

# [Mapping the Referral and Treatment Services for the Texas DWI Offender]

Texas A&M Transportation Institute Center for Transportation Safety

**Project Technical Report** 





#### TECHNICAL REPORT DOCUMENTATION PAGE

1. Mapping the referral and treatment services for the Texas DWI	2. Report Date: October 2, 2020
offender	3. Report No.
	TDB by RW and MM) [21-001]
4. Author(s)	5. Center for Alcohol and Drug Education
Cinthya Soares Roberto	Studies
Amber Brooke Trueblood	Texas A&M Transportation Institute
Troy Walden	3135 TAMU
•	College Station, TX 77843-3135

#### 6. Supplementary Notes

This project was funded by the Texas A&M Transportation Institute Center for Transportation Safety.

#### 7. Abstract

Impaired driving is a significant traffic safety problem in Texas. The state is above the national average for impaired-driving motor-vehicle deaths. Addressing these offenders with sanctions and rehabilitation opportunities is crucial. This treatment locator website serves as a repository of available resources for criminal justice practitioners to inform decisions about DWI offenders. Knowing the types of treatment and referrals prescribed to DWI offenders helps the state identify the types of programs that work within specific DWI population clusters. This repository information will shed light on which treatment practices are evidence-based and have merit for replication. TTI investigators identified criminal justice practitioners involved in referring DWI offenders to treatment and community resources. Then the team identified the processes that lead to working relationships with members of the mental health community. The information collected served as a baseline to determine how the data will be compiled in the future. The repository will warehouse information on probation departments' referral services, pre-trial diversion programs, registered treatment facilities, the state registered substance abuse programs, as well as community resources for DWI offenders. This repository will provide information on best practices that can save lives, prevent injuries, and build healthier citizens.

8. Key Words: DWI Treatment Locator; Impaired Driving; Repository

## **BACKGROUND**

#### RESEARCH PURPOSE STATEMENT

Provide criminal justice practitioners with evidence-based treatment and referral resources for DWI offenders.

#### THE PROBLEM

The toll of impaired driving crashes remains a deep source of concern in the lives of many Texans. In 2018 there were 3,054 Texans who suffered the consequences of impaired driving through serious injuries or deaths. The state reported 1,772 injuries and 1,282 deaths caused by DWI drivers (TxDOT, 2019). Preventable deaths and injuries are costly to the state in terms of lives lost due to impaired driving crashes and the costs of emergency room visits, insurance claims, prosecution, sentencing, and supervision (Zaloshnja, 2013).

Recidivism is closely tied with the diversity of profiles that impaired drivers have and the criminal justice system's criminal sanctions and intervention plans. The sad reality is that a significant portion of these individuals who go untreated re-offend. The National Highway Safety Administration (NHTSA) estimates that Texas' re-arrest rate for DWI offenders is 36%, which is 5% greater than the national average of 31% (Warren-Kigenyi & Coleman, 2014). Texas' high recidivism rate among impaired drivers strongly suggests the need for the state to proactively address recidivism and lead persons to the point of desistance to advance the federal mandate of eliminating alcohol-related traffic crash deaths and injuries.

The negative toll caused by repeat DWI offenders goes beyond the number of deaths and injuries caused by crashes. The individuals themselves are caught in a seemly unending cycle of receiving criminal justice system sanctions and failed attempts to heal personal issues. The recidivism cycle points to the failure of the conventional DWI intervention method currently offered to DWI offenders (Shaffer et al., 2007).

Criminal justice practitioners play a critical role in reducing impaired driving offenses. While County Attorneys (CA's) and District Attorneys (DA's) possess the authority to recommend treatment intervention plans as part of the punishment for convicted impaired driving offenders, judges possess the authority to ensure that treatment interventions are ordered and ultimately completed. Both CA's, DA's, and judges use a mix of legal sanctions with various forms of treatment and community services in their sentencing. Most treatment services offered to impaired driving offenders are ordered through criminal justice referrals (Maxwell, n.d.).

Texas criminal justice practitioners face unique challenges when determining adequate intervention plans for DWI offenders. Together with probation departments, judges and prosecutors have the power to recommend evidence-based intervention plans to DWI offenders. Decisions are often made under tight time constraints for offender populations with varied profiles. Unfortunately, CA's, DA's and judges do not have a full comprehension of the types of treatment referrals and clinical interventions that are available in their communities for impaired driving offenders. Presently, limited information is known about how jurisdictions make

decisions on treatment types, referrals and programming activities that offenders typically receive. Further, there are limited metrics of how the treatment services are offered and each program's effectiveness. This incomplete picture limits the state's ability to address DWI offenders fully.

Investing in offenders' mental health leads to a reduction in crime and improvement in overall public safety in communities. Researchers have pointed that referring offenders to mental health services leads to significantly lower recidivism rates (Zeola et al., 2016).

The State needs to develop a joint effort of the criminal justice system, the mental health community, and community-based interventions to prevent impaired driving recidivism and provide the necessary services to the DWI offender (Andrews & Bonta, 2016). However, collaboration among these sectors is lacking (Epperson et al., 2014; Lamberti, 2016). To achieve significant reductions in vehicular crimes caused by impaired driving fatal crashes, criminal justice stakeholders need to consider sentencing and monitoring practices that include holistic treatment services that impaired driving offenders need.

Criminal justice practitioners have vital roles in providing treatment referrals and intervention plans that DWI offenders need. The Bureau of Justice Statistics points out that plea bargaining has been the most common form of criminal case disposition in history. (U.S. Department of Justice, 1984). The high number of plea bargains points to the key role that prosecutors play in impaired drivers' lives. Prosecutors execute most of DWI sentencing through the pleas and conditions of sentencing. They are the front line for impaired driving offenders to access the needed treatment. Judges also indispensable in preventing DWI offending by ensuring that treatment interventions are ordered and ultimately completed. Along with probation officers that recommend suitable intervention plans for DWI offenders and directly monitor offenders.

Ultimately, a system is needed to properly assess the intervention level based on an individual's need. Using a multi-disciplinary approach from the criminal justice continuum and external treatment partners will give offenders the best chance of desistance from impaired driving. Each offender is different, so individual assessments will help the courts administer the appropriate level of intervention. Thus, criminal justice practitioners must be well equipped with information on all the treatment options offenders have access to, the benefits to the state in referring these offenders to those services, and foremost assess the impact of sentenced offenders improved health behavioral health and its correlation to improved public safety in the community.

#### **RESEARCH QUESTIONS**

- 1) Do criminal justice practitioners consider treatment and intervention plans in their sentencing of DWI cases? If so, what tools are used to screen the need for them?
- 2) What are available local/regional treatment referrals and clinical interventions for DWI offenders?
- 3) What types of partnerships exist between the criminal justice system and the mental health community to serve DWI offenders?
- 4) Are there DWI treatment and referral best practices that merit replication in the state?

## **RESULTS**

Recognizing such information needs, the Texas A&M Transportation Institute (TTI) investigators created the Texas DWI Treatment Locator repository, which is available at <a href="https://www.texasdwitreatmentlocator.org/">https://www.texasdwitreatmentlocator.org/</a>. This tool serves as a central information hub for criminal justice practitioners (see Figure 1 displays the website's homepage).

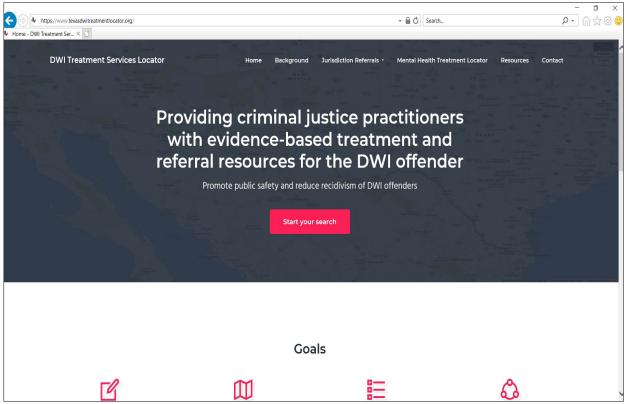


Figure 1. DWI Treatment Services Locator Homepage.

The locator provides statewide data on treatment and referral practices, which can inform stakeholders' decision-making in DWI cases. The locator's information is based on literature findings as well as interviews with criminal justice stakeholders. The literature reviewed the importance of four key principles (CSG,2018):

- Principle 1: To improve the identification of DWI offenders' risks and needs by documenting and promoting the use of validated criminogenic screening and assessment tools of various state jurisdictions.
- Principle 2: To promote access to treatment and services for DWI offenders by documenting the timelessness and availability of services.
- Principle 3: To foster intervention plan effectiveness by encouraging jurisdictions to develop evaluation metrics for services offered to DWI offenders.

• Principle 4: To strengthen inter-jurisdictional collaboration by promoting the importance of information sharing and the coordination of services offered to DWI offenders.

The repository information, based on the principles above, are to be collected through online surveys. The composite of questions emerged after TTI investigators interviewed criminal justice practitioners involved with DWI caseloads.

In discussions with the Victoria District Attorney, TTI investigators identified the county's referral practices and its shortfalls. For example, the DA's office only recently adopted the practice of screening all repeat DWI offenders during the pre-trial phase. The probation department does the screening. Often DWI offenders are not recommended for treatment; however, the county partners with the Gulf Bend Mental Health Authority if a DWI offender chooses to seek treatment voluntarily. Some of the shortfalls listed by the Victoria District Attorney were that some of the screenings are done at the beginning of the case and are not updated by the time of sentencing or agreements. A second shortfall is that DAs may not feel comfortable interpreting and making referral decisions based on screening results due to their lack of mental health knowledge and training.

TTI investigators followed-up with a discussion with the Victoria probation department. The probation department screens all DWI offenders. It is common practice for the probation officer to send referral forms to DAs. If any violation of probation occurs, the probation officer recommends further steps to the judge, such as referrals to a client's treatment plan. The community corrections department contracts with mental health services through a bidding process every two years. Referrals based on mental health needs usually occur though DWI offender's self-disclosure. Only then an assessment is made, and the referral is encouraged.

TTI investigators also discussed with a specialty court judge in El Paso. The court uses treatment providers to screen DWI offenders. Due to the specialty courts' nature, many stakeholders partner with other community stakeholders to offer services to selected participants. The specialty court faces unique immigration status challenges, a lack of treatment facilities, and community service options.

The chosen principles target the research questions for this project. The interviews and literature principles guided the survey information that TTI investigators developed for the locator website. The TTI team submitted the survey to the Texas A&M Institutional Review Board, receiving approval to proceed in late September.

Ultimately, the Texas DWI Treatment Locator repository aims to provide stakeholders with the ability to assess impaired driving sentencing practices, promote the de-stigmatization of mental health practices, and foster inter-jurisdictional collaboration with the ultimate purpose of eliminating impaired driving and promoting healthier communities.

# **DISCUSSION**

#### APPLICATION TO REAL-WORLD SAFETY

In 2018, the National Highway Safety Administration reported that 40% of all motor-vehicle deaths in Texas were alcohol-impaired driving fatalities (NHTSA, 2019). Texas also has a 36% repeat DWI offender rate for DWI arrests (Warren-Kigenyi & Coleman, 2014). The criminal justice system is crucial in prescribing sanctions and rehabilitation options to curb these alarming numbers. The Texas DWI Treatment Locator repository serves as a central hub of information on evidence-based sentencing and referral practices.

This repository is a resource that criminal justice practitioners can refer to when making sentencing and programming decisions. The repository serves as a catalyst for informed funding allocation, treatment referral decisions, and appropriate DWI sentencing in Texas. The data collected in the DWI Treatment Locator provides insight into best practices that can save lives, prevent injuries, and build healthier citizens.

# HOW THE WORK STARTS TO ADDRESS THAT TRANSPORTATION SAFETY ISSUE.

The project sets up the Texas DWI Treatment Locator Repository, which will lead to a better understanding of the types of criminal justice referrals impaired driving offenders receive. The locator information helps the state develop the best treatment referral practices to be shared across jurisdictions. It equips local jurisdictions with resources about other jurisdictional practices, which might help sere criminal justice professionals better respond to each DWI offender's unique needs. This locator repository is on its initial stage. Future work will involve collecting statewide data through the online survey process, follow-up with regional jurisdictions to confirm and add missing information and spread the repository message to criminal justice stakeholders.

## **KEY STAKEHOLDERS**

The key stakeholders for this project would include:

- Criminal Justice Providers
  - District Attorneys
  - County Attorneys
  - Judges
  - Probation offices
- Treatment providers
- Impaired Driving Stakeholders

# **TECHNICAL APPROACH**

Phase 1 of this project was completed through the following steps:

- 1. Identifying current treatment locations in Texas,
- 2. Developing an interactive website, and
- 3. Developing a survey for criminal justice practitioners.

First, current treatment locations were identified from the Substance Abuse and Mental Health Services Administration (SAMSHA) national database. TTI investigators reviewed and updated broken links using Google Spreadsheets and running a script to flag broken links, which were manually updated by the project team. This preliminary SAMHSA data was used as a reference to develop the treatment services locating tool that will later be more robustly populated with individual stakeholder recommendations and input. The mental health treatment locator map is available at <a href="https://www.texasdwitreatmentlocator.org/mental-health-treatment-locator-map/">https://www.texasdwitreatmentlocator.org/mental-health-treatment-locator-map/</a>. (see Figure 2 for the mental health treatment locator map tab).

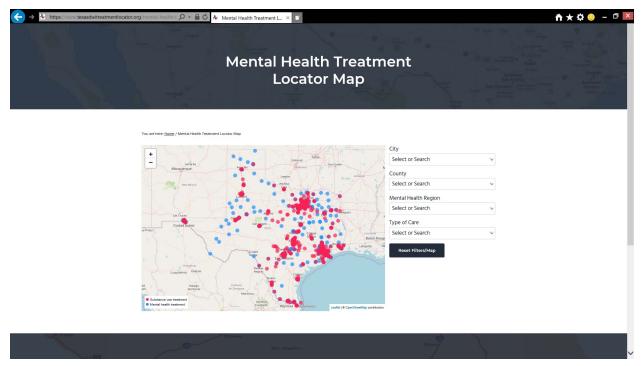


Figure 2. Mental Health Treatment Locator Map.

Second, the team developed a framework for the Texas DWI Treatment Locator Repository. The websites tabs explore:

- Background information on the importance of considering mental health implications in DWI sentencing
- Literature information on the four core principles with **future** repository features.

- The mental Health Treatment Locator Map, which lists the available mental health resources in Texas
- The resources tab contains links other treatment locator tools, publications on criminal justice sentencing practices that involve mental health components, and helpful websites that criminal justice practitioners can refer to when looking for best practices in the field
- The contact us tab displays the team's contact information and a message box for discussions with the project team

Third, the TTI team combined the knowledge from criminal justice stakeholder's' interviews and the Council of State Government's four core principles to develop the data collection survey to obtain the future repository information.

# **TECHNOLOGY TRANSFER**

The project lead for this project was awarded a grant by the Texas Department of Transportation for FY 21 to train criminal justice professionals on the decision-making process of intervention plans prescribed to DWI offenders. This TxDOT grant will allow the TTI team to showcase the repository in five webinar opportunities.

In the future, once the survey results have been collected and added to the repository, the TTI team will apply to present the repository information at national conferences and regional task force meetings.

# **REFERENCES**

Bonta, J., & Andrews, D. A. (2016). The psychology of criminal conduct. Taylor & Francis.

Council of State Governments. (2018). Four Key Measures # 4: Reducing Recidivism for people with Mental Illnesses in Jails. [PowerPoint Slides]. Retrieved from <a href="https://stepuptogether.org/wp-content/uploads/Stepping-Up-Key-Measure-4-Webinar-Slides-12-12-18.pdf">https://stepuptogether.org/wp-content/uploads/Stepping-Up-Key-Measure-4-Webinar-Slides-12-12-18.pdf</a>.

Epperson, M. W., Canada, K., Thompson, J., & Lurigio, A. (2014). Walking the line: Specialized and standard probation officer perspectives on supervising probationers with serious mental illnesses. *International journal of law and psychiatry*, *37*(5), 473-483.

Lamberti, J. S. (2016). Preventing criminal recidivism through mental health and criminal justice collaboration. Psychiatric Services, 67(11), 1206-1212.

Maxwell, J. (n.d.). Impaired Drivers: Where do they come from and can they be identified? The Addiction Research Institute at The University of Texas at Austin.

National Highway Safety Administration. (2019). Alcohol-Impaired Driving Safety Facts- 2018 Data. (Report No. DOT HS 812 864). Washington, DC: National Highway Traffic Safety Administration.

Shaffer, H. J., Nelson, S. E., LaPlante, D. A., LaBrie, R. A., Albanese, M., & Caro, G. (2007). The epidemiology of psychiatric disorders among repeat DUI offenders accepting a treatment-sentencing option. Journal of consulting and clinical psychology, 75(5), 795.

Texas Department of Transportation. (2019). Crash Record Information System. Retrieved from https://cris.txdot.gov/Crash. Accessed 11/13/2019.

U.S. Department of Justice. (1984). The Prevalence of Guilty Pleas. Bureau of Justice Statistics Special Report. <a href="https://www.bjs.gov/content/pub/pdf/pgp.pdf">https://www.bjs.gov/content/pub/pdf/pgp.pdf</a>.

Warren-Kigenyi, N., & Coleman, H. (2014). DWI recidivism in the United States: An examination of state-level driver data and the effect of look-back periods on recidivism prevalence (No. DOT HS 811 991).

Zaloshnja, E., Miller, T. R., & Blincoe, L. J. (2013). Costs of alcohol-involved crashes, United States, 2010. Annals of advances in automotive medicine. Association for the Advancement of Automotive Medicine. Annual Scientific Conference, 57, 3–12.

Zeola, M. P., Guina, J., & Nahhas, R. W. (2017). Mental health referrals reduce recidivism in first-time juvenile offenders, but how do we determine who is referred? Psychiatric quarterly, 88(1), 167-183.