

# Montana Comprehensive Highway Safety Plan



## 2017 Annual Transportation Safety Meeting

### Report

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October 2017

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## Meeting Purpose

The Comprehensive Highway Safety Plan (CHSP) was first implemented in 2006 making this the tenth year that state safety partners have come together to report on statewide implementation efforts and review progress in reducing roadway fatalities and serious injuries. The meeting was held on October 11-12, 2017, in Helena, Montana at the Great Northern Hotel. The primary purpose of this annual meeting is to bring together safety partners within communities, local governments, and state and federal agencies to network and learn about the safety efforts being done and to report progress on reducing roadway fatalities and serious injuries in working towards **Vision Zero- zero fatalities and zero serious injuries on Montana's roadways**.

The meeting provided an overview of the CHSP, data trends, progress on the reduction of statewide crash fatalities and serious injuries and highlights of the Emphasis Area strategies activities conducted in the past year. The meeting included key note speaker Nic Ward, Professor, Psychologist and Director of the Center for Health and Safety Culture at Montana State University who presented on what safety culture means.

## Importance of Collaboration

Mike Tooley, the Director of the Montana Department of Transportation (MDT) welcomed attendees and spoke on the importance of planning, coordinating, communicating to implement CHSP safety efforts with consideration of safety culture as we look towards 2019. These focus areas echo the overarching strategy to collaborate across agencies and organizations, including the public, to improve driver behavior and safety culture and promote the institutionalization of Vision Zero. The key to achieving the long-term vision of zero fatalities & zero serious injuries is to focus resources on the most significant problems. Montanans need to advance a culture of traffic safety where death on our roadways is not tolerable. This begins with everyone making good choices and traveling safely a daily part of life.

Planning cannot begin too soon as we head towards 2019. Planning efforts considers the desired outcome. A plan needs to be developed with benchmarks to be met. It will take time and effort from all agency partners. Some of these benchmarks include data research to counter anti-seatbelt arguments, updating seat belt fact sheets and speaking notes; education and informational resource materials need to be distributed to local communities sooner rather than later. Real life stories from communities to speak about the tragedies that have affected their lives. A major priority is to identify a seat belt coalition leader- someone who is an influential state business or organization leader that has name recognition to take the lead and be the voice of a primary seat belt law. This is important as State agencies have the safety experts who can compile and know the data facts but cannot take the lead on Legislation.

Consistent and constant messaging is key to getting Montana to zero fatalities and serious injuries on Montana's roadways. Education never ends. The key to consistent and constant messaging is how the various socio-economic groups, view safety in their everyday lives to better determine how to develop and target messaging to those certain groups.

Information should be communicated to state and local agency safety partners and used to coordinate and develop consistent and constant messaging across the state and for developing safety program strategies.

Changing behavior takes time. Education of expected safe driving behavior needs to begin now. Understanding youth's safety perception includes understanding what their parent's safety perception is to understand what educational efforts are needed to improve safety behaviors among current and future generations.

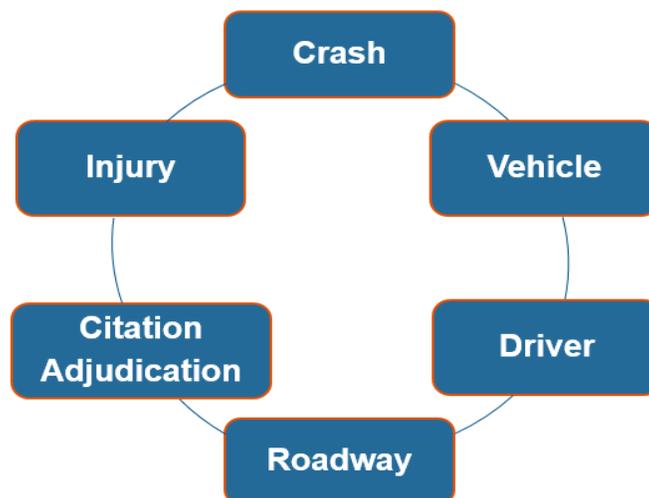
Changing safety perceptions involves developing strong safety oriented values and strategies. Values that are consistently and continually fostered and nurtured within communities across the state can affect expected behavior and ultimately change the culture of safe driving.

Data is important in implementing efforts as it is often a criterion of funding. Data helps identify the safety issues and define the countermeasure or invention to help correct the problem. The CHSP was developed based on a data driven process and included the overarching strategy to

***Improve the accuracy, completeness, integration, timeliness, uniformity and accessibility of data used in traffic safety analysis.***

Safety messaging, behavioral programs and project prioritization is tied to data and tells an accurate story of lives lost due to not using seat belts, impaired driving, and /or speeding are among other factors. Linking the different data records completes the story and enables an analysis of the roadway and driver behavior factors to determine appropriate safety counter measures

## Importance of Data



Integrating traffic records information includes:

- Crash data from law enforcement reports
- Vehicle data on registered vehicles
- Driver data on licensed drivers, including driver history
- Roadway data about the public roadways in the state.
- Citation/ Adjudications data on traffic citations, arrest and final disposition of charge data
- Injury data on motor vehicle related injuries and deaths, including pre-hospital EMS data, hospital emergency department data systems, hospital discharge data systems, trauma registries and long-term care/rehabilitation patient data systems.

Data systems should be reviewed by the various jurisdictional authorities to identify and document gaps and issues regarding data integration on a regular basis.

## CHSP Overview

Lynn Zanto, MDT's Rail Transit and Planning Division Administrator provided an overview on the evolution of the Comprehensive Highway Safety Plan (CHSP) and the implementation of strategies that have involved agencies, organizations and federal, state, local and tribal governments over the years. Current Federal regulations require that state departments of transportation to have an updated strategic safety plan, set specific performance targets and evaluate our progress.

The CHSP was first developed in 2006 following the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) federal legislation which mandated that all states develop a data driven, strategic highway safety plan to reduce fatalities and serious injuries.

The CHSP was amended in 2010 to reflect the American Association of State Highway and Transportation Officials (AASHTO) revised 2007 national fatality goal. The AASHTO goal was to half the fatalities over the next two decades by reducing the national fatalities by 1,000 per year. Consistent with AASHTO's approach, Montana adopted a similar goal to utilize actual numbers and to halve fatalities and serious inquiries over the next two decades from 1,704 in 2007 to 852 by 2030. Currently this is referenced as the CHSP Interim Goal used to evaluate annual progress in reducing roadway fatalities and serious injuries.

The CHSP was updated in 2015 to comply with the Moving Ahead for Progress in the 21<sup>st</sup> Century (MAP-21) which required four specific performance measures and targets and to meet the five-year update requirement. The development of the CHSP update continued the requirement to be a data-driven process and considers all transportation modes of Montana's roadways. It also aligns with TranPlanMT Montana's long-range transportation plan to improve safety for all transportation users and with ***Vision Zero- zero fatalities and zero serious injuries*** on Montana's public roads.

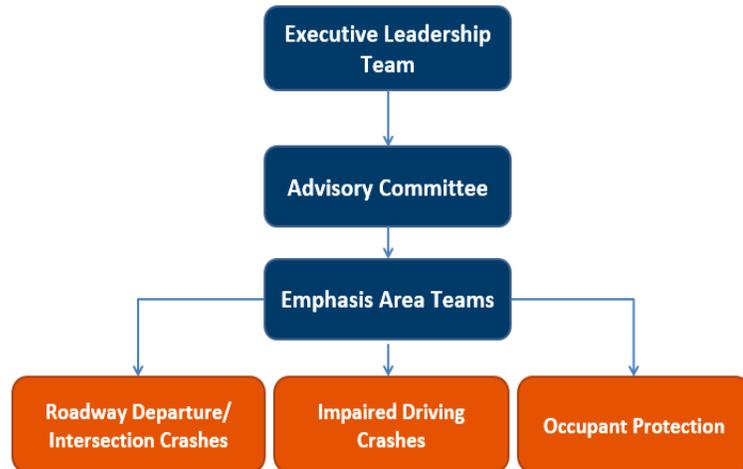
The purpose of the CHSP is to

***Implement a collaborative process to reduce fatalities and serious injuries in Montana utilizing engineering, enforcement, education and emergency response strategies.***

The CHSP seeks to focus resources strategically, where opportunities for safety improvements are greatest. Based on the data driven process the three emphasis areas were determined as : roadway departures and intersections crashes, impaired driving and lack of occupant protection restraints.

The development of the implementation approach is a three-tiered approach lead by the Executive Leadership Team which is comprised of agency directors who provide leadership and direction on implementing safety strategies. The second tier of the implementation frame work is the Advisory Committee who oversaw the development of the CHSP and continues to provide support and guidance to the Emphasis Area Teams necessary to carry out strategies. The third tier of implementation is the Emphasis Area Teams comprised of program managers and other safety partners that implement safety efforts in a collaborative means. Team members also work on sub-committees to review various policies and procedures and research studies to move strategies efforts forward.

## Implementation Structure



In March 2016, the Federal Highway Administration published the final rules for safety measures which added a fifth performance measure for non-motorized fatalities and serious injuries.

### Performance Measures and Targets

While the CHSP is required to be updated every 5-years, annual targets set for the Highway Safety Plan (HSP) and the Highway Safety Improvement Plan (HSIP) are required to have identical targets. To meet these requirements the projected CHSP target methodology was used to align and set the 2018 annual targets for the HSIP and the HSP. The 2015 CHSP actual and projected fatalities and serious injury and the vehicle miles traveled (VMT) data was used to project the 5-year rolling average to determine the 2018 safety targets for fatality and serious injury numbers and rates.

To determine the nonmotorized fatalities and serious injuries target a 5-year rolling average of actual FARS numbers and the state serious injury numbers with an annual reduction of .9 percent was used to project the 2018 target. While the annual reduction of .9 percent seems small the reduction is reasonable and achievable based on the actual annual nonmotorized fatalities and serious injuries.

The 2018 performance measure targets are:

- No more than an annual 5-year average of 192.6 fatalities in 2018.
- No more than an annual 5-year average fatality rate of 1.527 in 2018.
- No more than an annual 5-year average of 796 serious inquires in 2018; and
- No more than an annual 5-year average serious injury rate of 7.338 in 2018.
- No more than an annual 5-year average of 72.5 fatal and serious injuries in 2018.

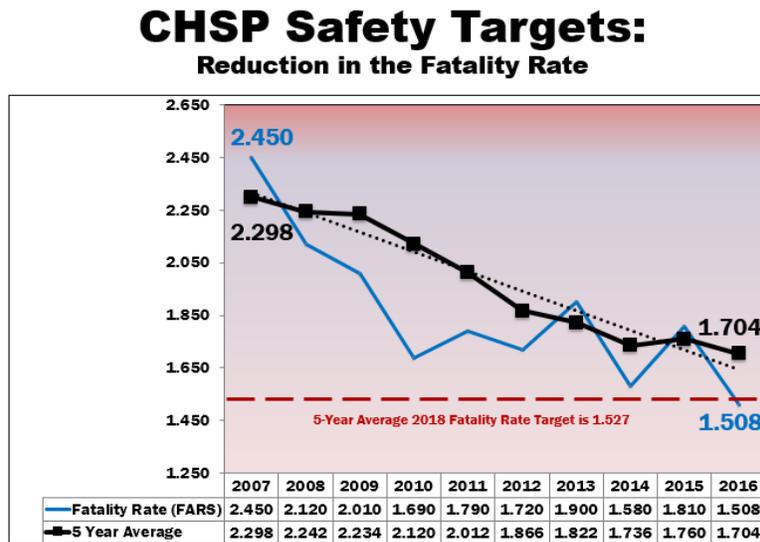
The following five performance measure data charts shows the annual data, the five-year average data and the 2018 targets.

Figure 1: CHSP Safety Target- Reduction in Number of Fatalities



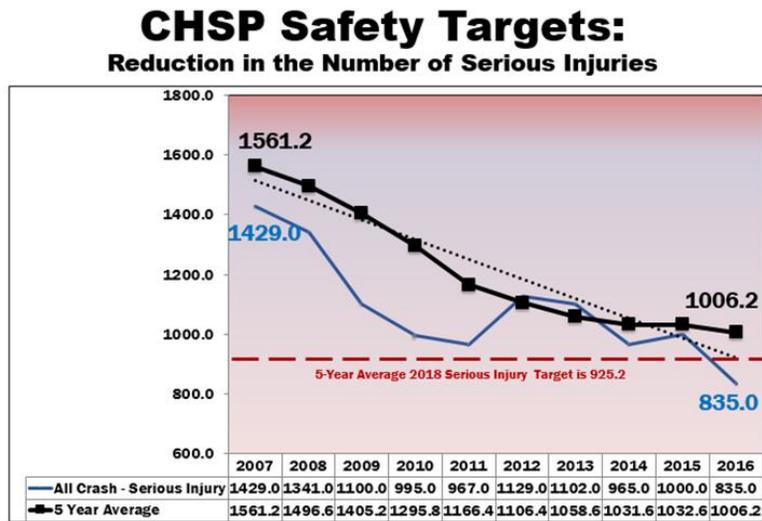
- The 5-year annual average 2018 Fatality Target is 192.6.

Figure 2: CHSP Safety Target-Reduction in the Fatality Rate



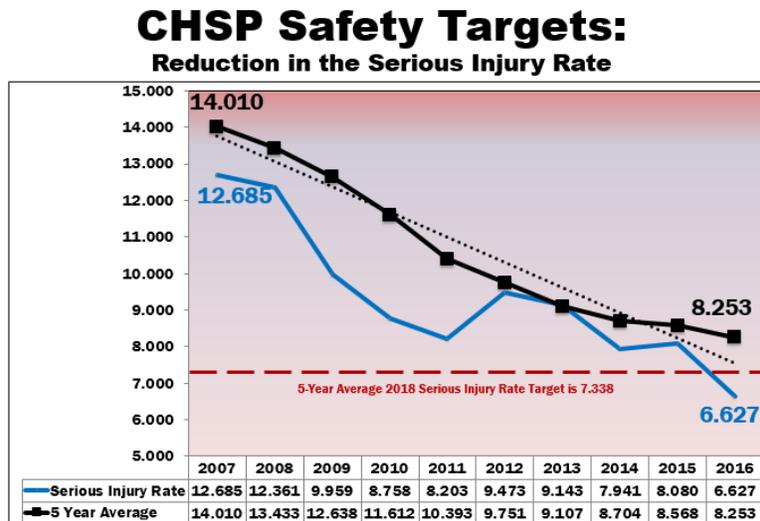
- The 5-year annual average 2018 Fatality Rate target is 1.527.

Figure 3: CHSP Safety Target-Reduction in the Number of Serious Injuries



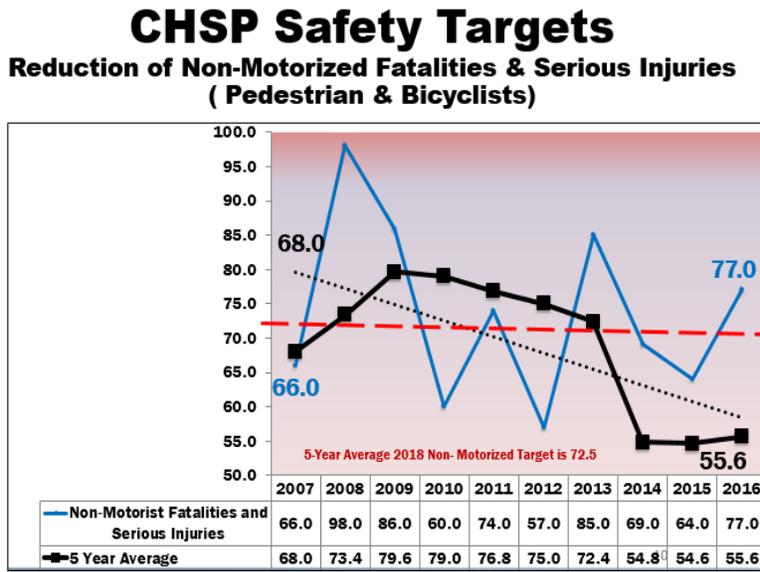
- The 5-year average annual 2018 Serious Injuries target is 925.2.

Figure 4: CHSP Safety Target-Reduction in the Serious Injury Rate



- The 5-year average annual 2018 Serious Injuries target is 7.338.

Figure 5: CHSP Safety Target-Reduction in Non-Motorized Fatalities & Serious Injuries



- The 5-year average annual 2018 Non-motorized Fatal and Serious Injuries target is 72.5.

## Crash Data

Patricia Walsh Burke, safety engineer with MDT’s Traffic & Safety Bureau provided an overview of the recent 10-years of data and the 2018 safety performance targets. To establish whether progress has been made in reducing roadway fatalities and serious injuries the CHSP evaluates the past 10-years of data to determine progress and if there has been an upward or a downwards trend in reaching the current five safety measure targets and the CHSP interim goal. The CHSP interim goal is to reduce fatal and serious injuries from 1,704 in 2007 to 852 by 2030.

Figure 6: CHSP Interim Goal

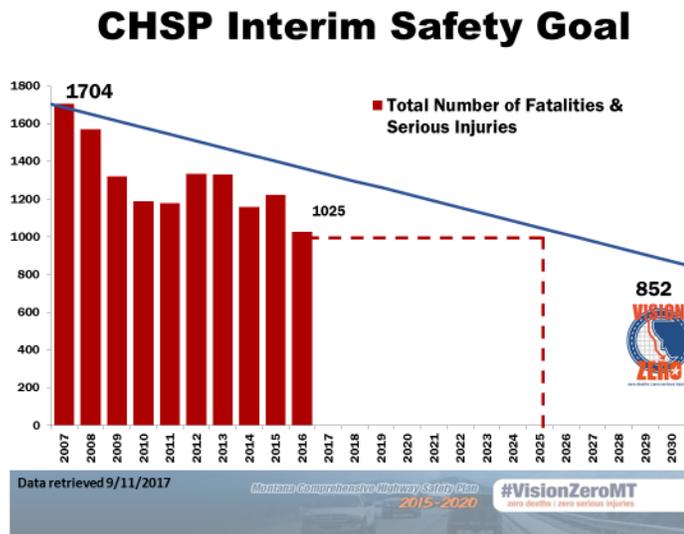
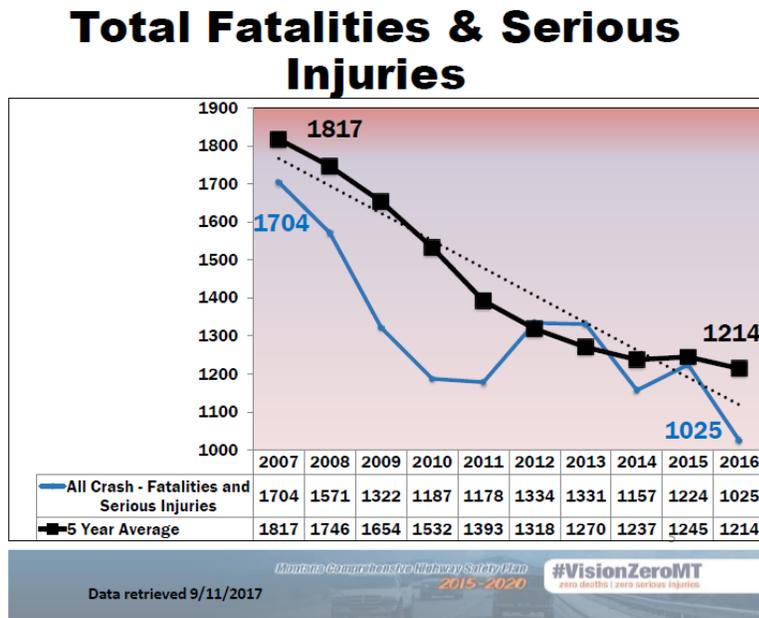


Figure 7: Total Fatalities and Serious Injuries

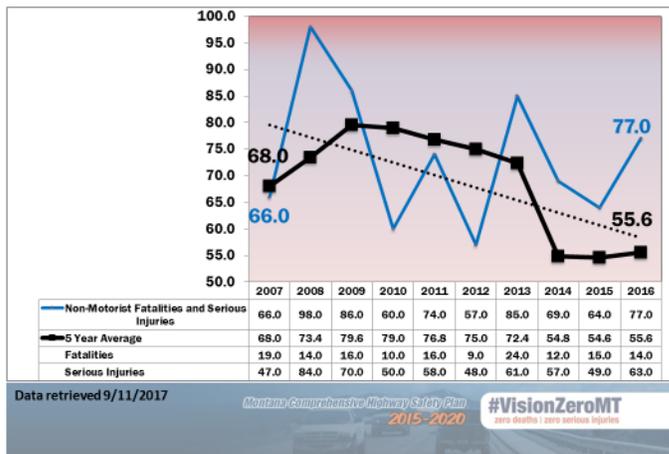


In 2016, Montana saw a decrease with 190 fatalities and 835 serious injuries. This is a decrease of 34 fatalities and 165 serious injuries from 2015. Montana is below the 5-year average of 1,214.

Other areas of concern are noted in the following charts. These areas of concern are included in the three emphasis areas and are addressed through education, enforcement, emergency medical services and engineering strategies and countermeasures.

Figure 8: Non-Motorized Fatalities and Serious Injuries

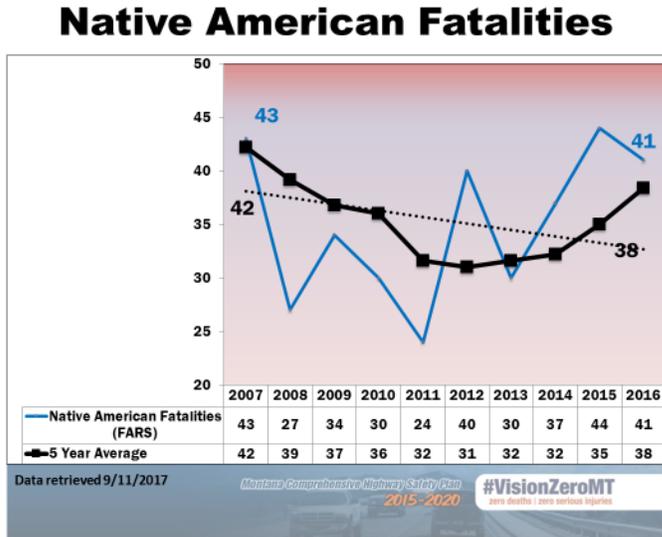
## Non-Motorized Fatalities & Serious Injuries (Pedestrians & Bicyclists)



Nonmotorized fatalities and serious injuries provides a good example why the CHSP looks at ten years of data to identify trends. Because the nonmotorized numbers are generally small and tend to fluctuate from year to year it is important that multiple years are analyzed to determine a trend. Looking at the high of 98 in 2008 or the low of 57 in 2012 doesn't reflect an actual trend. In 2016 there were 77 nonmotorized fatalities and serious injuries. In 2016, Montana is above the 5-year average of 56. Although the number was high in 2016 it is important to remember that

Montana looks at data trends and Montana has experienced a downward trend in non-motorized fatalities and serious injuries over the past ten years

Figure 9: Native American Fatalities



Native Americans represent 6.6 percent of Montana’s population and are over represented in fatal crashes. In 2016, 22 percent of all roadway fatalities were Native American. The data only reflects fatalities When a fatal crash occurs on tribal lands the Montana Highway Patrol Traffic Investigation Unit is called to investigate the crash. Serious injuries, non-serious injuries and property damage only crashes are handled at the local level and may not involve

law enforcement, or the crash data is not collected and reported. This results in difficulties in having a consistent crash data reported by most of Montana’s Tribal Nations and entered into the MHP web based crash data reporting system.

Figure 10: Motorcyclist Fatalities and Serious Injuries

### Motorcyclist Fatalities & Serious Injuries

In 2016, there were 137 motorcyclist fatalities and serious injuries. This is a reduction of 33 from 170 in 2015. Motorcyclist fatalities and serious injuries are below the 5-year average of 165. Motorcycle crashes resulting in a fatality or serious injuries often occur during the summer months of June, July and August and during the 4 p.m. to 6:59 p.m. timeframe.

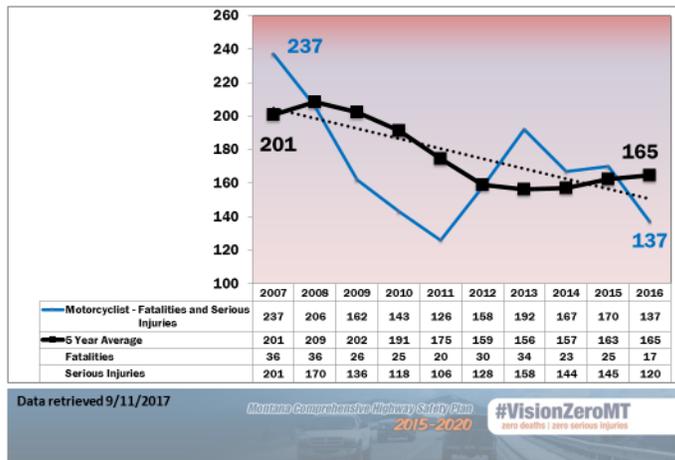


Figure 11: Large Vehicle Involved Fatalities and Serious Injuries

Large vehicles include semis, busses and heavy trucks up to 10,000 pounds. In 2016 there were 74 large vehicle fatalities and serious injuries compared to 91 in 2015. Montana continues to see a reduction of large vehicle involved crashes and this is below the 5-year average of 77. Overall, Montana has seen a 63 percent (63%) reduction in large vehicle fatalities and serious injuries since the implementation of the CHSP in 2007.

## Large Vehicle Involved Fatalities & Serious Injuries

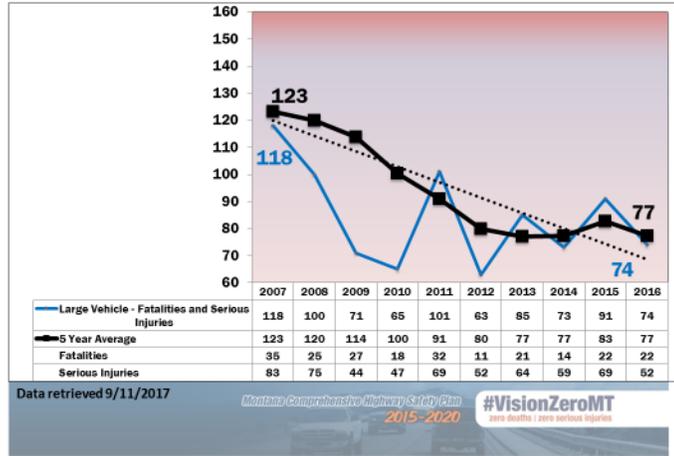
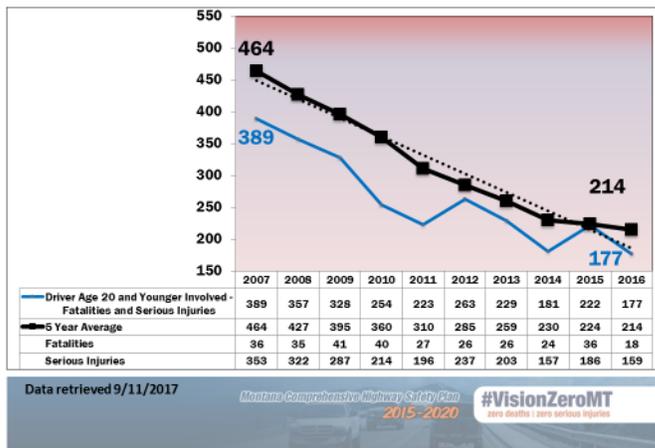


Figure 12: Young Driver Involved Fatalities and Serious Injuries

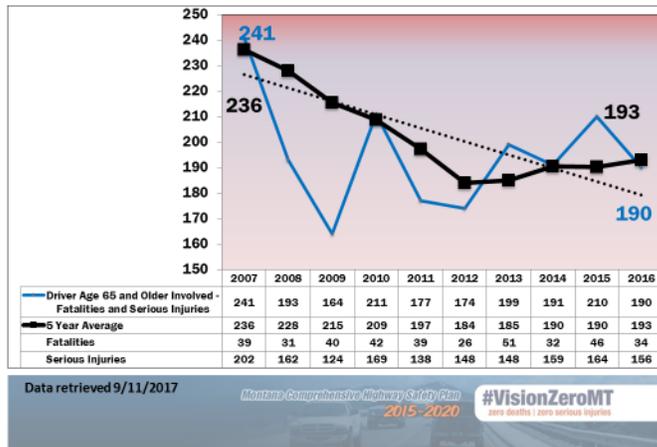
## Young Driver Involved Fatalities & Serious Injuries



Young drivers are defined as 20 years of age and younger and not of legal drinking age. Young driver fatalities and serious injuries in 2016 were 177. This is a reduction of 45 from 222 in 2015. Montana is currently below the 5-year average of 214. Overall Montana has seen a 45 percent (45%) reduction in young driver involved fatalities and serious injuries since 2007.

Figure 13: Older Driver Fatalities and Serious Injuries

## Older Driver Involved Fatalities & Serious Injuries



Older drivers are defined as those that are 65 years of age and older. The older driver involved fatal and serious injuries in 2016 were 190. This is a reduction of 30 from 210 in 2015. This is below the 5-year average of 193.

## Defining Safety Culture: What Does It Mean?

Key note speaker Nic Ward, Professor, Psychologist and Director of the Center for Health and Safety Culture at Montana State University spoke on what safety culture means and the direct correlation to reducing roadway fatalities and serious inquires. Roadway safety culture is a shared thinking within a group that influences our choices to actively engage in safe or unsafe road user behavior. Changing the culture of roadway safety is not the task of one individual agency. Changing traffic safety culture relies on one’s behaviors being based on their values and beliefs that include potential outcomes or consequences, expectations, socially acceptable behavior, and self-control. The values and beliefs shared among road user groups and stakeholder - including policy makers- influence the decisions to behave and act in ways that affects road safety.

Current culture does not see speeding or not using seat belts as a real crime. The assumption is that people are going to function properly. Often the focus is on thoughts of what safety means but doesn’t include the actual behaviors and proper positive social messaging. The seatbelt culture, the drinking and driving culture and the speeding culture in Montana will not change unless the values and beliefs and behaviors change.

For additional information on road safety culture please view and share

<https://www.youtube.com/watch?v=KCMxAktDsE0>

## Emphasis Areas

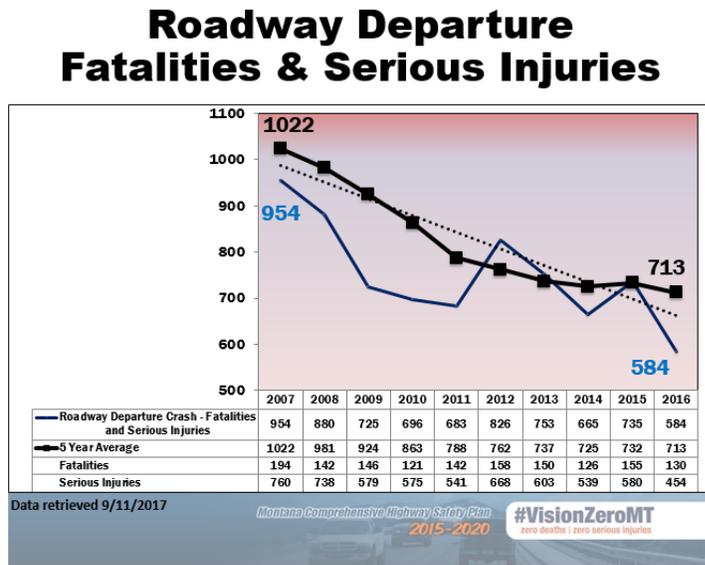
No one agency can reduce fatalities and serious injuries on their own. It involves various state, federal and local community safety partners to consider the safety countermeasures within the transportation disciplines of education, enforcement, emergency medical services and engineering, often referred to as

the 4Es. The CHSP brings together emphasis area team members that work together towards the common goal of Vision Zero; to plan, leverage resources, communicate with networks and put into action the strategy efforts to reduce roadway fatalities and serious injuries. Team members contribute in implementing strategies either in a leadership or in a supporting role. Members meet for regularly scheduled meetings to report progress, outcomes and next steps.

## Roadway Departures & Intersection Crashes

This emphasis area focuses on Roadway Departures and Intersection Crashes and is comprised of agencies and organizations with expertise working together to define the most critical strategies to reduce fatal and serious injury crashes. A roadway departure crash can include a sideswipe opposite direction, head-on, a fixed object collision or a rollover. Often the factors involving a roadway departure overlap. The overlapping crash factors in the past three years of roadway departure fatalities and serious injuries have involved impaired drivers (47%) unrestrained occupants (44%) and male drivers (71%).

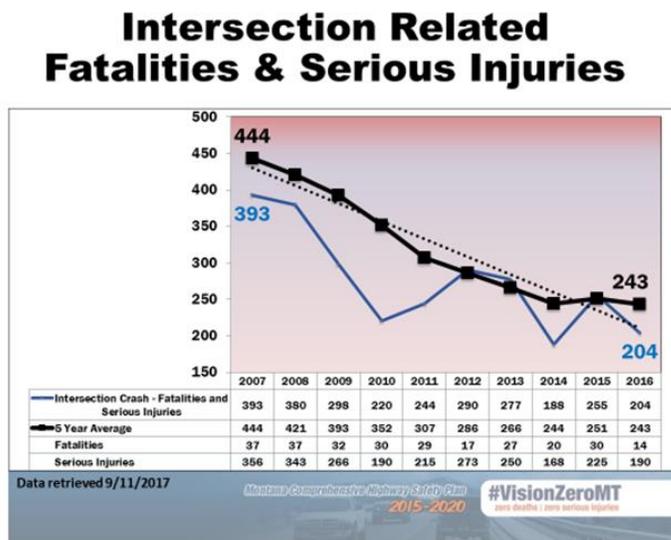
Figure 14: Roadway Departure Fatalities and Serious Injuries



In 2016, roadway deparute crashes was below the 5-year average of 713. In 2016 there were 584 fatalities and serious injuries resulting from roadway departures, which was a reduction of 151 from the previous year. Roadway departure crash fatalities and serious injuries occur primarily on three days- Friday, Saturday and Sunday (53%). Slightly more than one third (39%) of these crashes occur on low volume roads with an average annual daily traffic

(AADT)of less than 750. In the past three years intersection related crashes occurred on low volume roads with an AADT of less than 750 thirty five percent (35%) of the time. Crash factors involved in intersection related fatalities and serious injuries during this same time occurred on Friday, Saturday and Sunday (39%) and during the summer months of June, July and August (32%).

Figure 15: Intersection Related Fatalities and Serious Injuries



Intersection crashes are defined as a crash occurring in or near a related intersection. In 2016 there were 204 intersections involved crash fatalities and serious injuries. This is a reduction of 51 and is below the 5-year average of 243.

Many of the strategies activities conducted in 2017, are based on the Federal Highway Administrations (FHWA), *Proven Safety Countermeasures*<sup>1</sup>

#### Strategy 1:

Reduce and mitigate roadway departure crashes through data driven problem identifications and the use of best practices.

- Roadway Departure Study processes are being implemented to identify and screen potential Highway Safety Improvement Projects (HSIP)
- HSIP obligated \$25.3 million for FFY 2017
- Extending Safety Management Information System with local agencies

Strategy 2: Reduce and mitigate speed-related road departure/ intersections crashes.

- Centerline rumble strips installation is ongoing with an anticipated completion of the Glendive and Missoula Districts by end of summer, 2019.
- Horizontal curve signage to enhance awareness of curve and visibility of roadway is ongoing. The anticipated completion date of all districts is 2019.

Strategy 3: Reduce roadway departure and intersection crashes through education.

- Roundabout education and outreach includes educational brochures, dedicated webpage and a locations map to create awareness of proper driver operation, enhanced safety due to slower speeds and reduced conflict points, reduced air congestions and stop and go traffic.

<sup>1</sup> FHWA Proven Safety Countermeasures 2008, <https://safety.fhwa.dot.gov/provencountermeasures/> Retrieved October 2017

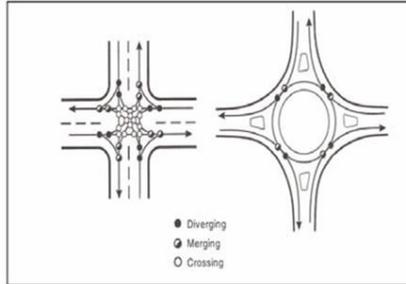
# Proven Countermeasure



## Roundabouts

- Slower speed & less conflict points & less congestion
- Reduced injury severity of crashes

- Intersections  
(2-way & 4 way & signalized)
- Conflict points
  - High-angle
  - High-energy



## Roundabouts

- Low-speed
- Low angle
- Low energy

- Centerline rumble strip education and outreach. included a dedicated web page and a renewed educational campaign which included television and newspaper ads, scheduled interviews and district meetings with prepared consistent speaking points, and social media ads.

# Proven Countermeasure



## Centerline rumble strips

- Alert driver
- Reduce head-on crashes
- Reduce fatalities & serious
- Low cost safety measure



### CENTERLINE RUMBLE STRIP INSTALLATION SCHEDULE:

- Butte District: 2015
- Billings District: 2016
- Great Falls District: 2017
- Glendive District: 2018
- Missoula District: 2019

Strategy 4: Reduce and mitigate intersections crashes through a data-driven problem identification and the use of best practices.

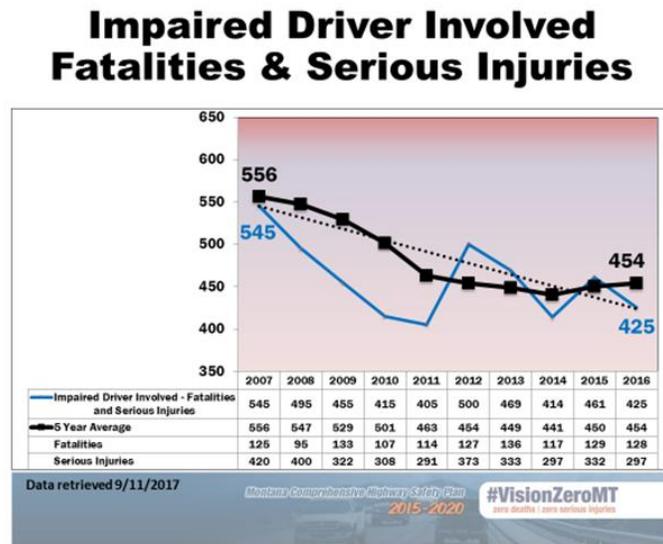
- Roundabout implementation is ongoing. Roundabouts are circular intersections that incorporate a new design that reduces traffic crashes, traffic delays and traffic speeds. Roundabouts are installed at selected state roadway intersections to improve safety and mobility.
- Retroreflective backplates on traffic signals are being implemented through safety projects. This countermeasure increases visibility during daylight and nighttime conditions and is intended to reduce unintentional red-light running crashes.

## Impaired Driving

Impaired driving is defined as impairment of drug and /or alcohol. In 2016, there were 425 fatalities and serious injuries involving an impaired driver. This is a reduction of 36 and is below the 5-year average of 454. The 3-year trend reflects that fifty seven percent (57%) of impaired driver involved fatalities and serious injuries occur on Friday, Saturdays and Sundays and forty one percent (41%) occur on low volume roads (AADT <750).

Kevin Dusko, Impaired Driving program manager with in the State Highway Traffic Safety Section- MDT shared the highlights of strategy activities conducted over the past year. Many of the strategy activities are based on National Highways Traffic Safety Administration (NHTSA), *Countermeasures that Work*<sup>2</sup>

Figure 16: Impaired Driver Involved Fatalities and Serious Injuries



Strategy 1: Reduce impaired driving through improved processes and regulations

Action Item 1: Support stronger impaired driving laws that increase penalties and/or arrest rates, including those focusing on repeat offenders.

- House Bill 133 changed Prime for Life alcohol education requirements to the first offense. And a 4th DUI offender can now be sent to treatment court rather than a residential treatment.
- Successful table of House Bill 206 in the House Judiciary prevented the revision to allow a passenger to possess an open alcohol container in a motor vehicle on a highway.
- Formed a Drugged Driving Arrest and Adjudication Subcommittee that will focus on arrest, prosecution, convictions treatment and monitoring of offenders and identify gaps in the integrations and accessibility of drugged driver data.
- State Substance Abuse Epidemiology (EPI)Workgroup has formed to address substance abuse data available and how best to manage inventory of information.

<sup>2</sup> NHTSA Countermeasures That Work, 2015 Edition <https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/812202-countermeasuresthatwork8th.pdf> Retrieved October 2017.

Strategy 2: Reduce impaired driving through enforcement.

Action Item 1: Sustain Drug Recognition Experts (DRE) and related training, and increase collaboration between DREs and law enforcement agencies.

- Montana does have a successful statewide Drug Recognition Expert (DRE) program. Currently, we have 56 DRE that work with law enforcement agencies across the state. Montana was awarded a grant from Governor's Highway Association and Responsibility.org grant to assist in the training of Law Enforcement Officers to help fight Drug-Impaired Driving.

Action Item 2: Support targeted enforcement based on demonstrated crash patterns and/or high-risk drivers.

- Selective Traffic Enforcement Program (STEP) participants conduct enforcement campaigns during Memorial Day, Labor Day, and the Holiday season & other events to reduce impaired driving and increase seat belt use.

Action Item 3: Support local and state law enforcement efforts that include, by are not limited to high-visibility enforcement.

- Selective Traffic Enforcement Team (SETT) provides a roving patrol to improve public safety. The Team moves across the state focusing on high crash corridors and works with local LE during high-risk community events associated with alcohol consumption. This HVE program utilizes media & coordination from multiple law enforcement agencies.

Action Item 4: Sustain law enforcement liaison program.

- Three (3) LEL coordinating & recruit local LE agencies to assist & participate in STEP events throughout the year to increase seat belt use & reduce impaired driving.

In the past year MDT funded over 30 law enforcement grants with state, county, city, and tribal law enforcement to support high visibility efforts including the Selective Traffic Enforcement Program (STEP), Safety Enforcement Traffic Team (SETT), mini grants for HVE for special events, three law enforcement liaisons, and a Traffic Safety Resource Officer (TSRO).

Strategy 3: Reduce impaired road users through prevention education.

- A Drugged Driving Subcommittee has been formed. The purpose of the workgroup is to monitor and discuss other states trends on drugged driving and track Montana drugged driving data. Additional focus will be on the continuing support for the DRE program and the Montana Crime Lab.

Strategy 4: Continue to support and build collaborative partnerships to reduce impaired driving.

Action Item 1: Increase the number of drug and alcohol courts and provide training to judges and court personal.

- Treatment Courts in Montana continue to thrive as viable option for treating those who are addicted and/or suffer from mental illness. Many participants have co-occurring disorders. There are 30 treatment courts in Montana. Four of those are dedicated solely for repeat DUI Offenders. Five (5) DUI courts received operational training National Center for DWI Courts (NCDC) Foundational training held in Billings.

### Action Item 3: Support development of statewide Dui Task Force

- The Northern Tribes DUI/ Drug Task Force continues to work on collaborative messaging to address impaired driving and other risky driving behaviors. Task Force members are representatives of four of Montana's land based tribes and include tribal law enforcement, school administrators, judges, courts, transportation planners, county commissioners and prevention specialists. The Task Force members continue to network with the remaining tribes to coordinate a collaborative statewide tribal DUI Task Force.

### Action Item 4: Increase usage of the 24/7 DUI monitoring program and other programs to prevent repeat offenses.

- The 24/7 sobriety & drug monitoring program is coordinated by the Montana Highway Patrol. The purpose of this program is to protect the public health & welfare by reducing the number of people on Montana's roads who drive under the influence of alcohol &/or dangerous drugs. The 24/7 program was first initiated in 2011. In 2017, 54 of 56 counties are participating in the 24/7 program. Monitoring is conducted by combination of twice daily breath testing &/or SCRAM. Rocky Boy's- Chippewa Cree and the Fort Peck Tribes are working through the program processes to implement 24/7 programs on these reservations in 2018.

### Action Item 7: Support Increased compliance with mandatory alcohol/drug treatment, and an increase in alcohol and drug abuse treatment options to prevent repeat DUI offenses.

- Through the efforts of DPHHS, specifically the Addictive and Mental Health Disorders Division, HB 95 was passed. Historically, only one state-approved program could provide services in a given area. HB 95 took away those restrictions. Moving into the future, Montana will see an increase in viable state approved treatment programs across the state.
- During 2017, the Department of Corrections has been implementing the Impaired Driving Assessment Tool and 85 correctional employees have received training. This training will offer an individualized treatment plan that incorporates appropriate supervision with customized treatment to hundreds of Felony DUI Offenders.

Judge Audrey Barger Justice of the Peace in Hill County facilitated the panel, *Where Community Safety and Rehabilitation Converge* that included Hill County DUI Court Compliance Officer Shane Huston and Dr. Suzanne Lockwood Nurse Practitioner in Psychiatry at Bullhook Community Health Center. In 2013, Hill County was awarded a DUI Court grant from MDT. DUI Court is an evidence based program. From 2012-2016, Hill County has seen a decrease in recidivism and has a 83.5% DUI graduation rate whereas the adult drug court has a 59.6% success rate. The program encourages success in personal social behaviors and allows individuals to get treatment for their substance use disorders and mental illness issues instead of being incarcerated.

DUI Court participants must meet eligibility requirements and meet contractual agreement. A participant is typically in the program for 12 to 36 months. During this time the participant attends the four phases of the program: stabilization, treatment, AA and employment. Supervision includes drug testing, home visits, office visits, and communication with law enforcement, treatment providers and community agencies. There are numerous restrictions that include a curfew, no contact with users,

strict testing and supervision, self-help group attendance and no use of addictive medications, energy drinks or supplements and participants must inform medical providers that they are in the DUI Court program.

Once a participant enters treatment assessments include chemical dependency, trauma, cognitive and mental health. Extensive assessments are necessary to complete an individualized treatment plan to address all the participant's needs. Assessments reveal substance abuse and dependence and mental health issues including traumatic brain injury (TBI), post-traumatic stress disorder (PTSD), major depressive disorder and attention deficit /hyperactivity disorder (ADHA).

Treatment can consist of a 12 step out-patient or individual inpatient treatment that includes trauma counseling, mental health medication and use of medically assisted treatment (MAT)

The resulting outcomes have included a significantly more days of abstinence, participants stayed in treatment longer, reported cravings gone in 5-6 days following the initiation of therapy, patients were less likely to relapse, and the best outcomes came after 12 months in therapy.

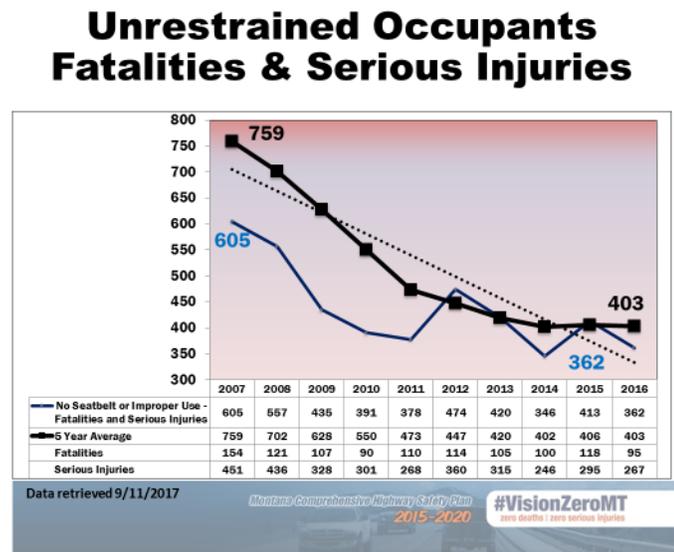
Overall Success of DUI Court, summer of 2013- June 2017. Total of 85 patients started on medical assisted treatments. After 12 months of therapy the success rate of participant was eighty seven percent (87%). Success of non-treatment court patients was eighty six percent (86%). MAT failures were participants that suffered from severe personality disorders, severe depression mental issues (SDMI), &/or severe traumatic brain injury

## Occupant Protection

Figure 17: Unrestrained Occupants Fatalities and Serious Injuries

Unrestrained occupant includes lack of or inappropriate use of child passenger seats and seatbelts. In 2016, there were 362 fatalities and serious injuries due to the lack of or improper use of safety restraints. This is lower than the 5-year average of 403. This is a 60 percent decrease since 2006 when the CHSP was first implemented.

Janet Kenny, State Highway Traffic Safety Section Supervisor reported that in 2016, Montana experienced 95 fatalities and 267 serious injuries attributed to the lack of or improper use of safety restraints. Sixty three percent (63%) of these were due to not wearing a seat belt. Seventy three percent (73%) of the fatalities were ejected.



Many of the strategies efforts conducted during 2017 are based on National Highways Traffic Safety Administration (NHTSA), *Countermeasures that Work*.

Strategy 1: Support policies, education, training, programs, and activities that promote and increase seat belt and child safety seat use.

- MDTs child passenger safety (CPS) training program continues to provide training and recertification throughout the state and provide multiple car seat check events for the public on proper size, fit and installation of car seats. As of October 2017, there are 18 child passenger safety trainers, 249 CPS technicians and 24 permanent inspection stations serving 92percent (92%) of the population. This includes 29 CPS technicians located on 6 of the 7 Tribal reservations.
- Safety partners collaborated on Rotunda Safety Day that focused on education and awareness of seat belt and child safety restraint use and distracted driving. Safety partners included students from Fairview High school, Montana Motor Carriers, AT&T, American Academy of Pediatrics, AAA, DPHHSs Injury Prevention, Trauma Systems, and Fetal Infant Child Mortality Review (FICMR), and MDTs Buckle Up MT and Safe On All Roads programs

Strategy 2: Support enforcement of existing seat belt and child passenger safety seats

- In advance of May mobilization, a law enforcement briefing PowerPoint was developed on proper restraint of child passengers. This educational too, was distributed to law enforcement agencies through the Montana Sheriffs and Peace Officers Association (MSPOA) and the Montana Highway Patrol (MHP).

- MHP District maps featuring the fatalities and serious injuries involving impaired drivers and unrestrained occupants were added to the MDT site to serve as reference for MHP and county law enforcement speakers.

Strategy 3: Continue to support and build collaborative partnerships to increase seat belt use.

- MHP Alive at 25 added two additional trainers and plan to expand to the public. This curriculum encourages young drivers to take responsibility for their driving behaviors. This four-hour course is a compliment to the standard driver's education and is used in traffic violation programs as an education component.
- Safe On All Roads (SOAR) developed public service posters focusing on the importance of seat belt use and the three impacts involved in a crash promoting driver responsibility and accountability of other occupants.
- MDT's Teen Driver Peer-to-Peer coordinator has been working with the Family, Career and Community Leaders of America (FCCLA) Chapters throughout the state. These student groups in high schools can apply for a MDT grant to conduct a traffic safety project in their school and communities. MDT, Ford Driving Skills and FCCLA are partnering together to promote traffic safety by awarding grants to chapters who plan and carry out projects that help them and their peers make informed, responsible decisions. This FCCLA project was launched at their fall leadership rally in early October. Grants are available up to \$1750 and can be combined with MDT Peer-to-Peer FCCLA grant

Strategy 4: Evaluate the effectiveness of ongoing messages, campaigns, and programs in promoting and/or increasing occupant protection use.

Evaluation is an ongoing process of what messages are reaching which targeted audience and by what media format, whether it is social media, traditional radio and television, outdoor advertising or mobile direct messaging. Focus groups are used to determine what type of message and delivery is reaching target age groups.

- MDT shared the results of the media messaging/behavioral surveys taken following May mobilization – which included the “Click it or Ticket” High Visibility Enforcement Campaign.
  - Eighty percent (80%) of 200+ respondents reported they “always” wore their seat belts.
  - Over sixty five percent (65%) stated that state and local law enforcement were very actively or somewhat actively enforcing seat belt laws.
  - Nearly fifty-five (55%) reported that it was somewhat or very likely that they would receive a ticket if they were not using their belt.
- MDT developed two *Just One Reason* videos to run for an extended 2017 summer seat belt campaign. One video focused on a young father and the crash impact of a child not being properly restrained. The second video is a peer-to-peer exchange among a group of young men about the importance of using seat belts and how it relates to their life's purpose and future.

These videos can be found on the Buckle Up Montana website at <http://www.mdt.mt.gov/visionzero/people/buckleup/default.shtml>

Janet Kenny facilitated a panel of different agency experts to address issues to consider for the upcoming Legislative Session. Panelist included: Alyssa Johnson, Trauma System Manager with the Department of Public Health and Human Services; Dr. Greg Holman, State Medical Officer with the

Department of Health and Human Services; Colonel Tom Butler, Montana Highway Patrol and Mike Tooley, Director of the Montana Department of Transportation and Governor's Representative on Highway Safety.

The following questions and compiled answers are listed below.

**Q1: What were the barriers to passing a primary seat belt law during the 2017 session?**

Montana followed the formula that Utah used and developed consistent speaking points, but the message wasn't distributed widely across the state. Conversation on the importance of a seat belt law needs to happen before Legislative meetings. These meetings need to be taking place now.

Changing the conversation speaking points need to be developed now. Freedom of choice is an issue and the conversations need to change to address freedom from being injured or paying for injuries due to negligence of others. Commercial transportation needs to be involved in the discussion regarding insurance rates due to risky drivers. Legislation needs to be reframed to show Legislators the incentive of a seat belt law instead of the perceived penalty.

**What success to repeat or build on in 2019?**

Update seatbelt fact sheets and speaking points, research and prepare speaking points to counter arguments and confirm line up of speakers able and willing to testify.

**Q2: What Legislative group, or committee would favor carrying primary seat belt legislation?**

This is a health care concern and needs to be presented as such. Potential safety partners to be included in bill discussions and preparation should include health care, insurance and hospital. In addition to hospital and insurance expenses; Medicaid expenses paid by Montanans need to be reported. A lead from the health profession would be the preferred expert on safety issue.

In advance of a bill being drafted community member stakeholders need to get to know their Legislator and develop a relationship and share personal stories that provides a name and a face.

**Q3: Does the timing of the when a bill is introduced depend on whether it is brought forward by an individual legislator or an Interim Committee?**

The earlier the better.

**Q4: What kind of support and resources are state agencies allowed to provide during the Legislative Session?**

State agencies can provide Medicaid, hospital discharge, trauma system, emergency medical service data and fatalities and serious injury statistics but cannot lobby for a primary seat belt law. Cities and county stakeholders can promote awareness and importance of safety restraints and can speak to the cost of unrestrained vehicle injuries locally.

A possible data research item would be to determine how many lives saved due to secondary law and how many lost due to not being a primary, if possible.

**Q5: Montana needs a seat belt committee or coalition leader, who do you think would be the best person for this position?**

The best lead would be someone either connected to the health or insurance industries or prominent state business representatives who understands the health care and insurance costs that works with county and city officials. The lead needs to be an influential leader within the business community. Supportive partners to consider having on a safety coalition includes Montana's four trauma surgeons, Montana Medical Association of doctors and Nurses Hospital Association and victims that have suffered loss due to lack of seat belt use and why a law could have possibly prevented the fatality.

**Q6: In 2017 an emphasis was placed on seat belt non-use being a Montana health crisis, and the high cost of motor vehicle fatalities. Was this message pushed out to a broad enough audience?**

No, it was too little too late. Conversations need to shift to identify a common ground and key talking points need to be developed to state and address common ground issues and opposing arguments.

A public health cost calculator was shared by DPHHS as a tool used nationally to identify interventions that reduce traffic fatalities and serious injuries. The reference document *Motor Vehicle Prioritizing Intervention and Cost Calculator for States (MV PICCS)*<sup>3</sup> is a new tool to help decisionmakers select interventions to reduce traffic crash deaths and injuries. MV PICCS considers 14 interventions specific to driver and passenger behavior to reduce crashes and are proven to be highly effective.

**Q7: Based on personal experience, how have you approached difficult topics to change public opinion and gain support?**

Key in relationship building whether it be in communities or with policy makers is often the one-on-one conversation that include a few specific talking points. Conversations should be often and be simple and short. Conversations with communities should include a personal story from that community; whether the community based on population, professionals, or a socio-economic group.

**Q8: What do you see as the #1 hurdle that needs to be addressed to change traffic safety behavior?**

Lack of education and awareness within communities across the state about the medical cost all Montanan's pay for injured unrestrained motor vehicle occupants, the value of seat belts in reducing crash severity, and the dangers and risks associated with an unrestrained occupant becoming a fatal flying projectile.

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<sup>3</sup>Center for Disease Control and Prevention, 2015 <https://www.cdc.gov/motorvehiclesafety/calculator/> Retrieved October 2017.

## Strategy Implementation Ideas

Director Tooley closed the meeting sharing the ideas that participants provided to build awareness of roadway safety issues and the data driven safety countermeasures that have been effective in other states. The safety culture message was reiterated that changing culture is bigger than one agency but a responsibility of everyone. The first step is to change values and beliefs of what is acceptable driving behavior among peers and family to change behavior and ultimately shift what the current safety culture in Montana.

Consistent ***Vision Zero*** messaging of zero fatalities and zero serious fatalities on Montana's roads needs to be shared as throughout the state. Educating communities across the state about the safety issues facing Montanans needs to include outreach to local officials and decision makers. Successes should be shared with the public. Lives saved needs to be promoted and include in efforts towards Vision Zero.

Director Tooley thanked safety partners who continue their work to reduce roadway fatalities and serious injuries and challenged attendees to prepare for the 2019 Legislation with a purpose to reduce fatalities and save lives on Montana's roadways.



## **2017 Annual Transportation Safety Planning Meeting Agenda**

**Best Western Premier Helena Great Northern  
835 Great Northern Boulevard, Helena, Montana**

**October 11, 2017  
8:00 a.m. – 5:00 p.m.**

- |                   |   |
|-------------------|---|
| <b>8:00 a.m.</b>  | <b>Registration</b>   |
| <b>8:30 a.m.</b>  | <b>Welcome - Importance of Collaboration</b><br>Director Mike Tooley, MDT   |
| <b>9:00 a.m.</b>  | <b>CHSP Overview - Data Driven Process, Update on Performance Targets</b>   |
| <b>9:30 a.m.</b>  | <b>Crash Data</b><br>Patricia Burke, Safety Engineer, Traffic & Safety Bureau, Engineering<br>Division-MDT                      |
| <b>10:00 a.m.</b> | <b><i>BREAK</i></b>   |
| <b>10:15 a.m.</b> | <b>Keynote Speaker: Defining Safety Culture: What does it Mean?</b><br>Nic Ward, Director, Center for Health and Safety Culture |
| <b>11:30 a.m.</b> | <b><i>LUNCH</i></b>   |



**VISION ZERO**  
zero deaths - zero serious injuries  
MONTANA DEPARTMENT  
OF TRANSPORTATION

# 2017 Annual Transportation Safety Planning Meeting Agenda

Best Western Premier Helena Great Northern  
835 Great Northern Boulevard, Helena, Montana

October 11, 2017  
8:00 a.m. – 5:00 p.m.

- 12:15 p.m.**                    **Roadway Departure & Intersection Crashes**  
Roy Peterson, Traffic & Safety Engineering Bureau Chief- MDT  
    **Innovative New Tools for Advancing Safety Analysis in MT,**  
    Patricia Burke  
    **Proven Safety Countermeasures Measures,** Roy Peterson
- 1:15 p.m.**                    **Occupant Protection**  
Janet Kenny, State Highway Traffic Safety Supervisor - Rail, Transit &  
Planning Division-MDT  
    **Strategy Progress Highlights**  
    **Panel: Primary Seat Belt Law in 2019**
- 2:30 p.m.**                    **BREAK**
- 2:45 p.m.**                    **Impaired Driving Emphasis Area**  
Kevin Dusko, Impaired Driving Safety Planner, State Highway Traffic  
Safety Section - Rail, Transit & Planning Division-MDT  
    **Strategy Progress Highlights**  
    **Panel: DUI Courts- Where community safety and rehabilitation**  
    **converge,** Honorable Audrey Barger, Hill County & Shane Huston,  
    Compliance Officer- Hill County
- 4:00 p.m.**                    **Recap – Implementation Ideas & Task Commitment**
- 4:20 p.m.**                    **Closing – Commitment in Changing Safety Culture Perception**  
-Mike Tooley

## Attachment 2: Attendees

### Attendees

Aaron Wilson  
Transportation Planner  
Missoula MPO

Alyssa Johnson, RN, MSN, CEN  
Trauma System Manager  
Department of Public Health & Human Services

Amber Black Dog, Program Assistant  
Law Enforcement  
Fort Peck Tribes

Audrey Allums  
Grants Bureau  
Montana Department of Transportation

Judge Audrey Barger, Justice of the Peace  
Treatment Court Judge  
Hill County

Barb Reiter, Coordinator  
DUI Task Force  
Jefferson County

Barbara Bessette  
Gateway Recovery

Becky Schlauch, Administrator  
Liquor Control  
Department of Revenue

Bill Tuck, Grant Accountant  
State Highway Traffic Safety  
Montana Department of Transportation

Major Bob Armstrong  
Montana Highways Patrol  
Department of Justice

Bob Walker, Chair  
Last Chance Motorcycle  
Riders Club

Brenda Peterson  
President/CEO  
The Wendt Agency

Brianna Whitaker  
Transportation Planner  
Montana Department of Transportation

Brian Hassabach  
FHWA- Montana Division

C. John Healy, Director  
Transportation & Transit Department  
Fort Peck Tribes

Carl Peil  
Driving Instructor  
AARP

Carol Strizich, Manager  
Statewide & Urban Planning  
Montana Department of Transportation

Chad Newman, State Highway Traffic Safety  
EMS Grants- SETT & STEP  
Montana Department of Transportation

Christine Escamilla  
STEER Court Coordinator  
Yellowstone County

Christopher DeVerniero  
Senior Transportation Planner  
DOWL Inc

Connie Thompson  
Transportation Planner  
Fort Peck Tribes

Danielle Bolan, Engineer  
Traffic Operations  
Montana Department of Transportation

David Gray  
Transportation Planner  
Missoula MPO

Sgt. Doug Samuelson  
Montana Highway Patrol  
Department of Justice

Dwane Kailey, Administrator  
Highways & Engineering Division  
Montana Department of Transportation

Capt. E J Clark  
Belgrade Police Department

Ernest Ornelas, Coordinator  
DUI Task Force  
Mineral County

Felisha Koch  
Motor Vehicle Division  
Department of Justice

Fran Penner-Ray  
Traffic Education Director  
Office of Public Instruction

Gary Macdonald, Commissioner  
DUI Task Force  
Roosevelt County

Gina Beretta  
Regional Program Manager  
NHTSA Region 10

Sgt. Greg Amundsen  
Missoula Police Department

Dr. Greg Holzman  
State Medical Officer  
Department of Public Health & Human Services

Hannah Yang  
Epidemiologist  
Department of Public Health & Human Services

Hawkan Haakanson, Chief of Police  
Fort Belknap Tribes

Heidi O'Brien  
Regional Market Lead  
AAA Mountain West

Ivan Ulberg  
Traffic Design Engineer  
Montana Department of Transportation

James Combs  
Highway Design Engineer  
Montana Department of Transportation

Janet Kenny, Supervisor  
State Highway Traffic Safety  
Montana Department of Transportation

Jason Barkus, Assistant  
Chief of Police  
City of Havre

Jason Smith, Director  
Governor's Office of Indian Affairs

Jeremy Brokaw  
Injury Prevention  
Department of Public Health & Human Services

Jessica Morriss  
Transportation Planning Manager  
Missoula MPO

Jim Morrow, Director  
Montana Motorcycle Rider Safety (MMRS)

John Althof  
Rail Highway Safety  
Montana Department of Transportation

Sgt. John Spencer  
Montana Highway Patrol  
Department of Justice

Johna Z. Wilcox, Account Manager  
The Wendt Agency

Karen Lane  
Prevention Program Manager  
Lewis & Clark County

Keith Bithell  
Traffic Engineer-Glendive District  
Montana Department of Transportation

Kevin Corrier, Police Chief  
City of Havre

Kevin Dusko, State Highway Traffic Safety  
Impaired Driving Program  
Montana Department of Transportation

Kevin McLaury  
Division Administrator  
FHWA- Montana Division

Kraig McLeod,  
Multimodal Bureau  
Montana Department of Transportation

Sgt. Kurt Sager, DRE Program  
Montana Highway Patrol  
Department of Justice

Sgt. Lacie Wickum, 24/7 Program  
Montana Highway Patrol  
Department of Justice

Lisa Beczkiewicz  
Health Promotion Program  
Missoula County

Lisa Scates, Coordinator  
Alcohol Education-Liquor Control,  
Department of Revenue

Lonie Hutchison  
Community Health Specialist  
Missoula City-County Health Department

Lora Mattox  
Billings MPO

Lynn Zanto, Administrator  
Rail, Transit and Planning Division  
Montana Department of Transportation

Marcee Allen  
Safety/Traffic/Design  
FHWA- Montana Division

Mark Keeffe, State Highway Traffic Safety  
Data Analyst  
Montana Department of Transportation

Mary Kay Burns, Coordinator  
Buckle Up MT  
Cascade County

Melinda Barnes  
Executive Director  
Bike Walk MT

Michele Wheat, Coordinator  
State Bicycle & Pedestrian Program  
Montana Department of Transportation

Mike Tooley, Director  
Montana Department of Transportation

Pam Buckman, State Highway Traffic Safety  
Occupant Protection Program  
Montana Department of Transportation

Pam Langve-Davis, Program Manager  
Comprehensive Highway Safety Plan (CHSP)  
Montana Department of Transportation

Patricia Walsh Burke  
Safety Engineer  
Montana Department of Transportation

Patrick McLannet  
Motor Vehicle Division  
Department of Justice

Sgt. Philip Freed  
Montana Highway Patrol  
Department of Justice

Rebecca Sturdevant  
MADD

Reginal Killsnight  
Transportation Planner  
Northern Cheyenne

Robin Suzor  
Emergency Medical Services for Children  
Department of Public Health & Human Services

Roy Peterson  
Traffic & Safety Engineering Bureau  
Montana Department of Transportation

Sgt. Patrick McLaughlin  
Montana Highway Patrol  
Department of Justice

Shane Huston  
Community Compliance  
Treatment Court, Hill County

Shannon McDonald  
Acting Deputy Director  
Department of Public Health & Human Services

Shari Graham  
EMS System Manager  
Department of Public Health & Human Services

Sheila Cozzie, State Highway Traffic Safety  
SOAR- Teens- Motorcycles  
Montana Department of Transportation

Sterling Small  
Prevention Specialist  
Northern Cheyenne

Suzanne Lockwood  
Bullhook Community Health Center

Tara Osendorf  
Missoula MPO Planner

Tasha King  
Safety Projects Engineer  
Montana Department of Transportation

Tim Burton  
Executive Director  
Montana League of Cities and Towns (MCLT)

Colonel Tom Butler  
Montana Highway Patrol  
Department of Justice

Tracie Kiesel, Coordinator  
Tri County Buckle Up MT  
(Jefferson, Broadwater, Lewis & Clark)

Vicki Turner  
Prevention Resource Center  
Department of Public Health & Human Services

## Attachment 3: Resources

### Resources

#### **Department of Health & Human Services**

Addictive & Mental Disorders-

<http://dphhs.mt.gov/amdd>

EMS & Trauma-

<http://dphhs.mt.gov/publichealth/EMSTS>

Injury Prevention-

<http://dphhs.mt.gov/publichealth/EMSTS/prevention>

Montana Medical Marijuana Program-

<http://dphhs.mt.gov/marijuana>

Prevention Needs Assessment

<http://dphhs.mt.gov/amdd/substanceabuse/cddata/pnadata>

Prevention Resource Center <http://prevention.mt.gov/>

#### **Department of Justice**

24/7 Program

<https://dojmt.gov/247-sobriety-program/>

Weekly Fatality Report- Montana Highway Patrol

<https://dojmt.gov/highwaypatrol/montana-highway-patrol-weekly-fatal-report/>

#### **Office of Public Instruction**

Drivers Education

<http://opi.mt.gov/Families-Students/Family-Student-Support/Driver-Education>

Montana D.R.I.V.E.

<http://opi.mt.gov/Families-Students/Family-Student-Support/Driver-Education/Montana-DRIVE-Workshops>

Montana Behavioral Initiative

<http://opi.mt.gov/Educators/Teaching-Learning/Special-Education/Montana-Behavioral-Initiative-MBI>

Youth Risk Behavior

<http://opi.mt.gov/Leadership/Data-Reporting/Youth-Risk-Behavior-Survey>

## **Montana Department of Transportation**

2016 Montana Crash Data

[http://www.mdt.mt.gov/visionzero/docs/chsp/2017\\_1\\_3CrashData\\_FINAL.pdf](http://www.mdt.mt.gov/visionzero/docs/chsp/2017_1_3CrashData_FINAL.pdf)

An Assessment of Traffic Safety Culture Related to Driving After Cannabis Use

[http://www.mdt.mt.gov/other/webdata/external/research/docs/research\\_proj/tsc/DUIC\\_FINAL\\_REPORT.pdf](http://www.mdt.mt.gov/other/webdata/external/research/docs/research_proj/tsc/DUIC_FINAL_REPORT.pdf)

An Assessment of Traffic Safety Culture Related to Engagement in Efforts to Improve Traffic Safety

[http://www.mdt.mt.gov/other/webdata/external/research/docs/research\\_proj/tsc/SAFETY\\_CITIZENSHIP\\_FINAL\\_REPORT.pdf](http://www.mdt.mt.gov/other/webdata/external/research/docs/research_proj/tsc/SAFETY_CITIZENSHIP_FINAL_REPORT.pdf)

Buckle Up Montana – Vision Zero videos

<http://www.mdt.mt.gov/visionzero/people/buckleup/default.shtml>

Comprehensive Highway Safety Plan [http://www.mdt.mt.gov/visionzero/docs/chsp/current\\_chsp.pdf](http://www.mdt.mt.gov/visionzero/docs/chsp/current_chsp.pdf)

Crash Data <http://www.mdt.mt.gov/publications/datastats/crashdata.shtml>

Emergency Medical Services

<http://www.mdt.mt.gov/visionzero/plans/emergency.shtml>

Emergency Medical Services Grant Program

[http://www.mdt.mt.gov/business/grants\\_ems.shtml](http://www.mdt.mt.gov/business/grants_ems.shtml)

Highway Safety Plan

[http://www.mdt.mt.gov/publications/docs/brochures/safety/safety\\_plan.pdf](http://www.mdt.mt.gov/publications/docs/brochures/safety/safety_plan.pdf)

Impaired Driving Program

<http://www.mdt.mt.gov/visionzero/people/impairment.shtml>

Motor Carrier Safety Assistance Program (MCSAP)

<http://www.mdt.mt.gov/visionzero/plans/mcs.shtml>

Occupant Protection Program

<http://www.mdt.mt.gov/visionzero/people/seatbelts.shtml>

Safe On All Roads (SOAR)

<http://www.mdt.mt.gov/visionzero/plans/soar.shtml>

Saved By the Belt

<http://www.mdt.mt.gov/visionzero/people/buckleup/how-seatbelts-work.shtml>

Seat Belts- Vision Zero

<http://www.mdt.mt.gov/visionzero/people/seatbelts.shtml>

### **Teen Drivers**

<http://www.mdt.mt.gov/visionzero/people/skill.shtml>

Traffic and Safety Engineering- Roundabouts, Rumble Strips & Roadway Departure

<http://www.mdt.mt.gov/visionzero/roads/>

Traffic Enforcement

<http://www.mdt.mt.gov/visionzero/plans/traffic-enforcement.shtml>

### **State & National Resources**

AARP <https://states.aarp.org/region/montana/>

Bicycle /Pedestrian State Coordinator <http://www.mdt.mt.gov/travinfo/bikeped/>

Bike Walk Montana <https://www.bikewalkmontana.org/>

Federal Highway Administration <https://safety.fhwa.dot.gov/>

Federal Motor Carrier Safety Administration (FHWA) <https://www.fmcsa.dot.gov/>

FHWA, Proven Safety Countermeasures, <https://safety.fhwa.dot.gov/provencountermeasures/>

Montana Motorcycle Rider Safety <http://motorcycle.msun.edu/brc.htm>

Montana Operation Lifesaver <https://www.mtoli.org/>

National Center for Rural Road Safety, Introduction to Road Safety Culture

<https://www.youtube.com/watch?v=KCMxAktDsEO>

National Highway Traffic Safety Administration(NHTSA) <https://www.nhtsa.gov/>

NHTSA, Countermeasures That Work,

[http://www.mdt.mt.gov/visionzero/docs/nhtsa\\_countermeasures.pdf](http://www.mdt.mt.gov/visionzero/docs/nhtsa_countermeasures.pdf)

Traffic Safety Marketing

<https://www.trafficsafetymarketing.gov/>