

HIGHWAY TO JUSTICE

FALL 2017

From The ABA with support from the National Highway Traffic Safety Administration

THE MULTI-TRACK DUI COURT: TAKING THE MODEL TO SCALE

*By Hon. Richard A. Vlavianos
Judge of the Superior Court of California*

It is a disturbing fact that the number of alcohol impaired driving fatalities dangerously nears the number of homicide victims both locally, and on a national scale. Nationwide, there were 11,896 alcohol involved fatalities in 2013, according to the National Highway and Traffic Safety Administration. The same year, the FBI reported there were 14,196 homicides in the country.

This was a problem our local justice system needed to remedy immediately. In California, there were 1,699 deaths caused by impaired drivers (DMV, 2013). Meanwhile, the FBI reported 1,746 homicides in the state that year.

The San Joaquin County Multi-track DUI Court was established in 2008 to deal with the large number of impaired driving fatalities in our county. It is rewarding to be able to report that since its inception, our court has demonstrated a reduction in recidivism by 32% and collisions by 50% in an independent study by NPC Research, a national leader in drug court research. That has correlated with a reduction in alcohol involved fatalities and injuries by 36%. While there are other factors that have contributed to that reduction as well, we have empirically demonstrated that the multi-track court in San Joaquin County has contributed significantly to the improvement.

The first step in developing our multi-track court was to identify our target population and design a strategy to achieve the maximum possible decrease in fatalities and injuries caused by impaired driving. While targeting all DUI offenders would be an obvious approach, we felt a more realistic target group would be repeat offenders.

Repeat offenders constitute only 1.43% of California's drivers, yet are involved in roughly 60% of injuries and fatalities from impaired driving (DMV, 2015). These offenders have been convicted once before, but continue to engage in the same dangerous behavior after that initial conviction. Increased attention and monitoring from the court is a very

logical and reasonable response to this problem. In San Joaquin County, we have roughly 500 repeat DUI offenders per year.

I attended a training in 2007 by the National Center for DUI Courts. I was trained on the traditional DUI Court model, which focuses on diverting offenders to substance abuse treatment. After one presentation, a DUI Court Judge proudly announced having graduated 150 individuals in three years, 50 per year. It is an excellent program with impressive outcomes; however, this presented a very concerning question to me. If we do great work with 50 individuals per year in San Joaquin County, what will happen with the other 450 repeat offenders?

I later learned the traditional model has other limitations as well. According to NPC Research, the maximum number of participants in a traditional DUI court model should be no more than 125. Furthermore, the model is only designed to work on offenders who are at high risk to reoffend *and* have high criminogenic needs. After screening, more than 800 offenders in a twenty-seven-month period in our largest judicial district, we have found most repeat offenders – roughly 70% - are not appropriate for a traditional DUI Court. Most score as *low needs*, indicating they do not need treatment. Such individuals require an entirely different approach, including lower level interventions. Only 31% of our repeat offenders are both high risk and high needs, and, therefore, appropriate for a traditional DUI Court. If we want to have a truly meaningful impact on traffic safety, we need to address the larger group of repeat offenders.

Logic dictated we establish a monitoring track for the larger group of low needs repeat offenders and a traditional DUI Court track for the smaller, high needs group. We created a two-track court model using Doug Marlowe's Risk-and-Needs Quadrants, which matches court practices and services according to risk and need. Our court uses the DUI RANT (Risk and Needs Triage) screening tool, a validated tool that integrates the four quadrants to help triage offenders into the appropriate track. We have also incorporated other practices that have proven effective. For example, research has demonstrated that accountability in the form of monitoring works when its presence is verified; therefore,

continued, page 2

Highway to Justice is a publication of the American Bar Association ("ABA") and the National Highway Traffic Safety Administration ("NHTSA"). The views expressed in *Highway to Justice* are those of the author(s) only and not necessarily those of the ABA, the NHTSA, or the government agencies, courts, universities or law firms with whom the members are affiliated.

We would like to hear from other judges. If you have an article that you would like to share with your colleagues, please feel free to submit it for inclusion in the next edition of *Highway to Justice*.

To submit an article, please send it to the editor, Hon. Earl Penrod penrod26d01@msn.com with a copy to the staff liaison, Cheronne.Mayes@americanbar.org. Please contact Ms. Mayes for editorial guidelines.

The deadline for submission of articles for the Winter issue is December 8.

THE MULTI-TRACK DUI COURT: TAKING THE MODEL TO SCALE continued from page 1

alcohol and drug monitoring are a priority in our program. Ignition Interlock Devices have been proven to reduce recidivism when their installation is verified, DMV has reported. Transdermal monitoring has also been shown to deter offenders from drinking and delay the onset of recidivism (NHTSA, 2012).

Other technologies, such as daily testing in the 24/7 sobriety model, have also established a reduction in recidivism. We integrated part of Minnesota Judge James Dehn's Staggered Sentencing approach in our track that focuses on individuals who are not high risk and high needs. Judge Dehn achieved a 50% reduction in recidivism by focusing on monitoring and accountability to the judge with his Staggered Sentencing program (Cleary 2003). Under his model, the offender serves a sentence in three installations with the first served immediately and the other two within the next year. Alcohol monitoring is administered in between.

Both of our tracks use the principles of monitoring and accountability to the judge. They use positive reinforcement, as well as swift and certain sanctions for violations. In the smaller, traditional track, the judge also monitors treatment using the traditional DUI Court model. Since the monitoring track for low needs offenders is less time and resource-intensive, it allows us to handle a much larger number of the highest risk DUI offenders, making the model significantly more global and appropriate to scale. By adding the monitoring track, we could place all the repeat DUI offenders in the DUI Court as a condition of probation.

In our model, DUI cases are sent to the DUI Court judge for arraignment and pre-trial conference. When the case is resolved by plea, DUI Court is mandated as a condition of probation if there is a prior conviction. Our trial courts will also order repeat offenders in after a conviction. Alcohol and drug monitoring is ordered as a condition of probation for a period of one year, along with an order to abstain from the consumption of alcohol and drugs.

At the time of plea for a repeat offender, a DUI risk/needs screening is completed using the DUI RANT, a process that only takes five-to-15 minutes and can be done right in court. If the screening indicates the individual is high risk and high needs, they are further assessed for the appropriate level of treatment using the ASAM (American Society of Addiction Medicine) Criteria. The individual is then placed in the treatment track, which operates as a traditional DUI Court model.

If the DUI RANT indicates any other quadrant, the individual is placed in the monitoring track. This track takes about two hours per week of court time. On the monitoring track, the offenders are required to return to court after one month, six months and one year. At the one-month date, the court will verify that monitoring was installed and there are no violations. If there are any violations on the monitoring during the year, the case is immediately calendared to address the issue on the next court date for the monitoring calendar which is generally within a week.

By creating a system with two tracks, a monitoring track and a treatment track, we have been able to be comprehensive and work with all the highest risk, repeat, DUI offenders. This global approach is what distinguishes our court. The results of this global system have been far greater than I had anticipated. The City of Stockton, our largest city, has gone from being the worst large city in the state in our Office of Traffic Safety rankings for alcohol involved collisions in 2008, to the best in 2013. Our county has gone from being the 17th worst out of 58 in that same ranking to the 4th best in the same time. During that time, persons killed and injured in DUI collisions dropped from 561 to 358 according to SWITRS, the Statewide Integrated Traffic Records System. The assessments of our program and the data-evidence we have gathered suggest that the San Joaquin County Multi-track DUI Court has contributed significantly in bringing about these tremendous improvements.

INDIVIDUALIZING JUSTICE: GENDER CONSIDERATIONS IN DUI OFFENDING, SENTENCING, SUPERVISION, AND TREATMENT

By Erin Holmes

Director, Traffic Safety Program and Technical Writer
Foundation for Advancing Alcohol Responsibility

Since 1982, alcohol-impaired driving fatalities have declined by 51%. This number represents more than three decades of tireless commitment to improving policy, education, and interventions to eliminate preventable deaths. Despite these efforts, in 2015, the most recent year for which data is available, 10,265 people lost their lives on our nation's roadways as a result of alcohol-impaired driving (NHTSA, 2016). To save lives, reduce recidivism, and stop the revolving door of the justice system, more must be done to identify and address the underlying causes of impaired driving behavior. In this vein, it is incumbent on those in the field to refine evidence-based practices according to the unique or specialized needs of different segments of the offender population. For this reason, it is necessary to take gender into consideration.

Why examine the female drunk driver?

In the late 2000s, several high-profile, multi-fatality crashes involving female drunk drivers made headlines across the country. These events, along with anecdotally reported increases in the number of female impaired drivers on court dockets and probation caseloads, spurred an interest in learning more about the magnitude and characteristics of female DUI offending.

An initial review of the state of knowledge conducted by the Traffic Injury Research Foundation (TIRF) revealed that much of existing impaired driving literature is male-centric. Few studies focused specifically on women, and those that did were outdated. Women have historically accounted for a small percentage of the impaired driving population, which explains why far less is known about their profiles. However, data has shown that there is a need to take a closer look at this population. While a relatively small percentage of female's self-report drinking and driving (10-20%) and female driver involvement in alcohol-related crashes has remained stable (12% in the 1980s, 13% in the 1990s, and 14% in 2016), the number of women arrested for DUI has increased dramatically (Robertson et al., 2011). In 1980, only 9% of those arrested for DUI were female. This number rose to approximately 15% in 1996 and 20% in 2004 (Schwartz and Rookey, 2008; Lapham et al., 2000; NHTSA, 2016). According to 2015 FBI Unified Crime Report data, women now account for 24.9% of DUI arrestees.

Considering these findings, it became apparent that more research was needed to fill gaps in understanding with the goal of informing strategies to reduce recidivism among female DUI offenders.

Who is the female impaired driver?

Following the completion of the literature review, TIRF embarked on a groundbreaking qualitative study (see Robertson, Holmes, & Marcoux, 2013) to identify female DUI offender profiles and to learn about their experiences in the criminal justice and treatment systems. Interview focus groups were conducted in four states with 154 convicted female drunk drivers, both first and repeat offenders, and interviews were conducted with 36 experienced practitioners (e.g., judges, defense attorneys, probation officers, alcohol educators, and treatment providers) to glean insights about approaches that women respond to as well as those that are less successful or met with resistance. The American Probation and Parole Association (APPA) developed a companion guide that highlights effective strategies and approaches that increase opportunities for female DUI offenders to be successful while under community supervision.

continued, page 4

Dates to Remember

October 15 – 21
National Teen Driver Safety Week
TEEN DRIVING ISSUES
5 to Drive



October 16 – 20
National School Bus Safety Week

October 31
Halloween
Buzzed Driving Is Drunk Driving



November 24
Thanksgiving Holiday Travel
OCCUPANT PROTECTION
Buckle Up, Every Trip. Every Time.



November 24 – December 12
Pre-Holiday Season
IMPAIRED DRIVING
Buzzed Driving is Drunk Driving

December 13 – 31
Holiday Season
IMPAIRED DRIVING
Drive Sober or Get Pulled Over

Happy New Year!

INDIVIDUALIZING JUSTICE: GENDER CONSIDERATIONS IN DUI OFFENDING, SENTENCING, SUPERVISION, AND TREATMENT continued from page 3

The first objective of the TIRF study was to, quite simply, identify who is the female impaired driver. *Female Drunk Drivers: A Qualitative Study* provides an in-depth discussion of the characteristics (e.g., age, employment, alcohol and drug use, etc.) and profiles of these offenders. While there was great variance in some categories, common characteristics and themes emerged including:

- History of alcohol abuse within the family;
- Presence of co-occurring disorders;
- History of multiple failed and/or abusive relationships;
- History of trauma; and,
- Intense feelings of shame, guilt, and embarrassment because of their offending

The presence of substance use disorders is commonplace among DUI offenders, both male and female. Approximately two-thirds of convicted DUI offenders are alcohol dependent (Lapham et al., 2001) and research has shown that 83% of female DUI offenders have met the criteria for alcohol abuse or dependence at some point in their lives (Lapham et al., 2000). In the TIRF study, many of the female participants met the criteria for alcohol dependence and many reported early onsets of first drink. Both binge drinking and daily drinking were common but tended to vary based on offender typology – younger women tended to engage in binge drinking whereas older women were more likely to report drinking daily.

The presence of co-occurring disorders among female DUI offenders is an issue that requires increased attention. Research consistently shows that “co-occurring disorders are more often the rule than the exception in justice settings” (Peters et al., 2015). In a 2007 study, Shaffer et al. found that among repeat DUI offenders, 45% had a major mental health disorder that was not alcohol or drug-related. Female DUI offenders appear to have significantly higher psychiatric comorbidity relative to their male counterparts (LaPlante et al. 2008) with diagnoses of anxiety, depression, and bipolar disorder being common. An analysis by Lapham et al., 2001 found that 50% of female DUI offenders and 33% of male offenders have psychiatric co-morbidity.

The prevalence of co-occurring disorders was very high among TIRF study participants who disclosed that they suffered from depression, bipolar disorder, anxiety, and post-traumatic stress disorder (PTSD). These conditions were formally diagnosed in some instances and remained undiagnosed in others. Many of the women reported that they drank to deal with their mental health issues and that they frequently combined alcohol and prescription medications. The potential additive or synergistic effect that this practice can have on impairment was particularly concerning.

The inability to establish healthy relationships was another contributing factor to increased alcohol consumption as these women often drank to maintain relationships. Most of the women who participated in the study were single, separated, or divorced. Many reported a history of abusive or dysfunctional relationships often with a partner who had alcohol and/or drug problems which is consistent with the literature (McMurran et al., 2011). The lack of strong support networks also made them dependent on these abusive partners.

Not surprisingly, a history of trauma (e.g., mental/emotional abuse, physical abuse, sexual assaults) was also common. A consistent finding across age groups was drinking as a means of self-medication to cope with emotional issues. In many instances, the drinking episode that led to the DUI offense was brought on by an emotional catalyst or stressor. Anniversaries of traumatic events were identified as a trigger for a binge drinking episode or relapse. Studies have shown that trauma history is associated with psychiatric co-morbidity (Ouimette et al., 2000), substance use disorders and polysubstance use (Pirard et al., 2005), and increased risk of relapse (Kubiak, 2004).

The presence of undiagnosed trauma and PTSD can affect supervision and treatment outcomes. Moreover, the intense feelings of shame and guilt that many of the women reported in association with their DUI offending negatively affected their self-esteem and, in several instances, led to relapse. Failure to take these issues into consideration misses valuable opportunities for meaningful and necessary intervention.

Recommendations

The secondary objective of the qualitative study was to learn from the experiences of female DUI offenders and practitioners to identify ways to strengthen existing practice and keys to successful completion of supervision and treatment programs.

What the study revealed is that too often, sentences, supervision decisions, and treatment plans are handed down or made based solely on an individual’s criminal record or risk level. This ‘manufacturing’ of a standard form of justice for offenders who seemingly fit into similar molds or archetypes misses opportunities to address the etiology of their criminal behavior, connect them with appropriate community services, and effectively treat substance use and mental health disorders. The result: poor outcomes.

Everyone that stands before a judge at a sentencing hearing or sits in front of a probation officer is just that – an individual. They have their own unique criminogenic risk factors, treatment needs, and issues that may require support (e.g., housing needs, lack of or limited support network, unemployment, etc.). One of the themes that emerged during the focus groups was that justice-involved women appreciated being viewed as an individual and felt that it was important to have their supervision requirements and treatment plans reflect their risks and needs. As one woman noted “everyone looked at what I did, but no one asked why I did it.” In other words, the offense was not as simple as having too much to drink and getting behind the wheel. The reality in this situation, like many others, is that there are other issues at play which create multiple pathways to offending (e.g., substance use disorders; co-occurring disorders; trauma issues; relationship issues; family history of substance abuse; and socio-economic marginalization) (Mowatt, 2013). The most important recommendation to emerge from the study is that focus should be placed on the individual because a one-size-fits-all approach to justice will fail to account for the specific needs of women.

continued, page 5

Contact Info

To learn more about programs offered by NHTSA, please contact one of the following:

Judicial Fellow:

Hon. Earl Penrod: Penrod26d01@msn.com

Tribal Courts Fellow:

Hon. J. Matthew Martin:
abajudicialfellow@gmail.com

Judicial Outreach Liaisons:

Hon. Brian L. Burgess, Judicial Outreach Liaison, Region 1 (Maine, Massachusetts, New Hampshire, Vermont, and Rhode Island): Brian.Burgess@vermont.gov

Hon. John S. Kennedy, Judicial Outreach Liaison, Region 2 (Connecticut, New Jersey, New York, Pennsylvania, Puerto Rico and Virgin Islands): JSKennedy17402@gmail.com

Hon. Phyllis McMillen, Judicial Outreach Liaison, Region 5 (Minnesota, Wisconsin, Illinois, Indiana, Michigan, Ohio):
mcmillen008@gmail.com

Hon. Chaney W. Taylor, Jr., Judicial Outreach Liaison, Region 7 (Iowa, Missouri, Arkansas, Kansas, Nebraska): ctaylorjol@gmail.com

Hon. Mary Jane Knisely, Judicial Outreach Liaison, Region 10 (Montana, Idaho, Oregon, Washington, Alaska):
maryjaneknisely@gmail.com

INDIVIDUALIZING JUSTICE: GENDER CONSIDERATIONS IN DUI OFFENDING, SENTENCING, SUPERVISION, AND TREATMENT

continued from page 4

Other identified keys to success include:

- **Provide clear information** about the criminal justice and treatment process as well as expectations and requirements at the outset. When expectations are clearly laid out, anxiety about the unknown can be mitigated.
- **Assess offenders for co-occurring disorders.** Ideally, substance use disorders and mental health issues should be identified as early in the process as possible. Two screening/assessment instruments are now available that are specific to DUI populations. The Computerized Assessment and Referral System (CARS – [see www.carstrainingcenter.org](http://www.carstrainingcenter.org)) screens and assesses for co-occurring disorders and matches individuals with geographically-targeted treatment referrals based on identified needs. The Impaired Driving Assessment (IDA – see Lowe, 2014) identifies an individual's risk level and can help inform supervision decisions.
- **Listen to and treat women with respect but also hold them accountable for non-compliance and violations.** In instances where women felt that practitioners were invested in their success, they reported that they were motivated to adhere to conditions and progress in their treatment plans.
- **Provide women with the opportunity to have individual counseling followed by female-only group therapy.** Mixed gender therapy groups were often considered to be counter-productive as they were spaces where women did not feel comfortable enough to share their experiences. It is imperative that women can discuss their issues in a safe environment where they feel supported. Some judges have recently employed this approach in the courtroom by separating their dockets according to gender. Anecdotally, they have observed an increased willingness to engage in dialogue and the formation of strengthened relationships among female participants as the women become invested in the success of their peers.
- **Be cognizant of and sensitive to any history of trauma.** Substance use, criminal justice system involvement, and trauma are often interrelated. Therefore, trauma must be addressed but in a way, that does not lead to re-victimization. Practitioners are encouraged to screen for and utilize trauma-informed approaches when dealing with female offenders.
- **Use a comprehensive approach** – integrate substance use, mental health, and trauma treatment. Also, anticipate relapse and create a continuum of care to aid in recovery.
- **Identify ways to build a woman's self-esteem.** This can be accomplished by setting realistic and attainable goals (e.g., education, employment, etc.) and recognizing small feats and progress.
- **Engage families and friends in the process.** Many women lack strong support networks and this can often be a barrier to recovery. They should be encouraged to develop these networks with positive peer influences.
- **Be sensitive to the demands that women face** (e.g., sole provider and/or caretaker for children). Stress can often lead to relapse and many women express frustration with having to balance multiple responsibilities and navigate system requirements. Increased flexibility with scheduling can help address these concerns.

continued, page 6

INDIVIDUALIZING JUSTICE: GENDER CONSIDERATIONS IN DUI OFFENDING, SENTENCING, SUPERVISION, AND TREATMENT continued from page 5

- **Educate women about alcohol consumption.** Many female DUI offenders reported that they lacked an understanding of what constitutes normal versus binge drinking. From a preventive perspective, women would benefit from more education about how alcohol affects them differently from men.

Conclusion

Perhaps one of the most salient findings from the qualitative study is that to have better outcomes, a judge, probation officer, or treatment professional should look at the totality of the circumstances of the woman before them and take this into consideration during any decision-making phase. The history and experiences of female DUI offenders may differ significantly from male offenders. By recognizing the importance of and employing a gender-responsive approach, long-term behavior change is more likely to be realized. Gender makes a difference.

References:

1. Computerized Assessment and Referral System (CARS): www.carstrainingcenter.org
2. Federal Bureau of Investigation (FBI). (2016). *Crime in the United States, 2015: Table 42, Arrests by Sex, 2015*. Retrieved from: <https://ucr.fbi.gov/crime-in-the-u.s/2015/crime-in-the-u.s.-2015/tables/table-42>
3. Kubiak, S. (2004). The effects of PTSD on treatment adherence, drug relapse, and criminal recidivism in a sample of incarcerated men and women. *Research on Social Work Practice, 14*, 424-433.
4. Lapham, S., Skipper, B., Hunt, W., & Chang, I. (2000). Do risk factors for rearrest differ from female and male drunk-driving offenders? *Alcoholism: Clinical and Experimental Research, 24*(11), 1647-1655.
5. Lapham, S. C., Smith, E., C'de Baca, J., Chang, I., Skipper, B. J., Baum, G., & Hunt, W. (2001). Prevalence of psychiatric disorders among persons convicted of driving while impaired. *Archives of General Psychiatry, 58*(10), 943-949.
6. Laplante, D., Nelson, S., Odegaard, S., LaBrie, R., & Shaffer, H. (2008). Substance and psychiatric disorders among men and women repeat driving under the influence offenders who accepts a treatment-sentencing option. *Journal of Studies on Alcohol and Drugs, 69*(2), 209-217.
7. Lowe, N. (2014). *Screening for Risk and Needs Using the Impaired Driving Assessment*. DOT HS 812 022. Washington, D.C.: U.S. Department of Transportation.
8. McMurrin, K., Riesman, R., Manning, N., Misso, K., & Kleijnen, J. (2011). Interventions for alcohol-related offending by women: A systematic review. *Clinical Psychology Review, 31*, 909-922.
9. Mowatt, M. (2013). *Working with Female DWI/DUI Justice-Involved Individuals: A Supervision Guide*. Washington, D.C.: American Probation and Parole Association and the Foundation for Advancing Alcohol Responsibility (formerly Century Council).
10. National Highway Traffic Safety Administration (NHTSA). (2016). *Alcohol-Impaired Driving - Traffic Safety Facts: 2015 Data*. DOT HS 812 350. Washington, D.C.: U.S. Department of Transportation.
11. Ouimette, P., Kimerling, R., Shaw, J., & Moos, R. (2000) Physical and sexual abuse among women and men with substance use disorders. *Alcohol Treatment Quarterly, 18*(3) 7-17.
12. Peters, R., Wexler, H., & Lurigio, A. (2015). Co-occurring substance use and mental disorders in the criminal justice system: A new frontier of clinical practice and research. *Psychiatric Rehabilitation Journal, 38*(1), 1-6.
13. Pirard, S., Sharon, E., Kang, S., Angarita, G., & Gastfriend, D. (2005). Prevalence of physical and sexual abuse among substance abuse patients and impact on treatment outcomes. *Drug and Alcohol Dependence, 78*(1), 57-64.
14. Robertson, R., Marcoux, K., & Holmes, E. (2011). *State of Knowledge: Female Drunk Drivers*. Ottawa: Traffic Injury Research Foundation.
15. Robertson, R., Holmes, E., & Marcoux, K. (2013). *Female Drunk Drivers: A Qualitative Study*. Ottawa: Traffic Injury Research Foundation.
16. Schwartz, J., & Rookey, B. (2008). The narrowing gender gap in arrests: Assessing competing explanations using self-report, traffic fatality, and official data on drunk driving, 1980-2004. *Criminology, 46*(3), 637-671.
17. Shaffer, H., Nelson, S., LaPlante, D., LaBrie, R., & Albanese, M. (2007). The epidemiology of psychiatric disorders among repeat DUI offenders accepting a treatment-sentencing option. *Journal of Consulting and Clinical Psychology, 75*(5), 795-804.

Acknowledgements:

A special thank you to the lead authors of the reports discussed in this article: Robyn Robertson, President & CEO of TIRF and Mary Ann Mowatt, formerly of APPA.

DON'T FORGET

Valuable resources can be found at:

- **National Highway Traffic Safety Administration**
<http://www.nhtsa.gov/Impaired>
- **American Bar Association/Judicial Division/NCSCJ**
http://www.americanbar.org/groups/judicial/conferences/specialized_court_judges/NHTSA.html
- **Highway to Justice - Archives**
http://www.americanbar.org/publications/judicial_division_record_home/judicial_division_record_archive.html
- **National Judicial College**
www.judges.org
- **Governor's Highway Safety Association: Impaired Driving Issues**
<http://www.ghsa.org/html/issues/impaireddriving/index.html>
- **AAA Foundation for Traffic Safety**
<https://www.aaafoundation.org/>
- **National Center for State Courts**
<http://www.ncsc.org/>
- **National Center for DWI Courts (NCDC)**
<http://www.dwicourts.org>

ABA/NHTSA WELCOMES BOTH TORI JO WIBLE AND NANCY ALLARD ON THEIR NEW APPOINTMENTS



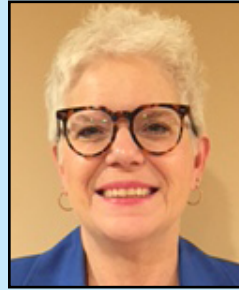
Tori Jo Wible
Director Chief Counsel
ABA/Judicial Division

Tori Jo Wible graduated from the University of Minnesota with a double major in Journalism and Spanish, with a Business Minor. She earned her juris doctor from Hamline University School of Law, now Mitchell-Hamline in St. Paul, Minnesota.

She has clerked for district court judges in Minnesota (10th Judicial District, Washington County) and worked for the Minnesota Supreme Court in the Court Services Division. At the Supreme Court, she led a task force on co-parenting and helped draft new child support guidelines after the prior legislation was struck down by the court. Ms. Wible also practiced in a small firm doing general civil work and serving as the assistant city attorney, doing both civil work for the city council and criminal prosecution. She also worked in the energy industry, managing the federal discovery for a rate increase request before the Federal Energy Regulatory Commission.

Ms. Wible first joined the ABA in the Legal Services Division, serving as staff counsel to several standing committees, all focused on moderate means and indigent services. She was also the Executive Director of an ABA-affiliated entity, the Group Legal Services Association, a separate membership organization affiliated with the Standing Committee on Group and Prepaid Legal Services. While in the Legal Services Division, Ms. Wible attended dozens of meetings, participated in countless conference calls and was even trapped for a few days in Washington, DC after 9/11.

She and her husband, a consultant in international tax law, have two sons and make their home in the leafy suburbs of Chicago.



Nancy Allard
State Judicial Outreach Liaison for South Dakota

Nancy earned her Bachelor's Degree in Sociology, Criminal Justice, and Psychology from Black Hills State University in 1981. She began her 28-year career with the South Dakota Unified Judicial System in 1988, retiring in the fall of 2016. During her tenure with the Court System, she served as an adult and

juvenile probation officer and chief probation officer, prior to moving to the State Court Administrator's Office in Pierre. She worked in the State Court Administrator's Office the last thirteen years of her court career, with the last ten years as the Director of Trial Court Services, overseeing all statewide operations of adult and juvenile probation and all clerk of courts operations. She was certified with the Court Management Program of the National Center for State Courts and in 2009 completed and was named a Fellow of the Court Executive Development Program, of the National Center for State Courts. Nancy was appointed by South Dakota's Governor to play key committee leadership roles working with other statewide criminal justice stakeholders in comprehensive adult criminal justice reform and in juvenile justice reform initiatives. She was integral in the development and movement of drug and DUI courts across the state, as well as statewide juvenile detention reform. She was appointed the State Judicial Outreach Liaison with the SD Department of Public Safety, Office of Highway Safety, in 2017. Her focus is working with the courts to establish and sustain a continuum of service provision for impaired drivers, beginning with the 1st Offender DUI program, multiple offender programming, drug and DUI courts and reintegration programming. Beyond a passion for service to the citizens of SD, Nancy enjoys spending time with her children and grandchildren, traveling with her husband, and the joys of country living.

REFORM & RESPONSIBILITY
TOUR 2017

COLLABORATIVE PARTNERSHIPS.
CUTTING-EDGE RESEARCH.
EVIDENCE-BASED TECHNOLOGY.

Don't miss this incredible learning and networking event coming soon to a city near you!

SEPTEMBER: LOUISVILLE, KY NOVEMBER: CHICAGO, IL
NOVEMBER: DENVER, CO DECEMBER: MIAMI, FL

NCDC NATIONAL CENTER FOR DWI COURTS
RESPONSIBILITY.ORG

dwicourts.org/tour2017

Commemorate the

TRAFFIC PROGRAM SEMINARS

75th
Anniversary

by marking your calendar
for the 2018 seminar.

March 5-7, 2018

THE WESTGATE HOTEL
1055 SECOND AVENUE
SAN DIEGO, CALIFORNIA

The complete agenda and registration details
will be finalized in late fall. Check our website,
www.ambar.org/jdncscj, where details
will be posted when available.

If you want to make sure you are on our mailing
list, contact Cheronne.Mayes@americanbar.org.

State Judicial Outreach Liaisons:

Indiana: Hon. Tim Oakes:
in.jol.tim@gmail.com

Michigan: Hon. Patrick Bowler:
pcbowler@gmail.com

Oklahoma: Hon. Carol Hubbard:
hubbardranch@msn.com

Pennsylvania: Hon. Michael Barrasse:
mbarrasse@gmail.com

South Carolina: Hon. J. Mark Hayes, II:
mhayesj@sccourts.org

South Dakota: Hon. Nancy Allard:
Nancy.Allard@state.sd.us

Tennessee: Hon. Leon Burns:
leonburns@gmail.com

Texas: Hon. Laura Weiser:
lweiser@yourhonor.com

Vermont: Hon. Ben W. Joseph:
bwjdisputes@hotmail.com

Virginia: Hon. Gordon Wilkins:
gordonwilkins@yahoo.com

Washington: Hon. Scott Bergstedt:
scott@bergstedtlaw.com



San Antonio, TX • April 22-24

NATIONAL CONFERENCE ON HIGHWAY SAFETY PRIORITIES





Behind the Wheel: Today's Traffic Offender

October 23 – 26, 2017

Location **Reno, NV**

Tuition **\$1,079**

Conference Fee **\$289**

The arena of traffic-related offenses is constantly evolving. Statistically, driving while under the influence of drugs as well as alcohol will be an issue that will appear with more frequency in traffic courts around the country. This course will delve into several issues that judges who hear traffic cases will experience this year, as well as offer insight into case issues and strategies from the prospective of the prosecutor, the defense attorney, the law enforcement officer, and the treatment provider. The course will also offer in-depth insight on how roadside drug detection is done as well as how the 12-step DRE protocol is conducted. Additionally, the course will offer a demonstration on the various types of drug and alcohol detection equipment that is available and the reliability of the instruments.



Properly and Effectively Adjudicating Drugged Drivers

October 30 – December 8, 2017

Web

Tuition **FREE**

Unlike alcohol-impaired driving, drugged driving has fewer tools in the field to detect impairment and concentration levels in the body. Drugged driving cases require a judge to utilize a variety of judicial tools to effectively adjudicate these cases. In addition to the ability to determine which kinds of drugs an individual may be using, it is important to know how these drugs affect the individual and their ability to operate a vehicle. It is also imperative that a judge knows how to effectively craft sentences, which include treatment options, to provide a participant with the most beneficial mode of recovery.

Whom should I contact for more information?

For more information, please contact the Registrar's Office at (800) 255-8343 or registrar@judges.org.

Scholarships available: To learn more about financial assistance to attend NJC programs, please email njc-scholarships@judges.org or call us at (800) 25-JUDGE.

This course qualifies for The National Judicial College Certificate in Judicial Development program Administrative Law Adjudication Skills, Dispute Resolution Skills, General Jurisdiction Trial Skills, Special Court Trial Skills and Tribal Judicial Skills disciplines.

