment Practices:

- Utilize screening and assessment instruments that are validated among the DUI population to accurately identify risk level and treatment needs, specifically CARS and IDA. Refer to the other reform to learn how to effectively implement these tools.
- Screen all first-time DUI offenders regardless of criminal record. Do not assume that misdemeanor or first-time DUI offenders are low-risk and lack criminogenic or behavioral health needs. Research has shown that first offenders can present with significant issues and this group should not automatically be placed on a banked caseload due to a lack of criminal history.
- Triage offenders and focus resources on DUI clients who are high-risk and high needs. For individuals identified as low risk with low treatment needs, placement on a banked caseload is an option although any non-compliance should trigger a case review and full assessment.
- Assess first offenders who are designated as high-risk and/or high needs when screened. While this may become a resource issue, it is important for probation to understand the risk factors and criminogenic needs that are present in these cases. Regardless of their status, these offenders are likely to require intensive interventions and absent treatment to address their needs, compliance and behavior change are unlikely. If possible, these individuals should be identified at the outset of supervision.
- Re-assess offenders at certain intervals to determine whether adjustments to the supervision or treatment plan are necessary. Offenders should be re-assessed at least once every six months to determine if progress is being made or if new issues have arisen. Criminogenic needs are dynamic in nature which means that factors change over time. Probation should be cognizant of significant changes in life circumstances and modify plans if needed to ensure that substance use, mental health, trauma, or other foundational issues are adequately addressed.
- Leverage partnerships with treatment providers. If probation departments lack the resources or staffing to conduct assessments with a large volume of clients, they should explore whether this can be outsourced to treatment entities within the community. These providers could offer continuity of care by completing assessment and offering treatment services if clients are found to have behavioral health needs.





## Strategies to Implement Solutions

### Develop Effective Case Management Plans:

- Formulate case management plans in collaboration with clients and adhere to the Risk-Needs-Responsivity framework as much as possible. Officers may be constrained by statutory requirements or judges' orders that require clients to adhere to specific conditions or participate in programming that is not closely aligned with their needs. However, community supervision officers can work within these confines and identify other ways to ensure that clients are monitored appropriately and paired with interventions that will address their individual needs.
- Ensure that case plans are relevant, research-based, and realistic. In other words, each case management plan should be specific to the individual client, recommend interventions that are proven to be effective, and contain goals that are attainable.
- Develop proximal and distal goals that clients can work towards and clearly outline expectations and consequences for non-compliance. By involving clients in this process, they feel as though they are heard and have a say in the management of their cases. This can help community supervision officers increase motivation and investment on the part of clients as the process is transparent and collaborative.
- Be flexible when developing supervision plans. Clients may be required to balance several responsibilities and adhere to conditions that might be contradictory. Work with clients to determine how all conditions and expectations of supervision can be reasonably met. Strategies that make it too difficult for offenders to successfully comply undermine public safety and can discourage even the most motivated clients.
  - o Consideration should be given to employment as it may be difficult for offenders to maintain a steady work schedule and report to supervision appointments, random testing, and treatment. If these additional sentence requirements can be scheduled outside of work hours, that may assist clients in being compliant.
- Listen to clients and adjust plans, as necessary. All supervision plans are dynamic and client feedback is important. There is no universal approach to the supervision of DUI offenders and what works well for one individual may not be the best approach for another client. Case management plans and treatment referrals should be developed collaboratively with clients as they can offer input into what approaches they think would work best for them. If a client reports that he/she is having difficulty engaging, instead of dismissing the complaint, use it as an opportunity to inquire why the current intervention or program is not working. Different and more appropriate options can be found, and a client can be referred to a new program.





## Strategies to Implement Solutions

### Maximize Accountability:

- Utilize different forms of technology such as ignition interlocks, continuous alcohol monitoring, remote breath testing, random drug screening, etc. to monitor all clients. When selecting technologies consider the various supervision goals contained within the individual supervision plan.
  - o Some technologies are designed for more intensive monitoring and are typically used with high-risk clients such as continuous alcohol monitoring which is used to enforce abstinence orders.
  - o Start off with more rigid testing requirements and if clients remain compliant, consider reducing the frequency of testing or transitioning to technologies that are designed for lower risk offenders (e.g., remote breath testing).
  - o If DUI clients are not statutorily required to install an ignition interlock, consider making this a condition of supervision as it will ensure that they separate drinking from driving.
- Establish communication channels with technology vendors and outline reporting expectations. Vendors often can customize reporting and can alert community supervision officers to violations in real-time. These capabilities are important for facilitating swift responses to non-compliance.
- Apply graduated sanctions to address non-compliance or violations. These sanctions can range from mild responses to formal violation hearings before the court.
  - o To create deterrence, all responses should be swift, certain, and proportional. When the supervision plan is created, community supervision officers should discuss conditions, expectations, and consequences with clients so they understand what will happen if they violate their supervision requirements.
  - o Sanctions should be applied immediately so that the consequence is directly linked to the violation.
- Review the cases of offenders on banked caseloads who violate conditions. Non-compliance and any substance violations should trigger a case review. Community supervision officers should assess these individuals to determine whether they should be transitioned to an active caseload and make referrals to treatment if necessary. Clients who violate conditions are at heightened risk of recidivism and therefore, should be subject to more intensive monitoring.





## Strategies to Implement Solutions

### Recognize Progress:

- Use positive reinforcement to recognize progress. While negative behavior and violations should be addressed, community supervision officers should also note when clients are compliant and adhere to supervision conditions. The use of positive reinforcement has been shown to be as effective as sanctions in changing behavior.
- Adjust supervision plans for clients who demonstrate behavior change. This may not always be possible for clients who have short periods of supervision but for those who have lengthy monitoring timeframes, community supervision officers can consider scaling back the frequency of reporting and testing or transitioning offenders to different monitoring technologies as a reward for compliance.
- Encourage client compliance by being invested in case outcomes. Community supervision officers may not realize the affect that they can have on their clients. Research has shown that the level of respect, communication, support, and encouragement provided by community supervision officers can be a defining factor in supervision success or failure. By establishing a rapport with clients and motivating them to succeed, officers can help them engage in treatment and believe that behavior change is an attainable goal.
  - o Some clients may never have received positive feedback or support. Therefore, knowing that their probation officer believes in their ability to succeed can lead them to work harder to ensure they do not disappoint. However, it is necessary to establish boundaries and while officials should recognize and support progress, they must also continue to hold clients accountable.

### Connect Individuals with Appropriate Services:

- Collaborate with treatment providers to ensure that all client needs are being met. Appropriate treatment referrals must be made to address substance use disorders, mental health disorders, and trauma. If possible, clients should receive integrated care.
- Determine whether individual clients would benefit from specific approaches including gender-sensitive, trauma-informed, or culturally appropriate treatment.





## Strategies to Implement Solutions

- Identify foundational needs such as housing, vocational training, education, employment, transportation, childcare, life skills, etc. and connect clients with appropriate services within the community.
- o Securing transportation options are particularly important for DUI clients who may not have driving privileges. These individuals must attend multiple appointments in order to remain compliant with supervision conditions and if they reside in rural jurisdictions, there may be few alternative or public transportation options available. This is another reason why interlock conditions are important – it allows offenders to meet their requirements and maintain employment while simultaneously protecting the public.
- Be familiar with the programming and treatment options available within the community. While community supervision officers cannot increase treatment capacity or create new programs, it is important to know what options are available. By having this awareness, officers can make targeted referrals and adjust plans as necessary. If option A does not work, community supervision officers should already have a plan B in place.
- Encourage clients to establish strong support networks within the community. Relationships with pro-social associates can be a protective factor and help clients change their behavior. These support networks can consist of family members, friends, intimate partners, social groups, peers in recovery, and faith-based associates. In addition to forming positive and health relationships, clients should also be encouraged to avoid unhealthy relationships with peers who engage in substance use or anti-social behaviors.

## Stakeholders

To institute effective community supervision and facilitate both offender accountability and behavior change it takes a village. Probation departments have limited resources and high caseloads. To function effectively, community supervision agencies must work closely with the courts, treatment providers, and the vendors who oversee various forms of monitoring technologies and testing. Strong channels of communication must exist among these entities as information is constantly being shared. Community supervision officers are heavily reliant upon vendors and treatment providers to alert them to client non-compliance and progress. Also, probation must be closely connected with the court system to address violations.

To ensure that clients have necessary support, community supervision agencies must form strong partnerships and collaborate with a variety of community organizations. Justice-involved individuals have many foundational needs and community supervision officers must be able to connect clients with appropriate services. This includes but is not limited to family and child protective services, employment and vocational centers, faith-based institutions, healthcare providers, treatment providers (both substance use and mental health counselors), social workers/social services, daycare/childcare services, adult education center, etc.





## Legislative/ Policy Changes

The variance in probation structure from one jurisdiction to another makes it difficult to recommend specific legislative changes. However, probation departments that have more resources at their disposal should consider creating specialized DUI caseloads for high-risk/repeat offenders. Due to the unique nature of the population and the known challenges of supervising these individuals, community supervision officers who take on this caseload should have experience, be skilled in motivational interviewing, and be knowledgeable about current evidence-based practices as well as community resources that can be used to address criminogenic and treatment needs. In smaller departments with blended caseloads, it is recommended that some designated staff receive DUI specific training so that they may serve as the subject matter expert for other officers. In some jurisdictions, intensive supervision programs that are designed to enhance the monitoring and treatment of impaired drivers have been implemented and proven effective in reducing recidivism. Jurisdictions should consider replicating models such as these to protect public safety and increase offender accountability.

Banked caseloads remain a reality within the field of community corrections and for certain low-risk offenders, limited monitoring is appropriate due to their likelihood of self-correction. For probation departments that assign DUI clients to these caseloads, the above recommendations should be implemented to maximize accountability when contact with community supervision officers is limited. As a matter of policy, community corrections agencies should endeavor to prevent the assignment of high-risk offenders to banked or administrative caseloads. As such, all first-time and misdemeanor DUI offenders should be screened using appropriate validated instruments to attain an accurate risk classification. Those individuals identified as having a higher risk level or high needs should be referred for further assessment and be subject to active monitoring, at least for the initial stages of their probation period. This may require a paradigm shift in some jurisdictions where the offense dictates the approach to supervision. Probation departments are hereby encouraged to rely on assessed risk level as opposed to criminal history as the most significant determinant when developing supervision plans. If low-risk offenders on banked caseloads are non-compliant with the conditions of their supervision or repeatedly violate monitoring and/or testing requirements, then this should lead to a case review and a transition to an active caseload. If offenders know that they are not being monitored or that they can avoid accountability for violations, then they are unlikely to alter their behavior. Consequentially, the practices are necessary to protect the public, promote long-term behavior change, and to protect agencies from potential liability.





## Reform in Action

To facilitate efficient monitoring and to better track offenders who are subject to both active and banked caseloads, probation departments should consider implementing electronic case management systems. These systems increasingly rely on online platforms and can integrate and automate several important supervision functions. The greatest benefit of these systems is that they facilitate more effective monitoring practices and allow officers with high caseloads to ensure that their clients are adhering to the conditions of their probation.

Case management systems allow officers to supervise both low and high-risk offenders and allows agencies to match the intensity of services and treatment to individual risk level. By doing this, probation departments do a better job of managing client needs while simultaneously managing agency staffing, caseloads/workload, and resources. As these systems become more sophisticated, they can integrate and automate more monitoring tasks. Some systems include assessment modules which ensures that outcomes include risk designation and specific criminogenic and treatment needs are identified within the system. Should assessments be administered at multiple points during supervision, the system can track changes and progress over time. The tracking of offenders and their compliance/violations is another important feature of these systems. Standard components include the tracking of probation appointments, treatment sessions, testing dates, and other conditions. In addition, many vendors can interface with these systems and share information regarding client performance on devices such as ignition interlocks, continuous alcohol monitoring, remote breath testing, etc. In instances where clients miss appointments or have alcohol/drug violations, community supervision officers are sent alerts via the system which triggers responses. Advanced systems such as AMS' Nexus go even further and take the guess work out of applying incentives and sanctions. This system incorporates evidence-based practices and supplies officers with recommended courses of action based on specific case details.

Subsequently, the use of case management systems can greatly streamline supervision and assist community supervision officers in implementing the recommendations highlighted in this section. While these systems may carry significant costs (which are usually determined based upon the number of officers who have access to the system), probation departments are able to accrue savings over time due to increases in efficiency and strategic resource allocation. When considering the implementation of this type of system, probation departments should ensure that the platform is able to perform several basic functions and act as a central repository for relevant case information. This includes assessment outcomes, offender risk classification, offender treatment needs, supervision requirements, referrals to treatment or other community services, drug testing/alcohol monitoring results, case history/summary of actions to date, violations or non-compliance, discharge planning, etc. Also, real-time alerts regarding non-compliance should be a requirement as this will allow officers to apply swift sanctions.

