

# **SOLUTIONS FOR MONTANA'S DUI PROBLEMS**

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*“The significant problems of the day cannot be solved with the same level of thinking we were at when the problems were created ...”*

*A. Einstein*

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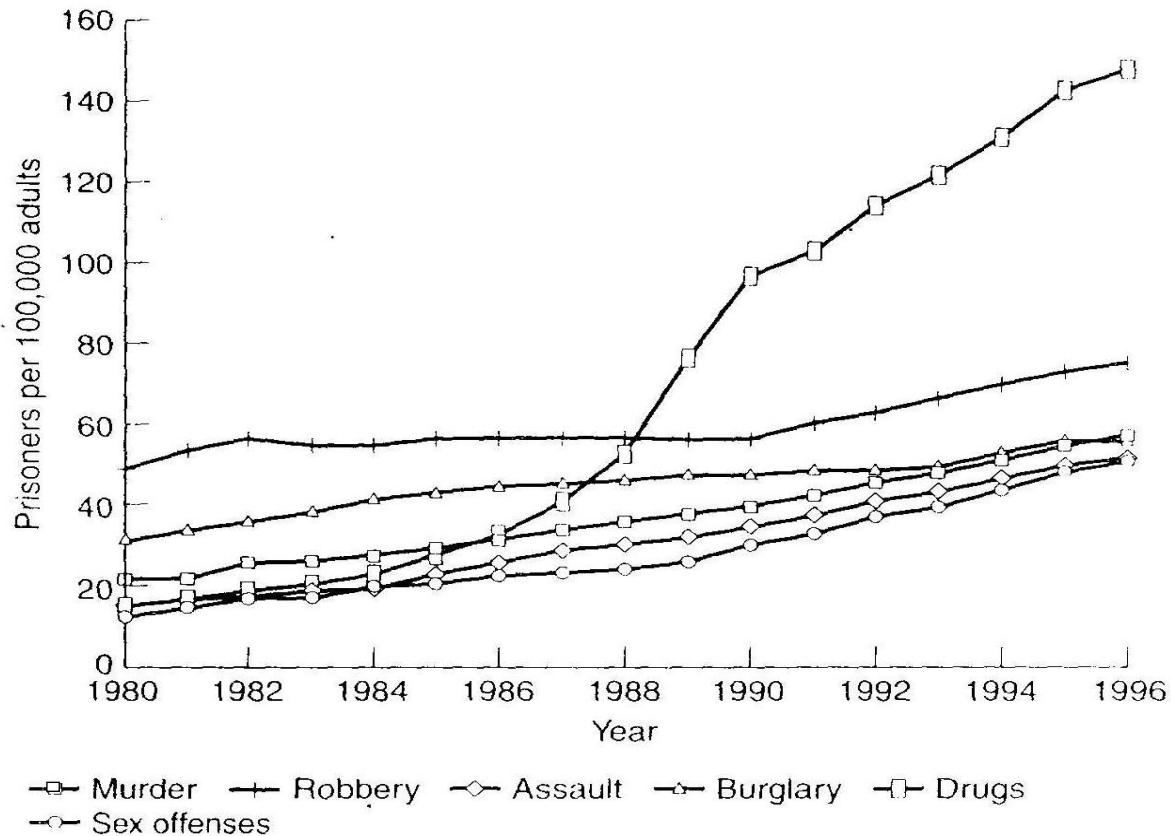
**IT'S TIME FOR A PARADIGM SHIFT IN MONTANA:  
FROM INCARCERATION TO COMMUNITY-  
BASED DIVERSION**

# DRUG ABUSE CONTINUES TO CONFOUND OUR CRIMINAL JUSTICE SYSTEM

- Our urban jails are full
- We have expanded correctional facilities every biennium for the past twenty years.
- We have added some treatment into our correctional facilities
- We cannot afford to build the proposed correctional facilities
- Still, with all the expansion, upwards of 70% of the incarcerated will re-offend.

# INCARCERATION RATE

## BY CRIME TYPE, US



Source: Blumstein and Beck (1999)

# WHAT ABOUT INCARCERATION AND PUNISHMENT AS DETERRENTS?

- For any punishment to be effective, it must be both:

SWIFT

SURE

- There is nothing swift about our criminal justice system. Between the time the offense is committed and the punishment is meted out, weeks if not months have elapsed and in over 50% of cases, charges are pled down.
- In Montana, treatment that is mandated does not necessarily mean treatment at all or treatment at the necessary dose.

# WE NEED TO CHALLENGE TRADITIONAL THINKING AND APPROACHES

- Why do we continue to lock up non-violent offenders?
- Are there other ways to deal with the non-violent DUI offender?
- We are not currently assuring public safety with our approach to DUI offenders are we?
- **Our goal must be to find more effective ways to change the behavior of the DUI offender**

# WHAT WILL WE HAVE TO DO DIFFERENTLY?

- We will have to adopt programs that assure meaningful punishment as a deterrent.
- We need to combine punishment with quality treatment
- We need to adopt evidence-based treatment approaches
- There must be accountability built into any new programs with research-based follow up.
- We must assure that our laws support the concepts and programs we adopt to solve the problem

# AND.....

- We must understand the alcoholic/addict is not a rational human being.
- We need to understand addiction is a brain-based disease that robs the individual of self-control and rational choice.
- Addiction must be treated if the resulting maladaptive behavior is to be changed and treatment must be individualized for each person.
- We must know the best ways to do treatment and then do them to assure that treatment is effective.



# The Basics of Effective Treatment

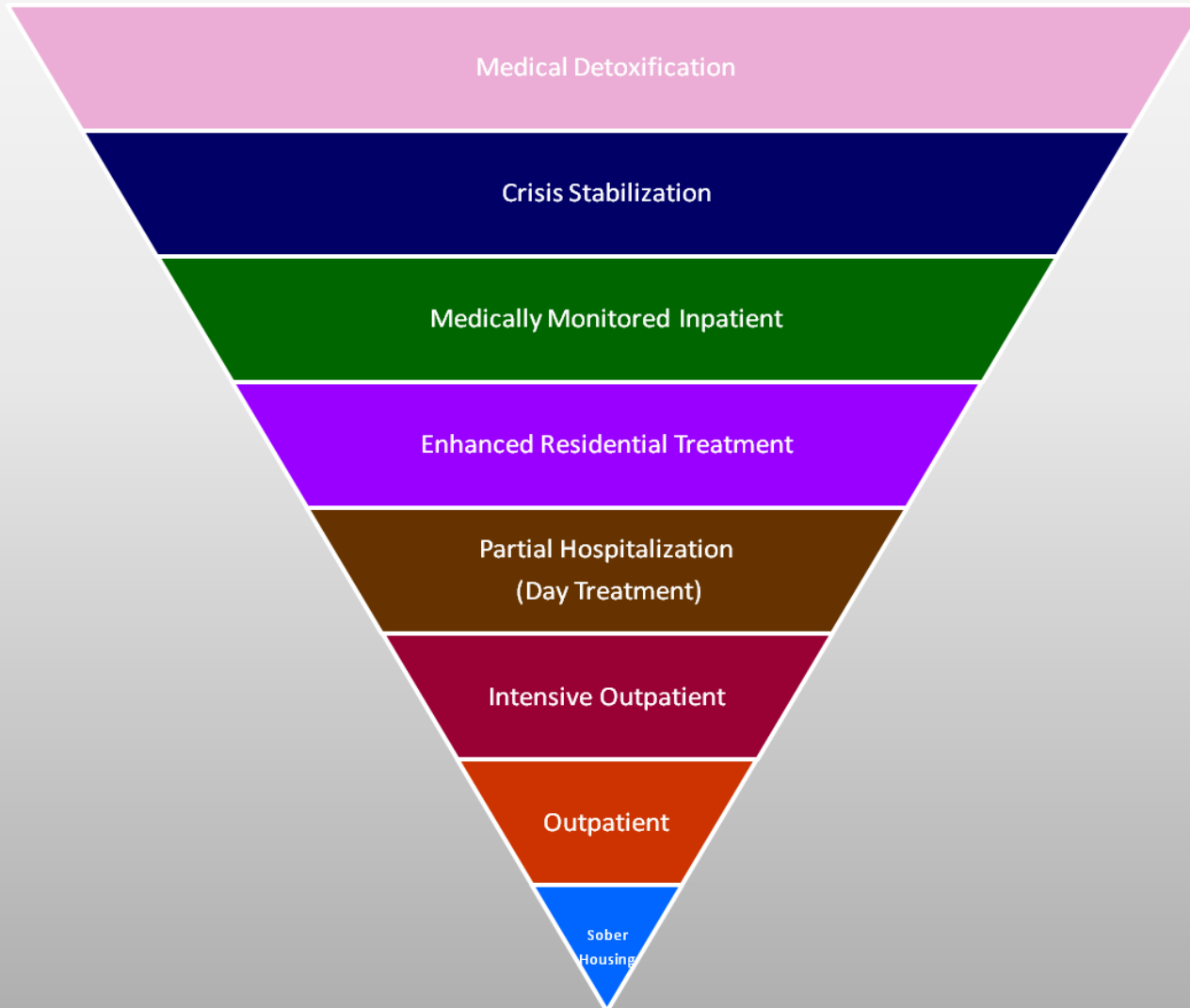
- Treatment must be tailored to address:
  - Each patients drug abuse patterns
  - Drug related medical and social problems
  - Drug-related psychiatric problems
- Because addiction has affected so many aspects of a person's life, treatment must address the needs of the whole person:
  - Emotional needs/issues
  - Psychological
  - Legal
  - Vocational

# NECESSARY COMPONENTS OF TREATMENT

- Treatment must be of sufficient intensity and duration based upon the degree of severity of the addiction
- The longer the treatment, the more successful the outcome. It takes the brain a long time to recover.
- Treatment modalities must include Group and Individual Therapy Refusal skills and relapse prevention, co-occurring tx, contingency management, recovery management at a minimum
- Education and medication assisted treatment

**The more treatment can take place in the “real world”, the better the outcomes!**

# Rimrock Foundation's Continuum of Service Levels



# PATIENT MATCHING

- Based upon a comprehensive biopsychosocial evaluation by qualified clinicians, the clinical needs of the patient are identified and the *Patient Placement Criteria* published by the American Society of Addiction Medicine are applied and used to properly place the patient in the level of care most likely to provide the intensity of services he/she needs.

# THE DURATION OF TREATMENT MATTERS

- As the patient is able to progress in treatment, he/she can be stepped down to the next appropriate level of care with less intensity of services
- This progressive stepping down into less intensive service levels results in the necessary duration of treatment as well as in providing structure, safety and security for the patient.
- Any treatment continuum less than four months is not likely to be sufficient

# WHAT KIND OF PROGRAM WILL DO ALL OF THIS?

- A NEW APPROACH....Community-based diversion
- Drug Courts are our most effective diversion program
- Drug courts combine punishment:
  - Drug testing and monitoring—making technology work for deterrence
  - Community Supervision/probation
  - Immediate sanctions for misbehavior
  - Immediate rewards for positive behaviors
  - Judicial oversight
- Combining punishment with treatment:
  - Placement in the treatment continuum based upon individual needs
  - Treatment that is of sufficient duration and intensity

# AND....

- Drug courts have the ability to reduce the time between commission of the offense and commencement of the punishment.
- The average wait time in the Billings Municipal Drug Courts between arrest and sentencing into drug court is ten work days!
- Drug courts have a long track record of on-going evaluation by third party research scientists to assure their effectiveness.

# HOW DO DRUG COURTS DELIVER RESULTS FOR DUI OFFENDERS?

- They utilize a host of community services not available in single-agency correctional settings to directly address the criminogenic needs of offenders such as:
  - Co-occurring psychiatric conditions
  - Educational/Vocational needs to assure meaningful employment
  - Physical health conditions
  - Safe housing
  - Familial problems
  - Life skills training to address identified needs



# SUPERVISION...A KEY COMPONENT OF DRUG COURTS

- Judicial oversight and weekly interaction with offenders assures both accountability and reinforcement for positive change.
- Community-based supervised probation is afforded each offender.
- Random Drug Testing, Electronic Monitoring, Scram
- Immediate sanctions for non-compliance
- Immediate rewards for clean urines, progress through the continuum, obtaining a job etc.

# INCORPORATE CONTINGENCY MANAGEMENT INTO SUPERVISION

- Based upon Social Learning Theory
- A main principle responsible for much of the success of drug courts
- Calls for a paradigm shift in the way we supervise offenders...from a sanction-based approach to a reward-based approach
- Evidence-based research

# CONTINGENCY MANAGEMENT

- Based on Social Learning theory:
  - All behavior is learned
  - Behavior that is reinforced will be repeated
  - Behavior can be changed and faster if it is reinforced
    - ✓ Reinforcement that changes behavior may consist of:
      - ✓ Social Reinforcers [ praise, hugs, applause]
      - ✓ Concrete Reinforcers [coffee cards, points, food, etc]
      - ✓ Social reinforcers combined with concrete reinforcers bring about behavior change faster than either one alone

# CAN DRUG COURTS SUCCESSFULLY IMPACT THE DUI PROBLEM ?

- Three years of research on the BAMDC:
- Regular Drug Court-
  - 50% of participants have at least 1 DUI
  - 29% have other driving violations
  - 2.3% charged with reckless driving
- DUI Drug Court-
  - Average BAC .217
  - 43 participants
  - 3,813 Drug tests have been administered [2009]
  - 33 positives [.8%]

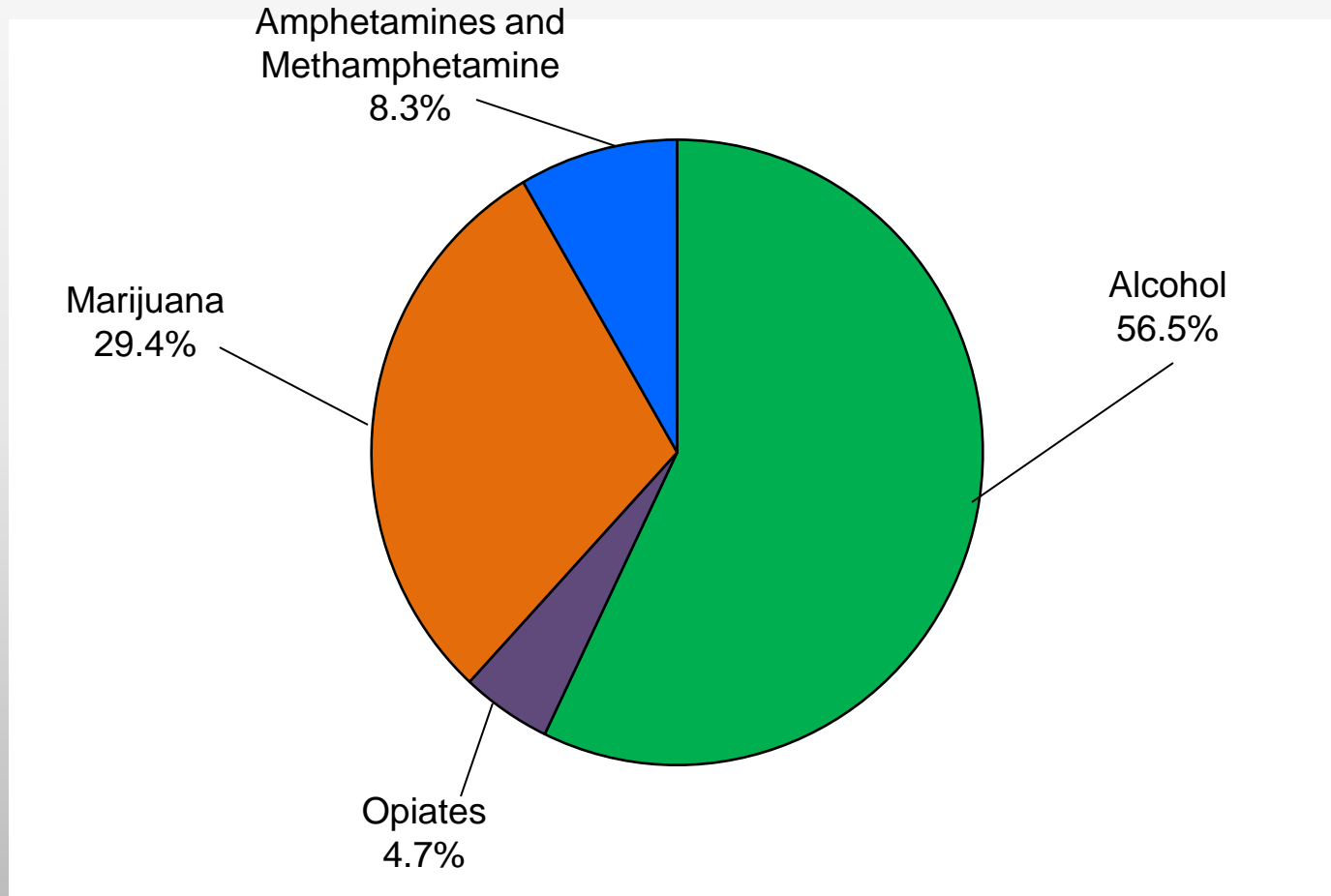
# Drug Court Technology

- The BAMDC and BAMDUI courts utilize:
  - EtG Tests
  - Sobriety tests
  - GPS
  - SCRAM
  - Breathalysers
  - Urine Screening
- The average daily cost of technology is \$ 12.00
- The average daily cost of incarceration-jail = \$60.00
- The average daily cost of WATCH =

# DEMOGRAPHIC PROFILE OF THE BAMDC PARTICIPANTS-2009

- Males- 68.9%                      Females- 31.1%
- Average age: 28.4
- 54.3% never married            29% widowed divorced separated
- 40% Unemployed
- Mean monthly income of employed- \$1050
- 53.1% meet definition of Homeless
- 79.1% Have a co-occurring disorder
- 43.9% have less than high school education
- 75% were on probation at time they entered BAMDC

# PRIMARY DRUGS OF CHOICE '09



- ALCOHOL IS THE MOST PROMINENT DRUG

# DRIVING OFFENSES PRE & POST

Driving Offenses	Admission	6 Months	12 Months	18 Months
DUI	41.6%	-0-	-0-	-0-
Reckless Driving	4.1%	-0-	-0-	-0-
Other Driving Violations	28.9%	.7%	.7%	-0-

- Driving Offenses are Reduced Dramatically



# OUTCOME DATA-BILLINGS DRUG COURT

- Prevention of recidivism and re-incarceration

12 Months Post Discharge

New Arrests

BAMDC Grads	0%
Control Group	38%
Terminated Drug Court Clients	30%

# INCARCERATION LEVELS

	<u>Pre-Drug Court</u>	<u>During Drug Court</u>	<u>After Drug Court</u>
BAMDC Court Clients	74.9%	8.5%	0%

- % of Control Group incarcerated **77.9%**
- % incarcerated of those expelled from Drug Court or opting out **78.1%**

# THE JAIL-BASED PILOT DIVERSION PROJECT

- 124 Misdemeanor Offenders treated over three years
- Non-violent offenders with addiction-related crimes
- Reinforcers are used:
  - Food is the primary reinforcer
  - Outdoor Exercise and Recreation are additional ones
  - Staff courtesy and praise
  - Special art therapy projects
  - Case Management to assist with housing and jobs

**NO WALK AWAYS OR ATTEMPTS TO LEAVE THE PROGRAM**

**NO VIOLENT ACTING OUT EPISODES**

# OUTCOME DATA-JAIL-BASED PILOT

- Employment Status:

	<u>Admission</u>	<u>Post Discharge</u>
• Employed	23%	85%
• Unemployed	78.6%	10%

- % Offenders Incarcerated Past 3 months:

<u>Admission</u>	<u>6 months</u>	<u>12 months</u>
95.7 %	34.3%	10%

# SUBSTANCE USE: JAIL-BASED

- Alcohol                      Mean Days Use Past 90 Days

Admission	21.18
6 months	0
12 months	8.7
  
- Other Drugs                      Mean Days Used

Admission	41.99
6 months	2.17
12 months	9.2

# RECIDIVISM-RE-OFFENDING OF PROGRAM COMPLETERS

- N=116
- Within 6 months      1 yr.      2yr      3yr

7

0

0

1

8.3% Recidivism

# WHAT WILL IT TAKE ?

- We need to grow criminal drug courts in Montana
- Re-consider sentencing practices. Currently participation in drug courts is voluntary in Montana. In other states, it is not.
- Jurisdiction must be increased for effectiveness in the drug court model.

# # WEEKS TO COMPLETE DRUG COURT

	<u>Phase I</u>	<u>Phase 2</u>	<u>Phase 3</u>
Median #	20.0	19.1	15.0
Range in Weeks	1-71	4-47	2-26



# COST PER PERSON- DUI COURT

- Total budget for all services/level of care: \$249,100 annual
- \$4,982.00 per participant per year
- \$311.37 a month per person

# WHAT LAWS NEED TO BE MODIFIED TO ACCOMMODATE DUI COURTS?

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JUDGE MARY JANE KNISELY  
BILLINGS MUNICIPAL COURT