Impaired Driving Leadership Model: Case Studies

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16. Abstract

Following dramatic declines in impaired driving in the 1980's and early 1990's, further progress has been challenging to achieve. While there was a 26 percent decline in the number of alcohol-impaired-driving fatalities from 13,290 in 2001 to a low of 9865 in 2011, the number has crept up by 6.4 percent since then to 10,497 in 2016. These 10,497 alcohol-impaired-driving fatalities represented 28 percent of the total number of motor vehicle fatalities (37,461) in the United States in 2016. Since 2010, the fatality rate per 100 million vehicle miles traveled (VMT) for alcohol-impaired driving has remained between 0.33 VMT and 0.35 VMT.

This report contains case studies of an Impaired-Driving Leadership Model, as it was implemented in three States – New Mexico, Washington State, and Oklahoma. Each case study highlights steps in the process that led to the Leadership Model's implementation, elements of the Leadership Model's structure, key components of its operation, and impacts that were observed following the Leadership Model's implementation. Key elements include: starting the process with an **impaired driving assessment**; developing an **impaired driving strategic plan** (which serves as a framework for statewide implementation of future actions); assembling a **leadership team** (which is tasked with both developing the strategic plan and overseeing and ensuring its implementation); ensuring that **team leaders** and **leadership team members** have sufficient knowledge, authority and breadth to effectively oversee the plan's implementation; and receiving demonstrated support from the State **Governor**. This report also identifies common and distinguishing elements of the Leadership Model as it has been implemented in

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While this report cannot attribute any causal relationships between the Impaired-Driving Leadership Models adopted in the three States featured, the report does indicate improvements (declines) in impaired-driving fatalities over time, following implementation of the Leadership Model in these three States.</td></tr>
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Table of Contents

Table of Figures

Abbreviations

BAC	blood alcohol concentration measured in grams per deciliter (g/dL)
DRE	Drug Recognition Expert
DUI	driving under the influence
DWI	driving while intoxicated
FARS	Fatality Analysis Reporting System
GIDPAC	Governor's Impaired-Driving Prevention Advisory Council
MAP-21	Moving Ahead for Progress in the 21st Century (Act)
NCSA	National Center for Statistical Analysis (division of NHTSA)
NGO	Non-Governmental Organization
SMR	Special Management Review
VMT	Vehicle Miles Traveled
WIDAC	Washington Impaired-Driving Advisory Council

Executive Summary

Background

Following dramatic declines in impaired driving in the 1980s and early 1990s, further progress has been challenging to achieve. While there was a 26 percent decline in the number of alcohol-impaired-driving fatalities (deaths that occurred in motor vehicle crashes involving one or more drivers with a blood alcohol concentration (BAC) of .08 grams per deciliter [g/dL] or higher) from 13,290 in 2001 to a low of 9865 in 2011, the number has crept up by 6.4 percent since then to 10,497 in 2016. These 10,497 alcohol-impaired-driving fatalities represented 28 percent of the total number of motor vehicle fatalities (37,461) in the United States in 2016. Since 2010, the fatality rate per 100 million vehicle miles traveled for alcohol-impaired driving has remained between 0.33 VMT and 0.35 VMT.

State and local governments engage in and support a variety of countermeasures and initiatives to combat alcohol-impaired driving; yet, alcohol-impaired driving remains a serious and persistent traffic safety concern on U.S. roadways. From 2015 to 2016, there were 18 States that experienced declines in the number of alcohol-impaired-driving fatalities, while 30 States experienced increases; in two States, there was no change (NCSA, 2016a; NCSA, 2017).

Highway Safety Uniform Guidelines No. 8, Impaired Driving

Impaired driving is a complex and persistent traffic safety problem. It demands a comprehensive, multi-disciplinary, system-level approach, requiring coordination across many levels of State and local government, as well as collaboration with non-governmental organizations and other relevant stakeholders and non-traditional partners. Implementation of single countermeasures and "siloed" approaches are not sufficient to reduce and prevent alcohol-impaired-driving fatalities and injuries in the long term (Shinar, 2007).

For this reason, the Highway Safety Act of 1966 (as amended) provided the National Highway Traffic Safety Administration establish Uniform Guidelines for State Highway Safety Programs, regarding a number of highway safety topics, including impaired driving. Highway Safety Program Guideline No. 8, Impaired Driving, and past research have identified strong leadership as a critical component of effective highway safety programs (Hedlund & McCartt, 2002; Jones, Lacey & Wiliszowski, 1998; Hawkins, Scrimgeour, Krenek, & Dreye, 1976), especially in the area of impaired driving, which requires a comprehensive programmatic approach and coordination.

Objectives and Methods

This report contains case studies of an Impaired-Driving Leadership Model, as it was implemented in three States – New Mexico, Washington State, and Oklahoma. Each case study highlights steps in the process that led to the Leadership Model's implementation, elements of the Leadership Model's structure, key components of its operation, and impacts that were observed following the Leadership Model's implementation.

This report also identifies common and distinguishing elements of the Leadership Model as it has been implemented in these three States, lessons learned and recommendations for other States that might consider implementing the Leadership Model in the future.

Results

New Mexico
New Mexico conducted an impaired-driving assessment in 2002, completed a DWI strategic plan containing 22 initiatives (11 priority initiatives) in 2003, and formed an impaired-driving leadership team in 2005. New Mexico's impaired-driving fatality rate per 100 million vehicle miles traveled has improved from 0.66 (6th highest in the Nation) in 2004, to 0.43 (18th highest) in 2009, and 0.36 (22nd highest in 2015).

Washington State
Washington State conducted an impaired-driving assessment in 2004 and a re-assessment in 2010. It formed the Washington Impaired-Driving Advisory Council (WIDAC) in 2009 and completed an impaired-driving strategic plan in 2010 containing 15 objectives (48 countermeasures). Washington's impaired-driving-fatality rate per 100 million VMT improved from 0.42 (the 33rd highest in the Nation) in 2000, to 0.37 (25th highest) in 2009, and 0.23 (41st highest) in 2014.

Oklahoma
Oklahoma conducted an impaired-driving assessment in 2012, formed the Governor's Impaired-Driving Program Advisory Council in 2013, and completed an impaired-driving strategic plan containing 37 recommendations in 2014. Oklahoma's impaired-driving fatality rate per 100 million VMT improved from 0.44 (the 11th highest in the Nation) in 2012 to 0.36 (21st highest) in 2015.

This report cannot attribute any causal relationships between the Impaired-Driving Leadership Models adopted in these three States and the improvements (declines in fatalities) that they experienced. The improvements may reflect increased attention to the impaired driving issue, due to leadership involvement; they may reflect the countermeasures adopted and the activities conducted in these three States; or they may reflect other factors or trends that we were unable to detect in our analyses. In any event, these improvements are encouraging.

KEY ELEMENTS

For all three States, the process started with an **impaired driving assessment**, commissioned by the State, in which independent outside experts conducted a comprehensive review of the State's impaired driving system and made recommendations (including priority recommendations) for making improvements. Next, the State developed an **impaired driving strategic plan**, which sought to prioritize the recommendations received during the assessment and served as a framework for statewide implementation of future actions. Like the assessments, the strategic plans took a comprehensive approach to improving the State's impaired driving program, seeking to strengthen the State's program in many areas, including prevention, laws, law enforcement, prosecution, adjudication, treatment and rehabilitation, program management, and data systems. All three States designated or assembled a **leadership team**, which was tasked with not only developing the strategic plan, but also (perhaps more importantly) overseeing and ensuring its implementation. **Leadership team members** had sufficient knowledge and authority to effectively oversee implementation of the plan and, by representing a broad range of State interests, they expanded the effort's reach well beyond the traditional jurisdiction of each State's highway safety office, and greatly

facilitated communication and coordination within each State. **Team leaders** were identified to coordinate the leadership team and the **Governor** demonstrated support by either initiating the effort or approving it explicitly.

LESSONS LEARNED

Catalyst

In all three States, events or occurrences served as catalysts that generated momentum and initiated and/or revitalized the statewide impaired-driving program, using the leadership model process. While the specifics of the catalytic events or occurrences varied among the States, each one helped provide a spark that established a path for action.

Strong Leadership

Leadership was a foundational element in each of these statewide programs. It manifested itself in various ways. For example, the following elements of leadership were observed:

- The **Governor** either initiated the State effort or endorsed it in visible ways, such as by appointing a leadership team or approving the team's strategic plan. The Governor also provided ongoing support, by signing Executive Orders, engaging in media efforts, or otherwise funding and supporting initiatives being pursued in the State.
- The **leadership team** (called WIDAC in Washington and GIDPAC in Oklahoma) was convened of State government and non-governmental leaders and stakeholders with knowledge, experience, and interest in the State's impaired driving system. The team identified priority initiatives that were needed in the State to address the gaps that existed and monitored ongoing efforts to ensure that progress was made.
- The **leadership team members** included, essentially, all major stakeholders involved in impaired driving issues. All members had influence over decisions made at the meetings. Members were empowered to oversee and ensure progress on projects being undertaken.
- The **team leaders** presided over leadership team meetings, and oversaw all team efforts. They coordinated extensively with the many participating State government and non-governmental leaders and stakeholders. They also communicated periodically with other State leaders, including the Governor, the Governor's staff and the public, to promote ongoing awareness and support.
- **Consensus** was sought among leadership team participants while the team was developing strategic plans. Discussions were held and all stakeholders had the opportunity to present their ideas.

Coordination and Communication

The leadership teams became the central communication and coordinating centers for impaired driving projects and issues in each State. Although many different agencies and stakeholders had previously been working on impaired driving issues, members of these leadership teams were no longer operating in isolation, duplicating services, or competing for scarce resources, but rather were combining resources and expertise to facilitate enhanced coordination and collaboration. The leadership teams created forums for all organizations working on impaired driving issues to inform each other about their work, and created an opportunity for coordination.

Conduct an Assessment and Develop an Impaired-Driving Strategic Plan
The first steps taken by each State included conducting an impaired-driving assessment and developing a statewide impaired-driving strategic plan. In some cases, these steps were time consuming, but in all cases, they served as a framework for the State's implementation strategy, and helped the States identify and prioritize DWI issues and efforts to be undertaken to address them.

Comprehensive and Multidisciplinary
Each of the States took a comprehensive approach, using State Highway Safety Program Guideline No. 8 and their impaired-driving assessments as the foundation for the State's impaired-driving strategic plans. In addition, each State's leadership team included participants from a variety of backgrounds, disciplines and areas of expertise, representing a broad range of State agencies and non-governmental organizations. Accordingly, the strategic plans included initiatives, objectives and recommendations that were comprehensive, covering such areas as laws, law enforcement, prosecution, adjudication, prevention, treatment, program management, communications and statewide data needs.

Documentation
Documentation was a key principle and management tool. In each State, there were two primary documents that provided structural support to the Leadership Model process - the impaired-driving assessment report and the State's impaired-driving strategic plan. During the development of the strategic plans, documentation was vital to determine which impaired-driving assessment recommendations would be adopted or modified in the State's strategic plan. Documentation was critical also after the strategic plan was adopted, to effectively track and monitor progress.

Documentation during the development of strategic plans included meeting minutes, draft documents, key comments, and other communications, and the documentation captured suggestions, proposed changes, thoughts, and ideas in a systematic and archival way. Following adoption of the strategic plan, documentation included progress reports, expenditure reports and periodic reports to the Governor or Governor's Office. These materials tracked commitments made, tasks completed and outstanding goals and objectives.

Data and Evidence Based Decisions
Professionals and leaders in the field of highway safety seek to make decisions and promote solutions that are "data driven" and "evidence based." However, there are occasions when data may be missing, incomplete or imperfect. All three States documented the need for improved data systems and for timely, accurate and complete data. The States also highlighted and discussed the need to make decisions that are grounded in evidence.

Debates occurred during some leadership team meetings, however, questioning what qualifies as "evidence based," and some solutions were proposed that were not supported by data, but rather were based on anecdotal information or personal experiences.

Especially when working with such a diverse group of participants and stakeholders, team leaders found it helpful to establish criteria at the beginning of the Leadership process, to ensure that the group would operate using a common understanding and frame of reference for making decisions, and team leaders reminded leadership members of these and other guiding principles throughout the leadership process.

Leadership Styles and Approaches

The team leaders exhibited different leadership styles, which facilitated and strengthened the Leadership process. **Transformational leadership** is the process of inspiring a group to pursue goals and attain results (Muchinsky, 2009, p. 416). **Charismatic leadership** is the product of charisma, a trait that inspires confidence in others to support the ideas and beliefs of an individual who possesses this trait. (Muchinsky, 2009). The combination of the two, **transformational/charismatic leadership,** emphasizes leadership that motivates followers to do more than what is typically expected, by increasing their identification with and commitment to goals that transcend their own self-interest (Yukl, 2010).

Transformational/charismatic leadership is appropriate in situations such as these, under which large-scale change is being sought. It is commonly thought that large-scale change efforts can generate inspiration and enhanced self-confidence of organizational members toward a common mission, using such techniques as visioning, creating a sense of urgency, building confidence through early successes, fostering innovation and learning, and demonstrating continued optimism and commitment.

Collective leadership uses expertise from a variety of participants and distributes leadership elements to solve problems effectively. (Friedrich, Vessey, Schuelke, Ruark, & Mumford, 2009). **Pragmatic leadership** emphasizes the application of in-depth understanding over the issues at hand, identifying significant problems and devising actions that can bring about solutions. (Mumford, 2006). Collective/pragmatic leadership is appropriate in situations such as these, in which many participants from multiple disciplines, with varying perspectives and interests, are seeking concrete solutions to effect change. Pragmatic leadership recognizes the importance of conducting meetings efficiently to gather, share and integrate information. Collective leadership promotes the exchange of information, leverages expertise from individual participants and integrates information to solve complex problems.

Encourage Creativity

Efforts were made in leadership team meetings, during the development of strategic plans, to solicit creative ideas, beyond the recommendations included in the impaired-driving assessments. These efforts were intended to ensure that leadership members knew that other ideas were welcome and that the leadership teams were not limited by the impaired-driving assessment recommendations.

RECOMMENDATIONS FOR LEADERSHIP TEAMS

In General

1. Use documentation to centralize, structure, and guide the process as well as to track progress
2. Structure the process such that the State's highway/traffic safety office plays a coordinating and supporting role

Key Characteristics of the State Coordinating Agency

3. Ensure the presence of strong leadership that combines key elements of pragmatic/collective and transformational/charismatic approaches
4. Find ways to gain initial momentum, and continuously build commitment to the process

External influences

5. Communicate national and Federal impaired driving concerns and priorities to team members while being mindful of State-specific issues
6. Conduct an assessment of the State's impaired driving program using outside experts
7. Structure the process using documentation that explicitly shows the recommendations resulting from the impaired-driving assessment
8. Develop a statewide impaired-driving strategic plan and encourage thinking that extends the recommendations beyond those from the impaired-driving assessment
9. Discuss explicitly the efforts, successes, and failures of other States' impaired driving efforts as well as more generally the empirical research on impaired driving initiatives

Supplements to team meetings

10. Create a network of workgroups comprised of different agencies that represent a variety of strategic areas and disciplines to provide input and support to the core members of the team
11. Ensure that workgroup leaders run organized and efficient meetings in which open participation is encouraged and the specific agenda and goals are clear
12. Create formal processes by which different workgroups can communicate and collaborate with each other
13. Make progress in between official team meetings, collaborating with key experts and ensuring that specific tasks are identified and accomplished
14. Provide updates regarding the work being accomplished in between formal team meetings

Internal influences

15. Ensure the core team membership reflects an appropriate balance of agencies in relation to the focal strategic areas of the impaired driving program
16. Discuss specific initiatives that integrate different strategic areas to further the development of a broader strategic plan, but also be mindful of how such discussions can potentially be constraining
17. Make decision-making criteria and key definitions explicit and clear, early in the process
18. Ensure throughout the process that the decision-making criteria and key definitions are consistently referenced and used
19. Ensure that workgroups actively generate and document ideas regarding specific impaired driving initiatives
20. Encourage the critical evaluation of recommendations and specific impaired driving initiatives
21. Manage conflict so that disagreements are focused on ideas and not interpersonal issues

Conclusions and Recommendations

This report cannot attribute any causal relationships between the Impaired-Driving Leadership Models adopted in the three States and the improvements (declines) in impaired-driving fatalities that they experienced. The improvements may reflect increased attention to the impaired driving issue, due to leadership involvement; they may reflect the countermeasures adopted and the activities conducted in these three States; or they may reflect other factors or trends that we were unable to detect in our analyses. In any event, these improvements are encouraging.

This report examines, qualitatively, some of the similarities and differences among these three States in their implementation of a Leadership Model, including key elements of each State's Leadership Model structure and process. Key elements include: starting the process with an **impaired driving assessment**; developing an **impaired driving strategic plan** (which serves as a framework for statewide implementation of future actions); assembling a **leadership team** (which is tasked with both developing the strategic plan and overseeing and ensuring its implementation); ensuring that **team leaders** and **leadership team members** have sufficient knowledge, authority and breadth to effectively oversee the plan's implementation; and receiving demonstrated support from the State **Governor**.

This report also articulates lessons learned and recommendations that may be of use to other States interested in undertaking a similar process. To conduct this examination, we reviewed documents and other information generated by the three States, materials and information in the possession of NHTSA, and input provided by researchers who were commissioned by NHTSA to evaluate and observe these Leadership Model structures and processes at the time they were being undertaken.

Establishing a statewide impaired-driving leadership team can enhance and advance impaired driving traffic safety efforts. A statewide impaired-driving leadership team has the potential to improve inter- and intra-institutional coordination and communication. The team can also help align priorities, build capacity, and generate resources to address impaired driving issues.

Establishing a dedicated position to focus solely on the coordination, communication, and facilitation of the Impaired-Driving Leadership Model can help anchor the State's efforts toward action and facilitate enhanced coordination across all layers of the State and local system, and among relevant stakeholders.

When convening a statewide impaired-driving leadership team, participants should represent multiple sectors, disciplines, and perspectives, to permit cross-collaboration among diverse stakeholders, which can impact comprehensive, large-scale and system-level and positive change.

Impaired-Driving Leadership Model – Findings Based on Three State Case Studies

An alcohol-impaired-driving fatality occurs every 50 minutes and 29 alcohol-impaired-driving fatalities occur every day in the United State (NCSA, 2017***).***

The impact of alcohol involved crashes on quality of life and economics has been estimated to account for $52 billion (USD) and 22 percent of all economic costs[1] (Blincoe, Miller, Zaloshnia, & Lawrence, 2015***).***

INTRODUCTION

Following dramatic declines in impaired driving in the 1980s and early 1990s, further progress has been challenging to achieve. While there was a 26 percent decline in the number of alcohol-impaired-driving fatalities[2] from 13,290 in 2001 to a low of 9865 in 2011, the number has crept up by 6.4 percent since then to 10,497 in 2016. These 10,497 alcohol-impaired-driving fatalities represented 28 percent of the total number of motor vehicle fatalities (37,461) in the United States in 2016. Since 2010, the fatality rate per 100 million vehicle miles traveled for alcohol-impaired driving has remained between 0.33 VMT and 0.35 VMT. See Figure 1.

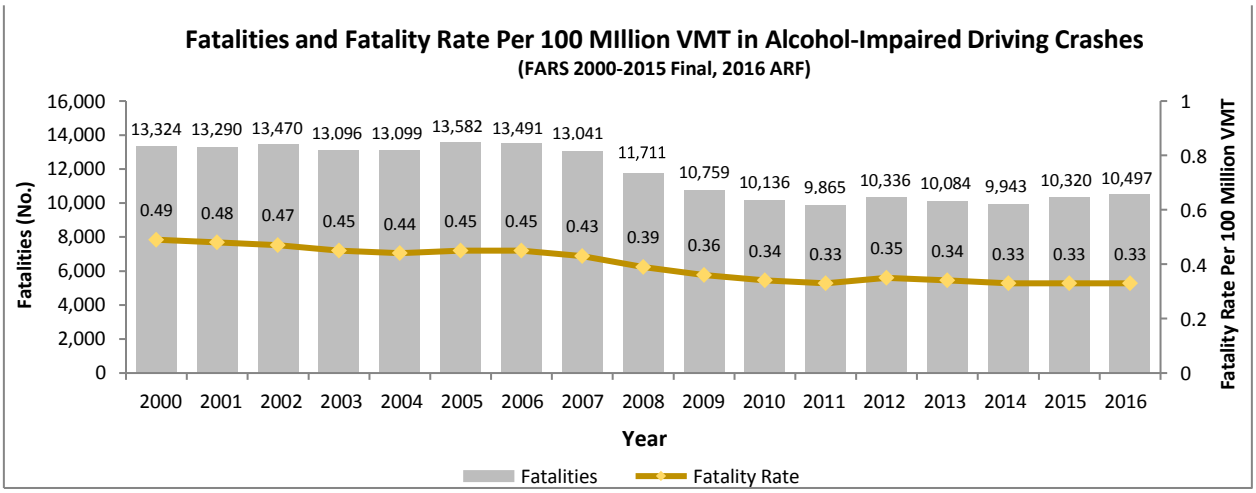

Figure 1. Fatalities and Fatality Rate per 100 Million VMT in Alcohol-Impaired-Driving Crashes.

Alcohol involvement in fatal motor vehicle crashes is most prevalent at night, on weekends, among young males, and among motorcycle riders. On average, one alcohol-impaired-driving fatality occurred every 50 minutes in 2015 (NCSA, 2016b; NCSA, 2017).

The impact of alcohol involved motor vehicle crashes in the United States (involving at least one driver with a blood alcohol concentration of .01 g/dL or higher) on quality of life and economics has been estimated to account for $52 billion and 22 percent of all economic costs (based on 2010 data, which are the data most currently available). The estimated economic cost of alcohol-impaired-driving crashes in the United States (involving at least one driver with a BAC of

[1] Economic costs include "lost productivity, medical costs, legal and court costs, emergency service costs (EMS), insurance administration costs, congestion costs, property damage, and impact on productivity (Blincoe, Miller, Zaloshina, & Lawrence, 2015).

[2] An alcohol impaired-driving fatality is any death that occurred in a motor vehicle crash that involved one or more drivers who had a BAC of .08 g/dL or higher. It is important to note that the term "alcohol impaired" does not imply that a crash or fatality was caused by alcohol impairment, but that alcohol was involved at or above the .08 BAC level (NCSA, 2015).

.08 g/dL or higher) was $43 billion and 18 percent of all economic costs (Blincoe, Miller, Zaloshina, & Lawrence, 2015).

While a BAC of .08 g/dL is considered to be illegal *per se* in every State,[3] a large majority of drivers in fatal crashes with any measurable amount of alcohol had levels far higher than .08 g/dL. In 2015 about 84 percent (9,649) of the 11,482 drivers who were positive for alcohol had BACs at or above .08 g/dL, and 55 percent (6,343) had BACs at or above .15 g/dL. Figure 2 presents the distribution of BACs among drivers involved in fatal crashes who had any amount of alcohol in their systems. The most frequently recorded BAC among drinking drivers in fatal crashes in 2015 was .14 g/dL.

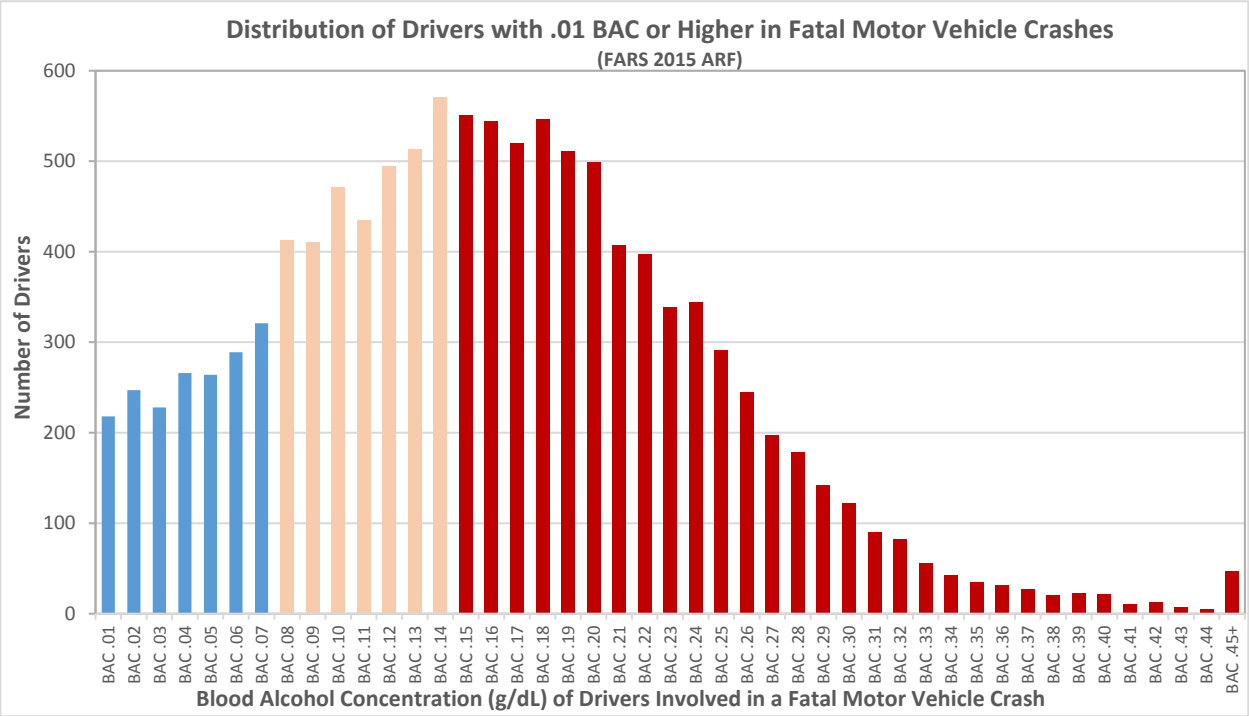

Figure 2: Distribution of BACs for Drivers With a BAC of .01 g/dL or Higher in Fatal Motor Vehicle Crashes

State and local governments engage in and support a variety of countermeasures and initiatives to combat alcohol-impaired driving; yet, alcohol-impaired driving remains a traffic safety concern on U.S. roadways. Eighteen States experienced declines in the number of alcohol-impaired-driving fatalities from 2015 to 2016, while 30 States experienced increases; in two States, there was no change (NCSA, 2016a; NCSA, 2017).

Highway Safety Uniform Guidelines No. 8, Impaired Driving

Impaired driving is a complex and persistent traffic safety problem. It demands a comprehensive, multi-disciplinary, system-level approach, requiring coordination across many levels of State and local government, as well as collaboration with non-governmental organizations and other relevant stakeholders and non-traditional partners. Implementation of

[3] In 2017, Utah amended its statute to establish an illegal *per se* level of .05 g/dL, but this change to Utah's law is not yet in effect.

single countermeasures and "siloed" approaches are not sufficient to reduce and prevent alcohol-impaired-driving fatalities and injuries in the long-term (Shinar, 2007).

For this reason, the Highway Safety Act of 1966 (as amended) provided that NHTSA establish uniform guidelines for State Highway Safety Programs regarding a number of highway safety topics, including impaired driving. Highway Safety Program Guideline No. 8, Impaired Driving, was last revised on February 9, 2006 (71 F.R. 6830). It contains six program elements.

I. Program Management and Strategic Planning
II. Prevention
III. Criminal Justice System (Including Components Regarding Laws, Enforcement, Prosecution, and Adjudication)
IV. Communication Program
V. Alcohol and Other Drug Misuse (Including Components Regarding Screening, Assessment, Treatment, and Rehabilitation)
VI. Program Evaluation and Data

(See Appendix A for the complete text for Highway Safety Program Guideline No. 8.)

As provided in Highway Safety Guideline No. 8 (I. Program Management and Strategic Planning):

> "An effective impaired driving program should be based on strong leadership, sound policy development, program management and strategic planning … . Programs and activities should be guided by problem identification and carefully managed and monitored for effectiveness … . Each State should include the following as part of its impaired driving program:
>
> - *Task Forces or Commissions*: Convene Driving While Impaired (DWI) task forces or commissions to foster leadership, commitment and coordination among all parties interested in impaired driving issues, including both traditional and non-traditional parties … .
> - *Strategic Planning*: Develop and implement an overall plan for short- and long-term impaired driving activities based on careful problem identification.
> - *Program Management*: Establish procedures to ensure that program activities are implemented as intended."

Interest in an Impaired-Driving Leadership Model[4]

Highway Safety Program Guideline No. 8 and past research have identified strong leadership as a critical component of effective highway safety programs (Hedlund & McCartt, 2002; Jones, Lacey, & Wiliszowski, 1998; Hawkins, Scrimgeour, Krenek & Dreye, 1976), especially in the area of impaired driving, which requires a comprehensive programmatic approach and coordination.

In 2004, Congress provided funds to NHTSA to develop, demonstrate and evaluate a State Leadership Model. Since that time, NHTSA has supported, observed and studied the

[4] In various documents (e.g., statements of work, interim reports, power point presentations, and other written materials and notes), terminology varies regarding what the leadership model is called. Some terms used include: Comprehensive Alcohol Impaired Driving State Program, Comprehensive State Impaired Driving Leadership System, and Comprehensive Impaired Driving Leadership Model. In this report, Impaired Driving Leadership Model or simply Leadership Model will be the standard terms used to reference all of these terms.

implementation of this Leadership Model in three States: New Mexico; Washington State and Oklahoma.

This report contains case studies of the Leadership Model, as it was implemented in each of these three States. Each case study highlights steps in the process that led to the Leadership Model's implementation, elements of the Leadership Model's structure, key components of its operation, and impacts that were observed following the Leadership Model's implementation.

This report also identifies common and distinguishing elements of the Leadership Model as it has been implemented in these three States, lessons learned, and recommendations for other States that might consider implementing the Leadership Model in the future.

In 2012, Congress enacted the Moving Ahead for Progress in the 21st Century (MAP-21) Act, which directed the U.S. Department of Transportation to establish a National Priority Safety Grant Program, under which more than 50 percent of these grant funds "shall be allocated among States that meet [specified] requirements [related to] impaired driving countermeasures" (Sec. 31105, amending 23 U.S.C. §405(a)(1)C)).

As provided in MAP-21 (in 23 U.S.C. §405(d)(3)), States with average impaired-driving fatality rates higher than .30 g/dL must take certain steps to be eligible for these impaired driving grant funds specifically as follows.

- (B) "Mid-Range States" (States that have an average impaired-driving fatality rate that is higher than 0.30 and lower than 0.60) "shall be eligible for a grant … if:
    - "(i)(I) a statewide impaired driving task force in the State developed a statewide plan during the most recent three calendar years to address the problem of impaired driving; or
    - "(ii) the State will convene a statewide impaired driving task force to develop such a plan during the first year of the grant."
- (C) "High-Range States" (States that have an average impaired-driving fatality rate of 0.60 or higher) "shall be eligible for a grant … if the State:
    - "(i)(I) conducted an assessment of the State's impaired driving program during the most recent three calendar years; or
    - "(II) will conduct such as assessment during the first year of the grant;
    - "(ii) convenes, during the first year of the grant, a statewide impaired driving task force to develop a statewide plan that –
        - "(I) addresses any recommendations from the assessment conducted under clause (i);
        - "(II) includes a detailed plan for spending any grant funds provided under this subsection; and
        - (III) describes how such spending supports the statewide program; and
    - "(iii)(I) submits the statewide plan to the National Highway Traffic Safety Administration during the first year of the grant for the agency's review and approval;
    - "(II) annually updates the statewide plan in each subsequent year of the grant; and
    - "(III) submits each updated statewide plan for the agency's review and comment. "

It is NHTSA's hope that this study of State Impaired-Driving Leadership Models will be beneficial to other States (particularly, mid-range and high-range States), since impaired driving program assessments, statewide impaired driving task forces, and statewide impaired driving plans are all essential elements of an Impaired-Driving Leadership Model.

CASE STUDIES

Case Study: New Mexico Impaired-Driving Leadership Model

In 2004, Congress appropriated $3 million to NHTSA to demonstrate a comprehensive impaired driving program. While there are many individual countermeasures that have the potential to achieve some level of success in reducing impaired driving (see *Countermeasures That Work: A Highway Safety Countermeasure Guide for State Highway Safety Offices,* 8th Edition, 2015), including per se laws, high-visibility enforcement, use of ignition interlocks, and close supervision of convicted offenders, this program sought to take a more comprehensive approach, which did not rely on just a single highway safety countermeasure.

NHTSA conducted a competitive procurement process and awarded a cooperative agreement to New Mexico (through its Traffic Safety Bureau) to develop and implement a comprehensive impaired driving program. NHTSA also awarded a contract to a research firm to evaluate the program independently.

The project had the following goals:

- Demonstrate a process for implementing a comprehensive approach to reducing impaired driving; and
- Demonstrate the impact of the approach on impaired driving crashes, injuries and fatalities.

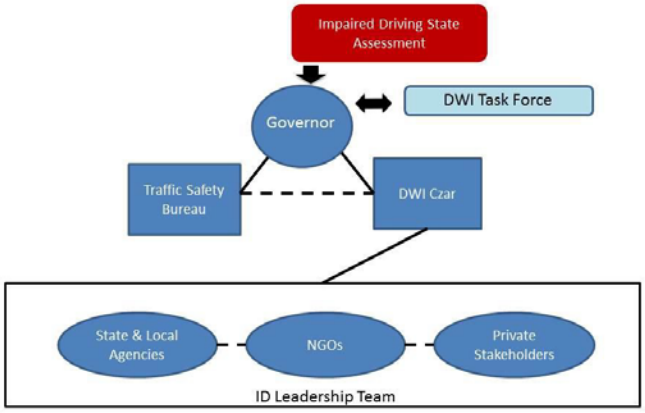

Figure 3: New Mexico's State Impaired Driving Leadership Model.

It was NHTSA's hope that the demonstrated approach would be transferrable to other States, especially States with high numbers of impaired-driving fatalities and high impaired-driving-fatality rates.

New Mexico was selected as the site for this demonstration project based on a number of factors.

- The State had one of the highest alcohol-impaired-driving-fatality rates in the country.
- The Governor of New Mexico had campaigned on a promise to reduce impaired-driving fatalities in the State and, once elected, he established this issue as a key State priority.
- New Mexico had already completed an impaired driving program assessment.
- The State had also convened a task force to review and prioritize the recommendations presented to the State during the assessment and to develop a strategic implementation plan, which was designed to close gaps in the State's impaired driving system.

- In addition, the State had plans to create an ongoing leadership team to guide and oversee the State's implementation of that plan (Ramirez, Lacey, & Tippets, 2014a and 2014b).

New Mexico's leadership model and organizational structure are shown in Figure 3. The process began with an impaired-driving assessment commissioned by New Mexico in which independent experts from outside the State conducted a comprehensive review of the State's impaired driving system and made recommendations (including priority recommendations) for making improvements (Anderson, Devlin, Hatch, Smith, & Wort, 2002).

The impaired-driving assessment recommendations were reviewed by a Task Force appointed by the Governor, and included high-level career State government officials and other stakeholders from outside New Mexico State government, who represented a spectrum of disciplines and perspectives (see Appendix B). This group was tasked with setting priorities among the recommendations received by the State during the impaired-driving assessment and developing a multiagency DWI strategic plan. Like the impaired-driving assessment, the State's strategic plan took a comprehensive approach to improving the State's impaired driving program and sought to strengthen the State's program in all areas, including prevention, laws, law enforcement, prosecution, adjudication, treatment, and rehabilitation. The strategic plan served as a framework for a statewide implementation strategy (Anderson, Devlin, Hatch, Smith, & Wort, 2002; Ramirez et al., 2014a and 2014b; Syner, Tucker, & Martinez, 2008a).

While many States had convened task forces to set priorities in the past, New Mexico initiated additional steps in an effort to ensure that the State would make progress on implementing its multiagency DWI strategic plan. The governor appointed a leadership team of career mid-level government officials, and other leaders and stakeholders from across the State to monitor progress continuously. These people had sufficient knowledge and authority to oversee effective implementation of the plan. The leadership team membership included officials and representatives from State Departments of Corrections, Health, Public Safety, Motor Vehicles, Finance and Administration; Administrative Offices of the Courts; district attorneys, and others. The breadth of the team's membership extended the reach of its effort well beyond the traditional jurisdiction of the State's Traffic Safety Bureau and it greatly facilitated coordination within the State (Syner, Tucker, & Martinez, 2007 and 2008a; Syner et al., 2008b). In addition, the State worked closely and collaboratively with NHTSA, continuously strengthening its efforts, in response to technical assistance received.

The leadership team was co-led by two people – the Director of the New Mexico Traffic Safety Bureau and the (then, newly appointed) DWI Czar, a cabinet-level official who reported directly to the Governor. The group generally met on a monthly basis.

In addition to the funds provided to the State from NHTSA, under the cooperative agreement, New Mexico also made substantial investments of its own in support of its activities. Some of the State's wide-ranging efforts included waves of high-visibility enforcement and publicity efforts in high-fatality locations, selection of a Traffic Safety Resource Prosecutor who provided training and technical support to prosecutors across the State related to impaired driving cases, expansion of the State's DWI Court program, strengthening of the State's liquor control laws, and outreach to high-risk populations within the State, including Native Americans and Hispanics (Syner et al., 2008b and 2010).

While no causal relationship can be attributed directly to New Mexico's Impaired-Driving Leadership Model (Ramirez et al., 2014b; Syner et al., 2008a and 2008b; Syner, Tucker, & Martinez, 2010), Figure 4 shows improvements (declines) in impaired-driving fatalities over time, following New Mexico's implementation of the Leadership Model. In Figure 4, the orange box represents the year in which the State conducted an impaired-driving program assessment. The gray box represents the performance period under the cooperative agreement between NHTSA and New Mexico.

In 2004, when NHTSA awarded the cooperative agreement to New Mexico to demonstrate the Leadership Model, impaired-driving fatalities were rising, from 143 in 1998, to 157 in 2004 (nearly a 10% increase). Over the following 5 years (during the cooperative agreement), impaired-driving fatalities in New Mexico dropped to 112 in 2009 (a 29% decline). Since that time, impaired-driving fatalities in New Mexico have dropped further to 98 in 2015 (an additional 12.5% decline since 2009, or a combined decline of 38% from 2004 to 2015).

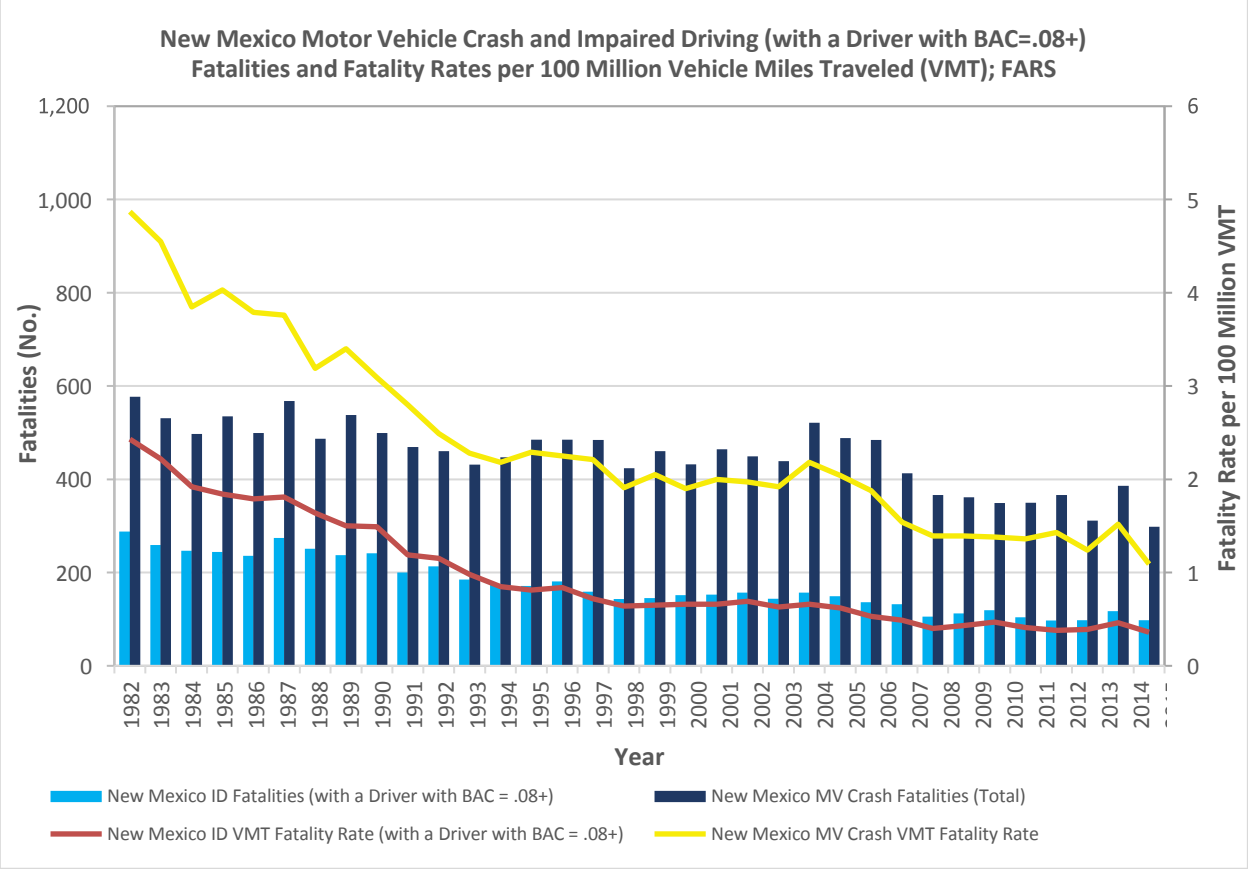

Figure 4: New Mexico's Fatalities and VMT Fatality Rate for All Motor Vehicle Fatalities and Alcohol-Impaired-Driving Fatalities From FARS Data, 1982-2015.

During these same years, impaired-driving fatalities across the United States have also decreased, from 13,099 in 2004 to 10,265 in 2015, but not as steeply as in New Mexico (a 22% decline across the United States, as compared with a 38% decline in New Mexico). As a result, New Mexico's impaired-driving fatality rate per 100 million VMT has improved from 0.66 (the 6th highest in the Nation) in 2004 to 0.43 (18th highest) in 2009 and 0.36 (22nd highest) in 2015. See Figure 5.

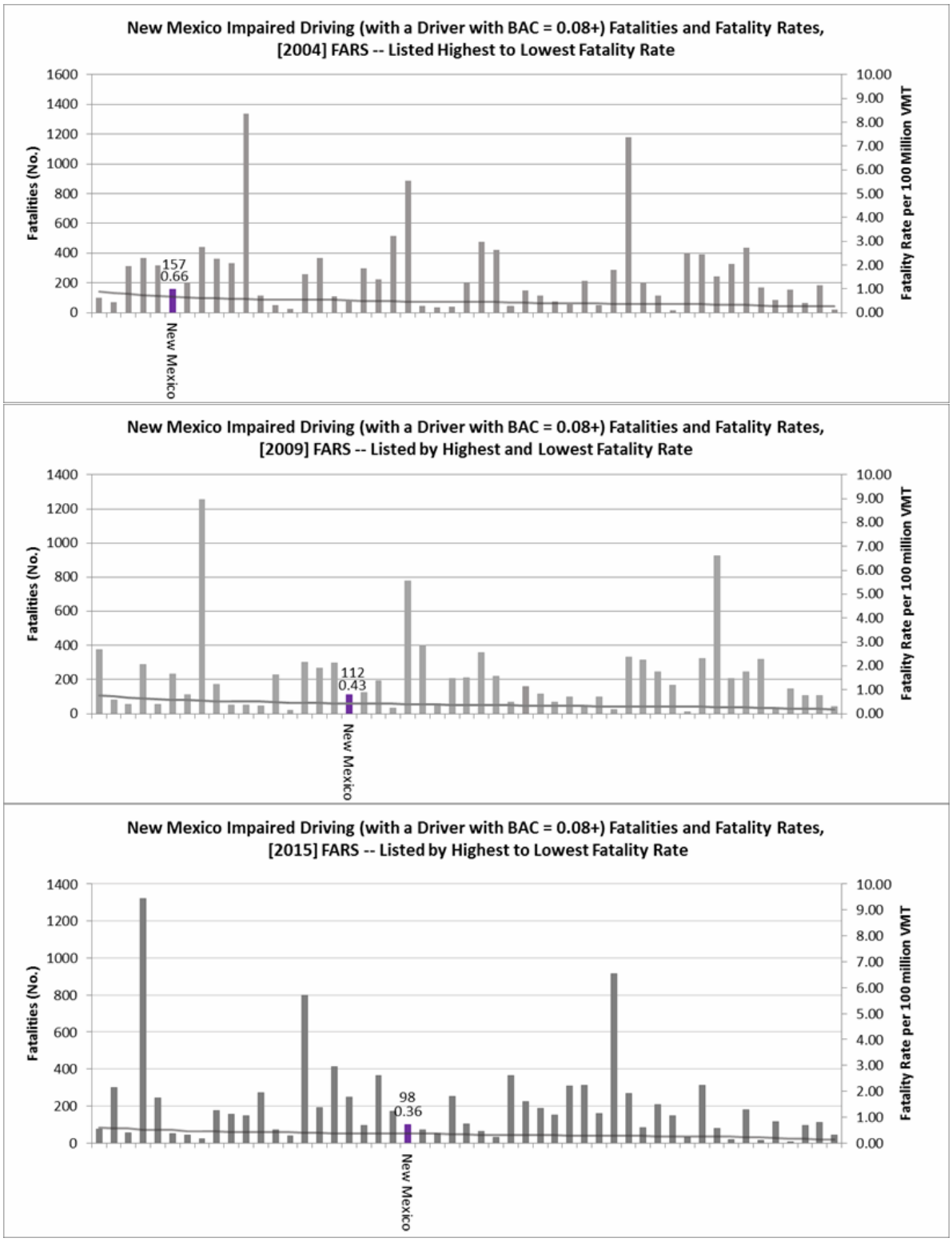

Figure 5: New Mexico's Position, Compared With Other States, Based on Its ID VMT Fatality Rate in 2004, 2009, and 2015.

While the results in New Mexico were encouraging, many States were apprehensive about the replicability of such a program in other jurisdictions. After all, few (if any other) States are led by Governors who campaigned on a promise to reduce impaired-driving fatalities and has made (or

would consider making) this issue a leading State priority. Moreover, no other State has appointed a DWI Czar, and some States have questioned whether they would even have authority to do so. In addition, New Mexico had received significant financial and technical support from NHTSA (including $3 million) under the cooperative agreement. States were (perhaps understandably) skeptical about whether they could achieve similar accomplishments without this level of assistance.

Case Study: Washington State Impaired-Driving Leadership Model

In 2009, NHTSA sought to replicate the Leadership Model in one or more other States and the agency provided $1 million in financial support for this demonstration project. NHTSA conducted a competitive procurement process and awarded a cooperative agreement to Washington State (through its Traffic Safety Commission) to develop and implement an impaired-driving leadership program. NHTSA also awarded a contract to a research firm to evaluate the program independently.

The project sought:

- To replicate the critical components of the leadership model developed in New Mexico, including:
    - Effective leadership at a high State level (e.g. Governor);
    - Effective leadership at a working level (e.g., leadership team or Task Force); and
    - Engagement and collaboration across State agencies and with appropriate private sector organizations that may serve as resources to the impaired driving system; and
- To refine the model so that other States can implement it efficiently and effectively.

Washington State was selected as the site for this demonstration project based on a number of factors:

- The State had already adopted an integrated systems approach with the goal of achieving zero fatalities (*Target Zero*) by the year 2030;
- The Governor of Washington State had committed her support for this goal;
- Washington State had already formed the Washington Impaired-Driving Advisory Council that included high-level representatives from State government agencies and other leading organizations engaged in all aspects of the State's impaired-driving system including prevention, deterrence, treatment, rehabilitation, and program management, as well as mid-level and "boots-on-the-ground" representatives, who were critical to engagement and the success of implementation;
- WIDAC was led by a dynamic leader who served as Director of the Washington Traffic Safety Commission and had direct access to the Governor;
- Washington also had established local *Target Zero* Task Forces across the State;
- The State had previously completed an impaired driving program assessment in 2004, and made a commitment to conduct a reassessment;
- In addition, WIDAC would review and prioritize the recommendations received by the State during the reassessment, develop a strategic implementation plan designed to close gaps in the State's impaired driving system and oversee the

State's implementation of the plan (NHTSA, 2009; PIRE, 2010; PIRE, 2011; WTSC, 2013).

Washington's Leadership Model and organizational structure are shown in Figure 6. Similar to New Mexico, Washington State's process began with an impaired-driving assessment, commissioned by the State. Washington had conducted an assessment in 2004. In 2010 the State conducted a reassessment. The reassessment recommendations were reviewed by WIDAC, which included high level, mid-level and ground-level State government officials, and other non-governmental leaders and stakeholders, representing a broad range of fields and disciplines, including prevention, enforcement, prosecution, adjudication, treatment, rehabilitation, and program management. WIDAC set priorities among the recommendations received by the State during the impaired driving reassessment, developed a strategic impaired-driving plan, continuously monitored the program and oversaw implementation. Inclusion of WIDAC members in the decision-making and planning processes led to buy-in and engagement during the implementation phase. The local *Target Zero* Task Forces assisted with implementation.

WIDAC included officials from the State Departments of Health, Transportation and Licensing; the Washington Traffic Safety Commission; the Washington State Patrol; the State Liquor Control Board; and many other State and outside organizations (see Appendix B). Similar to New Mexico's leadership team, Washington's WIDAC extended the reach of this effort well beyond the traditional jurisdiction of the State's Traffic Safety Commission and greatly facilitated coordination within the State (WTSC, 2013). In addition, the State worked closely and collaboratively with NHTSA, continuously strengthening its efforts, in response to technical assistance received.

The Director of the Washington Traffic Safety Commission led WIDAC. In general, the group met on a quarterly basis.

In addition to the funds provided to the State from NHTSA under the cooperative agreement, Washington also made substantial investments of its own, in support of its activities. Some of the State's wide-ranging efforts included support for law enforcement (including SFST training and strengthening of the State's Law Enforcement Liaison Program); expansion of the State's ignition interlock program (including adoption of compliance-based removal and use of cameras on ignition interlocks); support for judges and prosecutors (including development of a Prosecutor's DUI Boot Camp, creation of a network of *Target Zero* prosecutors, development of a Judge's DUI Bench Book, and the selection of a Judicial Outreach Liaison); an increase in the number of DUI Courts in the State and use of electronic blood warrants

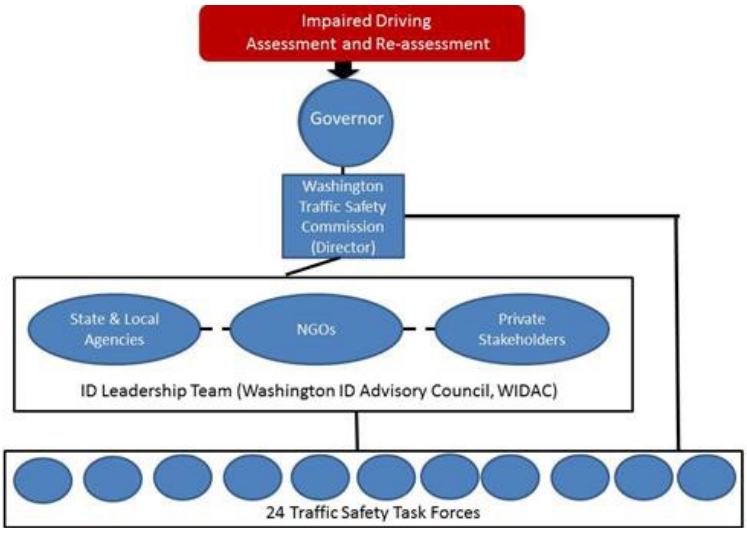

Figure 6: Washington's State Impaired Driving Leadership Model.

(Chezem, Lillis, Manuel, Wort, & Shah, 2004; Lillis, Krisavage, Moore, Witte, & Vecchi, 2010; NHTSA 2009; PIRE 2010; PIRE 2011; WTSC, 2013).

While no causal relationship can be attributed directly to Washington's Impaired-Driving Leadership Model, Figure 7 shows improvements (declines) in impaired-driving fatalities over time, following the State's adoption of its *Target Zero* initiative and the Leadership Model. The figure contains one purple box, one orange box and one gray box. The purple box represents the year in which Washington State adopted *Target Zero*. The orange box represents the year in which the State conducted its first impaired driving program assessment. The gray box represents the performance period under the cooperative agreement.

In 2000 the year in which Washington State adopted *Target Zero*, there were 224 impaired-driving fatalities. By 2004 the year in which the State conducted its first impaired driving assessment, impaired-driving fatalities had declined to 202 (nearly a 10% decrease). During the five years of the cooperative agreement, impaired-driving fatalities declined from 207 in 2009 to 132 in 2014 (a 36% decline, for a combined decline of 41%from 2000 to 2014).

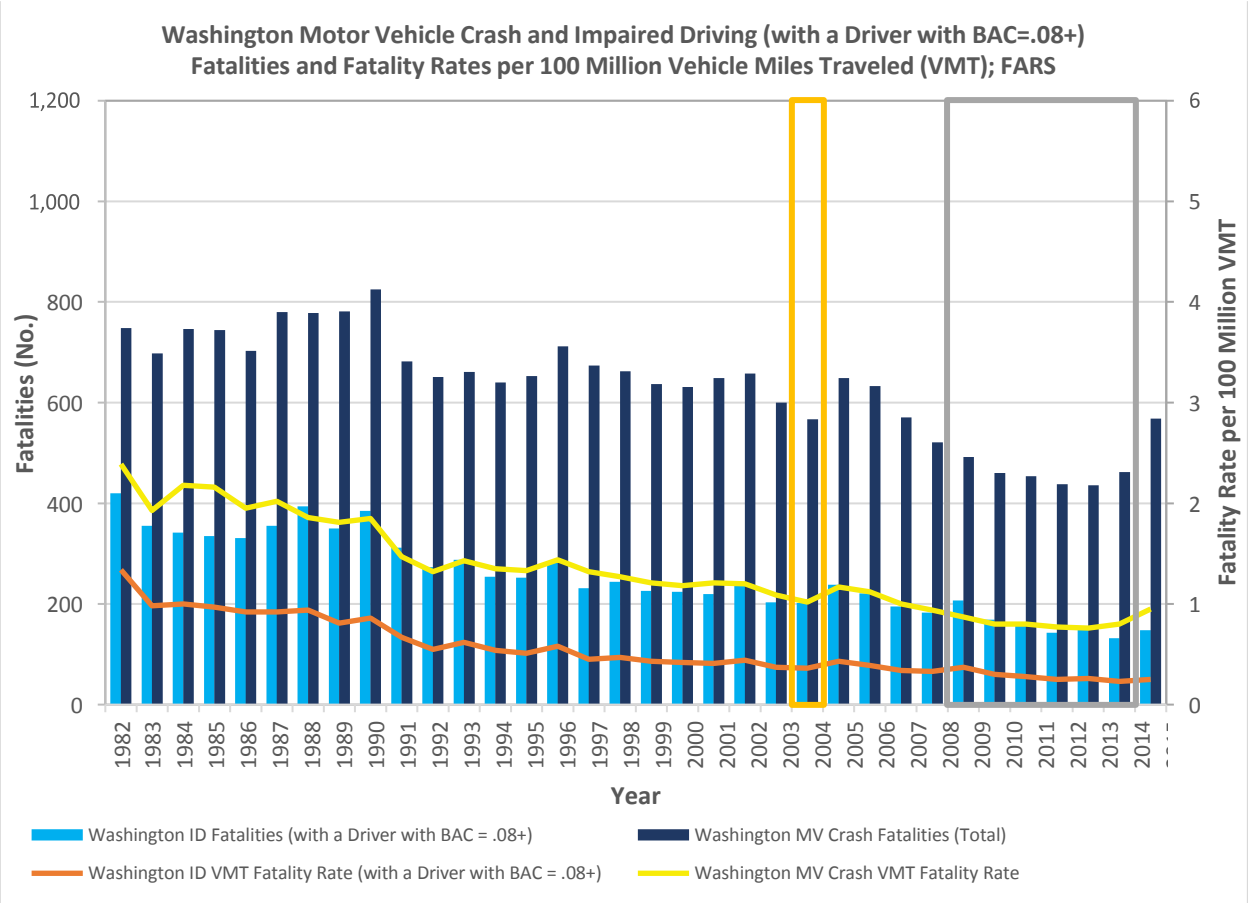

Figure 7: Washington's Alcohol-Impaired-Driving Fatalities From FARS Data From 1982 to 2015.

During these same years, impaired-driving fatalities across the United States have also decreased, from 13,324 in 2000 to 9,943 in 2014, but not as steeply as in Washington State (a 25% decline across the United States, as compared with a 41% decline in Washington). As a result, Washington's impaired-driving fatality rate per 100 million VMT improved from 0.42 (the

33rd highest in the Nation) in 2000, to 0.37 (25th highest) in 2009, and 0.23 (41st highest) in 2014. See Figure 8.

Figure 8: Washington's Position, Compared With Other States, Based on Its ID VMT Fatality Rate in 2000, 2009 and 2014.

The results in Washington were also encouraging. Washington State was able to demonstrate that the Leadership Model (developed in New Mexico) could be adapted and refined so that it could be implemented efficiently and effectively in another State. For example, the demonstration showed that a State didn't necessarily require a Governor who campaigned on a promise to reduce impaired-driving fatalities and made this issue a leading State priority. In addition, a State didn't necessarily need to appoint a DWI Czar. However, many States were not necessarily convinced yet, about the replicability of a leadership model in other jurisdictions (besides New Mexico and Washington). For example, not all States have a dynamic leader directing their highway safety office, with direct access to and a high level of support from their State Governor. Further, few (if any other) States had adopted a *Target Zero* policy at that time. In addition, Washington State had received some technical and financial support from NHTSA under the cooperative agreement. Washington had not received as much financial support as New Mexico ($3 million), but they had received some financial assistance ($1 million). Accordingly, States reportedly continued to be somewhat skeptical about whether it was feasible for them to adopt a leadership model and, if they did, whether they could expect to achieve similar accomplishments.

Case Study: Oklahoma Impaired-Driving Leadership Model

In 2011, it came to NHTSA's attention that Oklahoma sought to replicate the Impaired-Driving Leadership Model. Oklahoma representatives had conferred with officials from New Mexico and Washington State and had plans to adapt the model to the unique circumstances in Oklahoma. NHTSA did not enter into a cooperative agreement with Oklahoma or provide any financial assistance in support of this effort. However, NHTSA awarded a contract to researchers to evaluate Oklahoma's program and process independently, and Oklahoma permitted the researchers to observe its impaired-driving leadership activities.

Oklahoma was considered to be an appropriate site for this study based on a number of factors.

- The State had one of the highest impaired-driving-fatality rates in the Nation and had not made improvements in the last 3 consecutive years equivalent to the Nation as a whole;
- The State effort had not been initiated by its Governor, but rather by mid-level State government officials who did not have direct access to the Governor, and it would be led by these mid-level State government officials;
- The Governor had, however, approved of this effort;
- Oklahoma was at the very early stages of forming a Governor's Impaired-Driving Prevention Advisory Council, and it would include representatives from State government agencies and non-governmental organizations engaged in all aspects of the State's impaired driving system, including prevention, deterrence, treatment, rehabilitation and program management;
- In addition, although Oklahoma did not receive any financial assistance in support of this effort and was not awarded a cooperative agreement with NHTSA, the State provided full cooperation to the researchers and invited the researchers to observe and study the State's process, from its inception (Anderson et al. 2012; Hoelscher, Cooper, Nguygen, Kramer, & Day, 2014).

Oklahoma's Leadership Model and organizational structure are shown in Figure 9. In April 2012, NHTSA conducted a special management review of Oklahoma. NHTSA no longer conducts SMRs, but at the time, these reviews were conducted to help States improve performance in a particular program area (such as impaired driving). States were identified as candidates for SMRs if an analysis of the State's most current data from the FARS showed that the State had higher fatality rates than the national average and the State had achieved poorer progress in meeting State performance goals over a consecutive three-year period, compared to the Nation as a whole. SMRs examined management and operational practices in a particular program area and provided recommendations for improvements in planning, programming, implementation and evaluation. The SMR for Oklahoma focused on the area of impaired driving.

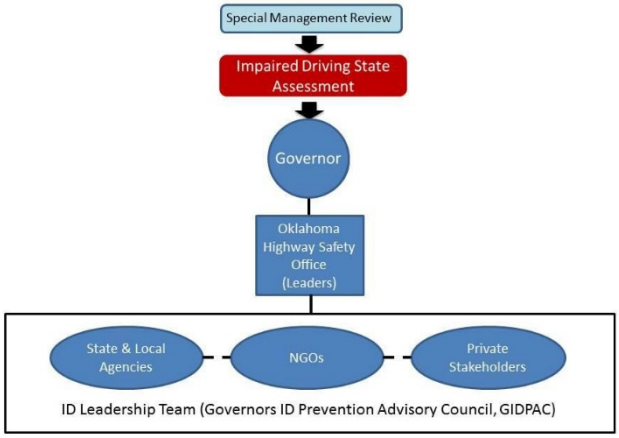

Figure 9: Oklahoma's State Impaired Driving Leadership Model.

The recommendations delivered to Oklahoma, as a result of the SMR, included:

- Creating a statewide Impaired-Driving Task Force or leadership team; and
- Conducting an Impaired-Driving Program Assessment.

Later in 2012 similar to New Mexico and Washington State, Oklahoma commissioned an impaired-driving assessment. Also in 2012 the Director of the Oklahoma Highway Safety Office convened an Impaired-Driving Prevention Summit and recommended the creation of an impaired driving task force or leadership team in the State. In 2013 the governor appointed the Governor's Impaired-Driving Prevention Advisory Council (GIDPAC), based on those recommendations (Anderson et al. 2012; Hoelscher, Cooper, Nguygen, Kramer, & Day, 2014).

The Executive Order that established GIDPAC provided:

> The purpose of the Council shall be to reduce the incidence of impaired driving and associated traffic crashes in the State of Oklahoma. Traffic deaths due to impaired driving continue to decrease nationwide; however, Oklahoma's death rate per 100,000 people has increased significantly. When compared to other States, Oklahoma's impaired driving death rate is higher than 46 other States and Oklahoma ranks 51st for improvement in this same category over the last 10-year period (GIDPAC, 2014).

The Governor appointed 10 members to the GIDPAC, based on their training and experience in impaired driving, relating to such topics as law enforcement, adjudication, substance abuse and substance abuse services. The GIDPAC members received advice from a much larger group of about 60 people who represented a broad array of State government agencies and other non-governmental organizations and stakeholders, who made up seven consulting (or working) groups, related to prevention, law enforcement, adjudication and prosecution, treatment, program management and planning, communications, and administrative and scientific (see Appendix B) (Hoelscher, Cooper, Nguygen, Kramer, & Day, 2014).

Similar to the task force and leadership team in New Mexico and the WIDAC in Washington State, the GIDPAC in Oklahoma reviewed the recommendations received during the impaired driving assessment (and those received also during the SMR) and developed a strategic statewide implementation plan to address impaired driving (the State's impaired-driving strategic plan) (GIDPAC, 2014; Hoeslcher et al., 2014; Anderson et al., 2012). The researchers were retained for a sufficient period of time to observe, analyze and report on this process, but the researchers' performance period was not long enough to observe, analyze and report on continuing oversight of the State's implementation efforts.

The GIDPAC submitted a strategic plan to the Governor in February 2014, which included recommendations in each of the following areas.

- Program Management and strategic planning
- Prevention
- Criminal Justice System
- Communications
- Alcohol and Other Drugs Misuse (Screening, Assessment, Treatment, and Rehabilitation)
- Program Evaluation and Data

While no causal relationship can be attributed directly to Oklahoma's Impaired-Driving Leadership Model, Figure 10 depicts improvements (declines) in impaired-driving fatalities during the time of the State's implementation of the Leadership Model. In the figure, the orange box represents the time period during which NHTSA conducted an SMR in Oklahoma and the State conducted its impaired driving program assessment. The gray box represents the period during which the GIDPAC has conducted its efforts.

In 2012, the year in which NHTSA conducted an SMR in Oklahoma and the State conducted an impaired driving program assessment, there were 209 impaired-driving fatalities in Oklahoma. This represented the 6th year in a row that impaired-driving fatalities exceeded 200 in the State. Over the following three years, impaired-driving fatalities declined to 170 in 2015 (a 19% decline).

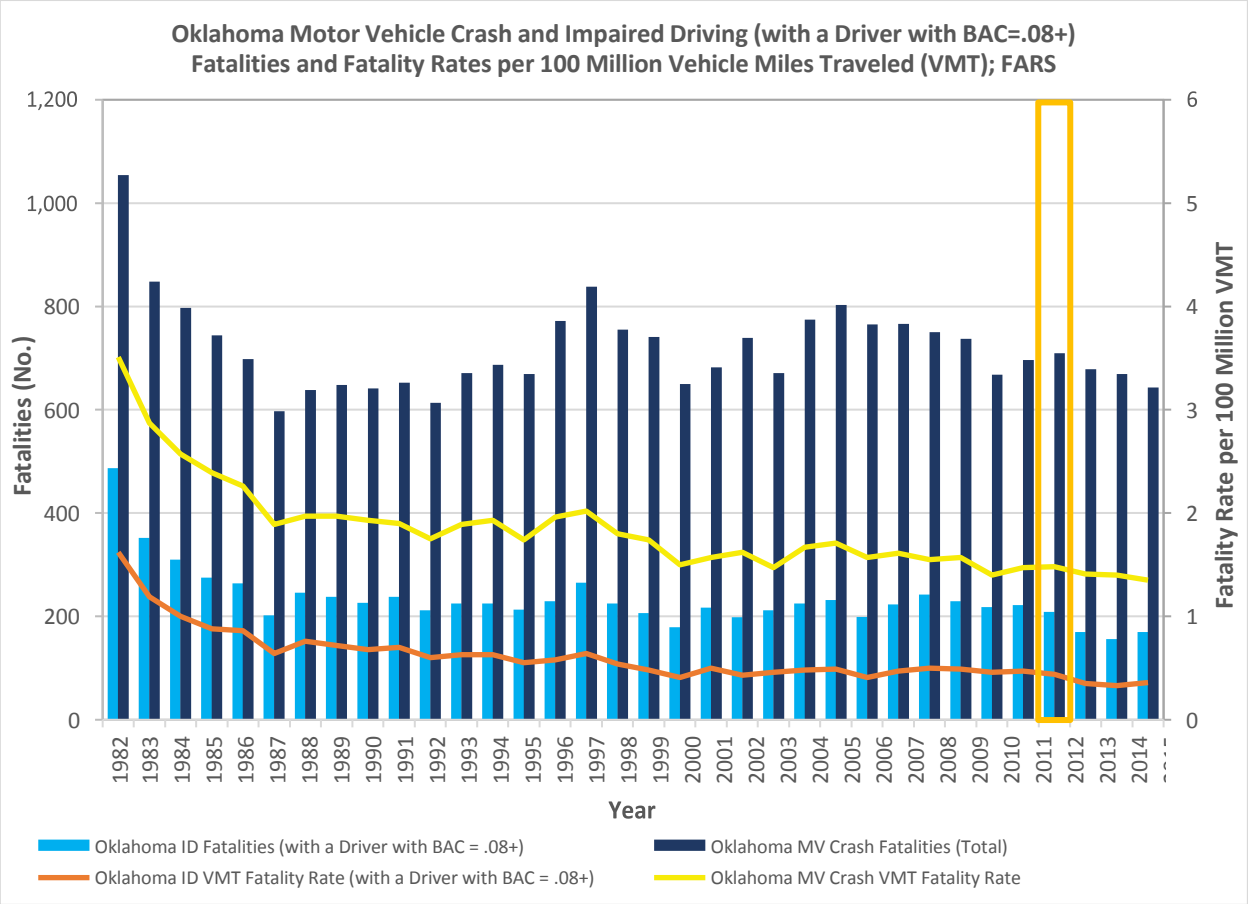

Figure 10: Oklahoma's Alcohol-Impaired-Driving Fatalities From FARS to Include Data From 1982 to 2015.

During these same years, impaired-driving fatalities across the United States also decreased, from 10,336 in 2012 to 10,265 in 2015, but not as steeply as in Oklahoma (less than a 1% decline across the United States, as compared with a 19% decline in Oklahoma). As a result, Oklahoma's impaired-driving fatality rate per 100 million VMT improved from 0.44 (the 11th highest in the Nation) in 2012 to 0.36 (21st highest) in 2015. See Figure 11.

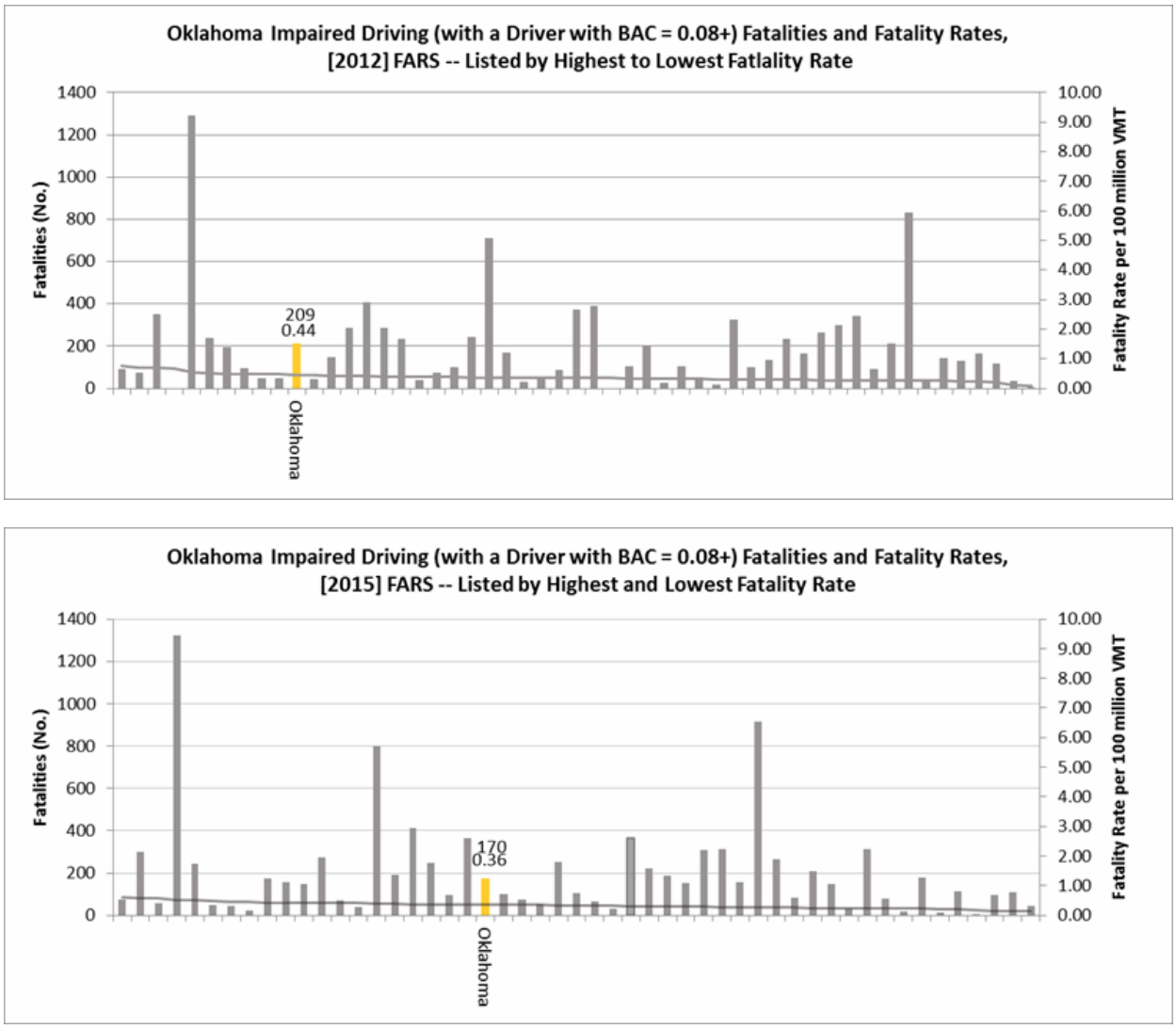

Figure 11: Oklahoma's Position, Compared With Other States, Based on Its ID VMT Fatality Rate in 2012 and 2015.

LEADERSHIP MODEL - KEY ELEMENTS

The three States featured in this report all engaged in processes to develop and implement Leadership Models, which supported their efforts to reduce impaired driving crashes, injuries, and fatalities. In many ways, the Leadership Model processes, structures, and key elements varied among the three States. In addition, each of these States approached this endeavor in different years and under different circumstances. However, there were also key elements to the process and structure that all three States shared in common.

For all three States, the process started with an **impaired driving assessment**, commissioned by the State, in which independent outside experts conducted a comprehensive review of the State's impaired driving system and made recommendations (including priority recommendations) for making improvements. Next, the State developed an **impaired driving strategic plan**, which sought to prioritize the recommendations received during the assessment and served as a framework for statewide implementation of future actions. Like the assessments, the strategic plans took a comprehensive approach to improving the State's impaired driving program, seeking to strengthen the State's program in many areas, including prevention, laws, law enforcement, prosecution, adjudication, treatment and rehabilitation, program management, and data systems. All three States designated or assembled **leadership teams**, which were tasked with not only developing the strategic plans, but also (perhaps more importantly) overseeing and ensuring their implementation. **Leadership team members** had sufficient knowledge and authority to effectively oversee implementation of the plans and, by representing a broad range of State interests, they expanded the effort's reach well beyond the traditional jurisdiction of each State's highway safety office, and greatly facilitated communication and coordination within each State. **Team leaders** were identified to coordinate the leadership team and the **Governor** demonstrated support either by initiating the effort or approving it explicitly. The following sections provide further detail regarding each of these critical elements.

Impaired-Driving Assessment – An impaired-driving assessment was the initial step for all three States, as preparation for their Leadership Model process. In each State, independent outside experts were brought into the State to identify gaps and challenges in the State that were impeding its impaired driving efforts. The experts also provided recommendations (including priority recommendations) for making improvements, based on NHTSA's Highway Safety Program Guideline No. 8 for Impaired Driving Programs.

New Mexico conducted its impaired-driving assessment in 2002 and initiated its Leadership Model under a cooperative agreement with NHTSA in 2004. Washington State initiated its Leadership Model under a cooperative agreement with NHTSA in 2009. The State had conducted an impaired-driving assessment in 2004 and conducted a reassessment in 2010. Oklahoma conducted an impaired-driving assessment in 2012 (following a special management review regarding its impaired driving program in that same year) and initiated its leadership process in 2013. For further details see Appendix B.

There are no set minimums or maximums regarding the number of recommendations that are provided to States during impaired-driving assessments. New Mexico's 2002 assessment contained 87 recommendations, of which 28 were priority recommendations. Washington's 2004 assessment contained 61 recommendations, of which 15 were priority recommendations and its 2010 reassessment contained 73 recommendations, of which 14 were priority

recommendations. Oklahoma's 2012 assessment contained 66 recommendations, of which 17 were priority recommendations. See Appendix C.

The program elements that drew the largest number of recommendations and priority recommendations related to the criminal justice system, which includes laws, enforcement, publicity regarding enforcement, prosecution, adjudication, and administrative sanctions. New Mexico's 2002 assessment included 50 recommendations (12 priority recommendations) regarding these elements. Washington's 2004 assessment included 26 recommendations (8 priority recommendations) and its 2010 assessment included 27 recommendations (7 priority recommendations). Oklahoma's 2012 assessment included 21 recommendations (6 priority recommendations). See Appendix C.

The program elements that drew the second largest number of recommendations and priority recommendations related to strategic planning and program management, which includes use of task forces, strategic planning, program management, adequate resources and evaluation. New Mexico's 2002 assessment included 20 recommendations (6 priority recommendations) regarding these elements. Washington's 2004 assessment included 14 recommendations (3 priority recommendations) and its 2010 assessment included 17 recommendations (4 priority recommendations). Oklahoma's 2012 assessment included 21 recommendations (5 priority recommendations). See Appendix C.

The recommendations that each State received during its impaired-driving assessment greatly informed the later steps in its leadership model process.

Impaired-Driving Strategic Plan— After each State completed its impaired-driving assessment, the next step in the process was the development of an impaired driving strategic plan. This step provided each State with the opportunity to determine which recommendations (received from the outside experts during the assessment) were feasible, and which should be considered of highest priority. Similar to the impaired-driving assessments, the impaired-driving strategic plans were comprehensive and outlined opportunities to improve each State's impaired driving program in a variety of areas, including prevention, laws, law enforcement, prosecution, adjudication, treatment and rehabilitation, program management and data systems.

The impaired-driving strategic plans contained specific action steps to be taken. In some instances, they also identified the particular organizations that would be expected to take the lead or serve in a supporting role regarding these actions. Each of these strategic plans served as a framework for statewide implementation of future actions.

New Mexico's DWI strategic plan was completed in 2003 (one year after the State's impaired-driving assessment) and contained 22 initiatives. See Appendix B. It identified 4 or 5 initiatives in each of four strategic areas: Prevention; Law Enforcement; Adjudication; and Treatment and Rehabilitation. It also identified 5 additional initiatives, which were designed to affect or strengthen the four strategic areas.

- Create cabinet-level position of DWI coordinator
- Establish performance for treatment and other interventions
- Develop intergovernmental agreements
- Expand DWI/drug courts
- Establish comprehensive DWI data system

See Appendix C. Of the 22 strategic initiatives identified in the plan, 11 were designated by the task force as priority initiatives. For a complete listing of New Mexico's initiatives see Appendix D.

Washington State's impaired-driving strategic plan was completed in 2010 (the same year as the State's Impaired-Driving Reassessment). See Appendix B. The strategic plan indicated that the goal was to "identify and fund projects to fill DUI system gaps." It listed 45 countermeasures the State planned to initiate, under 15 separate objectives. The objectives and countermeasures related to the following strategic areas:

- Program Management and Strategic Planning: 1 objective; 4 countermeasures
- Prevention: 1 objective; 3 countermeasures
- Law Enforcement: 5 objectives; 12 countermeasures
- Prosecution and Adjudication: 6 objectives; 19 countermeasures
- Treatment and Rehabilitation: 1 objective; 1 countermeasures
- Program Evaluation and Data: 1 objective; 6 countermeasures

See Appendix C. For a complete listing of the objectives, see Appendix D.

Oklahoma's impaired-driving strategic plan was completed in 2014 (two years after the State completed its impaired-driving assessment). See Appendix B. It identified four specific action items that the State "considered vital to the improvement of Oklahoma's impaired driving system."

- Integrate the current administrative driver license system with the current judicial system for impaired driving offenders
- Enhance accountability for DUI offenders by limiting jurisdiction for impaired driving cases to District Courts, Municipal Courts of Record, and proposed Certified Impaired-Driving Municipal Courts of Record
- Create an inclusive, statewide impaired driver tracking system
- Conduct a review of Oklahoma's impaired driving statutes, court rulings and administrative rules to allow for implementation of the Plan's proposals

It also listed 37 recommendations, under the heading "Commitments to Action" and many specific action steps. The recommendations were listed under the same strategic areas that were outlined in the impaired-driving assessment.

- Program Management and Strategic Planning: 7 recommendations
- Prevention: 7 recommendations
- Criminal Justice System: 16 recommendations
- Communication Program: 3 recommendations
- Alcohol and Other Drug Misuse: Screening, Assessment, Treatment and Rehabilitation: 3 recommendations
- Program Evaluation and Data: 1 recommendation

See Appendix C. For a complete listing of the recommendations see Appendix D.

Impaired-Driving Leadership Team – Each of the three States convened a leadership team to review the report received from the impaired-driving assessment and develop the impaired-driving strategic plan. Perhaps more important, the leadership team was tasked also with overseeing the implementation of the plan and ensuring that progress was made over time.

New Mexico's impaired-driving leadership team was convened in 2005 and included approximately 70 participants. Washington State's Washington Impaired-Driving Advisory Council (WIDAC) was convened in 2009. It included approximately 40 advisory members and was supported by 24 local impaired-driving task forces, operating in 39 counties. Oklahoma's GIDPAC was convened in 2013 and was supported by 60 representatives, participating in 7 working groups. For further details see Appendix B.

Leadership Team Members - The composition of the leadership teams was critically important. Each State included a broad range of representatives, which included many different State agencies, as well as other stakeholders, including people and non-governmental organizations representing multiple disciplines, with a wide variety of interests, responsibilities and expertise.

Some of the State and local agencies included in these leadership teams included State and local law enforcement agencies; State Departments of Education, Health, Motor Vehicles, Public Safety and Transportation; district attorney's offices; administrative offices of the courts and members of the State legislature. Some of the non-governmental stakeholders included Mothers Against Drunk Driving and other advocacy organizations, AAA, and members of academia. For a sample of participating organizations see Appendix E. To focus expertise, the leadership teams were subdivided into smaller subcommittees or advisory groups, led by core leadership team members.

Leadership team members were selected from diverse, yet relevant government and non-governmental entities. Each team member had sufficient knowledge, expertise and authority to oversee and monitor implementation of the plan effectively. By representing a diverse range of disciplines and State interests, the teams expanded the effort's reach well beyond the traditional jurisdiction of each State's highway safety office, and greatly facilitated communication and coordination within each State.

Team Leaders - Every impaired driving leadership team was led by people who had been appointed to serve as facilitators, coordinators, and/or liaisons. These people provided oversight of each State's leadership teams and Leadership Model implementation. Most often, these people were identified as leaders and/or experts from traffic safety agencies (e.g., State Highway Safety Office, State Traffic Safety Bureau or Commission). In New Mexico, one of the team leaders served in a designated position that focused specifically on impaired driving (DWI Czar) and reported directly to the Governor. For further detail see Appendix B.

Given the broad range of interests among the participants on the leadership teams, these team leaders ensured that the primary focus of their efforts continued to address impaired driving and traffic safety. In each State, the team leaders created a structure to ensure that the leadership team was making progress by facilitating meetings and discussions, providing administrative support functions, and encouraging adherence to the impaired-driving assessment and strategic plan. They also provided motivation and enthusiasm to maintain momentum among leadership team members.

Externally, these people were vital in establishing partnerships and coordinating across State agencies and entities. These people also served as communication channels between the various levels of the State agencies and entities to ensure implementation in the field and in local settings.

Governor – Each of the three States enjoyed some form of support from their Governor, although some Governors played more central roles than others.

In New Mexico in 2003, following completion of the 2002 assessment, Governor Bill Richardson convened the statewide DWI task force to develop a DWI strategic plan. In 2004, Governor Richardson named Rachel O'Connor as DWI Czar and empowered her to influence decisions throughout State government related to programs and policies concerning DWI. Throughout his term in office, Governor Richardson lent his name and office to encourage and heighten the visibility of New Mexico's efforts to reduce the toll of impaired driving. For example, Governor Richardson appeared in anti-DWI publicity campaigns, including radio and television advertisements and participated in several news conferences each year. He also issued an executive order imposing stricter penalties on licensed establishments that committed alcohol over-service violations; promoted stronger ignition interlock laws; and created an Ignition Interlock Task Force.

In Washington State, WIDAC was formed by a Memorandum of Understanding in June 2009, as a means to support *Target Zero*, the Washington State Strategic Highway Safety Plan, which seeks to eliminate all traffic fatalities by the year 2030. WIDAC developed its first strategic plan in June 2009. The plan was updated in July 2010 and was signed by Governor Gregoire in August 2010.

In Oklahoma, at the direction of Governor Mary Fallin, the Governor's Impaired-Driving Prevention Advisory Council (GIDPAC) was created on February 5, 2013, by executive order 2013-03. All members of the GIDPAC were appointed and served at the pleasure of the Governor. The responsibilities of the GIDPAC included acting in an advisory capacity to the Governor on all impaired driving issues, including but not limited to the creation, implementation, evaluation and revision of the State's impaired-driving strategic plan.

In some cases, the Governor served as a strong catalyst, which initiated renewed efforts or a change in direction, related to State impaired driving issues. In all cases, the Governor provided support and endorsement, by approving the membership of and/or work performed by the leadership team. Actions taken by these State Governors (both large and small) helped to elevate the ongoing efforts, often generating increased attention, visibility, momentum and commitment. It also empowered traffic safety officials and engaged other State agencies and non-governmental partners to contribute their time and talents to this effort.

LESSONS LEARNED

NHTSA hired researchers to evaluate and observe these Leadership Model efforts, while the models were being conducted. This section synthesizes some lessons learned, based in large part on the findings of these research studies.

Catalyst

In all three States, events or occurrences served as a catalyst, which generated momentum and initiated and/or revitalized the statewide impaired-driving program, using the Leadership Model process. While the specifics of the catalytic events or occurrences varied among the States, each one helped provide a spark, which established a path for action.

Examples include strong political leadership and commitment (from a Governor or Director of Traffic Safety), a pre-established traffic safety vision (such as *Target Zero* in Washington State), or the continuation of a trend of high impaired-driving fatalities and/or a failure to make progress despite previous efforts. Once the effort was launched, the process itself tended to generate momentum, along with commitments of personnel, funding, and actions that prioritized traffic safety.

Strong Leadership

Leadership was a foundational element in each of these statewide programs. It manifested itself in various ways. For example, the following elements of leadership were observed:

- The **Governor** either initiated the State effort or endorsed it in visible ways, such as by appointing a leadership team or approving the team's strategic plan. The Governor also provided ongoing support, by signing executive orders, engaging in media efforts or otherwise funding and supporting initiatives being pursued in the State.

- The **Leadership Teams** (called WIDAC in Washington and GIDPAC in Oklahoma) were convened of State government and non-governmental leaders and stakeholders with knowledge, experience, and interest in their State's impaired driving systems. The teams identified priority initiatives that were needed to address the gaps that existed, and monitored ongoing efforts, to ensure that progress was made.

- The **leadership team members** included, essentially, all major stakeholders involved in impaired driving issues. All members had influence over decisions made at the meetings. Members were empowered to oversee and ensure progress on projects being undertaken.

- The **team leaders** presided over leadership team meetings, and oversaw all team efforts. They coordinated extensively with the many participating State government and non-governmental leaders and stakeholders. They also communicated periodically with other State leaders, including the Governor, the Governor's staff and the public, to promote ongoing awareness and support.

- **Consensus** was sought among leadership team participants while the team was developing strategic plans. Discussions were held and all stakeholders had the opportunity to present their ideas.

Coordination and Communication

The leadership teams became the central communication and coordinating centers for impaired driving projects and issues in each State. Although many different agencies and stakeholders had previously been working on impaired driving issues, members of these leadership teams were no longer operating in isolation, duplicating services, or competing for scarce resources, but rather were combining resources and expertise to facilitate enhanced coordination and collaboration. The leadership teams created forums for all organizations working on impaired driving issues to inform each other about their work, and created an opportunity for coordination.

Conduct an Assessment and Develop an Impaired-Driving Strategic Plan

The first steps taken by each State included conducting an impaired-driving assessment and developing a statewide impaired-driving strategic plan. In some cases, these steps were time consuming, but in all cases, they served as a framework for the State's implementation strategy, and helped the States identify and prioritize DWI issues and efforts to be undertaken to address them.

Comprehensive and Multidisciplinary

Each of the States took a comprehensive approach, using State Highway Safety Program Guideline No. 8 and their impaired-driving assessments as the foundation for the State's impaired-driving strategic plans. In addition, each State's leadership team included participants from a wide variety of backgrounds, disciplines and areas of expertise, representing a broad range of State agencies and non-governmental organizations. Accordingly, the strategic plans included initiatives, objectives and recommendations that were comprehensive, covering such areas as laws, law enforcement, prosecution, adjudication, prevention, treatment, program management, communications and statewide data needs.

Documentation

Documentation was a key principal and management tool. In each State there were two primary documents that provided structural support to the Leadership Model process - the impaired-driving assessment and the State's impaired-driving strategic plan. During the development of the strategic plans, documentation was vital to determine which impaired-driving assessment recommendations would be adopted or modified in the State's strategic plan. Documentation was critical after the strategic plan was adopted, to effectively track and monitor progress.

Documentation during the development of strategic plans included meeting minutes, draft documents, key comments, and other communications, and the documentation captured suggestions, proposed changes, thoughts, and ideas in a systematic and archival way. Following adoption of the strategic plan, documentation included progress reports, expenditure reports and periodic reports to the Governor or Governor's Office. These materials tracked commitments made, tasks completed and outstanding goals and objectives.

Data and Evidence Based Decisions

Professionals and leaders in the field of highway safety seek to make decisions and promote solutions that are "data driven" and "evidence based." However, there are occasions when data may be missing, incomplete or imperfect. All three States documented the need for improved data systems and for timely, accurate and complete data. The States also highlighted and discussed the need to make decisions that are grounded in evidence.

Debates occurred during some leadership team meetings, however, questioning what qualifies as "evidence based," and some solutions were proposed that were not supported by data, but rather were based on anecdotal information or personal experiences.

Especially when working with such a diverse group of participants and stakeholders, teams leaders found it helpful to establish criteria at the beginning of the leadership process, to ensure that the group would operate using a common understanding and frame of reference for making decisions, and team leaders reminded leadership members of these and other guiding principles throughout the leadership process.

Mix Leadership Styles and Approaches

The team leaders exhibited different leadership styles, which facilitated and strengthened the Leadership process. **Transformational leadership** is the process of inspiring a group to pursue goals and attain results (Muchinsky, 2009). **Charismatic leadership** is the product of charisma, a trait that inspires confidence in others to support the ideas and beliefs of an individual who possesses this trait (Muchinsky, 2009). The combination of the two, **transformational/charismatic leadership,** emphasizes leadership that motivates followers to do more than what is typically expected, by increasing their identification with and commitment to goals that transcend their own self-interest (Yukl, 2010).

Transformational/charismatic leadership is appropriate in situations such as these, under which large-scale change is being sought. It is commonly thought that large-scale change efforts can generate inspiration and enhanced self-confidence of organizational members toward a common mission, using such techniques as visioning, creating a sense of urgency, building confidence through early successes, fostering innovation and learning, and demonstrating continued optimism and commitment.

Collective leadership uses expertise from a variety of participants and distributes leadership elements to solve problems effectively. (Friedrich, Vessey, Schuelke, Ruark, & Mumford, 2009). **Pragmatic leadership** emphasizes the application of in-depth understanding over the issues at hand, identifying significant problems and devising actions that can bring about solutions. (Mumford, 2006).

Collective/pragmatic leadership is appropriate in situations such as these, in which many participants from multiple disciplines, with varying perspectives and interests, are seeking concrete solutions to effect change. Pragmatic leadership recognizes the importance of conducting meetings efficiently to gather, share and integrate information. Collective leadership promotes the exchange of information, leverages expertise from individual participants and integrates information to solve complex problems. (Hoelscher, Cooper, Nguygen, Kramer, & Day, 2014).

Encourage Creativity

Efforts were made in leadership team meetings, during the development of strategic plans, to solicit creative ideas, beyond the recommendations included in the impaired-driving assessments. These efforts were intended to ensure that leadership members knew that other ideas were welcome and that the leadership teams were not limited by the impaired-driving assessment recommendations.

RECOMMENDATIONS FOR LEADERSHIP TEAMS

In General

1. Use documentation to centralize, structure, and guide the process as well as to track progress.
2. Structure the process such that the State's highway/traffic safety office plays a coordinating and supporting role.

Key Characteristics of the State Coordinating Agency

3. Ensure the presence of strong leadership that combines key elements of pragmatic/collective and transformational/charismatic approaches.
4. Find ways to gain initial momentum, and continuously build commitment to the process.

External influences

5. Communicate national and Federal impaired driving concerns and priorities to team members while being mindful of State-specific issues.
6. Conduct an assessment of the State's impaired driving program using outside experts.
7. Structure the process using documentation that explicitly shows the recommendations resulting from the impaired-driving assessment.
8. Develop a statewide impaired-driving strategic plan and encourage thinking that extends the recommendations beyond those from the impaired-driving assessment.
9. Discuss explicitly the efforts, successes, and failures of other States' impaired driving efforts as well as more generally the empirical research on impaired driving initiatives.

Supplements to team meetings

10. Create a network of workgroups comprised of different agencies that represent a variety of strategic areas and disciplines to provide input and support to the core members of the team.
11. Ensure that workgroup leaders run organized and efficient meetings in which open participation is encouraged and the specific agenda and goals are clear.
12. Create formal processes by which different workgroups can communicate and collaborate with each other.
13. Make progress in between official team meetings, collaborating with key experts and ensuring that specific tasks are identified and accomplished.
14. Provide updates regarding the work being accomplished in between formal team meetings.

Internal influences

15. Ensure the core team membership reflects an appropriate balance of agencies in relation to the focal strategic areas of the impaired driving program.
16. Discuss specific initiatives that integrate different strategic areas to further the development of a broader strategic plan, but also be mindful of how such discussions can potentially be constraining.
17. Make decision-making criteria and key definitions explicit and clear, early in the process.
18. Ensure throughout the process that the decision-making criteria and key definitions are consistently referenced and used.
19. Ensure that workgroups actively generate and document ideas regarding specific impaired driving initiatives.
20. Encourage the critical evaluation of recommendations and specific impaired driving initiatives.
21. Manage conflict so that disagreements are focused on ideas and not interpersonal issues. (Hoelscher, Cooper, Nguygen, Kramer, & Day, 2014).

CONCLUSIONS

(1) This report cannot attribute any causal relationships between the Impaired-Driving Leadership Models adopted in the three States and the improvements (declines) in impaired-driving fatalities that they experienced. The improvements may reflect increased attention to the impaired-driving issue, due to leadership involvement; they may reflect the countermeasures adopted and the activities conducted in these three States; or they may reflect other factors or trends that we were unable to detect in our analyses. In any event, these improvements are encouraging.

(2) This report examines, qualitatively, some of the similarities and differences among these three States in their implementation of a Leadership Model, including key elements of each State's Leadership Model structure and process. Key elements include: starting the process with an **impaired driving assessment**; developing an **impaired driving strategic plan** (which serves as a framework for statewide implementation of future actions); assembling a **leadership team** (which is tasked with both developing the strategic plan and overseeing and ensuring its implementation); ensuring that **team leaders** and **leadership team members** have sufficient knowledge, authority and breadth to effectively oversee the plan's implementation; and receiving demonstrated support from the State **Governor**.

This report also articulates lessons learned and recommendations that may be of use to other States interested in undertaking a similar process. To conduct this examination, we reviewed documents and other information generated by the three States, materials and information in the possession of NHTSA, and input provided by researchers who were commissioned by NHTSA to evaluate and observe these Leadership Model structures and processes at the time they were being undertaken.

(3) Establishing a statewide impaired-driving leadership team can enhance and advance impaired driving traffic safety efforts. A statewide impaired-driving leadership team has the potential to improve inter- and intra-institutional coordination and communication. The team can also help align priorities, build capacity, and generate resources to address impaired driving issues.

(4) Establishing a dedicated position to focus solely on the coordination, communication, and facilitation of the Impaired-Driving Leadership Model can help anchor the State's efforts toward action and facilitate enhanced coordination across all layers of the State and local system, and among relevant stakeholders.

(5) When convening a statewide impaired-driving leadership team, participants should represent multiple sectors, disciplines, and perspectives, to permit cross-collaboration among diverse stakeholders, which can impact comprehensive, large-scale and system-level and positive change.

Uniform Guidelines for State Highway Safety Programs

NHTSA
www.nhtsa.gov

Highway Safety Program Guideline No. 8

Impaired Driving

(November 2006)

Each State, in cooperation with its political subdivisions and tribal governments and other parties as appropriate, should develop and implement a comprehensive highway safety program, reflective of State demographics, to achieve a significant reduction in traffic crashes, fatalities, and injuries on public roads. The highway safety program should include an impaired driving component that addresses highway safety activities related to impaired driving. (Throughout this guideline, the term *impaired driving* means operating a motor vehicle while affected by alcohol and/or other drugs, including prescription drugs, over-the-counter medicines, or illicit substances.) This guideline describes the components that a State impaired driving program should include and the criteria that the program components should meet.

I. Program Management AND Strategic Planning

An effective impaired driving program should be based on strong leadership, sound policy development, program management and strategic planning, and an effective communication program. Program efforts should be data-driven, focusing on populations and geographic areas that are most at risk, and science-based, determined through independent evaluation as likely to succeed. Programs and activities should be guided by problem identification and carefully managed and monitored for effectiveness. Adequate resources should be devoted to the problem and costs should be borne, to the extent possible, by impaired drivers. Each State should include the following as part of its impaired driving program:

- **Task Forces or Commissions:** Convene Driving While Impaired (DWI) task forces or commissions to foster leadership, commitment, and coordination among all parties interested in impaired driving issues, including both traditional and non-traditional parties, such as highway safety enforcement, criminal justice, driver licensing, treatment, liquor law enforcement, business,

medical, health care, advocacy and multicultural groups, the media, institutions of higher education, and the military.

- **Strategic Planning:** Develop and implement an overall plan for short- and long-term impaired driving activities based on careful problem identification.
- **Program Management:** Establish procedures to ensure that program activities are implemented as intended.
- **Resources:** Allocate sufficient funding, staffing, and other resources to support impaired driving programs. Programs should aim for self-sufficiency and, to the extent possible, costs should be borne by impaired drivers.
- **Data and Records:** Establish and maintain a records system that uses data from other sources (e.g., U.S. Census, Fatality Analysis Reporting System [FARS], Crash Outcome Data Evaluation System [CODES]) to fully support the impaired driving program, and that is guided by a statewide traffic records coordinating committee (TRCC) that represents the interests of all public and private sector stakeholders and the wide range of disciplines that need the information.
- **Communication Program:** Develop and implement a comprehensive communications program that supports priority policies and program efforts and is directed at impaired driving; underage drinking; and reducing the risk of injury, death, and resulting medical, legal, social, and other costs.

II. Prevention

Prevention programs should aim to reduce impaired driving through public health approaches, including altering social norms, changing risky or dangerous behaviors, and creating safer environments. Prevention programs should promote communication strategies that highlight and support specific policies and program activities and promote activities that educate the public on the effects of alcohol and other drugs, limit the availability of alcohol and other drugs, and discourage those impaired by alcohol and other drugs from driving.

Prevention programs may include responsible alcohol service practices, transportation alternatives, and community-based programs carried out in schools, work sites, medical and health care facilities, and by community coalitions. Prevention efforts should be directed toward populations at greatest risk. Programs and activities should be science-based and proven effective and include a communication component. Each State should:

- **Promote Responsible Alcohol Service:** Promote policies and practices that prevent underage drinking by people under age 21 and over-serviceto people age 21 and older.
- **Promote Transportation Alternatives:** Promote alternative transportation programs, such as designated driver and safe ride programs, especially during high-risk times, which enable drinkers age 21 and older to reach their destinations without driving.

- **Conduct Community-Based Programs:** Conduct community-based programs that implement prevention strategies at the local level through a variety of settings, including schools, employers, medical and health care professionals, community coalitions and traffic safety programs.
    - **Schools:** School-based prevention programs, beginning in elementary school and continuing through college and trade school, should play a critical role in preventing underage drinking and impaired driving. These programs should be developmentally appropriate, culturally relevant and coordinated with drug prevention and health promotion programs.
    - **Employers:** States should provide information and technical assistance to employers and encourage employers to offer programs to reduce underage drinking and impaired driving by employees and their families.
    - **Community Coalitions and Traffic Safety Programs:** Community coalitions and traffic safety programs should provide the opportunity to conduct prevention programs collaboratively with other interested parties at the local level and provide communications toolkits for local media relations, advertising, and public affairs activities. Coalitions may include representatives of government such as highway safety; enforcement; criminal justice; liquor law enforcement; public health; driver licensing and education; business, including employers and unions; the military; medical, health care and treatment communities; multicultural, faith-based, advocacy and other community groups; and neighboring countries, as appropriate.

III. Criminal Justice System

Each State should use the various components of its criminal justice system—laws, enforcement, prosecution, adjudication, criminal and administrative sanctions and communications—to achieve both specific and general deterrence.

Specific deterrence focuses on individual offenders and seeks to ensure that impaired drivers will be detected, arrested, prosecuted, and subject to swift, sure, and appropriate sanctions. Using these measures, the criminal justice system seeks to reduce recidivism. General deterrence seeks to increase the public perception that impaired drivers will face severe consequences, discouraging people from driving impaired.

A multidisciplinary approach and close coordination among all components of the criminal justice system are needed to make the system work effectively. In addition, coordination is needed among law enforcement agencies at the State, county, municipal, and tribal levels to create and sustain both specific and general deterrence.

A. LAWS

Each State should enact impaired driving laws that are sound, rigorous, and easy to enforce and administer. The laws should clearly define offenses, contain provisions that facilitate effective enforcement, and establish effective consequences. The laws should define offenses to include:

- Driving while impaired by alcohol or other drugs (whether illegal, prescription or over-the-counter) and treating both offenses similarly;
- Driving with a blood alcohol concentration (BAC) limit of .08 grams per deciliter, making it illegal "per se" to operate a vehicle at or above this level without having to prove impairment;
- Driving with a high BAC (i.e., .15 BAC or greater) with enhanced sanctions above the standard impaired driving offense;
- Zero Tolerance for underage drivers, making it illegal "per se" for people under age 21 to drive with any measurable amount of alcohol in their system (i.e., .02 BAC or greater);
- Repeat offender with increasing sanctions for each subsequent offense;
- BAC test refusal with sanctions at least as strict or stricter than a high BAC offense;
- D riving with a license suspended or revoked for impaired driving, with vehicular homicide or causing personal injury while driving impaired as separate offenses with additional sanctions;
- Open container laws, prohibiting possession or consumption of any open alcoholic beverage in the passenger area of a motor vehicle located on a public highway or right-of-way (limited exceptions are permitted under 23 U.S.C. 154 and its implementing regulations, 23 CFR Part 1270); and
- Primary seat belt provisions that do not require that officers observe or cite a driver for a separate offense other than a seat belt violation.

The laws should include provisions to facilitate effective enforcement that:

- Authorize law enforcement to conduct sobriety checkpoints, (i.e., stop vehicles on a nondiscriminatory basis to determine whether operators are driving while impaired by alcohol or other drugs);
- Authorize law enforcement to use passive alcohol sensors to improve the detection of alcohol in drivers;
- Authorize law enforcement to obtain more than one chemical test from an operator suspected of impaired driving, including preliminary breath tests, evidential breath tests, and screening and confirmatory tests for alcohol or other impairing drugs; and
- Require law enforcement to conduct mandatory BAC testing of drivers involved in fatal crashes.

The laws should establish effective penalties that include:

- Administrative license suspension or revocation for failing or refusing to submit to a BAC or other drug test;

- Prompt and certain administrative license suspension of at least 90 days for first-time offenders determined by chemical test(s) to have a BAC at or above the State's "per se" level or of at least 15 days followed immediately by a restricted, provisional or conditional license for at least 75 days, if such license restricts the offender to operating only vehicles equipped with an ignition interlock;
- Enhanced penalties for BAC test refusals, high BAC, repeat offenders, driving with a suspended or revoked license, driving impaired with a minor in the vehicle, vehicular homicide, or causing personal injury while driving impaired, including longer license suspension or revocation; installation of ignition interlock devices; license plate confiscation; vehicle impoundment, immobilization or forfeiture; intensive supervision and electronic monitoring; and threat of imprisonment;
- Assessment for alcohol or other drug abuse problems for all impaired driving offenders and, as appropriate, treatment, abstention from use of alcohol and other drugs, and frequent monitoring; and
- Driver license suspension for people under age 21 for any violation of law involving the use or possession of alcohol or illicit drugs.

B. ENFORCEMENT

Each State should conduct frequent, highly visible, well publicized and fully coordinated impaired driving (including zero tolerance) law enforcement efforts throughout the State, especially in locations where alcohol-related fatalities most often occur. To maximize visibility, States should maximize contact between officers and drivers using sobriety checkpoints and saturation patrols and should widely publicize these efforts—before, during, and after they occur. Highly visible, highly publicized efforts should be conducted periodically and also on a sustained basis throughout the year. To maximize resources, the State should coordinate efforts among State, county, municipal, and tribal law enforcement agencies. States should use law enforcement liaisons for activities such as promotion of national and local mobilizations and increasing law enforcement participation in such mobilizations, and for collaboration with local chapters of police groups and associations that represent diverse groups to gain support for enforcement efforts.

Each State should coordinate efforts with liquor law enforcement officials. To increase the probability of detection, arrest, and prosecution, participating officers should receive training in the latest law enforcement techniques, including Standardized Field Sobriety Testing, and selected officers should receive training in media relations and Drug Evaluation and Classification (DEC).

C. PUBLICIZING HIGH VISIBILITY ENFORCEMENT

Each State should communicate its impaired driving law enforcement efforts and other elements of the criminal justice system to increase the public perception of the risks of detection, arrest, prosecution and sentencing for impaired driving. Each State should develop and implement a year-round communications

plan that provides emphasis during periods of heightened enforcement, provides sustained coverage throughout the year, includes both paid and earned media and uses messages consistent with national campaigns. Publicity should be culturally relevant, appropriate to the audience, and based on market research.

D. PROSECUTION

States should implement a comprehensive program to visibly, aggressively, and effectively prosecute and publicize impaired-driving-related efforts, including use of experienced prosecutors (e.g., traffic safety resource prosecutors), to help coordinate and deliver training and technical assistance to prosecutors handling impaired driving cases throughout the State.

E. ADJUDICATION

States should impose effective, appropriate, and research-based sanctions, followed by close supervision and the threat of harsher consequences for non-compliance when adjudicating cases. Specifically, DWI courts should be used to reduce recidivism among repeat and high-BAC offenders. DWI courts involve all criminal justice stakeholders (prosecutors, defense attorneys, probation officers, and judges) along with alcohol and drug treatment professionals and use a cooperative approach to systematically change participant behavior. The effectiveness of enforcement and prosecution efforts are strengthened by knowledgeable, impartial, and effective adjudication. Each State should provide state-of-the-art education to judges, covering SFST, DEC, alternative sanctions, and emerging technologies.

Each State should use DWI courts to help improve case management and to provide access to specialized personnel, speeding up disposition and adjudication. DWI courts also increase access to testing and assessment to help identify DWI offenders with addiction problems and to help prevent them from re-offending. DWI courts additionally help with sentence monitoring and enforcement. Each State should provide adequate staffing and training for probation programs with the necessary resources, including technological resources, to monitor and guide offender behavior.

F. ADMINISTRATIVE SANCTIONS AND DRIVER LICENSING PROGRAMS

States should use administrative sanctions, including the suspension or revocation of an offender's driver's license; the impoundment, immobilization or forfeiture of a vehicle; the impoundment of a license plate; or the use of ignition interlock devices, which are among the most effective actions to prevent repeat impaired driving offenses. In addition, other licensing activities can prove effective in preventing, deterring and monitoring impaired driving, particularly among novice drivers. Publicizing related efforts is part of a comprehensive communications program.

- **Administrative License Revocation and Vehicle Sanctions** : Each State's Motor Vehicle Code should authorize the imposition of administrative penalties by the driver licensing agency upon arrest for violation of the State's impaired driving laws, including administrative driver's license suspension, vehicle sanctions and installation of ignition interlock devices.
- **Programs** : Each State's driver licensing agency should conduct programs that reinforce and complement the State's overall program to deter and prevent impaired driving, including graduated driver licensing (GDL) for novice drivers, education programs that explain alcohol's effects on driving, the State's zero-tolerance laws, and a program to prevent people from using a fraudulently obtained or altered driver's license.

IV. COMMUNICATION PROGRAM

States should develop and implement a comprehensive communication program that supports priority policies and program efforts. Communication programs and material should be culturally relevant and multilingual as appropriate. States should:

- Develop and implement a year-round communication plan that includes policy and program priorities; comprehensive research; behavioral and communications objectives; core message platforms; campaigns that are audience-relevant and linguistically appropriate; key alliances with private and public partners; specific activities for advertising, media relations, and public affairs; special emphasis periods during high-risk times; and evaluation and survey tools;
- Employ a communications strategy principally focused on increasing knowledge and awareness, changing attitudes, and influencing and sustaining appropriate behavior;
- Use traffic-related data and market research to identify specific audience segments to maximize resources and effectiveness; and
- Adopt a comprehensive marketing approach that coordinates elements like media relations, advertising, and public affairs/advocacy.

V. ALCOHOL AND OTHER DRUG MISUSE: SCREENING, ASSESSMENT, TREATMENT AND REHABILITATION

Impaired driving frequently is a symptom of a larger alcohol or other drug problem. Many first-time impaired driving offenders and most repeat offenders have alcohol or other drug abuse or dependency problems. Without appropriate assessment and treatment, these offenders are more likely to repeat their crimes.

In addition, alcohol use leads to other injuries and health care problems. Frequent visits to emergency departments present an opportunity for intervention, which might prevent future arrests or motor vehicle crashes, and result in decreased alcohol consumption and improved health.

Each State should encourage its employers, educators, and health care professionals to implement a system to identify, intervene, and refer people for appropriate substance abuse treatment.

- **Screening and Assessment:** Each State should encourage its employers, educators, and health care professionals to have a systematic program to screen and/or assess drivers to determine whether they have an alcohol or drug abuse problem and, as appropriate, briefly intervene or refer them for appropriate treatment. A marketing campaign should promote year-round screening and brief intervention to medical, health, and business partners and to identified audiences. In particular:
    - **Criminal Justice System:** Within the criminal justice system, people convicted of an impaired driving offense should be assessed to determine whether they have an alcohol or drug abuse problem and whether they need treatment. The assessment should be required by law and completed prior to sentencing or reaching a plea agreement.
    - **Medical and Health Care Settings:** Within medical or health care settings, any adults or adolescents seen by medical or health care professionals should be screened to determine whether they may have an alcohol or drug abuse problem. A person may have a problem with alcohol abuse or dependence, a brief intervention should be conducted and, if appropriate, the person should be referred for assessment and further treatment.

- **Treatment and Rehabilitation:** Each State should work with health care professionals, public health departments, and third-party payers to establish and maintain treatment programs for persons referred through the criminal justice system, medical or health care professionals, and other entities. This will help ensure that offenders with alcohol or other drug dependencies begin appropriate treatment and complete recommended treatment before their licenses are reinstated.
- **Monitoring Impaired Drivers:** Each State should establish a program to facilitate close monitoring of impaired drivers. Controlled input and access to an impaired driver tracking system, with appropriate security protections, is essential. Monitoring functions should be housed in the driver licensing, judicial, corrections, and treatment systems. Monitoring systems should be able to determine the status of all offenders in meeting their sentencing requirements for sanctions and/or rehabilitation and must be able to alert courts to noncompliance. Monitoring requirements should be established by law to assure compliance with sanctions by offenders and responsiveness of the judicial system. Noncompliant offenders should be handled swiftly either judicially or administratively. Many localities are successfully using DWI courts or drug courts to monitor DWI offenders.

VI. PROGRAM EVALUATION AND DATA

Each State should have access to and analyze reliable data sources for problem identification and program planning. Each State should conduct several different types of evaluations to effectively measure progress, to determine program effectiveness, to plan and implement new program strategies, and to ensure that resources are allocated appropriately.

Each State should establish and maintain a records system that uses data from other sources (e.g., U.S. Census, FARS, CODES) to fully support the impaired driving program. A statewide traffic records coordinating committee that represents the interests of all public and private sector stakeholders and the wide range of disciplines that need the information should guide the records system.

Each State's driver licensing agency should maintain a system of records that enables the State to: (1) identify impaired drivers; (2) maintain a complete driving history of impaired drivers; (3) receive timely and accurate arrest and conviction data from law enforcement agencies and the courts, including data on operators as prescribed by the commercial driver licensing regulations; and (4) provide timely and accurate driver history records to law enforcement and the courts.

Appendix B: Summary Comparison of Leadership Model Elements in each State

	New Mexico	Washington	Oklahoma
Impaired-Driving Assessment	2002	2004 & 2010	2012
Leadership Team Leader(s)	Director of the Traffic Safety Bureau and DWI Czar	Director of the Washington Traffic Safety Commission	Director and Assistant Director of the Oklahoma Highway Safety Office
Leadership Team	Impaired-Driving Leadership Team (2005)	Washington Impaired-Driving Advisory Council (WIDAC) (2009)	Governor's Impaired Driving Program Advisory Council (GIDPAC) (2013)
Implementation Partnerships	Multi-Agency Approximately 70 Participants	Multi-Agency Approximately 40 Participants 24 Local Impaired-Driving Task Forces (in 39 counties)	Multi-Agency Approximately 60 Participants (7 Working Groups)
Strategic Plan and Recommendations	New Mexico DWI Strategic Plan (2003) 22 Initiatives (11 Priority Initiatives)	Impaired-Driving Strategic Plan (2010) 15 Objectives (48 Countermeasures)	Impaired-Driving Strategic Plan (2014) 37 Recommendations

Appendix C: Impaired-Driving Assessment Recommendations and Impaired-Driving Strategic Plan Actions for each State by State Highway Safety Program Guideline No. 8 Category

	Impaired-Driving Assessment Recommendations				Impaired-Driving Strategic Plan Actions		
State Highway Safety Program Guideline No. 8 Impaired-Driving Categories *	**New Mexico (2002)**	**Washington (2004)**	**Washington (2010)**	**Oklahoma (2012)**	**New Mexico (2004)**	**Washington (2010)**	**Oklahoma (2014)**
Program Management / Strategic Plan	20 Recommendations & 6 Priority Recommendations	14 Recommendations & 3 Priority Recommendations	17 Recommendations & 4 Priority Recommendations	21 Recommendations & 5 Priority Recommendations	5 Initiatives ** (4 Priority Initiatives)	1 Objective (4 Countermeasures)	7 Recommendations
Prevention	9 Recommendations & 6 Priority Recommendations	12 Recommendations & 1 Priority Recommendation	13 Recommendations & 1 Priority Recommendation	10 Recommendations & 2 Priority Recommendations	4 Initiatives (1 Priority Initiative)	1 Objective (3 Countermeasures)	7 Recommendations
Criminal Justice / Law Enforcement	50 Recommendations & 12 Priority Recommendations	26 Recommendations & 8 Priority Recommendations	27 Recommendations & 7 Priority Recommendations	21 Recommendations & 6 Priority Recommendations	9 Initiatives (6 Priority Initiatives)	11 Objectives (31 Countermeasures)	16 Recommendations
Communication Programs	---	---	4 Recommendations & 0 Priority Recommendations	5 Recommendations & 1 Priority Recommendation	4 Initiatives (0 Priority Initiatives)	--	3 Recommendations
Alcohol/Other Drug Misuse: Screening, Assessment Treatment, and Rehabilitation	8 Recommendations & 4 Priority Recommendations	9 Recommendations & 3 Priority Recommendations	8 Recommendations & 1 Priority Recommendation	5 Recommendations & 2 Priority Recommendations	---	1 Objective (1 Countermeasure)	3 Recommendations

Program Evaluation and Data	---	---	4 Recommendations & 1 Priority Recommendation	4 Recommendations & 1 Priority Recommendations	---	1 Objective (6 Countermeasures)	1 Recommendations
Total (All Categories)	87 Recommendations & 28 Priority Recommendations	61 Recommendations & 15 Priority Recommendations	73 Recommendations & 14 Priority Recommendations	66 Recommendations & 17 Priority Recommendations	22 Initiatives (11 Priority Initiatives)	15 Objectives (45 Countermeasures)	37 Recommendations

* The categories used are from the current State Highway Safety Program Guideline No. 8, Impaired Driving, which was revised in 2006. Accordingly, there are no recommendations listed under some categories in assessments conducted before that time (NM 2002 and WA 2004). Recommendations related to these topics may have been incorporated under other categories at that time.

** The State identified these initiatives (and priority initiatives) as affecting or strengthening all of the core strategic areas.

Appendix D: Complete List of Initiatives, Objectives and Recommendations from State Impaired-Driving Strategic Plans

New Mexico Initiatives (priority initiatives in **bold**)	Washington Objectives	Oklahoma Recommendations
Create a cabinet-level position of a statewide DWI Coordinator	Expand and support impaired driving partnerships	Continue to encourage and work with the tribes in Oklahoma to incorporate their perspectives in task force and leadership team collaborations.
Establish performance criteria for treatment and other DWI interventions	Conduct statewide, high-visibility enforcement and media campaigns to meet 410 requirements	Develop, implement and oversee a State strategic Plan to reduce impaired driving that incorporates data elements from all facets of the impaired driving system (i.e., conviction rates, recidivism rates, outreach measures, etc.) and creates a vision for reducing impaired driving to which all partners can commit
Develop intergovernmental agreements	Target areas with high numbers of DUI-related crashes	Develop unifying, statewide goals that represent verifiable improvements in the State's impaired driving problem and that incorporate all facets of the impaired driving system including adjudication, law enforcement, prevention, education, treatment and traffic records
Expand DWI/drug courts	Enhance training in alcohol and drug detection	Provide opportunities, such as meetings and conferences, for traditional and new partners to participate in the highway safety program through setting traffic safety goals, identifying, and determining priorities, and developing and implementing creative solutions to the impaired driving problem
Establish a comprehensive DWI data system	Develop law enforcement officer leaders in DUI enforcement.	Look at all resources available (public and private) to create a consistent, dedicated fund source that can provide a high level of self-sufficiency for impaired driving programs
Develop and implement an evidenced-based substance abuse curriculum	Provide training to prosecutors for more successful DUI prosecutions	Increase the state excise tax on alcoholic beverages and dedicate a portion of revenues to alcohol abuse and impaired driving prevention and intervention programs
Implement year-round after- and out-of-school supervised prevention programs	Expand judicial outreach and training programs	Create, distribute and maintain an updated directory of impaired driving partners including their roles, responsibilities and resources, to provide an overall understanding of the depth and breadth of impaired driving efforts

Conduct a study on the effect of directing liquor excise tax to prevention and treatment	Determine risk and needs of DUI arrestees	Oklahoma should adopt mandatory Responsible Beverage Sales and Service Training (RBSS) as a condition of licensure for all servers and sellers of alcohol, including special events
Develop a statewide DWI prevention media campaign	Provide effective supervision of DUI offenders	Explore the potential impact of selling alcohol outside of traditional outlets
Increase DWI checkpoint operations	Expand the use of ignition interlocks	School: Implement school-based prevention strategies that will reduce impaired driving risk factors by changing parental and community attitudes and norms as well as young people's perception of these norms
Streamline the DWI process with electronic scheduling	Support the establishment of DUI courts.	Employers: Implement a comprehensive employer impaired driving traffic safety program, and provide timely, accurate, and local impaired driving information for use in Drug Free Workplace programs and employee assistance programs
Increase funding for law enforcement equipment and personnel	Enforce underage drinking laws.	Community: Implement community-based prevention strategies that will prevent and reduce impaired driving risk factors
Standardize license training (for owners and employees of alcohol establishments) and increase enforcement of alcohol laws	Identify patients who need treatment	Transportation: Ensure that all designated driver programs stress "no use" of alcohol messages for the designated driver, that alternative transportation programs do not encourage or enable excessive drinking, and that both designated driver and safe ride programs prohibit consumption of alcohol by underage people or unintentionally promote over-consumption
Revise the 6-month rule so that DWI-related cases are not automatically dismissed if a trial does not start within 6 months of the arrest	Conduct public education	Add impaired driving information to the driver's education program
Educate players in the judicial system about ignition interlocks	Improve timeliness and accuracy of traffic safety data consistent with the 2009 Traffic Records Assessment to evaluate countermeasures of the *Target Zero* Plan	Conduct a review of Oklahoma's impaired driving statutes, court rulings and administrate rules to allow for implementation of the Plan's proposals and evaluate the benefits
Balance funding for all State agencies involved in the DWI process		Conduct a review to evaluate the benefits of making a business which sells alcoholic drinks, or a host who serves liquor to a drinker who is obviously intoxicated or close to it, liable to anyone injured by the drunken patron or guest (“dram shop”)
Fund the costs of mandatory sentencing to the criminal justice system		Ensure that impaired driving enforcement is a priority for law

Enact vehicle forfeiture (and develop a statewide initiative)	Create impaired driving prevention teams of law enforcement agencies across the State that can provide regional assistance to concentrate on identified problem areas
Develop a regional treatment pilot project	Increase the number of Drug Recognition Experts (DRE) and Advanced Roadside Impaired-Driving Enforcement (ARIDE) trained personnel
Develop and implement early interventions for first-time high-risk offenders	Create a workgroup to develop and implement a comprehensive sobriety checkpoint plan
Enact an ignition interlock requirement for all DWI offenders	Continue to develop programs to sustain High Visibility Enforcement (HVE) of impaired driving
Identify standard treatment protocols for trained providers	Continue to sponsor meaningful awards and recognition programs
	Continue to develop and implement annual impaired driving conferences for stakeholders
	Establish and adhere to strict policies on plea negotiations and deferrals in impaired driving cases and require that plea negotiations to a lesser offense be made part of the record and count as a prior impaired driving offense
	Develop and implement a strategic plan to deliver state-of-the-art training, such as in Standardized Field Sobriety Testing (SFST), Drug Recognition Expert (DRE), chemical testing, and emerging technologies for the detection of alcohol and other drugs for prosecutors. This plan should have learning objectives and use state-of-the-art adult education practices.
	Develop and implement a strategic plan for the delivery of the judicial education that will include technical evidence presented in impaired driving cases, including Standardized Field Sobriety Testing (SFST) and Drug Recognition Expert (DRE) testimony, chemical testing, and emerging technologies, such as Ignition Interlock Devices (IID), for the detection of alcohol and other drugs, as well as sentencing strategies for this class of offenders
	Undertake a specific planned outreach to the appellate courts to inform them of the educational efforts underway and seek their support/leadership for ethical uses of forensic science

	Explore integrating the elements of the State's administrative and criminal processes to more adequately address impaired driving
	Study the Alcohol & Drug Substance Abuse Course (ADSAC) assessment process
	Enhance Oklahoma's chemical testing program
	Establish a Public Information Officer (PIO) workgroup among highway safety partners to coordinate efforts and share resources
	Conduct in-depth analyses and evaluation of the communications program to determine reaction to messages, identify the most effective marketing strategies, and create and implement a more effective communications plan
	Increase diversity outreach to minority populations, particularly in the Hispanic and tribal communities
	Provide results of the ADSAC assessment to courts for use in sentencing
	Implement DUI Courts throughout Oklahoma
	Implement Screening, Briefing Intervention and Referral to Treatment (SBIRT) in all hospital emergency rooms and in non-hospital settings such as family practices, college and high school campuses, and jails throughout Oklahoma
	Develop and implement a comprehensive impaired driving tracking system, including information from arrest to completion of treatment, to provide monthly reports on conviction data received from individual courts, in order that failure to report or partial reporting by any one court can be quickly ascertained and addressed. Such a program should manage timeliness of reporting, number of errors, and average number of convictions reported, so that data for training and process improvements is readily available.

Appendix E: Sample of Governmental and Non-Governmental Participants on Leadership Teams

Governmental Entities	Non-Governmental Entities
• Administrative Office of the Courts • Bureau of Indian Affairs • District Attorney's Office • Drug Evaluation and Classification Program • Governor's Office • Judicial Outreach Liaison • Law Enforcement Task Forces • Local Courts • Local High Schools • Local Police Departments and Sheriff's Offices • Members of the State Legislature • National Highway Traffic Safety Administration • State Department of Children, Youth and Families • State Department of Corrections • State Department of Education • State Department of Health • State Department of Mental Health and Substance Abuse Services • State Department of Motor Vehicles • State Department of Public Safety • State Department of Tax and Revenue • State Department of Transportation • State Highway Safety Office/Traffic Safety Bureau/Commission • State Highway Patrol (or State Police) • State Liquor Control Board • State Toxicology Laboratory • State Traffic Records Committee • Traffic Safety Resource Prosecutor	• American Association of Motor Vehicle Administrators • Association of Alcohol and Addiction Programs • Association of Tribal Law Enforcement Officers • AAA • Coalition for Reducing Underage Drinking • Coalition of Crime Victim Advocates • Criminal Justice Training Commission • DWI Resource Center • Ignition Interlock Manufacturers • Impact DWI/Stop DUI • Mothers Against Drunk Driving • State Association of Prosecuting Attorneys • State Association of Sheriffs and Police Chiefs • State Victim Impact Panel • Universities

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