STATE OF MONTANA
Impaired Driving Program Assessment

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National Highway Traffic Safety Administration

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This report is based on a review of the State’s Impaired Driving Program. It is intended to assist Montana’s efforts to enhance the effectiveness of its impaired driving program by equipping the criminal justice community, prevention and treatment leaders and law enforcement officials with the knowledge and skills to protect the citizens of Montana from those who drive impaired. The team believes that this report will contribute to the State’s efforts to enhance the effectiveness of its impaired driving program in preventing injuries, saving lives, and reducing economic costs of motor vehicle crashes on Montana roadways, and commends all who are involved in the day-to-day efforts to reduce impaired driving in Montana.
INTRODUCTION

The mission of the National Highway Traffic Safety Administration (NHTSA) is to reduce deaths, injuries, and economic and property losses resulting from motor vehicle crashes. In its ongoing pursuit to reduce traffic crashes and subsequent fatalities and injuries, NHTSA offers Highway Safety Program Assessments to the States.

The Highway Safety Program Assessment process is an assistance tool that uses an organized approach, along with well-defined procedures, to provide states with a review of their various highway safety and emergency medical services (EMS) programs. Program assessments are provided for impaired driving, occupant protection, traffic records, motorcycle safety, standardized field sobriety testing, driver education, pedestrian and bicycle safety, and EMS.

The purpose of an assessment is to review all components of a given highway safety or EMS program, note the program's strengths and accomplishments, and note where improvements can be made. The assessment can be used as a management tool for planning purposes and for making decisions about how to best use available resources. The assessments are cooperative efforts among state highway safety offices, state EMS offices, and NHTSA. In some instances, the private sector is also a partner in the effort. NHTSA staff facilitates the assessment process by assembling a team composed of experts who have demonstrated competence in highway safety or EMS program development and evaluation to complete the assessment.

Program assessments are based on the “Uniform Guidelines for State Highway Safety Programs,” which are required by Congress and periodically updated through a public rulemaking process. For each highway safety program area, the criteria against which each state program is assessed have been developed through use of the uniform guidelines, augmented by current best practices.

Under the Fixing America’s Surface Transportation Act (FAST Act), states that have an average impaired driving fatality rate per 100 million vehicle miles traveled (VMT) that is 0.60 or higher are considered high-range states. States are considered mid-range if their average impaired driving fatality rate is lower than 0.60 but higher than 0.30 and low-range state if it is 0.30 or lower. Montana is considered a high-range state and is therefore required to conduct a NHTSA facilitated assessment of the State’s Impaired Driving Program. Furthermore, the State is required to convene a statewide impaired driving task force to develop a statewide impaired driving plan. The plan must address recommendations from the required assessment.

The Montana Impaired Driving Program Assessment was conducted at the DoubleTree by Hilton in Helena, MT from December 3-7, 2018. Under the direction of Michael Tooley, arrangements were made for impaired driving program partners and stakeholders (see Agenda) to deliver briefings and provide support materials to the team on a wide range of topics over a three-day period.
STATE BACKGROUND

Montana is geographically located in the Northwest region of the Nation. According to the 2018 yearly census estimates, Montana had a population of 1,062,330 in 2018. Residents are distributed over 56 counties and 129 municipalities. Approximately 89 percent of the population is white, 6.6 percent is Native American, 2.6 percent with two or more races, and the remaining population is spread between Asian, African American, Hawaiian and other, however, this represents only slightly over 1 percent.

Native Americans made up 6.6 percent of Montana’s population but accounted for approximately 16.7 percent of all motor vehicle fatalities in 2017. These numbers indicate a continuing trend of Native Americans being over-represented in traffic fatalities in Montana.

The median age in Montana is approximately 39.8 years. The ratio of females to males is approximately 49.7% females to 50.3% males.

There are 75,008 miles of public roads with 12,946 on the state highway system; 12,946 or approximately 18 percent maintained by the Montana Department of Transportation (MDT). The rest are maintained by local municipalities, Tribal governments and other entities. In 2016, there were 2,796,995 registered vehicles and 799,389 licensed drivers.

With a land mass of 145,552.43 square miles, there are only three bigger states in the U.S. However, for every square mile of land, there is an average of just 6.86 people (2.65 per square kilometer) and that makes Montana one of the least populated states in the country. Mountain ranges, lakes and national parks all contribute to a huge area of natural beauty.

Residents are accustomed to driving long distances to access jobs, shopping, and recreation, which means people drive many miles prolonging the exposure to the risk of a vehicle crash. Driving in rural areas far from medical care means that if a crash occurs, the outcomes could be more severe as it may take hours before emergency crews are informed of the crash and can reach the victims and transport them to the appropriate level of trauma care.

Winter weather creates challenges for the driving public, and this is confirmed when reviewing the crash data. The months with the most crashes are November, December, and January.
Although more crashes occur during the winter months, the summer and early fall months (July through October) are the deadliest as shown below.
Montana has the highest percent of rural vehicle miles travelled in the nation. NHTSA has recognized that the combination of rural roads and speeding increases the likelihood of a fatal crash, which explains, in part, why Montana has one of the highest fatality rates.

Due to the size and population density of Montana, very few of Montana’s vehicle miles travelled occur in an urban environment. A large percentage of traffic is at high speeds and trips tend to involve more time spent on mostly rural roads. Generally, the national urban fatality rate is less than half of the rural fatality rate. Since Montana has the highest percentage of rural vehicle miles travelled in the nation, it would follow that Montana has one of the highest fatality rates. However, due to sustained efforts to save lives and reduce injuries by all stakeholders involved in the fight against impaired driving, Montana has seen a reduction in fatalities and serious injuries in the past few years.

TOTAL FATALITIES & SERIOUS INJURIES
PRIORITY RECOMMENDATIONS

I. Program Management and Strategic Planning

- Expand the data analysis used for Comprehensive Highway Safety Plan problem identification to include not only crash, but all other available data sets (e.g., arrest, conviction, driver record).

II. Prevention

None

III. Criminal Justice System

- Enact legislation that re-codifies all DUI laws into a single location within the Montana Code.
- Enact a primary seat belt law.
- Encourage law enforcement agencies to implement a data driven approach to conducting aggressive traffic enforcement while combating crime.
- Expand DUI Courts in Montana.

IV. Communication Program

None

V. Alcohol and Other Drug Misuse: Screening, Assessment, Treatment and Rehabilitation

None

VI. Program Evaluation and Data

- Expand the use of compatible electronic crash reporting systems to increase the timeliness, accuracy, and completeness of crash data across all agencies.
I. Program Management and Strategic Planning

Effective impaired driving programs begin with strong leadership, sound policy development, effective and efficient program management, and coordinated planning, including strategic planning. Program efforts should be data-driven, focusing on populations and geographic areas that are most at risk; are evidence-based; and determined through independent evaluation as likely to achieve success. Programs and activities should be guided by problem identification, carefully managed and monitored for effectiveness, and have clear measurable outcomes. Adequate resources should be devoted to the problem, and the costs should be borne, to the extent possible, by impaired drivers. Strategic planning should provide policy guidance; include recommended goals and objectives; and identify clear measurable outcomes, resources, and ways to overcome barriers.

A. State and Tribal DWI Task Forces or Commissions

Advisory

States and tribal governments should convene Driving While Impaired (DWI) task forces or commissions to foster leadership, commitment and coordination among all parties interested in impaired driving issues. State-level and tribal task forces and commissions should:

- Receive active support and participation from the highest levels of leadership, including the governor and/or governor’s highway safety representative.

- Include members that represent all interested parties, both traditional and non-traditional, such as representatives of: government – highway safety, enforcement, criminal justice, liquor law enforcement, public health, education, driver licensing and education; business – employers and unions; the military; medical, health care and treatment; multi-cultural, faith-based, advocacy and other community groups; and others.

- Recommend goals and objectives, provide policy guidance and identify available resources, based on a wide variety of interests and through leveraging opportunities.

- Coordinate programs and activities to ensure that they complement rather than compete with each other.

- Operate continuously, based on clear authority and direction.

Status

Established in 2016, the Executive Leadership Team (ELT) oversees Montana’s Comprehensive Highway Safety Plan (CHSP) and serves as the statewide Impaired Driving Task Force (IDTF) as required by 23 CFR 1200.23. The ELT Charter identifies the make-up of the voting members, which includes the Governor and the executive leadership of 17 state agencies and organizations representing transportation; revenue; law enforcement; public health; education; Indian Affairs; counties and cities; and the judiciary, the Legislature and the courts. There are no private sector or non-profit representatives, but the State identified the need for labor and industry to be at the table. The ELT is chaired by the Montana Department of Transportation (MDT) Director/Governor’s Representative (GR) for Highway Safety.
While the Charter allows ELT voting members to designate a proxy in their absence, it was reported that approximately 60 percent of executive leadership attend the meetings, which are conducted twice a year. The agenda for these meetings is action-oriented to bolster executive-level participation and the members are educated about the critical role they play in helping to change Montana’s culture when it comes to roadway safety and impaired driving. Additionally, the ELT Chair personally calls members to ensure that agency and organizational decision makers are at the table. The members are responsible for approving the Impaired Driving Plan (IDP), which incorporates the goals, strategies and implementation steps for one of the three Emphasis Areas (impaired driving) outlined in its most current (2015) CHSP. They also delegate staff to actively implement the CHSP, incorporate common CHSP safety strategies and initiatives into agency plans and policies, and identify and remove barriers within and between agencies to achieve a zero fatalities and serious injuries goal.

Plan implementation (see Figure I-A) is the responsibility of the CHSP Impaired Driving Emphasis Area Team (IDEAT), which is chaired by the Impaired Driving Coordinator, an MDT State Highway Traffic Safety Section (SHTSS) employee. IDEAT membership, like that of the ELT, includes representatives of state and local government agencies, including transportation, law enforcement, education, revenue, and the courts as well as statewide and national organizations and local, county, and Tribal safety partners. To ensure membership involvement and engagement, meetings are structured to enable remote participation via phone or webinar. The IDEAT receives guidance from the CHSP Advisory Committee, a multidisciplinary group representing the four E’s (engineering, education, enforcement and emergency medical services) of traffic safety that meets annually to develop strategies that are approved by the ELT and implemented by the IDEAT. The IDEAT is supported by the CHSP Coordinator, an SHTSS employee.

Figure I-A CHSP Implementation Structure
Montana currently has 36 recognized County Driving Under the Influence (DUI) Task Forces (DUI TFs) representing 41 of the State’s 56 counties. There are also two Tribal DUI TFs – the Crow Agency in Southern Montana and the Northern Tribes (Blackfeet, Chippewa Cree, Fort Belknap, and Fort Peck). It was reported that discussion is underway to bring the two Tribal Task Forces together to form one DUITF.

A DUITF must be authorized by resolution and its work plan and budget approved on an annual basis by the County Commission and subsequently the State’s GR. Each DUITF is a multi-faceted coalition that invites participation from a cross-section of community representatives to maximize reach and effectiveness in achieving three goals that directly support the statewide IDP/CHSP Emphasis Area:

- prevent driving while under the influence of alcohol;
- reduce alcohol-related traffic crashes; and
- educate the public on the dangers of driving after consuming alcohol or other chemical substances that impair judgment or motor function.

Some DUITF members also serve on the IDEAT and information is shared between the two entities. Assistance is provided by the SHTSS, which makes available an online toolkit and best practices via a DUITF website and hosts a statewide DUITF training for coordinators and members.

Montana is to be commended for establishing an active and engaged ELT, which is not common among states, aligning the CHSP Emphasis Area goals and leveraging resources across state government agencies and with state and local traffic safety stakeholders so they are working collaboratively to implement and support the statewide IDP. Having an Advisory Committee along with a dedicated, statewide CHSP Coordinator is also critical for ensuring ongoing plan implementation and evaluation. The State is encouraged to continue to monitor the membership of the Impaired Driving Emphasis Area Team to ensure broad and engaged representation from both the public and private sectors.

**Recommendations**

- Expand the Executive Leadership Team Charter to include a representative from the business sector.

**B. Strategic Planning**

**Advisory**

*States should develop and implement an overall plan for short- and long-term impaired driving activities. The plan and its implementation should:*

- Define a vision for the state that is easily understood and supported by all partners.
- Utilize best practices in strategic planning.*
• Be based on thorough problem identification that uses crash, arrest, conviction, driver record and other available data to identify the populations and geographic areas most at risk.

• Allocate resources for countermeasures determined to be effective that will impact the populations and geographic areas most at risk.

• Include short-term objectives and long-range goals. Have clear measurable outcomes.

• Be an integral part of or coordinate with and support other state plans, including the Highway Safety Plan and Strategic Highway Safety Plan.

• Establish or adjust priorities based on recommendations provided to the state as a result of reviews and assessments, including this impaired driving assessment.

• Assign responsibility and accountability among the state’s partners for the implementation of priority recommendations.

Status

Montana is a Vision Zero state and established a goal of cutting the number of motor vehicle-related fatalities and severe injuries in half by 2030. Unlike many states that have seen fatalities and serious injuries increase, the State is on track to achieve its goal by 2028, an exceptional accomplishment. This goal is communicated to all safety stakeholders through the Comprehensive Highway Safety Plan (CHSP), which in its most recent iteration calls for implementation of three overarching strategies that support all safety activities including those focused on impaired driving:

• improve the quality of data used to conduct traffic safety analysis;
• support the essential role of emergency medical services and the technology and systems it needs to improve response; and
• promote collaboration among all in the safety community and with the public to change the safety culture.

The current CHSP was also revised to address those crash factors, identified through ongoing crash data analysis that examines a variety of factors (e.g., location, age, gender, vehicle type, time of day/month), that contribute to the largest number of serious injury and fatal crashes. As a result, there are three Emphasis Areas in the 2015 plan – roadway departure and intersection crashes, impaired driving crashes, and occupant protection. This is a reduction of nine from the previous plan.
The State is to be commended for streamlining the Emphasis Areas, as it enables all stakeholders to dedicate effort and resources to addressing those causation factors that have the greatest impact on roadway safety. Also noteworthy is that the CHSP recognizes there is overlap between the Emphasis Areas. For example, Montana data indicate that two thirds of impaired driving fatalities and serious injuries involve roadway departure. At the same time, more than half of impaired driving fatalities and serious injuries involve an unbelted vehicle occupant.

The Impaired Driving Emphasis Area has four succinct strategies to reduce impaired driving through improved processes and regulations, enforcement of laws, public outreach and education, and building and sustaining collaboration. The purpose of each strategy is clearly articulated and includes actionable and measurable implementation steps that collectively make up the statewide Impaired Driving Plan (IDP). The IDP is supported in Montana’s Highway Safety Plan (HSP), the 36 approved County Driving Under the Influence (DUI) Task Force Plans (DUITF), and eight Community Traffic Safety Plans.

For example, projects included in the HSP are deemed eligible for federal funding not only if they meet Federal criteria and use evidence-based countermeasures such as those outlined in the National Highway Traffic Safety Administration (NHTSA) publication, Countermeasures That Work, but also if they support the CHSP strategies. If a proposed project meets these eligibility requirements, the Montana State Highway Traffic Safety Section (SHTSS) then evaluates and scores the application based on eight criteria that include the project’s ability to support the CHSP zero fatalities goal as well as align with the plan’s strategies.

The Highway Safety Improvement Plan (HSIP) also marries with the CHSP and recognizes that infrastructure improvement projects designed to reduce roadway departure and intersection crashes can also help to mitigate the severity of impaired driving crashes and crashes involving unbelted motor vehicle occupants.

The Montana Department of Public Health & Human Services’ (MDPHHS) 2017-2019 Strategic Plan, Addressing Substance Use Disorder in Montana, also was developed by many of the same stakeholders who are working to implement the CHSP. The MDPHHS plan includes strategies and actions to address underage and binge drinking and alcohol’s role in traffic fatalities and other preventable deaths.

There is also an Underage Drinking, Prevention and Community Coalition (UDPCC) in every county in Montana that develops a prevention plan that includes strategies to address alcohol use along with impaired driving. While many of the UDPCC members also serve on a DUITF, these plans are not aligned. By working together, they can ensure that resources are shared and efforts are not duplicated.

This broad support helps to ensure that the IDP – and, therefore, the CHSP – is implemented at the state, county and local level. This merits commendation as many states struggle with CHSP implementation, particularly at the local level.
Because NHTSA designates Montana a high-range state for impaired driving due to its high rate of alcohol impaired driving fatalities, it is required to conduct an impaired driving assessment every three years and to respond to all recommendations resulting from that assessment. Since the last assessment conducted in 2016, the State has assigned responsibility and accountability for all priority and lower tier recommendations and either addressed or is working (where possible) to address them.

Recommendations

- Expand the data analysis used for Comprehensive Highway Safety Plan problem identification to include not only crash, but all other available data sets (e.g., arrest, conviction, driver record).

C. Program Management

Advisory

States should establish procedures and provide sufficient oversight to ensure that program activities are implemented as intended. The procedures should:

- Designate a lead agency that is responsible for overall program management and operations;
- Ensure that appropriate data are collected to assess program impact and conduct evaluations;
- Measure progress in achieving established goals and objectives;
- Detect and correct problems quickly;
- Identify the authority, roles, and responsibilities of the agencies and personnel for management of the impaired driving program and activities; and
- Ensure that the programs that are implemented follow evidence-based best practices.¹

Status

The Montana Department of Transportation (MDT) is the lead agency responsible for administering the highway safety program, which includes the Comprehensive Highway Safety Plan (CHSP) and the Impaired Driving Plan (IDP). Within MDT, the State Highway Traffic Safety Section (SHTSS) is tasked with providing leadership for and ensuring implementation of the IDP. Approval of the IDP is overseen by the CHSP Executive Leadership Team (ELT), led by the MDT Director, and the Impaired Driving Emphasis Area Team (IDEAT) is chaired by the MDT SHTSS Impaired Driving Program Coordinator. The three CHSP Emphasis Area Teams are supported by a CHSP Program Coordinator, also an MDT employee.

The CHSP was updated in 2015 and the number of emphasis areas reduced to three based on analysis of crash data. The CHSP calls for two significant improvements in its data that will aid the State in assessing the impact of its CHSP and IDP. The first is updating the Safety Information Management System (SIMS), which will enable more consistent and accurate statewide data queries as well as provide local jurisdictions the ability to conduct their own local queries. This update will also allow for the integration of crash data with roadway infrastructure, courts, driver licensing, and medical outcome data. The second is making electronic crash reporting available to law enforcement agencies to improve data accuracy and timeliness. Oversight of this effort is provided by the Traffic Records Coordinating Committee, which includes several members of the CHSP Advisory Committee, a multidisciplinary group representing the four E’s (engineering, education, enforcement and emergency medical services) of traffic safety.

Crash data are analyzed to identify trends in impaired driving fatalities and serious injuries (by location [urban versus rural], time of day/week, age, gender, vehicle type) and to identify how they relate to other behavioral and environmental risk factors. This information is used by the CHSP Advisory Committee to measure progress in achieving the emphasis area strategies and objectives and to adjust those strategies and objectives as needed with ELT approval. The Impaired Driving Emphasis Area objectives call for a reduction in the number of impaired driving fatalities and serious injuries, which are declining.

The CHSP Program Coordinator works with the IDEAT Chair to track whether strategies are being implemented and implementation steps are being completed as outlined in the plan. Progress is reported at the Annual Transportation Safety Meeting, a statewide meeting where stakeholders discuss whether the CHSP and the specific emphasis area plans, including the IDP, are generating the desired results of reducing impaired driving fatalities and serious injuries. Those findings are reviewed and the EAT strategies and implementation steps adjusted as needed to keep the plan on track. MDT posts current fatality information on a dashboard located on the homepage of the Vision Zero website, which can be accessed by CHSP stakeholders and the public. Fatalities and serious injuries by Emphasis Area, however, are not yet posted on the dashboard. The State is encouraged to make this addition.

The annual Highway Safety Plan (HSP) aligns with the CHSP and describes the evidence-based countermeasure strategies and projects, identified through data analysis, that will be conducted to address impaired driving. The 2019 HSP, for example, provides grants to law enforcement agencies to conduct the proven countermeasure of High Visibility Enforcement (HVE) across the State, in high-risk communities, and in conjunction with community events where alcohol is likely to be served. Funds are also allocated for training proven to improve the prosecution and adjudication of impaired drivers.
Montana’s last Impaired Driving Assessment Report (2016) included a recommendation to “plan and implement innovative projects for impaired driving particularly to address long-standing cultural issues in the State,” as well as benchmark other states’ “innovative projects.” The 2019 HSP not only provides funding to implement those traditional, proven countermeasures (e.g., HVE, Selective Traffic Enforcement Program, paid media), but also funding for the following innovative projects:

- **Safe On All Roads (SOAR),** an education and outreach program to increase seat belt use and reduce impaired driving among the seven Tribal Nations in Montana. SOAR was developed by the SHTSS; however, coordinators living and working on the reservation manage the program and partner with law enforcement, tribal health and transportation, injury prevention, and other safety stakeholders to deliver culturally relevant safety messages.

- **Tribal Selective Traffic Enforcement Program (STEP),** which despite Montana’s DUI checkpoint prohibition, allows law enforcement officers to conduct checkpoints on Tribal lands to apprehend impaired drivers. This funding is also used by agencies to address impaired driving at pow-wows, rodeos, and other large Tribal events.

- **Northern Tribes DUI Task Force,** a collaboration among four Tribal communities along Highway 2, implements impaired driving campaigns and other activities using the 4 E’s of safety in partnership with education, public health, and other reservation-based stakeholders.

- **A City of Helena pilot program** that is providing a dedicated traffic safety law enforcement officer primarily tasked with addressing impaired driving.

- **A Montana Highway Patrol (MHP) officer** dedicated to recruiting new counties and assisting with implementation of the **24/7 Sobriety Program,** a 24-hour-a-day, 7-day a week monitoring program in which a participant submits to testing to determine the presence of alcohol, marijuana, or any controlled substance in his/her body.

- **Peer-to-peer education** in partnership with 16 Family, Career and Community Leaders of America Chapters to promote teen traffic safety and reduce motor vehicle fatalities and serious injuries among this population that is overrepresented in motor vehicle crashes in Montana. Expansion of this effort is encouraged.

- **The Montana Highway Patrol Safety Enforcement Traffic Team (SETT),** a six-officer roving patrol dedicated to deterring and detecting impaired driving among other offenses across the state. The SETT also partners with local law enforcement agencies to bolster manpower at high-risk events in their communities such as college football games, festivals, holiday celebrations, and rodeos.

- **Expanding support and training for state and local DUI Courts to include the Missoula County Justice Court.** DUI Courts play a significant role in reducing recidivism in Montana.
In addition to these behavioral safety initiatives, MDT is investing in the following infrastructure improvements that can help to lessen the severity of impaired driving crashes:

- Modifying the signage, striping, and other roadway markings to align with the Manual on Uniform Traffic Control Devices (MUTCD), which recommends this as a proven countermeasure for reducing wrong way crashes, which typically occur after dark and involve impaired drivers.

- Installing center line rumble strips on two lane roadways in four of MDT’s five districts, with a completion date for all 5,000 miles by the Fall of 2019.

- Promoting the use of roundabouts to reduce intersection crashes.

- Installing horizontal curve warning signs on all MDT roadways, which will put the State in compliance with MUTCD standards by 2019, ahead of many other states.

**Recommendations**

- Monitor the impact of the City of Helena’s dedicated traffic safety pilot program to apprehend impaired drivers and educate community members and, if successful, replicate it in other communities.

**D. Resources**

**Advisory**

*States should allocate sufficient funding, staffing and other resources to support their impaired driving programs. Programs should aim for self-sufficiency and, to the extent possible, costs should be borne by impaired drivers. The ultimate goal is for impaired driving programs to be fully supported by impaired drivers and to avoid dependence on other funding sources.*

*States should:*

- Allocate funding, staffing and other resources to impaired driving programs that are:
  - Adequate to meet program needs and proportional to the impaired driving problem;
  - Steady and derived from dedicated sources, which may include public or private funds; and
  - Financially self-sufficient, and to the extent possible paid by the impaired drivers themselves. Some States achieve financial self-sufficiency using fines, fees, assessments, surcharges or taxes. Revenue collected from these sources should be used for impaired driving programs rather than returned to the State Treasury or General Fund.

- Meet criteria to enable access to additional funding through various incentive programs.
• Identify opportunities and leverage resources on behalf of impaired driving efforts.

• Determine the extent and types of resources available from all sources (local, state, and federal; public and private) that are dedicated to impaired driving efforts.

• Designate a position and support the individual in that position with sufficient resources to adequately serve as a focal point for impaired driving programs and issues.

Status

The Director of the Montana Department of Transportation (MDT) has committed funding, staffing, and other resources to address the State’s impaired driving problem. Under his leadership, the Comprehensive Highway Safety Plan (CHSP) was updated in 2015 to focus on the three traffic safety problems (Emphasis Areas) that have the greatest potential for reducing fatalities and serious injuries on Montana’s roadways – roadway departure and intersection crashes, impaired driving crashes, and occupant protection. The Impaired Driving Emphasis Area in the CHSP serves as the State’s Impaired Driving Plan (IDP), which is approved annually by the executive leadership of 18 State agencies and organizations that make up the CHSP Executive Leadership Team (ELT). These executives are expected to delegate staff to actively implement the CHSP/IDP, incorporate common CHSP safety strategies and initiatives into agency plans and policies, and identify and remove barriers within their own and between agencies to help the State achieve its goal of zero fatalities and serious injuries. The MDT Director, who chairs the ELT, personally interacts with his peers to promote this critical role.

MDT’s State Highway Traffic Safety Section (SHTSS) has aligned its annual Highway Safety Plan with the CHSP and requires those seeking federal behavioral safety grant funds to develop and implement programs in support of the CHSP goals and strategies. In addition, all law enforcement agencies receiving a SHTSS grant must support the national Drive Sober or Get Pulled Over impaired driving mobilizations through high visibility enforcement and local media and public outreach. Impaired driving grants account for approximately 50 percent of total funding awarded by SHTSS. In Federal Fiscal Year (FFY) 2019, SHTSS will expend approximately $2.9 million in federal grant funds to address impaired driving.

The SHTSS Impaired Driving Program Coordinator chairs the Impaired Driving Emphasis Area Team (IDEAT), which is tasked with IDP implementation. Its membership includes representatives from State and local agencies and organizations who meet regularly and are invited to participate in an annual Transportation Safety Meeting, which is organized by the MDT SHTSS. The IDEAT is also supported by a full-time CHSP Coordinator, a veteran MDT employee.

The State is investing in technology that will help with IDP implementation. This includes converting from a paper- to Web-based grant application and management system (Montana Grants and Loan System), which helps the SHTSS monitor all projects from application to close-out; updating the Safety Information Management System (SIMS), which allows for more comprehensive statewide and local data queries; and making electronic crash reporting available to law enforcement agencies to improve the timeliness and accuracy of data.

Funding Sources
In FFY 2018 and 2019, Montana successfully applied for and received funding from the National Highway Traffic Safety Administration under the Fixing America’s Surface Transportation (FAST) Act that included the Section 402 Highway Safety Program, the 405 National Priority Safety Programs (which include Impaired Driving Countermeasures and the 24/7 Sobriety Program), and Section 164 Penalties for Repeat Offenders for DUI. As required by federal law, at least 40 percent of Section 402 and 164 Penalty funds are spent at the local level by city, county, and Tribal governments. Additionally, it was reported that the 164 Penalty Funds received over the past three years have had a “big impact” on the State’s ability to increase funding for impaired driving programs.

The SHTSS has also been successful in competing for grants made available through the Governors Highway Safety Association by the Ford Driving Skills for Life Program, the National Roadway Safety Foundation, and Responsibility.org. This funding is used for teen peer-to-peer education and training initiatives and to provide Drug Recognition Expert training for law enforcement officials. The State is commended for pursuing these grants and is encouraged to continue this practice.

The 36 County Driving Under the Influence (DUI) Task Forces (DUITF) are funded by driver license reinstatement fees provided by Montana law (MCA §61-2-107). A county with a state-approved DUITF receives half of the $200 driver license reinstatement fee collected in the county. The funds are dispersed to the County Treasurer in quarterly installments during the State Fiscal Year. Funds collected in a county that does not have a DUITF are distributed annually on July 1, on an equal basis, to counties with an approved program. A SHTSS analysis of reinstatement fees found that they have been flat for the past few years. It was reported that a DUITF’s annual allotment can be as small as $500 per year, requiring them to raise funds through donations, special events, and sponsorships. SHTSS recently began making $5,000 non-enforcement grants available to the DUITFs on a rolling basis. The membership of each DUITF is a mix of professionals and volunteers; the coordinator is typically a volunteer.

The two Tribal DUITFs are not officially designated Task Forces making them ineligible for reinstatement fees. The Northern Tribes DUITF has drafted legislation to address this and the bill will be considered during the next State Legislative session. It was reported that the legislation will likely pass; however, the bill does not designate a minimum funding level. This is problematic because the Tribes are in counties that have State-approved DUITFs that may not be willing to relinquish a portion of their reinstatement fees. This is problematic because the Tribes are in counties that have State-approved DUITFs that may not be willing to relinquish a portion of their reinstatement fees. A three-year decline in reinstatement fees resulting from a reduction in DUI arrests enhances the concern that fund sharing will be minimal or non-existent.
In lieu of revocation fees, the Northern Tribes have been using grant funds secured from the Tribal Transportation Safety Program (TTSP) to produce a video addressing the impact of impaired driving in the Tribal community, conduct two culturally appropriate outreach campaigns on the reservation, and purchase promotional items. This funding source, however, no longer provides grant funds for educational purposes. The SHTSS also provided funding to assist the Northern Tribes develop a strategic plan and to cover travel costs associated with meetings. Recognizing the need to find funding, the Northern Tribes DUITF is working to obtain designation as a 501(c)(3) tax-exempt entity, which will enable them to apply for grants. A subgroup of the DUITF is working to identify funding sources.

During FY 2018, approximately $9.3 million in beverage taxes generated through the sale of liquor, beer, and wine, were transferred to the Montana Department of Public Health and Human Services. This money is used for the treatment, rehabilitation, and prevention of alcoholism and chemical dependency.

Other than the portion of the revocation fees discussed above, none of the fines for first and subsequent DUIs are allocated to address impaired driving. Instead, half of the funds are allocated to the State General Fund and the remaining 50 percent to the counties for use at their discretion. There is an effort underway by the Montana Department of Justice to simplify Montana’s impaired driving laws and to develop a statewide “prevention policy that reduces reliance on federal funding” and directs fines and fees to “what works” (i.e., prevention and treatment, DUI/Drug Courts).

Emergency Medical Services’ (EMS) core program receives $120,000 annually from Montana’s General Fund, requiring staff to spend a significant amount of time writing grants.

The Underage Drinking, Prevention and Community Coalitions (UDPCC) received a five-year, $2.6 million per year Partnership for Success grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop and implement ParentMT. This program would likely not have happened without SAMHSA funding, since the UDPCC is Federal fund-reliant. It was also reported that there is legislation allowing a county to impose a prevention tax as part of the property tax assessment. Currently only Missoula County has imposed this tax, which raises approximately $4,000 a year for prevention activities.

Montana provides a $100 per student reimbursement to schools that deliver a State-approved traffic safety education program. This funding, however, covers only approximately 25 percent of the per student cost to provide driver education. The remaining cost is absorbed by the school district.

**Recommendations**

- Allocate to a county DUI Task Force a portion of the DUI fines a county receives to supplement the reduction in revocation fees.
- Allocate a portion of the DUI fines a county receives to establish a DUI Task Force and once State-approved, supplement the revocation fees as needed.
II. Prevention

Prevention programs are most effective when they utilize evidence-based strategies, that is, they implement programs and activities that have been evaluated and found to be effective or are at least rooted in evidence-based principles. Effective prevention programs are based on the interaction between the elements of the public health model: 1) using strategies to develop resilient hosts, e.g., increase knowledge and awareness or altering social norms; 2) reducing exposure to the dangerous agent (alcohol), e.g., alcohol control policies and; 3) creating safe environments, e.g., reducing access to alcohol at times and places that result in impaired driving. Prevention programs should employ communication strategies that emphasize and support specific policies and program activities.

Prevention programs include responsible alcohol service practices, transportation alternatives, and community-based programs carried out in schools, at work sites, in medical and health care facilities and by community coalitions. Programs should prevent underage drinking or drinking and driving for persons under 21 years of age, and should prevent over-service and impaired driving by persons 21 or older.

Prevention efforts should be directed toward populations at greatest risk. Programs and activities should be evidence-based, determined to be effective, and include a communication component.

A. Responsible Alcohol Service

Advisory

States should promote policies and practices that prevent underage drinking and over-service by anyone.

States should:

- Adopt and enforce programs to prevent sales or service of alcoholic beverages to persons under the age of 21. Conduct compliance checks and “shoulder tap” activities and support the proper use of technology in alcohol retail establishments, particularly those catering to youth, to verify proper and recognize false identification.

- Adopt and enforce alcohol beverage control regulations to prevent over-service, service in high risk situations and service to high-risk populations. Prohibit service to visibly intoxicated patrons; restrict alcohol sales promotions, such as “happy hours”; limit hours of sale; establish conditions on the number, density, and locations of establishments to limit impaired driving, e.g., zoning restrictions; and require beer keg registration.

- Provide adequate resources including funds, staff, and training to enforce alcohol beverage control regulations. Coordinate with state, county, municipal and tribal law enforcement agencies to determine where impaired drivers had their last drink and use this information to monitor compliance with regulations.

- Promote responsible alcohol service programs, written policies, and training.

- Provide responsible alcohol service guidelines such as best practices tool kits to organizations that sponsor events at which alcohol is sold or provided.
- Encourage alcohol sales and service establishments to display educational information to discourage impaired driving and to actively promote designated driver and alternative transportation programs.

- Hold commercial establishments and social hosts responsible for damages caused by a patron or guest who was served alcohol when underage or visibly intoxicated.

Status

In 2016, the last year for which complete data were available, consumption of alcoholic beverages in Montana equaled 3.11 gallons of ethanol per capita, more than 32 percent greater than the national average of 2.35 gallons per capita. Table II-A-1 and Figure II-A-1 show that in recent years, alcohol consumption in Montana has increased much faster than the national trend. Per capita consumption estimates are based on taxed sales of alcoholic beverages.

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Montana</td>
<td>2.66</td>
<td>2.78</td>
<td>2.87</td>
<td>2.94</td>
<td>2.97</td>
<td>2.96</td>
<td>2.98</td>
<td>2.97</td>
<td>3.07</td>
<td>3.07</td>
<td>3.08</td>
<td>3.09</td>
<td>3.11</td>
</tr>
<tr>
<td>U.S.</td>
<td>2.24</td>
<td>2.25</td>
<td>2.28</td>
<td>2.31</td>
<td>2.31</td>
<td>2.29</td>
<td>2.26</td>
<td>2.29</td>
<td>2.34</td>
<td>2.33</td>
<td>2.32</td>
<td>2.33</td>
<td>2.35</td>
</tr>
<tr>
<td>Diff</td>
<td>18.8%</td>
<td>23.6%</td>
<td>25.9%</td>
<td>27.3%</td>
<td>28.6%</td>
<td>29.3%</td>
<td>31.9%</td>
<td>31.2%</td>
<td>31.8%</td>
<td>32.8%</td>
<td>32.6%</td>
<td>32.3%</td>
<td></td>
</tr>
</tbody>
</table>

Figure II-A-1 Per Capita Consumption of Alcohol Montana vs. U.S.
The Department of Revenue, Liquor Control Division Liquor Licensing Bureau is charged with licensing and regulatory responsibilities for all entities intending to produce, import, distribute, or sell alcoholic beverages in Montana. The Bureau processes applications, renewals, transfers, and registrations, as applicable, for retail, wholesale, and manufacturing alcoholic beverage licenses and permits. The Bureau is responsible for compliance of licenses and permit holders and for providing information and explanation about licensing activity or related law, rule, policy and procedures.

During the 2011 legislative session the Responsible Alcohol Sales and Service Act was passed, which makes alcohol server training mandatory in the State of Montana. The Liquor Education Unit is responsible for educating and informing servers and sellers, license holders, distributors, manufacturers, law enforcement, and the general public on topics addressing responsible sales and consumption of alcoholic beverages. This is accomplished through a variety of educational presentations and training materials.

The Responsible Alcohol Sales and Service Act requires anyone employed in alcohol sales or service to obtain Responsible Alcohol Sales and Service Training within 60 days of their hire and renew their training every three years thereafter. The three-hour training can be taken in-person or online.

The Liquor Education Unit continues to review outside server training programs that could be used in the State, ensuring they meet the State’s statute and rule. Currently the Unit oversees 15 approved training programs. Let’s Control It is a program they have created, that relies on volunteer trainers. Liquor Education has developed a broad network of community partners, brought in more than 240 active volunteer trainers, and expanded and updated the Let’s Control It program. Trainers may be Prevention Specialists, DUI Task Force members, or others.

Liquor Education also provides presentations at various community events, DUI Task Force meetings, law enforcement trainings, and train-the-trainer sessions for Let’s Control It. Liquor Education periodically sends mailings and resource materials to liquor license holders, trainers, and law enforcement, that include useful information and outlines the responsible sales and service of alcohol.

The Department of Revenue has no enforcement unit or investigation resources. The Montana statutes provide authority to contract with the Department of Justice to carry out investigation and enforcement actions. However, most enforcement is conducted by local law enforcement agencies.

Alcohol compliance checks are conducted by law enforcement agencies to help prevent the sale of alcohol to underage patrons. A two-phase approach to compliance checks is encouraged. During the first phase, known as the Remind and Reward phase, a person of legal age attempts to purchase alcohol and determines if the server or clerk properly asks for and checks identification. If proper procedures are followed, the server or clerk is provided a card acknowledging their success. If proper procedures are not followed, even though not technically illegal, the server or clerk is provided a card informing them of the deficiency and reminding them of the proper procedures. The second phase involves an underage person attempting to
purchase alcohol. If an infraction is found, appropriate legal action is taken. If four violations are cited within a three-year period, the establishment where the infractions occurred can lose their license to sell alcohol.

Trainers point out that the Department of Revenue is a “go-to” agency. On its website, one can find training options, a list of approved trainers, and an option to order materials such as signage and incident log books. Trainers would like to see an updated version of Let’s Control It. Partnerships with beer distributors in some places partially offset the cost of the 50-state ID guidebook.

While the Department of Revenue Liquor Education Unit’s priority is to inform and regulate licensees, a portion of the tax monies they collect goes to Department of Public Health and Human Services for prevention programming. The Unit’s education specialists are available for trainings, public forums, and driver education classes. Funding has assisted with compliance checks by hiring actors to enter establishments, act intoxicated and see if they are served. This is also an assessment of how well the server has been trained, as training includes how to recognize intoxication and refuse service.

Recommendations

• None

B. Community-Based Programs

B-1. Schools

Advisory

School-based prevention programs, beginning in elementary school and continuing through college and trade school, can play a critical role in preventing underage drinking and impaired driving. These programs should be developmentally appropriate, culturally relevant and coordinated with drug prevention and health promotion programs.

States should:

• Implement K-12 traffic safety education, with appropriate emphasis on underage drinking and impaired driving, as part of state learning standards and comprehensive health education programs;

• Promote alcohol-and drug-free events throughout the year, with particular emphasis on high-risk times, such as homecoming, spring break, prom and graduation;

• Establish and enforce clear student alcohol and substance use policies including procedures for intervention with students identified as using alcohol or other substances, sanctions for students using at school, and additional sanctions for alcohol and substance use by students involved in athletics and other extra-curricular activities;
• **Provide training for alcohol and drug impaired driving, and Screening and Brief Intervention (SBI) to school personnel such as resource officers, health care providers, counselors, health educators and coaches to enable them to provide information to students about traffic safety and responsible decisions, and identify students who may have used alcohol or other drugs;**

- Encourage colleges, universities and trade schools to establish and enforce policies to reduce alcohol, other drug, and traffic safety problems on campus, and to work with local businesses and law enforcement agencies to reduce such problems in neighboring communities;

- **Provide training for alcohol and drug impaired driving, and Screening and Brief Intervention (SBI), to college personnel such as student affairs, student housing, health care providers, counselors, health educators and coaches to enable them to provide information to students about traffic safety and responsible decisions, and identify students who may have used alcohol or other drugs;** and

- Establish and support student organizations that promote traffic safety and responsible decisions; encourage statewide coordination among these groups.

**Status**

Montana secondary schools conduct either the Youth Risk Behavior Survey (YRBS) or the Prevention Needs Assessment (PNA) throughout the State every two years. Data from these nationally validated surveys provide guidance to schools and communities as they shape their prevention programming priorities.

Table II-B-1 shows that in 2017, one in three (33.1%) of students in grades 9 through 12 reported using alcohol at least once in the past 30 days, while 17.6% binge drank (4 or more for a female, 5 or more for a male within a 2-hour period) during the past month. While these are very concerning numbers, they are down slightly from 2015. Virtually all alcohol use measures indicate decreased use over the past ten years. One in five (19.8%) also reported using marijuana in the past month, slightly up from 2015. As perception of harm from using marijuana continues to decline, and with increasing mainstream use and legalization, it is likely that marijuana use will rise.

Table II-B-2 shows that 19.8% of high school students and 17.3% of seventh and eighth grade students reported riding with a driver who had been drinking, a decrease from 23.0% and 19.6% in 2015. Driving while drinking among high school students also decreased, from 10.9% in 2015 to 7.6% in 2017. Texting and emailing while driving showed only a slight improvement, with 54.2% texting or emailing (vs. 54.6%) and 56.6% talking on the phone (vs. 58.1%).
Table II-B-1 Alcohol and Other Drug Use – Ten Year Trends (YRBS)

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever drank <em>alcohol</em> during their life</td>
<td>77.8</td>
<td>75.7</td>
<td>72.8</td>
<td>70.5</td>
<td>69.9</td>
<td>68.0</td>
<td>Decreased</td>
<td>No change</td>
</tr>
<tr>
<td>Drank alcohol <em>before age 13 years</em></td>
<td>25.9</td>
<td>24.0</td>
<td>21.4</td>
<td>19.9</td>
<td>19.6</td>
<td>19.5</td>
<td>Decreased</td>
<td>No change</td>
</tr>
<tr>
<td><strong>Currently drank alcohol, during the past 30 days</strong></td>
<td>46.5</td>
<td>42.8</td>
<td>38.3</td>
<td>37.1</td>
<td>34.2</td>
<td>33.1</td>
<td>Decreased</td>
<td>No change</td>
</tr>
<tr>
<td>Drank 4 or more drinks of alcohol in a row (if female) or 5 or more drinks of alcohol in a row (if male) within a couple hours, during the past 30 days</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20.7</td>
<td>17.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reported that the largest number of drinks they had in a row was 10 or more, past 30 days</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Usually obtained the alcohol they drank by someone giving it to them</td>
<td>38.9</td>
<td>37.9</td>
<td>34.1</td>
<td>36.3</td>
<td>34.9</td>
<td>40.1</td>
<td>No change</td>
<td>Increased</td>
</tr>
<tr>
<td>Ever used <em>marijuana</em> in their life</td>
<td>39.1</td>
<td>42.2</td>
<td>39.2</td>
<td>37.6</td>
<td>37.5</td>
<td>35.2</td>
<td>Decreased</td>
<td>No change</td>
</tr>
<tr>
<td>Tried marijuana <em>before age 13 years</em></td>
<td>9.5</td>
<td>9.7</td>
<td>8.0</td>
<td>7.9</td>
<td>8.0</td>
<td>7.0</td>
<td>Decreased</td>
<td>No change</td>
</tr>
<tr>
<td><strong>Currently used marijuana, past 30 days</strong></td>
<td>21.0</td>
<td>23.1</td>
<td>21.2</td>
<td>21.0</td>
<td>19.5</td>
<td>19.8</td>
<td>Decreased</td>
<td>No change</td>
</tr>
<tr>
<td>Ever used <em>cocaïne</em> in their life</td>
<td>8.3</td>
<td>7.2</td>
<td>6.1</td>
<td>6.4</td>
<td>5.2</td>
<td>4.4</td>
<td>Decreased</td>
<td>No change</td>
</tr>
<tr>
<td>Ever used <em>inhalants</em> in their life</td>
<td>16.2</td>
<td>14.2</td>
<td>11.6</td>
<td>9.9</td>
<td>8.0</td>
<td>6.4</td>
<td>Decreased</td>
<td>Decreased</td>
</tr>
<tr>
<td>Ever used <em>heroin</em> in their life</td>
<td>2.5</td>
<td>3.0</td>
<td>2.6</td>
<td>2.6</td>
<td>2.1</td>
<td>1.7</td>
<td>Decreased</td>
<td>No change</td>
</tr>
<tr>
<td>Ever used <em>methamphetamines</em> in their life</td>
<td>4.6</td>
<td>3.1</td>
<td>3.1</td>
<td>3.6</td>
<td>3.0</td>
<td>2.2</td>
<td>Decreased</td>
<td>Decreased</td>
</tr>
<tr>
<td>Ever used <em>ecstasy</em> in their life</td>
<td>6.0</td>
<td>7.3</td>
<td>8.2</td>
<td>8.2</td>
<td>6.1</td>
<td>4.5</td>
<td>Decreased</td>
<td>Decreased</td>
</tr>
<tr>
<td>Ever took <em>steroids</em> in their life</td>
<td>2.8</td>
<td>3.9</td>
<td>2.9</td>
<td>2.6</td>
<td>2.5</td>
<td>2.1</td>
<td>Decreased</td>
<td>No change</td>
</tr>
<tr>
<td>Ever injected <em>any illegal drug</em> in their life</td>
<td>2.0</td>
<td>3.7</td>
<td>2.0</td>
<td>2.4</td>
<td>1.7</td>
<td>1.8</td>
<td>No change</td>
<td>No change</td>
</tr>
<tr>
<td>Were <em>offered, sold, or given an illegal drug on school property</em> during the past 12 months</td>
<td>24.9</td>
<td>20.7</td>
<td>25.2</td>
<td>22.8</td>
<td>21.7</td>
<td>21.7</td>
<td>Decreased</td>
<td>No change</td>
</tr>
</tbody>
</table>
Table II-B-2 Injury and Violence (YRBS)

*Table (left to right):* High School ~ Grades 7-8 ~ American Indian Students on Reservations (AI-R) ~ American Indian Students in Urban Schools (AI-U) ~ Nonpublic Accredited Schools (NPA) ~ Alternative Schools (ALT) ~ Students with Disabilities (SWD)

<table>
<thead>
<tr>
<th>Percentage of students who:</th>
<th>High School</th>
<th>Grades 7-8</th>
<th>AI-R</th>
<th>AI-U</th>
<th>NPA</th>
<th>ALT</th>
<th>SWD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rarely or never wore a seat belt when riding in a car</td>
<td>7.8</td>
<td>6.2</td>
<td>15.4</td>
<td>11.5</td>
<td>4.3</td>
<td>17.0</td>
<td>13.3</td>
</tr>
<tr>
<td>Rarely or never wore a seat belt when driving a car</td>
<td>8.7</td>
<td>11.1</td>
<td>14.5</td>
<td>9.1</td>
<td>2.2</td>
<td>15.3</td>
<td>12.0</td>
</tr>
<tr>
<td>Rode with a driver who had been drinking alcohol during the past 30 days</td>
<td>19.8</td>
<td>17.3</td>
<td>23.6</td>
<td>23.4</td>
<td>20.7</td>
<td>30.9</td>
<td>23.5</td>
</tr>
<tr>
<td>Drove when drinking alcohol during the past 30 days</td>
<td>7.6</td>
<td>NA</td>
<td>11.6</td>
<td>11.5</td>
<td>10.8</td>
<td>14.1</td>
<td>12.9</td>
</tr>
<tr>
<td>Texted or e-mailed while driving a car during the past 30 days</td>
<td>54.2</td>
<td>NA</td>
<td>44.9</td>
<td>49.7</td>
<td>54.5</td>
<td>47.1</td>
<td>47.8</td>
</tr>
<tr>
<td>Talked on a cell phone while driving during the past 30 days</td>
<td>56.6</td>
<td>NA</td>
<td>35.7</td>
<td>44.4</td>
<td>51.2</td>
<td>47.3</td>
<td>46.1</td>
</tr>
</tbody>
</table>
The 2018 Prevention Needs Assessment Student Survey shows similar results (see Table II-B-3). Alcohol remains the overwhelming drug of choice but use has decreased dramatically since 2010. The column labelled MTF refers to the national sample Monitoring the Future Survey. At every grade level, alcohol use rates for Montana youth are well above the national sample.

Table II-B-3 Past 30-day Substance Use by Grade and Year

<table>
<thead>
<tr>
<th>Substance</th>
<th>8th Grade</th>
<th>10th Grade</th>
<th>12th Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>15.6</td>
<td>13.9</td>
<td>14.7</td>
</tr>
<tr>
<td>Binge drinking*</td>
<td>~</td>
<td>6.3</td>
<td>6.8</td>
</tr>
<tr>
<td>Marijuana</td>
<td>6.6</td>
<td>6.4</td>
<td>7.2</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>6.2</td>
<td>3.9</td>
<td>3.9</td>
</tr>
<tr>
<td>e-Cigarettes*</td>
<td>~</td>
<td>9.0</td>
<td>14.3</td>
</tr>
<tr>
<td>Chewing tobacco</td>
<td>3.9</td>
<td>3.6</td>
<td>2.6</td>
</tr>
<tr>
<td>Inhalants</td>
<td>2.8</td>
<td>2.1</td>
<td>2.0</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>0.5</td>
<td>0.5</td>
<td>0.4</td>
</tr>
<tr>
<td>Cocaine</td>
<td>0.5</td>
<td>0.1</td>
<td>0.2</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>0.2</td>
<td>0.1</td>
<td>0.0</td>
</tr>
<tr>
<td>Other stimulants*</td>
<td>0.6</td>
<td>0.4</td>
<td>0.5</td>
</tr>
<tr>
<td>Sedatives</td>
<td>3.0</td>
<td>2.7</td>
<td>3.1</td>
</tr>
<tr>
<td>Narcotic prescription drugs*</td>
<td>0.8</td>
<td>0.8</td>
<td>0.8</td>
</tr>
<tr>
<td>Past 30-day any prescription drug abuse**</td>
<td>3.8</td>
<td>3.2</td>
<td>3.7</td>
</tr>
<tr>
<td>Heroin or other opiates</td>
<td>0.2</td>
<td>0.0</td>
<td>0.1</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>0.5</td>
<td>0.2</td>
<td>0.3</td>
</tr>
</tbody>
</table>

Montana has 455 school districts that are locally controlled. There is no mandated health or safety curriculum specific to impaired driving or underage drinking. Montana, like most other states, has shifted its learning standards to address Common Core. Montana’s Health Learning
Standards include some limited discussion of underage drinking and impaired driving.

Driver education is not required; however, 68 percent of eligible Montana students complete the course. Driver Education includes a unit on alcohol and other drugs as well as distracted driving. Driver Education teachers also do road tests. The State Office of Public Instruction requires Driver Education programs to include a session for parents. Research demonstrates that students who take Driver Education have fewer crashes and citations.

Montana has two primary sources of substance abuse prevention funds. The U.S. Substance Abuse Mental Health Services Administration (SAMHSA) block grant and the SAMHSA Partnership for Success (PFS) grant. Both of these programs are administered by the Department of Public Health and Human Services (DPHHS) Chemical Dependency Bureau. PFS funds are distributed to 22 high-need counties through 11 local service providers with 30 Prevention Specialists. Both funding streams are used for capacity building and local grantees cannot use these funds to directly support evidence-based prevention programs. However, local organizations can use these funds to build capacity to garner grants and other sources of local support for prevention strategies.

The Montana Department of Public Instruction website has an extensive list of Evidence Based Programs (EBP). EBPs currently being implemented in some Montana secondary schools include: Botvin LifeSkills Training, Sports Wellness, AlcoholEdu, Project Northland, and Prime for Life. Some elementary schools are implementing Second Step. Montana faces unique challenges in implementing many proven prevention programs. Many schools are too small to justify the cost of programs that require expensive training and materials. Except for a few population centers, the vast distance between communities makes travel to and from community-based programs difficult.

Traditional impaired driving prevention activities such as mock crashes, crash carts, and drunk goggles are still popular, although research does not support their effectiveness in bringing about behavioral change. Effective programs teach social-emotional and cognitive-behavioral skills through peer-to-peer practice and application.

The Montana Highway Patrol (MHP) implements the Alive at 25 defensive driving course in schools and communities. The National Safety Council (NSC) developed this four-hour course to encourage young drivers to take responsibility for their driving behavior. Through interactive media segments, workbook exercises, class discussions, and role playing, young drivers develop convictions about safety and practical strategies that will keep them safe on the road.

Currently, twenty-three instructors teach Alive at 25 across Montana. In the past year, they provided 70 classes and reached 1,500 students. Most of these drivers were court-ordered, although instructors are beginning to offer Alive at 25 to driver education classes. So far, two schools have taken advantage of this offering, and report that the program solidifies everything students have learned. The program has been updated to make it more interactive. NSC offers an online self-taught class for instructors. MHP self-funds the class, so there is no charge to students.
MHP and some DUI Task Forces would like to bring Alive at 25 to more driver education programs. They are promoting the program through social media and other formats. Time and capacity are challenges; patrol officers are busy, and the school day is packed, but this is a program that could save lives. Montana is encouraged to build capacity and coordination between driver education and programs such as Alive at 25.

The Family, Career and Community Leaders of America (FCCLA) is a national peer-to-peer Career and Technical Student Organization (CTSO) that provides personal growth, leadership development, and career preparation opportunities for students in Family and Consumer Sciences education. Nationally, FCCLA has approximately 200,000 members in 6,500 local chapters. There are 50 state associations and the District of Columbia, Puerto Rico and the Virgin Islands. Since its founding in 1945, FCCLA has involved more than ten million youth.

Montana FCCLA has approximately 70 chapters throughout the State with over 1,000 members. Montana student projects focus on a variety of youth concerns, including teen pregnancy, parenting, family relationships, substance abuse, peer pressure, environment, nutrition and fitness, teen violence and career exploration. Involvement in FCCLA offers members an opportunity to expand their leadership potential and develop skills for life planning, goal setting, problem solving, decision making and interpersonal communication necessary in the home and workplace. FCCLA is just one of many groups that fall under the umbrella of CTSO. While CTSOs don’t necessarily provide EBPs such as programs found on SAMHSA’s National Registry of Evidence Based Programs and Practices, they do teach some of the essential skills and build protective factors.

In the 2016 Impaired Driving Assessment, one recommendation was to establish a collegiate impaired driving and alcohol and substance abuse prevention consortium. In 2017, the Montana Collegiate Tobacco Prevention Initiative (MCTPI) expanded its mission from reducing use and exposure to tobacco to a broader focus on chronic disease prevention and renamed itself Healthy Colleges Montana (HCM).

The goal of HCM is to address issues including alcohol and other drug abuse and misuse, mental health, help seeking behaviors, and utilizing campus and community resources. The major risk factors cited among college students are the use of alcohol, marijuana, and stimulants and distracted driving. Funded by the Montana Tobacco Use Prevention Program (MTUPP) and staffed by The Health, Safety, and Well-being Initiatives of NASPA – Student Affairs Administrators in Higher Education, HCM supports collegiate prevention and health promotion efforts by providing technical assistance, professional development, and an online resource-sharing platform. HCM has sixteen participating Montana Campuses including 2-year, 4-year, Tribal, and public and private institutions across the State.

To better understand the health needs and behaviors of students, HCM is working to create a statewide behavioral dataset utilizing the National Collegiate Health Assessment (NCHA), which is administered by the American College Health Association (ACHA). In its early stages, the plan is to have a window within which all colleges would administer the assessment, and share data. They are currently looking to get more schools to do the assessment, including finding grants for them to do so.
Presently, HCM has data from the University of Montana going back to 2000. It shows that 30-day alcohol use is at 72.8% and has been steady since 2000. This compares to the national average of approximately 60.0%. Binge drinking is at 37.5%. Driving after drinking is 34.9% vs. 20.0% nationally. Past 30-day cannabis use is 27.2%, with 5.0% reporting daily or near-daily use.

Good strategies exist for helping students with substance use disorders, but resources such as Alcohol and Other Drug (AOD) Coordinators and counselors are not widely available across Montana’s post-secondary landscape. HCM’s strategy for reducing underage and binge drinking and impaired driving is to build non-clinical capacity for student self-advocacy and peer support. The first phase will be needs assessment, then implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT), bystander training, and education.

To date, some Montana colleges have implemented a variety of alcohol and substance abuse prevention and intervention strategies such as:

- the AlcoholEdu online course for all incoming freshman to educate them on alcohol and college related issues as mandated by the Commissioner of Higher Education for public colleges and universities;
- prevention workshops and trainings; and
- harm reduction strategies such as *Arrive Alive* free cab service.

The website [www.collegedrinkingprevention.gov](http://www.collegedrinkingprevention.gov), created and supported by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), offers a variety of tools and materials for college campuses to use in combating alcohol abuse, binge drinking and underage drinking. The site includes access to material related to campus policies, education and intervention strategies and other resources.

**Recommendations**

- Promote and seek sustainable sources of funding for schools to adopt evidence-based prevention education programs.

**B-2. Employers**

**Advisory**

*States should provide information and technical assistance to employers and encourage them to offer programs to reduce underage drinking and impaired driving by employees and their families. These programs can be provided through Employee Assistance Programs (EAP) or Drug Free Workplace programs.*

*These programs should include:*

- Model policies to address underage drinking, impaired driving and other traffic safety issues, including seat belt use and speeding;
- *Employee awareness and education programs;*
• Management training to recognize alcohol and drug use and abuse, and appropriate responses;

• Screening and Brief Intervention, assessment and treatment programs for employees identified with alcohol or substance use problems (These services can be provided by internal or outside sources such as through an EAP with participation required by company policy.);

• Underage drinking and impaired driving prevention strategies for young employees and programs that address use of prescription or over-the-counter drugs that cause impairment.

Status

Montana does not have a comprehensive coordinated employer traffic safety program. Like most states, such a program has been discontinued for lack of resources and because of the trend away from employment in large companies. Traffic safety, alcohol abuse, and impaired driving are typically addressed in other employer services.

Many employers offer Employee Assistance Programs (EAP) to help employees deal with personal problems that might adversely impact their work performance, health, and well-being. EAPs generally include short-term counseling and referral services for employees and their household members. By addressing alcohol and substance abuse, EAPs can have an indirect effect on impaired driving.

All companies that provide goods and services to federal government agencies or that receive federal funds are required to implement a Drug-Free Workplace Program. These programs may include substance use policies, drug testing, and employee education.

Whether through an EAP or Drug-Free Workplace Program, all employers should provide access to Screening, Brief Intervention and Referral to Treatment (SBIRT), and offer employees of all ages information about the effects of alcohol, illicit drugs, as well as prescription and over-the-counter medications on operating a motor vehicle.

There is currently no organized effort to engage the business community in helping to educate its employees and customers about impaired driving. However, the inclusion of a Labor and Industry leader on the Comprehensive Strategic Highway Safety Plan Executive Leadership Team could serve as the gateway to reach private sector employees across Montana.

Recommendations

• None

B-3. Community Coalitions and Traffic Safety Programs

Advisory

Community coalitions and traffic safety programs provide the opportunity to conduct prevention programs collaboratively with other interested parties at the local level. Coalitions should include
representatives of: government; highway safety; enforcement; criminal justice; liquor law enforcement; public health; education; driver licensing and education; employers and unions; the military; medical, health care and treatment communities; multi-cultural, faith-based, advocacy and other community groups.

States should:

- Encourage communities to establish community coalitions or traffic safety programs, comprised of a wide variety of community members and leaders;

- Ensure that representatives of local traffic safety programs participate in existing alcohol, substance abuse, injury control and other related coalitions, (e.g., Drug Free Communities, SPF-SIG), to assure that impaired driving is a priority issue;

- Provide information and technical assistance to these groups, including data concerning the problem in the community and information identifying evidence-based underage drinking and impaired driving programs;

- Encourage these groups to provide support for local law enforcement and prevention efforts aimed at reducing underage drinking and impaired driving; and

- Encourage professionals, such as prosecutors, judges, nurses, doctors, emergency medical personnel, law enforcement officers and treatment professionals, to serve as community spokespeople to educate the public about the consequences of underage drinking and impaired driving.

Status

DUI Task Forces (DUITF) are multi-faceted coalitions that invite participation from a cross-section of community representatives in order to maximize their reach and effectiveness. Initial funding comes from driver license reinstatement fees. The task forces operate at the county level, and implement programs that will prevent driving while under the influence of alcohol, reduce alcohol-related traffic crashes, and educate the public on the dangers of driving after consuming alcoholic beverages or other chemical substances that impair judgment or motor functions.

In State Fiscal Year (SFY) 2019, there are 34 approved county-level DUITF, two multi-county task forces covering six counties, and two Tribal DUITFs -- the Crow Agency and the Northern Tribes.

Many of the task forces address the underage component of DUI with a number of programs. The most common are Responsible Alcohol Sales & Service trainings for retailers and establishments and the companion program, alcohol compliance checks. Most DUITFs have broad representation and include local prevention specialists and other representatives from community-based prevention providers and coalitions.
Community Coalitions are found in nearly every county, state, and territory of the United States, as well as in other countries. Some are funded through federal Drug-Free communities or other grants, though most depend on volunteers for the bulk of their operation and services. Most coalitions adhere to the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Strategic Prevention Framework, which recommends an on-going cycle of community assessment, capacity building, strategic planning, implementation, evaluation, sustainability, and cultural competence.

In one Montana county, the community coalition has created a prescription drug task force with partners in law enforcement and pharmacies. Another has worked on alcohol vendor compliance, using Partnership for Success (PFS) funding to carry out compliance checks. Coalitions often coordinate school and community surveys and hold forums where community members may provide feedback. As reported to the Assessment Team regarding coalitions, “It’s all about relationships. We are one small town spread across a state.”

Coalitions are working to address the importance of parents talking to their children about alcohol use. To accomplish this, a new campaign, ParentingMT, will be funded through a five-year grant from PFS. A toolkit will be rolled out in all 56 counties, based on research and parent focus groups.

Coalitions are promoting Evidence Based Programs (EBPs) in schools, youth leadership, and the development of school policies. At Carroll College, students enrolled in a public health course focused on impaired driving and prescription or over-the-counter drugs. Students conducted retail scans, and developed presentations and advertisements.

Montana established the Interagency Coordinating Council (ICC) for State Prevention Programs. The council is charged with developing, through interagency planning and cooperation, comprehensive and coordinated prevention programs that strengthen the healthy development, well-being, and safety of children, families, individuals, and communities, particularly children and families that are deemed to be at-risk.

The ICC lists among its recent accomplishments and products:

a. Minor in Possession laws evaluation
b. Epidemiology and evidence-based work groups
c. Alcohol summits in 2015 and 2017, in collaboration with the Department of Revenue, law enforcement, and DUITFs
d. Stopping DUIS Before They Start conference in 2016, in collaboration with Prevention specialists, Northern Tribal DUITF, and county DUITFs
e. Above the Influence campaign mini-grants
f. Kids Hanging Out campaign
g. What’s in Your Drink? card
h. Engaging Montana Parents Campaign to Address Underage Drinking
i. Developing alcohol policy recommendations
j. Continuation of www.parentpower.mt.gov
k. Marijuana and Youth Policy Recommendations
l. Opioid misuse and abuse prevention
m. Aligning with Vision Zero and other statewide efforts and grants.
ICC links to community efforts such as mandatory alcohol sales and server training, continued assessment of gaps and challenges in prevention, and prevention opportunities to educate parents.

**Recommendations**

- None

**B-4. Transportation Alternatives**

**Advisory**

Alternative transportation describes methods by which people can get to and from places where they drink without having to drive. Alternative transportation includes normal public transportation provided by subways, buses, taxis, and other means. Designated driver programs are one example of these alternatives.

**States should:**

- Actively promote the use of designated driver and safe ride programs, especially during high-risk times, such as holidays or special events;

- Encourage the formation of public and private partnerships to financially support these programs;

- Establish policies and procedures that ensure designated driver and alternative transportation programs do not enable over consumption by passengers or any consumption by drivers or anyone under 21 years old; and

- Evaluate alternative transportation programs to determine effectiveness.

**Status**

Many local traffic safety organizations promote designated driver and/or safe ride programs. In Montana, public transportation including cabs has been inadequate to support safe ride programs. With the advent of Uber and Lyft in some parts of the State, another means exists for providing transportation alternatives for impaired drivers.

A recent example is Helena’s Tri-County Licensed Beverage Association’s (TCLBA) *Home Free* program. Seeking a “reliable, affordable and uncomplicated” program, TCLBA met with Uber and came up with a plan. Participating owners pay into a fund that in turn pays for a ride home for impaired patrons. Between March and October of 2017, the program provided 1,100 rides, at an average cost of $17 per ride. The owners established guidelines and rules to prevent overuse and abuse of the program, which state that “it is not to be used as a failsafe to overserving. We must still do the job that we have all been trained to do.”
It is important that programs such as this stress a strict non-use of alcohol message for a designated driver, and do not encourage or enable excessive drinking. The point of alternative transportation is to change the norm that drinking and driving is acceptable, and hopefully to reduce the loss of life and productivity.

**Recommendations**

- None
III. Criminal Justice System

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

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

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

A. Laws

Advisory

Each State should enact impaired driving laws that are sound, rigorous and easy to enforce and administer. The laws should clearly: define the offenses; contain provisions that facilitate effective enforcement; and establish effective consequences. Monitoring requirements should be established by law to assure compliance with sanctions by offenders and responsiveness of the judicial system. Noncompliant offenders should be adjudicated swiftly.

The offenses should include:

- Driving while impaired by alcohol or other drugs (whether illegal, prescription, or over-the-counter), and treating both offenses with similar consequences;
- A Blood Alcohol Concentration (BAC) limit of 0.08, making it illegal per se to operate a vehicle at or above this level without having to prove impairment;
- Zero Tolerance for underage drivers, making it illegal per se for persons under age 21 to drive with any measurable amount of alcohol;
- High BAC (e.g., 0.15 or greater), with enhanced penalties above the standard impaired driving offense;
- Repeat offender, with increasing penalties for each subsequent offense;
- BAC test refusal, with administrative sanctions at least as strict as the state’s highest BAC offense;
- Driving with a license suspended or revoked for impaired driving (DWS), vehicular homicide or causing personal injury while driving impaired as separate offenses, with additional penalties;
• Open container, which prohibits possession or consumption of any open alcoholic beverage in the passenger area of a motor vehicle located on a public highway or right-of-way; and
• Primary seat belt provisions that do not require that officers observe or cite a driver for a separate offense other than a seat belt violation.

Facilitate effective enforcement by enacting laws that:

• Authorize law enforcement to conduct sobriety checkpoints, in which vehicles are stopped on a nondiscriminatory basis to determine whether operators are driving while impaired by alcohol or other drugs;
• Authorize law enforcement to use passive alcohol sensors to improve the detection of alcohol in drivers;
• Authorize law enforcement to obtain more than one chemical test from an operator suspected of impaired driving, including preliminary breath tests, evidentiary breath tests and screening and confirmatory tests for alcohol or other impairing drugs;
• Authorize law enforcement to collect blood sample by search warrant in any chemical test refusal situation, consistent with other provisions of criminal jurisprudence which allows body fluids to be collected as evidence of a crime; and
• Require mandatory BAC testing of drivers involved in fatal and serious injury producing crashes.

Effective criminal penalties and administrative sanctions should include:

• Administrative license suspension or revocation (ALR), for failing or refusing to submit to a BAC or other drug test;
• Prompt and certain administrative license suspension of at least 90 days for first offenders determined by chemical test(s) to have a BAC at or above the State’s per se level or of at least 15 days followed immediately by a restricted, provisional or conditional license for at least 75 days, if such license restricts the offender to operating only vehicles equipped with an ignition interlock;
• Enhanced penalties for test refusals, high BAC, repeat offenders, driving with a suspended or revoked license, driving impaired with a minor in the vehicle, vehicular homicide or causing personal injury while driving impaired, including: longer license suspension or revocation; installation of ignition interlock devices; license plate confiscation; vehicle impoundment, immobilization or forfeiture; intensive supervision and electronic monitoring; and imprisonment; and
• Separate and distinct criminal penalties for alcohol- and drug-impaired driving to be applied individually or in combination to a single case;

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• Assessment for alcohol or other drug abuse problems for all impaired driving offenders and, as appropriate, treatment, abstention from use of alcohol and other drugs, and frequent monitoring.

Effective monitoring should include:

• supervision of out-of-state offenders;
• proven technology (e.g., ignition interlock device, electronic confinement and monitoring) and its capability to produce reports on compliance;
• impaired driver tracking systems; and
• periodic reports on offender compliance with administrative or judicially imposed sanctions;
• Driver license suspension for persons under age 21 for any violation of law involving the use or possession of alcohol or illicit drugs; and
• Statutory and rule support for DWI Courts as a sentencing alternative for persistent DWI offenders.

Status

Montana has a comprehensive set of laws to address the impaired driving problem. The laws fall into several categories as follows:

• Offenses and other laws;
• Mandatory penalties;
• Enhanced charges and penalties for certain statuses;
• Driving while suspended or revoked;
• Youthful offenders;
• Implied consent to alcohol concentration test and other evidence;
• Administrative License Revocation (ALR);
• Special evidentiary and jurisdictional qualifications;
• Alcoholic beverage control; and
• Sentencing tools, including Ignition Interlock Device (IID), vehicle forfeiture, and mandatory alcohol evaluation and treatment.

OFFENSES AND OTHER LAWS

The primary offense in Montana’s campaign against impaired driving is driving under the influence of alcohol (DUI) or drugs (DUI/drugs). The crime applies to a person who drives or is in actual physical control of a vehicle upon the ways of Montana. It can be charged under one of five elemental burdens of proof:

• while under the influence of alcohol (DUI);
• while under the influence of a dangerous drug or any other drug (DUI/drugs);
• while under the influence of a combination of alcohol, dangerous drugs, or other drugs (DUI/drugs);
• with an alcohol concentration of 0.08 of one’s blood, breath, or urine (alcohol per se); or
• while the person's delta-9-tetrahydrocannabinol level, excluding metabolites, as shown by analysis of the person's blood, is 5 ng/ml or more (cannabis per se).

The impairment element of the offense is termed “under the influence.” It means that as a result of taking into the body alcohol, drugs, or any combination of alcohol and drugs, a person's ability to safely operate a vehicle has been diminished. Each of the DUI and per se offenses are an absolute liability offense.

The per se offenses are distinguished from the DUI offenses by the absence of impairment as an element of proof. The alcohol per se law carries a burden of proof element that the concentration is based upon grams of alcohol in one hundred milliliters of blood or grams of alcohol in two hundred ten liters of breath. Other per se standards apply to commercial motor vehicles (0.04) and zero tolerance for minors (0.02).

The cannabis per se law carries a burden of proof element that the concentration is based upon 5 nanograms or more of delta-9-tetrahydrocannabinol per one milliliter of blood. Despite having a cannabis per se offense, Montana does not have a DUI/drugs per se offense.

There are two paths to enhance DUI severity. The charged offense can be enhanced based on aggravating elements, or the sanction can be enhanced due to escalating facts. DUI begins as a misdemeanor charge. It elevates to a felony offense upon a fourth offense or more.

There is also an independent misdemeanor charge of Aggravated DUI which rests upon one of the following elements of proof additional to simple DUI:

• alcohol concentration of 0.16 or greater;
• DUI offense while under IID court order;
• DUI offense while under a suspended, canceled, or revoked license due to a prior DUI;
• refusing a chemical test for intoxication and had a prior implied consent license suspension within the prior 10 years; or
• has a prior DUI related conviction or pending DUI related charge within 10 years of the current charge or has two prior DUI related convictions or pending charge(s), or any combination thereof ever.

A DUI charge can also be enhanced to a felony if the DUI episode causes another’s death (Vehicular Homicide DUI) or causes another’s serious bodily injury (Negligent Vehicular Assault DUI). If the bodily injury is not serious, the offense is a misdemeanor. In that instance, the sanction rather than the charge is increased over simple DUI.

The “look back” period for determining if a prior DUI conviction counts as the predicate for a second offense DUI is ten years. There is no limit on the “look back” period for determining whether a DUI offense is a third or subsequent offense.

Monetary, jail, licensing, monitoring, and treatment sanctions increase with each subsequent
conviction after the first. Sanctions also increase if the offense occurs while a person under age 16 is a passenger in the vehicle. The DUI sanctions chart can be found at

Post-DUI conviction criminal offenses include:

- operating a vehicle in violation of a DUI related suspension;
- operating a vehicle in violation of an IID order;
- tampering with an IID;
- violating the terms of a vehicle forfeiture order; and
- improperly assisting a DUI offender to bypass an IID.

In addition to the underage DUI offense, other laws aimed at youthful offenders include: graduated driver license; minor consuming, possessing or purchasing alcohol; false age information; unlawful sale to a minor; unlawful purchase on behalf of a minor; and keg registration. Driver license revocation or suspension penalties are tied to the underage alcohol offenses and are enhanced for youthful offenders. Juvenile DUI offenses are prosecuted under the adult criminal code and create an adult driver record.

Montana allows parents to provide alcohol to their own underage children to a certain level. It becomes unlawful when the child’s BAC reaches 0.05. Minors over age 18 are permitted to enter and remain on a licensed alcohol serving establishment.

Dram shop (vendor) and social host (non-vendor) liability exist in Montana with a cap on the amount of monetary damages. Social host liability is further limited only to situations where alcohol was served to an underage person and the server knew or should have known the recipient was underage, or the alcohol recipient was forced to consume, or was told that the beverage was non-alcoholic.

Montana has an open container law that applies to all occupants of the passenger compartment of the vehicle. An open container violation is not criminal and does not get recorded on a driver’s record.

Montana DUI offenses extend to watercraft, snowmobiles, and all-terrain vehicles.

Montana does not have a primary seat belt law. It is anticipated that a bill in the 2019 legislative session will propose a primary seat belt law with a sunset provision as an attempt to make the proposal more attractive to detractors.

A provision in Montana allows municipalities to pass ordinances which mirror State law or work in conjunction with State laws. It appears the only effect of this provision is the disposition of fines and costs. It is believed that few municipalities have enacted parallel DUI ordinances and it does not appear to weaken efforts to combat impaired driving. The city of Missoula has enacted an ordinance violation for refusing to submit to an implied consent chemical test for intoxication which carries a fine up to $500.

DUI laws are scattered throughout various sections of the Montana Code making it difficult
for judges, practitioners, peace officers, administrators, supervisors, and offenders to locate
and fully comply with the panoply of DUI laws. It is anticipated that a bill will be introduced
in the 2019 legislative session that will propose a streamlined re-codification of the DUI
statutory scheme to be housed in one Code location.

**PENALTIES AND SENTENCING TOOLS**

The DUI sanctions chart can be found here:
The penalties include fines, incarceration, license restrictions, monitoring, assessment,
education, and treatment.

The Montana schedule of sanctions for DUI, if applied, is sufficient to provide punishment
and deterrence.

License suspension upon conviction is imposed by the trial court and administered by the
Department of Justice Motor Vehicle Division. Reinstatement of driving privileges is
contingent upon completion of a chemical dependency education course, treatment, or both.

Alcohol assessment and treatment are mandatory for all DUI offenders in three different
stages of case administration:

- as sentencing criteria after conviction;
- as a condition of pre-trial jail release; and
- as a condition of a restricted probationary license.

The DUI treatment component is known as ACT (Assessment, Course, and Treatment). A
court must order all first through third DUI offenders to participate in ACT. The treatment
phase for first offenders is contingent upon the assessment recommendation. The treatment
phase is mandatory for all second and third DUI offenders. ACT program components and
key personnel must be approved and certified by the Department of Public Health and Human
Services (DPHHS).

Montana also employs a statewide alcohol monitoring program for second and subsequent
DUI offenders known as the 24/7 Sobriety Program. The program’s usage is twofold. It is
applied as a mandatory pre-trial jail release monitoring tool, as well as a post-trial condition of
probation or parole for all second or subsequent DUI offenders. The program requires
abstinence from alcohol and drug use. Compliance is monitored with twice-daily alcohol
breath tests, an alcohol-monitoring anklet, or a combination of drug patch testing, urinalysis,
saliva testing, or any other approved testing method. The 24/7 Sobriety Program is
administered by the Montana Attorney General. Individual courts may independently
administer a sobriety supervision program at the court’s expense. This is permitted to fill gaps
where a 24/7 Sobriety Program might not be convenient for a locality.
A residential program for felony DUI offenders is administered by the Montana Department of Corrections. The Warm Springs Addictions Treatment and Change (WATCh) program is a six-month, intensive, cognitive behavioral based modified therapeutic community, which assists offenders to develop those skills necessary to create pro-social change, reduce anti-social thinking, criminal behavior patterns, and the negative effects of chemical addictions while integrating more fully into society.

The non-residential, problem-solving court model (DUI/Drug Court) exists in Montana in various components. There are eight DUI Courts in the State, including one tribal DUI Court. Some Drug Courts admit DUI offenders into their programs. The DUI/Drug Court may suspend all but the mandated statutory minimum portions of a sentence. Expansion of DUI Courts in Montana is a goal of many entities involved in the campaign against DUI.

Recent legislation opened DUI Court placement to felony offenders in lieu of WATCh placement. Although it is believed that the intention was to make DUI Court available to a limited class of DUI felony offenders, the unintended consequence is that it has opened a non-residential, non-confinement loophole for persons who otherwise were identified as deserving of confined, residential treatment.

Pre-trial diversion exists in Montana however it specifically excludes DUI related offenses from eligibility. Also sentence deferral by a trial court is prohibited in DUI adjudications.

Probation supervision is available as a means of monitoring DUI offenders. Probation departments for misdemeanor supervision are funded and administered by local government. Not all local governments have the resources to provide misdemeanor supervision. This diminishes the ability to fully enforce misdemeanor DUI sentence compliance. Probation supervision for felony offenders is independent of the misdemeanor group and is funded and administered by the Montana Department of Corrections Probation and Parole Division.

Montana permits IID as a discretionary sentencing option for first offense DUI. For a second or subsequent DUI offense, if the court allows a probationary license, then it is mandatory that the offender only operate a vehicle equipped with an IID. It can also be required as a condition of a restrictive driving permit or as a condition of reinstatement of a revoked or suspended license under certain circumstances. IID is rarely utilized due to lack of vendors to service the vast expanse of Montana.

A restricted probationary driver license can be imposed as a sentence condition at the discretion of the court. No restricted probationary driver license is allowed if the driver refused an implied consent chemical test for intoxication. Driving is restricted only to and from the driver’s residence and work, school, chemical dependency treatment, and a location reasonably related to maintenance of the driver’s household.

Vehicle seizure and forfeiture is an available sentencing option for second or subsequent DUI offenders, as well as a second or subsequent driving while suspended or revoked offense where the suspension or revocation was the result of a prior DUI conviction.
ADMINISTRATION AND EVIDENCE

a) IMPLIED CONSENT AND ADMINISTRATIVE LICENSE REVOCATION

Any person who operates or is in actual physical control of a motor vehicle within Montana is considered to have given consent to a test or tests of the person's blood or breath for the purpose of determining any measured amount or detected presence of alcohol or drugs in the person's body.

A peace officer may direct a person to submit to an implied consent chemical test for intoxication if:

- the officer has reasonable grounds to believe that the person has been operating a vehicle while under the influence of alcohol, drugs, or a combination thereof and the person has been arrested for a DUI or Aggravated DUI offense;
- the person has been placed under arrest for an underage zero tolerance DUI offense; or
- the officer has probable cause to believe that the person was operating a vehicle:
  - in violation of DUI and involved in a vehicle crash resulting in property damage;
  - involved in a vehicle crash resulting in serious bodily injury or death; or
  - in violation of Aggravated DUI.

Civil sanctions for an implied consent test refusal include:

- immediate license confiscation;
- mandatory license suspension with no provision for a restricted probationary license; and
- a $300 administrative penalty earmarked for the Forensic Science Division of the Department of Justice.

The suspension period increases for second and subsequent test refusals. Additionally, a test refusal can serve as an aggravating factor to charge aggravated DUI or aggravated driving while suspended and can trigger a blood draw search warrant upon a second or subsequent refusal.

An implied consent chemical test for intoxication includes a preliminary screening device, also known as a certified Portable Breath Test (PBT). Refusal to submit to a PBT carries the same implied consent penalties as a refusal of other certified testing devices. A person who has been tested may have a chemical test by a qualified person of their own choosing in addition to any already administered by the officer. The peace officer may not impede the person’s attempt to secure an independent test, but also does not have a duty to transport the person to the independent test site. Failure or inability to obtain an additional test by a person shall not preclude the admission of evidence derived from the test administered by the officer.

There is no right to consult legal counsel before deciding whether to submit to an evidentiary alcohol test.
Appeal of an administrative license revocation is to a district court. The appeal’s scope is limited solely to whether:

- a peace officer had reasonable grounds to believe a person was under the influence of alcohol or drugs or a combination thereof, and the person was arrested for DUI or Aggravated DUI;
- a person was under age 21 and was arrested for an underage zero tolerance DUI violation;
- a peace officer had probable cause to believe that a person was in violation of DUI and was involved in a vehicle crash resulting in property damage, bodily injury, or death; and
- the person refused to submit to one or more chemical tests for intoxication.

b) EVIDENCE

A person may choose to refuse to submit to a chemical test for intoxication. However, exercising this choice results in civil penalties including immediate license confiscation and driving privilege suspension. Refusal is also admissible as a rebuttable inference that the person was under the influence.

It is not a defense to any impaired driving offense that the person was entitled to use alcohol or drugs by order or medical prescription.

An alcohol concentration of 0.04 or less raises an inference that the person was not under the influence of alcohol. An alcohol concentration greater than 0.04 but less than 0.08 does not give rise to any inference, but it may be considered with other evidence in determining guilt or innocence in a DUI related prosecution. An alcohol concentration of 0.08 or more creates a rebuttable inference that the person was under the influence of alcohol.

The results of a PBT are admissible in court proceedings only to show reasonable cause to believe that a person was under the influence of alcohol, however a numerical value from the PBT is not admissible.

A report of the facts and results of a physical, psychomotor, or physiological assessment of a person is admissible if administered by a properly trained person.

An involuntary blood draw pursuant to a search warrant is not permitted for first offense DUI test refusal. A search warrant is permitted only if the arrested person has refused an implied consent chemical test for intoxication in a prior DUI related investigation or has a prior DUI related conviction or pending DUI related offense. Search warrants are permitted in first offense DUI if the episode causes death or serious bodily injury. It is anticipated that a bill in the 2019 legislative session will propose that these restrictions be removed.
A physician, registered nurse, or other qualified person acting under the supervision and direction of a physician or registered nurse does not incur any civil or criminal liability as a result of the proper administering of a blood test when requested in writing by a peace officer to administer a test. It is anticipated that a bill in the 2019 legislative session will propose that properly trained peace officers be permitted to act as a phlebotomist in DUI investigations.

Sobriety checkpoints are not specifically permitted in Montana. However, vehicle safety checkpoints are statutorily permitted and can result in DUI detection and arrest.

**Recommendations**

- Enact legislation that re-codifies all DUI laws into a single location within the Montana Code.
- Enact a primary seat belt law.
- Enact legislation that removes restrictions to the issuance of blood draw search warrants in misdemeanor DUI and allows a properly trained peace officer to serve as a certified phlebotomist.

**B. Enforcement**

**Advisory**

States should conduct frequent, highly visible, well publicized and fully coordinated impaired driving (including zero tolerance) law enforcement efforts throughout the State, utilizing data to focus on locations where alcohol related fatalities most often occur. To maximize visibility, the State should conduct frequent sobriety checkpoints, periodic saturation patrols and sustained efforts throughout the year. Both periodic and sustained efforts should be supported by a combination of paid and earned media. To maximize resources, the State should coordinate highly visible, multi-jurisdictional efforts among State, county, municipal and tribal law enforcement agencies to include liquor control enforcement officers. To increase the probability of detection, arrest and prosecution, participating officers should receive training in the latest law enforcement techniques.

States should:

- Ensure that executive levels of law enforcement and State and local government make impaired driving enforcement a priority and provide adequate resources;
- Develop and implement a year round impaired driving law enforcement plan supported by a strategic communication plan which includes:
  - periods of heightened enforcement, e.g., three consecutive weekends over a period of 16 days, and frequent sustained coverage throughout the year; and
  - high levels of participation and coordination among State, liquor enforcement, county, municipal and tribal law enforcement agencies, such as through law enforcement task forces.
• Deploy enforcement resources based on problem identification, particularly at locations where alcohol-related fatal or other serious crashes most often occur;

• Conduct highly visible enforcement that maximizes contact between officers and drivers, including frequent, ongoing sobriety checkpoints and saturation patrols, and widely publicize these efforts - before, during and after they occur;

• Use technology (e.g., video equipment, portable evidentiary breath tests, passive alcohol sensors and mobile data terminals) to enhance law enforcement efforts;

• Require that law enforcement officers involved in traffic enforcement receive standardized state-of-the-art training in the latest law enforcement techniques such as Standardized Field Sobriety Testing (SFST), Advanced Roadside Impaired Driving Enforcement, (ARIDE) emerging technologies for the detection of alcohol and other drugs; selected officers should receive training in media relations and Drug Evaluation and Classification (DEC);

• Ensure that officers involved in traffic enforcement receive ongoing refresher training in SFST;

• Evaluate the effectiveness of advanced training in the identification and apprehension of drug impaired drivers;

• Provide training to enhance law enforcement officers understanding of ignition interlock devices;

• Expedite the arrest process, e.g., by reducing paperwork and processing time from the time of arrest to booking and/or release;

• Evaluate program effectiveness and efficiency through the use of both output and outcome based performance measures including:
  
  o the level of effort, e.g., number of participating agencies, checkpoints conducted, arrests made;
  
  o public awareness;
  
  o reported changes in behavior, e.g., reported number of drinking driving trips; and
  
  o consequences including alcohol-related fatalities, injuries and crashes.

• Use law enforcement professionals to serve as law enforcement liaisons within the State. Their activities would include:

  o Serving as a communication bridge between the highway safety office and law enforcement agencies;
  
  o Enhancing law enforcement agencies coordination in support of traffic safety activities;
o Encouraging participation in high visibility enforcement of impaired driving, occupant protection and other traffic safety enforcement mobilizations; and

o Improving collaboration with local chapters of police groups and associations that represent state, county, municipal, and tribal law enforcement.

Status

Impaired driving and the impacts of it are recognized as a serious issue by most law enforcement executives, prosecutors, highway safety and health professionals. The same commitment by elected officials is not clear. Unfortunately, the ability to address a recognized problem is negatively impacted by limited resources. The Montana Highway Patrol (MHP) has an assigned Safety Enforcement Traffic Team (SETT) staffed with six troopers. Aside from that team there are few public safety officers assigned to dedicated traffic enforcement on a day-to-day basis. The Montana Department of Transportation (MDT) State Highway Traffic Safety Section (SHTSS) has provided funding to the Helena Police Department for one full-time officer to enforce DUI laws and help educate the community, particularly students, about the dangers and consequences of driving while impaired. Aside from MHP, many peace officers throughout the State do little impaired driving traffic enforcement unless specially assigned using grant funded overtime.

High visibility enforcement efforts are generally limited to heavily attended local social events or the three national impaired driving enforcement mobilizations. Aside from the MHP SETT there is little regularly on-going high visibility enforcement. Almost all such enforcement is conducted when grant funding is provided.

To most effectively use available funding, SHTSS allocates its Special Traffic Enforcement Program (STEP) funding to 16 of the over 100 local law enforcement agencies; three Native American tribes; and MHP. The areas serviced by these 19 local agencies and Native American tribes account for 61 percent of the State’s population. Smaller mini-grants are awarded to law enforcement agencies for specific local events to help deter, detect, and detain those who are impaired and choose to drive.

All projects funded by SHTSS must be data-driven. Crash data are generally used to identify problem areas. Most of the data come from State crash records that are captured by MHP and then analyzed and disseminated by MDT. Where available, local agencies augment State data with their own data sources. Mini-grants are awarded by SHTSS to enhance impaired driving enforcement efforts at local events that involve the consumption of alcohol and attract large numbers of people. STEP recipients are not entitled to receive additional funding through mini-grants.

Although sobriety checkpoints are prohibited in Montana, one agency found a way to use them for public education. By working with some event organizers, the agency will set up sobriety checkpoints on private property and converse with every driver leaving the event. Any motorist who is found to have a Blood Alcohol Concentration (BAC) level of 0.04 mg/dl or higher is prohibited from leaving until his/her BAC falls below that level. The peace officers working the event will stay all night, if necessary, to ensure the motorist does not attempt to drive above that limit.
Montana Code §61-8-409 authorizes a “preliminary alcohol screening test of (a) person’s breath for the purpose of estimating the person’s alcohol concentration.” A driver may not be compelled to take such a test but the refusal to do so will result in the suspension of the driver’s license for up to one year. Preliminary alcohol screening devices commonly referred to as Preliminary Breath Test (PBT) devices are widely available and frequently used throughout Montana. The result of a PBT test may be used in establishing probable cause for an arrest but the numerical test result may not be admitted as evidence in a trial. The refusal to take a PBT test is admissible.

All Montana law enforcement officers are trained as breath test operators. The existing evidential breath test instruments are old and subject to needing repairs which can take up to five months in some cases. When an instrument is taken out of service for repair, there are no replacement units available and breath testing would be unavailable at that location until the instrument is repaired and placed back in service. With funding from the Attorney General’s Office, new breath test instruments are being acquired. These new instruments are expected to be placed in service by early 2020. Impaired driving suspects refuse to provide breath tests about 20 percent of the time. When this occurs, peace officers are able to apply for a search warrant to obtain a blood specimen on a second or subsequent offense.

Obtaining a driver’s blood specimen to be tested for alcohol and/or drugs is a common practice. In some counties, the local prosecutor will not accept breath test evidence; all evidence of alcohol or drugs in a person’s system must come from blood analysis. If a driver refuses to provide a requested blood specimen, a search warrant may be obtained on a second or subsequent offense.

In some areas of Montana, search warrants for blood specimens are easily obtained and regularly used. An electronic search warrant system enables a peace officer to complete the application for a search warrant electronically and in most cases, email the application to a judge for review and issuance of the warrant. Upon review and approval, a judge may sign the warrant electronically and email it back to the applicant. In most cases, this process can be completed within an hour and sometimes in as little as 30 minutes.

When a blood specimen is obtained from an impaired driving suspect it is sent to the Montana Department of Justice, Forensic Science Division (FSD) in Missoula. Blood test results for alcohol are generally deliverable within 35 days of arriving at the lab. FSD tests all specimens with a Blood Alcohol Concentration (BAC) of less than 0.10 mg/dl for drugs. If a Drug Recognition Expert (DRE) is involved in the case, FSD will test the specimen for the presence of drugs regardless of the level of alcohol. When testing for drugs, FSD will test for all drugs in their testing protocol. They are generally able to deliver these results within 53 days of the specimen arriving at the lab.

Motor vehicle crash reporting is not standardized throughout Montana. MHP troopers complete crash reports electronically on their issued mobile data terminals (MDT). That reporting system is available to other law enforcement agencies but MDTs are not common throughout the State. Some agencies complete crash reports on their own internal forms, while still others complete an online crash report. Web-based reports not compatible with the MHP
System cannot be imported into the State data system so they must be printed and sent to the MHP where they are manually entered into the State data system. Local agencies that generate only paper crash reports also submit them for manual entry into the State data system. This is a slow process that delays crash data availability.

While the system for collecting crash data is somewhat disjointed, the information ultimately obtained is generally complete and accurate. While crash data are collected by MHP, they are then provided to MDT for analysis. Outside parties wanting crash data must make that request through MDT and all official crash data reports are released by MDT.

Standardized field sobriety testing (SFST) is provided to all Montana peace officers in the academy. The scenario-based training that is provided has received national attention for allowing participants to use the knowledge acquired in the classroom in a realistic environment. SFST refresher training, including proficiency testing, is required of all MHP troopers each year by agency policy. SHTSS has no requirement for an officer working STEP or mini-grant overtime to have attended SFST refresher training but this might be worth considering.

Advanced Roadside Impaired Driving Enforcement (ARIDE) training has been provided in Montana for many years. All MHP troopers with over one-year experience have received ARIDE training as have many other law enforcement officers throughout the State. Several ARIDE classes are offered each year and are conducted at locations throughout the State where there is a demand for the training. Law Enforcement Liaisons (LELs) employed by SHTSS could be used to help advertise this training and encourage those peace officers not already trained to participate.

Montana has approximately 60 DREs that many in the State rely upon for their expertise. While certainly helpful in gathering evidence of drug impairment through a DRE evaluation, Montana’s DREs are often called into court to testify as experts on impairment even though an evaluation was never conducted on the defendant. There are a limited number of DREs in Montana, particularly for its vast geographic area. They cannot adequately cover the State. DRE training in Montana is a challenge. Available funding restricts training to one class every year or two. This barely keeps up with attrition. Students must travel out of state for the third phase of that training -- certification. This can be quite costly.

SHTSS has contracted with a media firm to produce and distribute highway safety messages related to impaired driving. Troopers from MHP are used in statewide messaging while local peace officers are used in local messaging to provide a more authentic localized voice. Scripts are prepared by the media vendor and distributed to agencies to ensure consistent messaging. The Vision Zero brand is used on all highway safety messaging and is used along with the Drive Sober or Get Pulled Over moniker during national impaired driving enforcement mobilizations.

Ignition Interlock Devices (IID) are authorized in Montana. There are five State-authorized interlock vendors but few interlock devices are deployed. This can be partially attributed to the very sparse population in a great deal of the State. It may also be attributed to the fact that there are alternative monitoring programs that are at least as, if not more effective, at
preventing in-program impaired driving and long-term behavior modification. The limited use of IIDs may be a factor in why many peace officers are not adept at recognizing violations of the ignition interlock laws, including not readily recognizing when an interlock is required.

The 24/7 Sobriety Program is an alternative program that requires participants to be regularly monitored. Monitoring can be accomplished by different methods, depending upon the unique circumstances of the individual participant. The method most commonly used is twice daily testing at a designated testing location. This method does not guarantee the participant abstains from drinking alcohol between tests – they are pre-scheduled and usually about 12 hours apart – but it deters a participant from driving impaired since a level of alcohol high enough to cause impairment would likely be detected when the participant is next tested. The 24/7 Sobriety Program exists in 55 of the 56 counties and there are 33 locations where twice daily testing can be conducted. Data from MHP, which oversees the 24/7 Sobriety Program, indicate a 99.75% success rate (no positive alcohol test) with the twice daily testing method. The personal contact twice a day may contribute to this success.

Transdermal monitoring devices are also approved but are costlier and data transmission limitations in some parts of the State limit their viability. Another potentially promising test methodology involves mobile testing using the participant’s smart phone paired to a breath testing device similar to a PBT. This does not require the participant to travel to a testing location and does not limit their travel while in the program. It also can be set to require more than twice daily testing. Where currently used, it requires the subject to provide a breath sample four times each day and captures video to ensure the participant is the one providing the sample. Sample results are captured and reported automatically to a central repository for monitoring using the participant’s smart phone and data signal. If no data signal is available, the test result and video are stored and transmitted when a data connection is reestablished.

Montana’s LEL program consists of three former law enforcement officials who work part-time. They are responsible for promoting the programs of SHTSS and for recruiting more law enforcement agencies to participate in SHTSS enforcement initiatives. The effectiveness of this current program is not clear since the Assessment Team heard there is a lack of interaction between LELs and agency leadership. This lack of interaction may be attributed to Montana’s size, which makes it difficult for three part-time people to cover.

In some areas of the State the local tavern association, in conjunction with the Montana Tavern Association, is working proactively to help curb impaired driving. Montana’s Dram Shop law may be part of the motivation for this action but their efforts have shown promise by removing a sizeable number of potentially impaired drivers from the roads by providing free rides home. Through donations and fees paid by participating alcohol sales establishments these associations have been able to self-fund this initiative to date.

Recommendations:

• Increase the number and retention of Drug Recognition Experts.

• Expand the 24/7 Sobriety Program and evaluate additional monitoring methodologies.
• Encourage law enforcement agencies to implement a data driven approach to conducting aggressive traffic enforcement while combating crime.
C. Prosecution

Advisory

States should implement a comprehensive program to visibly, aggressively and effectively prosecute and publicize impaired driving-related efforts, including use of experienced prosecutors, to help coordinate and deliver training and technical assistance to those prosecutors handling impaired driving cases throughout the State. Effective prosecution can include participation in a DWI Court program.

Prosecutors who handle impaired driving cases often have little experience, are responsible for hundreds of cases at a time, and receive insufficient training.\(^3\)

States should:

- Make impaired driving cases a high priority for prosecution and assign these cases to knowledgeable and experienced prosecutors;
- Encourage vigorous and consistent prosecution of impaired driving (including youthful offender) cases, particularly when they result in a fatality or injury, under both impaired driving and general criminal statutes;
- Provide sufficient resources to prosecute impaired driving cases and develop programs to retain qualified prosecutors;
- Employ experienced prosecutors, such as State Traffic Safety Resource Prosecutors, to help coordinate and deliver training and technical assistance to prosecutors handling impaired driving cases throughout the State;
- Ensure that prosecutors who handle impaired driving cases receive state-of-the-art training, such as in Standardized Field Sobriety Test (SFST), Drug Recognition Expert (DRE), and emerging technologies for the detection of alcohol and other drugs. Prosecutors should learn about sentencing strategies for offenders who abuse these substances and participate in multidisciplinary training with law enforcement personnel;
- In drug-impaired driving cases, encourage close cooperation between prosecutors, state toxicologists and arresting law enforcement officers (including DRE). Their combined expertise is needed to successfully prosecute these cases;
- Establish and adhere to strict policies on plea negotiations and deferrals in impaired driving cases and require that plea negotiations to a lesser offense be made part of the record and count as a prior impaired driving offense; and
- Encourage prosecutors’ participation in DWI Courts as a sentencing alternative for persistent DWI offenders.

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Prosecuting attorneys have a significant responsibility in the prosecution of criminal Driving Under the Influence (DUI) cases in all states including Montana. There are 56 County Attorneys who each represent a county in the State. Each County Attorney is responsible for hiring his or her own prosecutors or serving as the prosecutor himself or herself. Prosecutor’s staff vary in size commensurate with the population of the county.

There are two DUI trial court levels in Montana: 1) misdemeanor courts, commonly referred to as limited jurisdiction courts, which include Justice of the Peace, Municipal and City Courts, and 2) the general jurisdiction District Courts which handle felony impaired driving cases. Defendants may be tried before a judge or a jury in any of the courts. The responsibility of each prosecutor includes the preparation and presentation of criminal cases before the limited jurisdiction and District Courts.

Municipalities hire their own prosecutors to prepare and present cases in the municipal courts. Some work for the municipalities on a full-time basis and others are contract attorneys.

An Assistant Attorney General is available to assist local prosecution or take the lead where a conflict exists. Additionally, Montana has resurrected the Traffic Safety Resource Prosecutor (TSRP) position. This position is funded by the Montana Department of Transportation State Highway Traffic Safety Section and is housed in the Office of the Attorney General. The TSRP acts as a liaison between prosecutors, the judiciary, law enforcement and community groups. The TSRP provides a variety of services, such as training for peace officers, prosecutors, and judicial officers, as well as preparation of publications. The TSRP also supports local prosecutorial efforts. The TSRP has taken a proactive role in prosecutor training and legislative relations.

Disposition of DUI cases through a plea bargain is a common occurrence, which means prosecutors may be involved in the determination of many facets of sentencing including incarceration time, probation, and fine amounts. Plea bargain terms vary widely throughout the State. Reducing DUI charges to reckless driving or negligent endangerment, and reducing felonies to misdemeanors, is a discretionary decision of each prosecutor and does occur in Montana. This might undermine the effectiveness of DUI penal statutes, but it is believed that most prosecutors across the State avoid this practice.

The broad nature of the penalties and sanctions, and their scattered locations within the Montana Code, can lead to inconsistent sentencing across the State. A coalition of the Attorney General, local prosecutors, and the TSRP will be working to introduce a bill that recodifies and streamlines the DUI code as well as cleans up some inconsistencies in the statutory scheme.

A recent amendment to the DUI felony sentence law has unintentionally created a pathway for a fourth offender to avoid confinement. Historically, DUI felony offenders have been incarcerated or placed by the Department of Corrections into the Warm Springs Addictions Treatment and Change (WATCH) program, a confined residential treatment program. The recent amendment creates an option for the DUI felony offender to be placed into a DUI Court which avoids the confinement aspect of WATCH. It is believed that this amendment was
intended to serve a very limited group of DUI felony offenders who need WATCH treatment but are prevented from placement because of extraordinary circumstances. It is believed that some offenders are utilizing this limited DUI Court referral to avoid confined residential treatment (WATCH) or incarceration.

DUI has a high priority within the prosecutors’ offices which co-exists with their dedication to prosecution of all other crimes. Many prosecutors serve on DUI Task Forces. However, it is common for a less experienced State’s attorney to be assigned to the DUI docket. Traffic court is where new assistant prosecutors typically learn to be litigation lawyers. The benefits of having more experienced litigators is obvious. Experienced prosecutors are more likely to be involved with felony DUI cases. The prosecutor population is subject to regular turnover due to elections, appointments, and career moves resulting in a need for recurring DUI continuing education.

The Montana County Attorney’s Association provides training, service, and support to the counties’ prosecuting attorneys. A similar city attorney’s association assists municipal prosecutors. DUI legal education has been stimulated by the renewal of the TSRP position and by the Attorney General devoting particular attention to the impaired driving campaign. A listserv for prosecutors is utilized to exchange DUI learning scenarios. A recently developed DUI “boot camp” focuses training upon courtroom dynamics and strategy for law enforcement officers and prosecutors. It is an aspiration of some prosecutors to develop a summit styled DUI conference for prosecutors, defense counsel, judicial officers, first responders, and peace officers.

Data show that DUI and Drug Courts reduce substance abuse crime recidivism. There are currently eight DUI Courts in Montana and a fifth will commence operation on January 1, 2019. The DUI Court model requires the cooperation and participation of the prosecutor. Some prosecutors avoid DUI Court endorsement because it is perceived as being a soft approach on crime. Education is needed to persuade more prosecutors to accept this proven evidence-based court model.

**Recommendations**

- Sustain funding and support for the Traffic Safety Resource Prosecutor position.

**D. Adjudication**

**Advisory**

*States should impose effective, appropriate and research-based sanctions, followed by close supervision, and the threat of harsher consequences for non-compliance when adjudicating cases. Specifically, DWI Courts should be used to reduce recidivism among repeat and high BAC offenders. DWI Courts involve all criminal justice stakeholders (prosecutors, defense attorneys, probation officers and judges) along with alcohol and drug treatment professionals and use a cooperative...*
approach to systematically change participant behavior. Where offender supervision is housed within the judicial branch, the guidelines of Section V(A)(1) should be utilized by the judiciary.

The effectiveness of enforcement and prosecution efforts is strengthened by knowledgeable, impartial and effective adjudication. Each State should provide the latest state-of-the-art education to judges, covering Standardized Field Sobriety Testing (SFST), Drug Recognition Expert (DRE), alternative sanctions and emerging technologies, such as ignition interlock devices (IID).

Each State should utilize DWI Courts to help improve case management and to provide access to specialized personnel, speeding up disposition and adjudication. DWI Courts also improve access to assessment, treatment, and sentence monitoring. Each State should provide adequate staffing and training for community supervision programs with the necessary resources, including technology, such as IID, to monitor and guide offender behavior.

States should:

- Involve the State’s highest court in taking a leadership role and engaging judges in effectively adjudicating impaired driving cases and ensuring that these cases are assigned to knowledgeable and experienced judges;

- Encourage consistency in the adjudication of impaired driving (including youthful offender) cases, and the imposition of effective and appropriate sanctions, particularly when impaired driving resulted in a fatality or injury;

- Provide sufficient resources to adjudicate impaired driving cases in a timely manner and effectively manage dockets brought before judges;

- Ensure that judges who handle criminal or administrative impaired driving cases receive state-of-the-art education, such as in technical evidence presented in impaired driving cases, including SFST and DRE testimony, emerging technologies, such as IID, for the detection of alcohol and other drugs, and sentencing strategies for this class of offenders; and

- Use court strategies to reduce recidivism through effective sentencing and close monitoring, by either establishing DWI Courts, encouraging drug courts to hear impaired driving cases, or encouraging other courts to adopt DWI/Drug Court practice. These courts increase the use of drug or alcohol assessments, identify offenders with alcohol or drug use problems, apply effective and appropriate sentences to these offenders, including abstinence from alcohol and other drugs and closely monitor compliance, leading to a reduction in recidivism.

- Eliminate ethical obstacles, such as ex parte or commitment communications, by adopting the current Model Code of Judicial Conduct so that judges can participate more freely in DWI Court administration;

- Provide adequate staffing and training for community supervision programs with the necessary resources, including technology such as IID and electronic confinement, to monitor and guide offender behavior and produce periodic reports on offender compliance; and

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• **Incorporate into judicial education and outreach administration the position of Judicial Outreach Liaison as a judicial educator and resource on highway traffic safety issues including impaired driving, and as an agent to create more DWI Courts.**

**Status**

There are two Driving Under the Influence (DUI) trial court levels in Montana: 1) misdemeanor courts, commonly referred to as limited jurisdiction courts, which include Justice of the Peace, Municipal and City Courts, and 2) the general jurisdiction District Courts which handle felony impaired driving cases. The District Courts also hear Negligent Homicide, Negligent Vehicular Assault, and other felony level crimes. There is also currently one hybrid limited jurisdiction court which is designated as a treatment court which can hear all levels of DUI cases if assigned to it. The limited jurisdiction courts are the primary trial courts for DUI cases in Montana. Justice of the Peace Courts are funded and staffed by the counties in which they sit. Prosecution in Justice of the Peace Courts is provided by respective County Attorneys. Cases filed in those courts may originate from State or local law enforcement agencies. Municipal Courts primarily handle cases filed by municipal employees and peace officers. They hear ordinance and some State penal cases including DUI charges. They are fully funded and staffed by the municipalities where they are located. This includes the Judges and prosecutors.

In addition to the District Courts being responsible for adjudicating felony DUI cases, they also serve as the trial de novo appellate court for the limited jurisdiction courts. The Montana Supreme Court hears appeals, including cases for DUI, from the District Courts. The Montana Supreme Court is the highest appellate court in the State and has no trial responsibility. Terms for Supreme Court Justices are eight years. The Supreme Court is responsible for leadership in the Courts and oversees administration of all State trial courts.

There are 22 judicial Districts with a total of 42 District Court judges. There are 36 City Court judges, 68 Justices of the Peace, and five Municipal Court judges for a total of 109 limited jurisdiction judges.

Terms of limited jurisdiction courts are set at four years and both Justice of the Peace and Municipal Court Judges are elected. City Court Judges may be elected or appointed depending on the city they serve. Justice of the Peace Judges and some City Court Judges are not required to be attorneys. All Municipal Court Judges are licensed attorneys. The term of a District Court Judge is six years. They are elected, and they must be an attorney.

All Limited Jurisdiction Court Judges must attend two Supreme Court-supervised training conferences each year, complete 15 credit hours of continuing judicial education, and pass a certification test within six months of taking office. They also shall take and pass a re-certification test every four years thereafter. No mandatory training is required in the handling of traffic or DUI cases, but DUI law is addressed on the certification test. DUI education is regularly provided at the limited jurisdiction conferences and was provided at the semi-annual, limited jurisdiction judicial education conference that occurred simultaneously while this assessment was being conducted.
District Judges are also required annually to attend two judicial seminars as well as complete 15 credit hours of continuing judicial education each year. Due to the vast degree of jurisdictional responsibility, there is no requirement for education on impaired driving cases. It is believed that education in handling of DUI cases and DUI evidence is not as prevalent for this group as it is for limited jurisdiction judges.

The judicial population of both limited jurisdiction and District Court judges is subject to regular turnover due to elections, appointments, and career moves resulting in a need for recurring DUI continuing education.

Judges in both limited jurisdiction courts and District Courts can always benefit from additional education and specialized courses in impaired driving. It is an aspiration of some prosecutors to develop a summit styled DUI conference for prosecutors, defense counsel, judicial officers, first responders, and peace officers as a possible method of comprehensive DUI education.

Impaired driving education faculty resources include the National Highway Traffic Safety Administration (NHTSA) Region 10 Judicial Outreach Liaison (JOL) and the Traffic Safety Resource Prosecutor (TSRP). Both are trained adult educators. The current Regional JOL is a sitting Montana District Court Judge and her efforts are showing positive returns for the State. There is no State Judicial Outreach Liaison, but one would be advantageous for enhanced DUI education. A State JOL would provide an on-call statewide resource for DUI education and inquiry.

The non-residential, problem-solving court model (DUI Court) exists in Montana in various components. There are eight DUI Courts in the State, including one tribal DUI Court. Some Drug Courts admit DUI offenders into their programs. The DUI Court may suspend all but the mandated statutory minimum portions of a sentence. Expansion of DUI Courts in Montana is a goal of many entities involved in DUI administration. Members of the judiciary are generally supportive of the DUI Court concept and success has been shown in Montana as well as other parts of the country. However, some judges are still leery of the concept being soft on crime and need education on the effectiveness of the DUI Court model.

Montana is an expansive, rural State with a few population centers. Offenders often are unable to participate in DUI Court directed treatment programs which might help them with lifestyle changes. A promising program using two-way, face-to-face teleservice devices is emerging in Montana. The service allows assessment, access to treatment groups, mentor contact, and probation visits for those offenders residing significant distances from treatment courts. The program is now being used in the Courts Assisting Military Offenders (CAMO) Veterans Treatment Courts. It appears to merit expansion and shows promise for growth into DUI and Drug Courts.
The Warm Springs Addictions Treatment and Change program (WATCH) is a residential program for felony DUI offenders administered by the Montana Department of Corrections. It is a six-month, intensive, cognitive behavioral-based modified therapeutic community, which assists offenders to develop those skills necessary to create pro-social change, reduce anti-social thinking, criminal behavior patterns and the negative effects of chemical addictions while integrating more fully into society.

Recent legislation opened DUI Court placement to felony offenders in lieu of WATCH placement. Although it is believed that the intention was to make DUI Court available to a limited class of excluded DUI felony offenders, the unintended consequence is that it has opened a non-residential, non-confinement loophole for persons who otherwise were identified as deserving of confined, residential treatment.

Most cases in Montana are filed in limited jurisdiction courts. Many of these courts do not have probation supervision as it is up to the local government to fund this service. The lack of probation services forces court staff to act in a capacity which may be inconsistent with their neutral position in the criminal justice system. Where concerns about the appearance of impropriety exist or court staff is insufficient to monitor offenders, probationary terms and sentences may be ignored by offenders. This results in the weakening of laws passed to deter offenders or provide help in guiding lifestyle changes of lawbreakers. District Courts have probation officers funded by the State to assist in monitoring defendants after sentencing.

Recommendations

- **Expand DUI Courts in Montana.**
- Provide adequate resources to improve the supervision and monitoring of DUI offenders at all stages of pre- and post-adjudication.
- Create, fund, and maintain a State Judicial Outreach Liaison position.

E. Administrative Sanctions and Driver Licensing Programs

Advisory

*States should use administrative sanctions, including the suspension or revocation of an offender’s driver’s license; the impoundment, immobilization or forfeiture of a vehicle; the impoundment of a license plate or suspension of a vehicle registration; or the use of ignition interlock devices. These measures are among the most effective actions that can be taken to prevent repeat impaired driving offenses.*

*In addition, other driver licensing activities can prove effective in preventing, deterring and monitoring impaired driving, particularly among novice drivers.*

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E-1. Administrative License Revocation and Vehicle Sanctions

Advisory

Each state’s Motor Vehicle Code should authorize the imposition of administrative penalties by the driver licensing agency upon arrest for violation of the state’s impaired driving laws. Administrative sanctions allow the licensing agency to maintain its authority to determine the safety and competence of the driver to whom it has issued a license, and to determine whether, at any time, continued provision of driving privileges is warranted. Administrative sanctions provide for consistency and uniformity of both sanction and treatment of offenders, apart from the political or social viewpoints of the various judicial jurisdictions within a state.

The code should provide for:

- Administrative suspension of the driver’s license for alcohol and/or drug test failure or refusal;
- The period of suspension for a test refusal should be longer than for a test failure;
- Prompt suspension of the driver's license within 30 days of arrest, which should not be delayed, except when necessary, upon request of the State;
- Vehicle sanctions, including suspension of the vehicle registration, or impoundment, immobilization or forfeiture of the vehicle(s), of repeat offenders and individuals who have driven with a license suspended or revoked for impaired driving; and
- Installation of ignition interlock device(s) on the offender’s vehicle(s) until a qualified professional has determined that the licensee’s alcohol and/or drug use problem will not interfere with their safe operation of a motor vehicle. Specific agencies within a State should be given responsibility and authority for oversight of the interlock program, including vendor selection, certification, and monitoring; review of data downloaded from the individual devices; and responsibility for administrative rules that guide sanctions for circumvention or other non-compliance with ignition interlock licensure. Licenses for drivers required to have ignition interlock devices installed on vehicles that they operate should be easily identifiable by law enforcement officers, either by virtue of a different colored background on the license or large print indicating that an ignition interlock device is required.

Status

The Montana Department of Justice Motor Vehicles Division (MVD) is responsible for all processes related to driver licenses from issuance to suspension or revocation. The current data system is on a mainframe architecture that can be difficult to extract data for analytical or tracking purposes. The State is in the process of migrating to a newer system and plans to have it fully implemented in 2020. The greater data management functionality in the new system will enhance the State’s ability to evaluate programs and determine the effectiveness of licensing laws and policies.

The Montana Code includes an implied consent statute and provision for comprehensive administrative licensing sanctions related to impaired driving offenses. These offenses include operating a motor vehicle as an adult with a blood alcohol concentration (BAC) of 0.08 mg/dl or higher, or a delta-9-tetrahydrocannabinol level of 5 ng/ml or higher. Both license and
vehicle-related penalties are included in the Code and apply to all drivers arrested for impaired driving. This administrative process, known as the Administrative License Revocation (ALR), runs independent of, but parallel to, the judicial process and associated penalties for impaired driving. Conducting mutually exclusive processes allows for uniform administrative consequences to be enacted separate from any court proceedings.

In Montana, impairment is defined as a BAC of 0.08 mg/dl for adults age 21 and older and 0.02 mg/dl under age 21. In the case of an alcohol test refusal or failure and administrative conviction, the following sanctions will be imposed:

<table>
<thead>
<tr>
<th>Offense</th>
<th>Alcohol Concentration mg/dl</th>
<th>Suspension Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under age 21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st conviction</td>
<td>0.02+</td>
<td>90 days</td>
</tr>
<tr>
<td>2nd conviction</td>
<td>0.02+</td>
<td>6 months</td>
</tr>
<tr>
<td>3rd conviction</td>
<td>0.02+</td>
<td>1 year</td>
</tr>
<tr>
<td>Age 21 and over</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st conviction/refusal</td>
<td>0.08+</td>
<td>6 months</td>
</tr>
<tr>
<td>2nd or subsequent conviction/refusal</td>
<td>0.08+</td>
<td>1 year</td>
</tr>
<tr>
<td>Commercial Driver</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st violation</td>
<td>0.04+</td>
<td>1 year</td>
</tr>
<tr>
<td>1st violation (hazardous materials)</td>
<td>0.04+</td>
<td>3 years</td>
</tr>
<tr>
<td>2nd or subsequent violation</td>
<td>0.04+</td>
<td>Life (reinstatement possible after 10 years)</td>
</tr>
</tbody>
</table>

At the point of arrest, the offender’s driver license is confiscated if the BAC is 0.08 mg/dl or higher or if a test is refused. At the scene of the offense, the peace officer will issue a temporary driving permit that will be valid for 30 days and send the driver license to MVD. During that time, the offender may request an ALR hearing or the license will be automatically suspended on the 31st day for up to one year. In the case of a second or subsequent DUI offense, motor vehicles owned by the driver at the time of offense may be seized.

To determine the number of previous impaired driving offenses on a driver’s history record, the official files at the MVD are queried and efforts are made to receive out-of-state violations. Any arrests made while awaiting an ALR hearing will not be considered for the progressive sanctions for the original offense.

Ignition Interlock Device (IID) programs have been shown to be successful in other states and became State law in 2009. In the case of a second or subsequent DUI conviction, the judge may recommend a probationary license with an IID requirement. The devices may be used in sentencing of any impaired driving offense. In any IID case, the MVD will issue markings on an existing license or a new license that clearly identifies the driver as being in the IID program. Although the IID program is available to judges as an option, it is not required or available in all areas of the State. There are five State-approved vendors and there is interest
in expanding the use of these devices. Information related to IID violations are shared with the sentencing court and MVD but are not regularly tracked in any State agency.

**Recommendations**

- Extend the driver license suspension period for a test refusal to be longer than for a test failure.
- Identify an agency to track Ignition Interlock Device violations on a consistent basis.

**E-2. Programs**

**Advisory**

Each state’s driver licensing agency should conduct programs that reinforce and complement the state’s overall program to deter and prevent impaired driving, including:

1. **Graduated Driver Licensing (GDL) for novice drivers.** GDL programs have been widely evaluated and all studies, although results vary significantly, have shown a reduction in crash and fatality rates.

   States’ GDL program should involve a three-stage licensing system for beginning drivers (stage 1 = learner’s permit; stage 2 = provisional license; and stage 3 = full license) that slowly introduces the young, novice driver to the driving task by controlling exposure to high risk driving situations (e.g., nighttime driving, driving with passengers, and driving after drinking any amount of alcohol). The three stages of the GDL system include specific components and restrictions to introduce driving privileges gradually to beginning drivers. Novice drivers are required to demonstrate responsible driving behavior during each stage of licensing before advancing to the next level.

   Each stage includes recommended components and restrictions for States to consider when implementing a GDL system.

   **Stage 1: Learner’s Permit**
   - State sets minimum age for a learner’s permit at no younger than 16 years of age;
   - Pass vision and knowledge tests, including rules of the road, signs, and signals;
   - Completion of basic driver training;
   - Licensed adult (who is at least 21 years old) required in the vehicle at all times;
   - All occupants must wear seat belts;
   - Zero alcohol while driving;
   - Learners permit is visually distinctive from other driver licenses;
   - Must remain crash and conviction free, including violations of the seat belt, zero tolerance, speed and other GDL provisions, for at least 6 consecutive months to advance to the next level;
   - Parental certification of 30 to 50 practice hours; and
   - No use of portable electronic communication and entertainment devices while driving.

   **Stage 2: Intermediate (Provisional) License**
   - Completion of Stage 1;
- State sets minimum age of 16.5 years of age;
- Completion of intermediate driver education training (e.g., safe driving decision-making, risk education);
- All occupants must wear seat belts;
- Licensed adult required in the vehicle from 10 p.m. until 5 a.m. (e.g., nighttime driving restriction) with limited exceptions (i.e., religious, school, medical, or employment related driving);
- Zero alcohol while driving;
- Driver improvement actions are initiated at lower point level than for regular drivers;
- Provisional license is visually distinctive from a regular license;
- Teenage passenger restrictions – not more than 1 teenage passenger for the first 12 months of Intermediate License. Afterward, limit the number of teenage passengers to 2 until age 18;
- Must remain crash and conviction free, including violations of the seat belt, zero tolerance, speed and other GDL provisions, for at least 6 consecutive months to advance to the next level; and
- No use of portable electronic communication and entertainment devices while driving.

**Stage 3: Full Licensure**
- Completion of Stage 2;
- State sets minimum age of 18 for lifting of passenger and nighttime restrictions;
- Zero alcohol while driving; and
- Visually distinctive license for drivers under the age of 21.

(2) A program to prevent individuals from obtaining and using a fraudulently obtained, counterfeit, or altered driver’s license including:

- Training for alcoholic beverage sellers to recognize fraudulent or altered licenses and IDs and what to do with these documents and the individuals attempting to use them;
- Training for license examiners to recognize fraudulent documents and individuals seeking to apply for them; and
- A means by which to ensure that individuals cannot obtain driver licenses using multiple identities.

**Status**

Montana instituted a Graduated Driver License (GDL) program with three stages of licensure in 2005. Each stage of the GDL process includes a visually distinctive driver license and all drivers under age 21 have a vertically oriented license and adults have a horizontally oriented card. A Learner License can be obtained as early as 14½ years of age. The requirements and restrictions associated with each stage are below:

**1- Learner License**

- At least age 14½ in a State-approved driver education program or at least age 16 without driver education
- Must be supervised by a licensed parent/guardian or licensed adult authorized by parent/guardian
• Parent/guardian signature required on license application
• Holding period is one year
• Must complete 50 hours of supervised driving (10 during nighttime hours)
• Each occupant must wear a seat belt
• May not incur traffic violations or alcohol/drug offenses

2- **GDL Restricted License**

• For those at least 15 ½ years of age with successful completion of Learner License stage
• Holding period is one year or to age 18
• Restricted from driving between 11:00 p.m. and 5:00 a.m., unless for school, church, work, or farm-related activities
• Restricted to no more than one passenger during the first six months and no more than three in the second six months (exceptions made for family members or when teen is supervised by licensed adult driver)
• May not incur traffic violations or alcohol/drug offenses (which is verified only by the license holder’s parent/guardian)

3- **Full Privilege Driver License**

• For those with successful completion of Learner and Restricted License stages or at age 18
• No specific restrictions from previous phases; subject to all Montana laws

A first offense for violating GDL restrictions results in 20-60 hours of community service and a second offense results in suspension of the GDL Restricted License for six months.

Several components of the Montana law exceed best practice recommendations, such as requiring a licensed parent/guardian driver accompany those with a Learner License, minimum 50 hours of practice, and non-driving nighttime restrictions. However, it is clear that several characteristics do not meet best practice recommendations, including setting the minimum age to obtain a Learner License at 16, minimum age of 16 ½ to obtain GDL Restricted License, passenger restrictions throughout the GDL Restricted License phase, and minimum age of 18 to obtain Full Privilege License.

The Montana Department of Revenue Alcohol Beverage Control Division requires responsible beverage server training throughout the State within 60 days of employment. Industry-based agencies are approved by the Department of Revenue for providing server training, as well as members of local Driving Under the Influence (DUI) Task Forces and Tavern Associations. Server training, which includes recognition of fraudulent IDs, is widely available, both in-person and online, and encouraged throughout the business community.

Within the MVD, there are several mechanisms in place to prevent issuance of fraudulent identification cards or licenses, including staff training and database identity confirmation. The driver system also utilizes facial recognition software to identify and deter identity fraud, such as an individual obtaining multiple licenses using different identities.
Recommendations

- Increase the minimum age for a Learner License to sixteen.
- Use only official records to verify an applicant for a Graduated Driver License Restricted License has not incurred any alcohol, drug, or traffic violations.
IV. Communication Program

States should develop and implement a comprehensive communication program that supports priority policies and program efforts, including high visibility enforcement (HVE). Communication strategies should specifically support efforts to increase the public perception of the risks of detection, arrest, prosecution and sentencing for impaired driving. Additional communication strategies should address underage drinking, impaired driving, and reducing the risk of injury, death and the resulting medical, legal, social and other costs if there are specific programs underway in the community. Communications should highlight and support specific program activities underway in the community and be culturally relevant and appropriate to the audience.

Advisory

States should:

- Focus their publicity efforts on creating a perception of risk of detection, arrest, prosecution and punishment for impaired driving;

- Use clear, concise enforcement messages to increase public awareness of enforcement activities and criminal justice messages that focus on penalties and direct costs to offenders such as loss of license, towing, fines, court costs, lawyer fees, and insurance;

- Employ a communications strategy that principally focuses on increasing knowledge and awareness, changing attitudes and influencing and sustaining appropriate behavior;

- Develop a year-round, data-driven, strategic and tactical communication plan that supports the state’s priority policies and programs such as alcohol’s effects on driving and consequences of being caught driving impaired or above the state’s zero tolerance limit;

- Implement a communication program that:
  - Uses messages that are coordinated with National campaigns and messages that are culturally relevant and linguistically appropriate;
  - Considers special emphasis during holiday periods and other high risk times throughout the year, such as New Year’s, 4th of July, Labor Day, Halloween, prom season and graduation;
  - Uses paid, earned and donated media coordinated with advertising, public affairs, news, and advocacy; and
  - Encourages communities, businesses and others to financially support and participate in communication efforts.

- Direct communication efforts at populations and geographic areas at highest risk or with emerging problems such as youth, young adults, repeat and high BAC offenders and drivers who use prescription or over-the-counter drugs that cause impairment;

- Use creativity to encourage earned media coverage, use of a variety of messages or “hooks” such as inviting reporters to “ride-along” with law enforcement officers, conducting “happy hour” checkpoints or observing under-cover liquor law enforcement operations, and use of social media;
Monitor and evaluate the media efforts to measure public awareness and changes in attitudes and behavior; and

Ensure that personnel who are responsible for communications management and media liaison are adequately trained in communication techniques that support impaired driving activities.

Status

The State’s impaired driving communications program is administered through the Montana Department of Transportation’s (MDT) State Highway Traffic Safety Section (SHTSS), with support from an MDT Public Information Officer and a local, full-service advertising agency skilled in leveraging traditional and new media platforms. Together, they formulated a data-driven communications plan launched in 2018 that used earned and paid media to deliver a consistent, year-round, statewide impaired driving message to the target demographic, male drivers 18 to 34 years of age. The plan includes four campaigns:

- alcohol awareness (February-September);
- impaired driving (June-September, during the deadliest time on Montana’s roads);
- the National Highway Traffic Safety Administration’s (NHTSA) Drive Sober or Get Pulled Over (DSOGPO) mobilization (August 15-September 3); and
- Selective Traffic Enforcement Program (STEP) and Safety Enforcement Traffic Team (SETT) deployments during St. Patrick’s Day (March 13-17), the July 4th holiday (June 27-July 5), and Labor Day (August 20-September 3).

Two new television and radio Public Service Announcements (PSA) – Saving Lives and Can Cost You – were developed with the goal of empowering the target audience to make good decisions about driving. Montana data are used to convey the impact (death, injury, loss of license) of impaired driving and motorists are asked, “What’s your reason for planning a sober ride?” The PSAs also remind motorists that police are enforcing State Driving Under the Influence (DUI) laws and end with Montana’s Vision Zero – zero deaths, zero serious injuries tagline. The DSOGPO logo is included in the tagline on the Labor Day spots. Radio PSA scripts were developed for the SETT/STEP campaigns and recorded by Montana Highway Patrol (MHP) troopers, chiefs of police, and sheriffs to localize the message. Fifteen second videos were also developed to deliver campaign messages via digital platforms.

A mix of network, cable, and connected television; radio; and streaming digital were employed to reach the male demographic in the State’s seven major markets and rural secondary markets. The media buys included sports programming (Super Bowl, March Madness, NBA Playoffs, pre-season NFL football) and male-oriented cable channels (ESPN, Outdoor, FX, Paramount, USA Network) as well as digital streaming on Spotify, iHeart Radio, Sound Cloud, and Pandora. The agency took advantage of special discounts, a two-for-one match, and bonus buys to stretch the State’s $278,000 advertising budget, to garner media valued at more than $721,000. For example, a $6,000 investment with the Montana Broadcaster’s Association resulted in $153,000 in bonus air time. This, coupled with the agency’s expertise in leveraging new and inexpensive media channels, enabled the State, for the first time, to spread its messages over the entire year.
The media is monitored to ensure PSAs are broadcast as planned, that the message is reaching the target audience, and that it is prompting viewer/listener engagement. In addition to impressions and frequency, the agency tracks click-throughs, which it was reported are well above benchmark standards.

The agency also annually conducts evaluation to assess campaign impact. For 2018, research insights were collected from Montana residents via a Web survey conducted in September, following the DSOGPO campaign. All respondents, who ranged in age from 18 to 49 (50 percent male/50 percent female), were asked a series of questions concerning DUI and shown the two drive sober commercials. Nearly 45 percent reported having seen, heard, or read something about increased drunk driving enforcement versus 26 percent in 2017. Sixty-four percent reported seeing advertising, public service messages, or news stories concerning DUI compared to 57 percent last year. Respondents were also asked about the effectiveness of the new PSAs. More than 90 percent indicated that the spots effectively communicate the importance of sober driving, while nearly 85 percent and 90 percent, respectively, said the Saving Lives and Can Cost You commercials increased their desire and willingness to always ride sober.

Earned media is also used to support the campaigns. Fill-in-the-blanks press releases are provided to enforcement partners participating in STEP and SETT activities for dissemination to their local media. While all grant-funded agencies are required to report on press coverage generated as a result of this outreach, SHTSS also conducts daily media tracking. It was reported that local media outlets are interested in these activities and these localized releases often generate requests for interviews and news stories. SHTSS does not encourage law enforcement to offer ride-alongs to bolster media coverage, but it does provide media training to peace officers. The most recent training focused on using social media and was conducted at the annual Transportation Safety Meeting.

The Assessment Team commends the State for delivering a consistent and sustained message via channels that provide the greatest opportunity to reach the target audience and for committing grant funds for continued statewide messaging in 2019.

TRIBAL OUTREACH

SHTSS developed the Safe On All Roads (SOAR) program to help Montana’s seven land-based Tribes develop culturally relevant messages that address impaired driving and other traffic safety issues. The agency tasked with developing and implementing Montana’s impaired driving campaign (discussed above) assists with messaging and design. It also worked with the Blackfeet Tribe to produce a 20-minute video, Impaired Driving: A Blackfeet Crisis, to educate Tribal peoples about the problem. The video addresses the need to change the culture when it comes to alcohol and calls on Tribal members to help break the cycle of impaired driving. It is available via SOAR’s Facebook page, but there is currently no widespread distribution mechanism.
Each Tribe has a SOAR Coordinator who identifies outreach opportunities and acts as a spokesperson and advocate for traffic safety on the reservation. The program relies heavily on partnerships. The Coordinator works with law enforcement, tribal health and transportation, schools, the tribal college, and others to conduct or participate in community and school-based events that foster learning and engagement; promote safe driving messages in print media and in conjunction with sporting events, rodeos, pow-wows and other activities broadcast via the Tribal radio stations; and to distribute educational materials that include a call to action to not drive impaired.

It was reported that while SOAR is not a component of the Tribal DUI Task Force (DUITF), the two work collaboratively to maximize resources and convey consistent messages. In addition, SOAR partners with Tribal law enforcement agencies that receive STEP funding to provide messaging in support of DUI checkpoints (allowed by Tribal law), the national DUI mobilizations, and other large events.

Three of the seven Tribal colleges in Montana are members of Healthy Colleges Montana (HCM) discussed later in this section. SOAR Coordinators also reported working with nursing and other students to conduct education and outreach events on college campuses.

DRIVING UNDER THE INFLUENCE TASK FORCES

The 36-county approved and two Tribal DUITFs are required to conduct education, awareness, and media activities in their service areas. These include: safe ride home programs, responsible sales and service training, DUI crash scene re-enactment programs, Ghost Outs/Every 15 minutes presentations, DUI victim presentations; letters to the editor; billboards; radio and television PSAs; school and community-based programs; and more. Much of this work is done by volunteers, working with annual budgets that can range from as little as $500 to $10,000. These dedicated community members are commended for doing so much with so little.

VISION ZERO WEBSITE

MDT built and maintains a Vision Zero website that serves as the State’s repository for impaired driving and other traffic safety information. It is designed to be public-facing and includes information about Montana’s impaired driving problem and its impact, crash data and statistics, State laws, links to resources, and downloadable materials (i.e., *What Will a DUI Cost You?* brochure, *Drinking Pick Your Ride* palm card) that may be reproduced and distributed for educational purposes. The website also contains information about SOAR and the DUITFs.
MIDDLE/HIGH SCHOOL OUTREACH/EDUCATION

The SHTSS provided grant funding to enable Montana’s 70, school-based Family Career and Community Leaders of America (FCCLA) Chapters to purchase the Families Acting for Community Traffic Safety (FACTS) curriculum. FACTS is a national FCCLA peer education program through which students strive to save lives through personal, vehicle, and road safety. Teens work to educate adults and youth about traffic safety and support enforcement of local rules and regulations through school and community-based projects.

Over the past two years, SHTSS has received non-government grants (Ford Driving Skills for Life and the National Road Safety Foundation) used to then provide mini-grants to 16 FCCLA Chapters to leverage the FACTS curriculum to develop and deliver peer-to-peer, teen traffic safety programs that address impaired driving and other unsafe behaviors. SHTSS is to be commended for seeking out funds to support this program; it lessens a chapter’s fundraising burden, so students can spend more time on project development and implementation.

The Montana Office of Public Instruction (OPI) requires approved traffic education programs to use a curriculum that meets content standards that include discussion of the effects of alcohol, strategies for saying no to alcohol use, and alcohol-involved crashes and Montana’s impaired driving laws. Currently, 68 percent of eligible Montana teens (9th graders) are receiving driver education through 132 public and private school programs, 35 of which are not State-approved. It was reported, however, that most programs follow what is outlined in the OPI standards.

MHP is the sponsoring and delivering agency for Alive at 25, a four-hour driver awareness course designed by the National Safety Council for 15 to 24-year-olds. The curriculum addresses defensive driving and responsible decision-making, including driving impaired, to help young drivers be safe on the road. Currently, 23 troopers are trained to deliver the program, which is provided at no cost to students. Last year, 70 classes were conducted, reaching approximately 1,500 students mostly in the western part of the State. Some students are court-remanded, others learn about the program via social media, driver education teachers, or word of mouth. The full program has also been presented at the end of driver education classes, which it was reported “helps to reinforce what has been said in class.” Offering this to all driver education classes statewide is unlikely, because MHP currently does not have the capacity or resources needed to do this.

The Underage Drinking, Prevention and Community Coalitions (UDPCC) in all 56 counties in Montana engage in underage substance misuse/use prevention. They employ a variety of strategies to address underage drinking prevention including local media campaigns in conjunction with holidays and prom and graduation season, Red Ribbon Week activities, and law enforcement presentations to driver education classes. In Glasgow, for example, the Police Department partners with prevention experts to conduct a 90-minute, interactive presentation with driver education students to increase their understanding of the risks they will face once on the road. Following the presentation, students go outdoors to their vehicles to demonstrate what was covered, including the correct procedures at a traffic stop. Pre- and post-tests show an increase of 18 percent in short-term student awareness. In addition, the
program gives officers the opportunity to interact with youth in a positive and supportive environment.

Eight Sheriff’s Offices and 17 police departments provide School Resource Officers (SRO), who address underage drinking, impaired driving, and other risky behaviors with middle and high school students through classroom discussion and school-based events. Currently, there are 49 SROs, who are engaging with more than 625,000 students.

COLLEGE OUTREACH/EDUCATION

The Youth Connections Coalition, which is affiliated with UDPCC, and their Prescription Drug Task Force asked students participating in Carroll College’s Public Health Theories and Practice course to assess the problem of prescription drug abuse in the Helena area. Students studied methods to plan, implement, and evaluate health promotion programs; completed a literature review, readiness assessment, interviews, a parent focus group, and environmental scans. They used this information to create marketing campaigns directed to the general public and pharmacists that addressed how to avoid a DUI and presented at community educational events.

HCM is a collegiate prevention and health promotion coalition that was originally formed to implement tobacco-free campus policies. HCM’s work was recently expanded to include chronic disease prevention, which includes alcohol use, high-risk drinking, and impaired driving. It was reported that some of the HCM participating institutions are doing education programs to address impaired driving; however, no information is available on their impact.

MHP troopers are working with freshmen athletes at Montana State University (MSU) to provide life skills training that includes a discussion about alcohol. MHP also partners with campus police and student groups to conduct wet labs. State and local law enforcement agencies also report providing enforcement assistance for college football games including the annual rivalry between MSU and the University of Montana. However, there is currently no coordination with HCM. This presents an opportunity to partner to disseminate impaired driving information to students and fans.

PARENT OUTREACH/EDUCATION

Parents play a critical role in talking to their children about alcohol use and serving as positive role models when it comes to alcohol consumption and impaired driving. Montana has been making information available to parents about the need to keep talking to their children throughout their school-age years through the Parentpowermt website. Beginning January 1, the State will launch a new campaign, ParentingMT, built based on research conducted with 6,000 Montana parents. A toolkit will be provided to UDPC Coalitions to help with local rollout. A press event is planned with the Governor.

Montana regulation (ARM 10.13.307) requires that an approved traffic education program include a parent meeting at the beginning of the driver education class. In addition to reviewing the course schedule and the requirements and expectations for teens and their parents, the parent meeting also includes discussion of Montana’s Graduated Driver License
(GDL) law, GDL best practices and parental involvement, and information and tools to help families develop a parent-teen driving agreement. While there is no requirement that the meeting include a discussion of underage drinking and/or impaired driving, Montana’s GDL law mandates that a teen “remain free from traffic violations and alcohol/drug offenses.” It was reported that all schools are holding parent meetings.

OTHER OUTREACH/EDUCATION EFFORTS

One agency uses a high visibility enforcement mini-grant provided by SHTSS to conduct sobriety checkpoints at the exits of large events. This does not violate Montana’s checkpoint prohibition, because it is requested by the event organizer, conducted on private property, and billed as an educational activity. Any motorist who is found to have a Blood Alcohol Concentration (BAC) level of 0.04 mg/dl or higher is prohibited from leaving until his/her BAC falls below that level. The peace officers working the event will stay all night, if necessary, to ensure the motorist does not attempt to drive home until under the limit.

The Great Falls Attorney’s Office partners with the city’s public access television station to provide information about local ordinances and State laws, including DUI, via the monthly Lunch With Legal program. It is replayed during the week and can also be viewed online.

The Motor Vehicle Division (MVD) of the Montana Department of Justice partners with SHTSS to update and display a poster in its exam centers to educate customers about impaired driving and the consequences of a DUI conviction. The poster is also provided to the public as a handout and posted in the impaired driving section on the Vision Zero website. MVD was also contacted by the Comprehensive Highway Safety Plan Impaired Driving Emphasis Area Team regarding installation of television monitors in its exam centers that could be used to deliver impaired driving and other safety messages, along with driver licensing information. This effort is being explored with SHTSS who is encouraged to provide funding and impaired driving and other traffic safety content.

Following completion of a roadway improvement project, the MDT Traffic and Safety Bureau contracts with a public relations firm to educate the public about how infrastructure improvements work. While it is unknown if any of these infrastructure improvement projects involved a roadway where an impaired driving crash(es) occurred, including this information in future outreach could make for a compelling story.

The Tri-County Licensed Beverage Association (TCLBA) is partnering with Uber For Business to pilot a free, safe ride home for its members’ patrons. The Home Free pilot program began in 2017 with four taverns in Helena and is now available to the full membership. Currently, 11 taverns and 54 bartenders are using the program, which has provided more than 1,100 rides home at an average cost of $17 per ride. The program is promoted by Uber and posters are displayed in participating taverns. The TCLBA is working with the Montana Tavern Association to launch a holiday public relations effort that advises the public “there is an alternative.” According to the TCLBA, for the program to work and be replicated in other areas, it must be “reliable, affordable, and uncomplicated.”
The Cascade County Tavern Association’s (CCTA) *Home Safe Ride* project provides free cab rides home for patrons. Subsidized by the taverns, it has provided 114 rides for 139 patrons at a cost of $1,500. In addition, on New Year’s Eve, CCTA works with volunteers, driving vehicles provided by Enterprise Rental Car, to provide free rides home to revelers. Showcasing this and the TCLBA program at the next statewide transportation meeting would be a good way to foster collaboration between the tavern owners and the DUITFs.

The Montana Trauma programs are committed to injury prevention and conduct activities to help reduce impaired driving including: *Arrive Alive: Your Choices Matter* mock crash demonstrations; *Life is Hard, Play Safe*, a program for teens that focuses on making good decisions; impaired and distracted driving simulations; health and county fair information booths; and newspaper and newsletter articles.

**Recommendations**

- None
V. Alcohol and Other Drug Misuse: Screening, Assessment, Treatment and Rehabilitation

Impaired driving frequently is a symptom of the larger problem of alcohol or other drug misuse. Many first-time impaired driving offenders and most repeat offenders have alcohol or other drug abuse or dependency problems. Without appropriate assessment and treatment, these offenders are more likely to repeat their crime. One-third of impaired driving arrests each year involve repeat offenders. Moreover, on average, individuals with alcohol or other drug abuse problems, drive several hundred times within two hours of drinking before they are arrested for driving while impaired.

States should have a system for identifying, referring and monitoring convicted impaired drivers who are high risk for recidivism for impaired driving.

Nationally, the number and diversity of problem solving courts has grown dramatically. One such problem solving model is the DWI Court. These courts provide a dedicated docket, screening, referral and treatment and intensive monitoring of impaired driving offenders. States and localities that implement DWI Courts should ensure that they are established and operated consistent with the Guiding Principles recommended by the National Center for DWI Courts. www.dwicourts.org/sites/default/files/ncdc/Guiding_Principles_of_DWI_Court_0.pdf

In addition, alcohol use leads to other injuries and health care problems. Almost one in six vehicular crash victims treated in emergency departments are alcohol positive, and one third or more of crash victims admitted to trauma centers—those with the most serious injuries—test positive for alcohol. In addition, studies report that 24-31 percent of all emergency department patients screen positive for alcohol use problems. Frequent visits to emergency departments present an opportunity for intervention, which might prevent these individuals from being arrested or involved in a motor vehicle crash, and result in decreased alcohol consumption and improved health.

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

A. Screening and Assessment

Each State should ensure that all convicted impaired drivers are screened for alcohol or other substance abuse and dependency. The most immediate screening should take place in the criminal justice system. However, states should also encourage its health care professionals, employers and educators to have a systematic program to screen and/or assess drivers to determine whether they have an alcohol or drug abuse problem and, as appropriate, briefly intervene or refer them for appropriate treatment. Many individuals who are drivers and who have alcohol or other drug abuse problems present themselves in a variety of settings, e.g. emergency departments, in which Screening and Brief Intervention (SBI) and referral are appropriate and serve to prevent the individual from being involved in a future impaired driving crash or arrest.

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A-1. Criminal Justice System

Advisory

Within the criminal justice system, people who have been convicted of an impaired driving offense should be assessed to determine whether they have an alcohol or drug abuse problem and to determine their need for treatment. The assessment should be required by law and completed prior to sentencing or reaching a plea agreement.

The assessment should be:

- Conducted by a licensed counselor or other alcohol or other drug treatment professional or by a probation officer who has completed training in risk assessment and referral procedures;
- Used to decide whether a treatment and rehabilitation program should be part of the sanctions imposed and what type of treatment would be most appropriate;
- Based on standardized assessment criteria, including validated psychometric instruments, historical information, e.g., prior alcohol or drug-related arrests or convictions, and structured clinical interviews; and
- Appropriate for the offender’s age and culture using specialized assessment instruments tailored to and validated for youth or multi-cultural groups.

Status

Alcohol assessment and treatment are mandatory for all Driving Under the Influence (DUI) offenders in three different stages of case administration:

- as sentencing criteria after conviction;
- as a condition of pre-trial jail release; or
- as a condition of reinstatement of a revoked or suspended driver license.

The DUI treatment component is known as ACT (Assessment, Course, and Treatment). A court must order all first through third DUI offenders to participate in ACT. The treatment phase for first offenders is contingent upon the assessment recommendation. The treatment phase is mandatory for all second and third DUI offenders. Assessment can be performed either prior to sentencing or after.

ACT program components must be approved by the Department of Public Health and Human Services (DPHHS). An assessment and treatment professional must be a licensed addiction counselor.

Montana also employs a statewide alcohol monitoring program for second and subsequent DUI offenders known as the 24/7 Sobriety Program. The program’s usage is twofold. It is applied as a mandatory pre-trial jail release monitoring tool, as well as a post-trial condition of probation or parole for all second or subsequent DUI offenders. The program requires
abstinence from alcohol and drug use. There is no assessment or treatment component to this
program.

Supervision of compliance with the assessment and treatment requirements is not uniform
across the State. It is believed that some offenders might escape detection of non-compliance
particularly in small, rural jurisdictions where resources are extremely limited.

Recommendations

- Strengthen uniform supervision of offender compliance with assessment requirements
  for convicted DUI offenders.

A-2. Medical and Other Settings

Advisory

Within medical or health care settings, any adults or adolescents seen by health care professionals
should be screened to determine whether they have an alcohol or drug abuse problem. The American
College of Surgeons mandates that all Level I trauma centers, and recommends that all Level II
trauma centers, have the capacity to use Screening and Brief Intervention (SBI). SBI is based on the
public health model which recognizes a continuum of alcohol use from low risk, to high risk to
addiction. Research from the Centers for Disease Control and Prevention indicates that an estimated
25 percent of drinkers are at risk for some harm from alcohol including impaired driving crashes.
These individuals’ drinking can be significantly influenced by a brief intervention. An estimated four
percent of the population has a serious problem with alcohol abuse or dependence. A brief
intervention should be conducted and, if appropriate, the person should be referred for assessment
and further treatment.

SBI can also be implemented in other settings including: Employee Assistance Programs (EAP),
schools, correctional facilities, at underage drinking party dispersals and any setting in which at-risk
drinkers are likely to make contact with SBI providers.

Screening and brief intervention should be:

- Conducted by trained professionals in hospitals, emergency departments, ambulatory care
  facilities, physicians’ offices, health clinics, employee assistance programs and other settings;

- Used to decide whether an assessment and further treatment is warranted;

- Based on standardized screening tools (e.g., CAGE, AUDIT or the AUDIT-C) and brief
  intervention strategies;\(^9\) and

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\(^9\) For a discussion of assessment instruments, see: Allen, John and M. Colombus (Eds.), NIAAA Handbook on
Assessment Instruments for Alcohol Researchers (2nd edition). Rockville, MD: National Institute on Alcohol
Abuse and Alcoholism, 2003. For an overview of alcohol screening, see: “Screening for Alcohol Problems – An
Update,” Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism, Alcohol Alert No. 56, April 2002.
For a primer on helping patients with alcohol problems, see: “Helping Patients with Alcohol Problems: A Health
04-3769, Revised February 2004.
• Designed to result in referral to assessment and treatment when warranted.

Status

The Montana Department of Transportation and the Department of Public Health and Human Services (DPHHS) are partnering with hospitals and healthcare providers to implement Screening, Brief Intervention and Referral to Treatment (SBIRT) to address the high rate of alcohol and drug-related traffic crashes. The goals of this project are to:

• reduce alcohol and drug-related fatalities;
• reduce the rate of alcohol and drug-related traffic crashes; and
• increase the awareness, acceptance, and implementation of SBIRT protocols in Montana’s healthcare culture.

The Montana SBIRT Project provides one-on-one technical assistance and support to healthcare providers in emergency department, trauma services, social services, primary care clinics, and university medical clinic settings to learn about and implement SBIRT. DPHHS and the Montana Healthcare Foundation have worked together to identify barriers to implementing SBIRT.

Nationally, SBIRT has been used in several non-hospital settings including family practices, colleges, high schools, and local jails at time of booking. Some high schools in Montana are using the Teen Intervene SBIRT program.

As a result of Medicaid expansion, 42,000 additional Montana residents are eligible for Medicaid. DPHHS is using the Medicaid enrollment process as an opportunity to screen individuals for alcohol and substance abuse problems using SBIRT. While Medicaid expansion has made it possible for thousands more to receive screening, one of the biggest barriers cited to SBIRT expansion is in Medicaid rules that prohibit Licensed Mental Health Counselors and other counselors from billing for SBIRT unless they are working in a State-approved medical or treatment facility.

Recommendations

• Expand Screening, Brief Intervention, and Referral to Treatment (SBIRT) in healthcare and into other settings throughout Montana.

B. Treatment and Rehabilitation

Advisory

Each State should work with health care professionals, public health departments, and third party payers, to establish and maintain programs for persons referred through the criminal justice system, medical or health care professionals, and other sources. This will help ensure that offenders with alcohol or other drug dependencies begin appropriate treatment and complete recommended treatment before their licenses are reinstated.
These programs should:

- Match treatment and rehabilitation to the diagnosis for each person based on a standardized assessment tool, such as the American Society on Addiction Medicine (ASAM) patient placement criteria;

- Provide assessment, treatment and rehabilitation services designed specifically for youth;

- Provide culturally appropriate treatment and rehabilitation services;

- Ensure that offenders that have been determined to have an alcohol or other drug dependence or abuse problem begin appropriate treatment immediately after conviction, based on an assessment. Educational programs alone are inadequate and ineffective for these offenders;

- Provide treatment and rehabilitation services in addition to, and not as a substitute for, license restrictions and other sanctions; and

- Require that offenders, who either refused or failed a BAC test, and/or whose driver’s license was revoked or suspended, complete recommended treatment, and that a qualified professional has determined the offender has met treatment goals before license reinstatement.

Status

To address the statutory requirements described in the preceding section, the Department of Public Health and Human Services (DPHHS) has developed the Assessment, Course, and Treatment (ACT) program. ACT has three components:

- Assessment: The assessment component includes an evaluation to determine if the offender is chemically dependent and must be performed by a licensed addiction counselor (LAC) at a State-approved program. If an offender disagrees with the results of their assessment, they may seek, at their expense, a second opinion from an independent counselor licensed to practice in Montana. The offender must then seek the opinion of the court as to which recommendation is the most appropriate treatment course to follow.

- Course: ACT includes 12 hours of education regarding Montana law; consequences for driving impaired; and how alcohol/drugs affect a person's physiology, driving, and choices. ACT utilizes the PRIME for Life evidence-based program. PRIME for Life is provided by an LAC at a State-approved program.

- Treatment: The level of treatment recommended will depend on the level of chemical dependency found in the assessment. Recommendations will vary from out-patient to residential in-patient treatment. An offender may seek the appropriate level of treatment from any competent provider licensed to practice in Montana.
The 2016 Impaired Driving Assessment recommended performing the assessment prior to any education course or other intervention, so that offenders do not have the benefit of information gained in the course to shape responses to assessment questions and avoid referral to treatment.

In response, the Addictive and Mental Health Disorders Division (AMDD) of Montana DPHHS, which oversees all State-approved treatment programs, stated that it works with local treatment programs to have assessments done prior to PRIME for Life. Further, it stated that completion of PRIME for Life is not contingent on any assessment recommendation, it is required for first time DUI offenders.

Interestingly, studies of PRIME for Life indicate that people who go through the program are more willing to admit to drug and alcohol use, more aware of personal risks associated with use, more accepting of a Substance Use Disorder diagnosis, and more motivated to seek or accept treatment.

Montana also uses license reinstatement as an incentive for repeat offenders to complete ACT requirements. However, license reinstatement for first offenders does not require completion of ACT. Reinstatement is automatic at the end of the mandatory six-month suspension period unless the court orders additional sanctions for non-compliance.

Five localities have dedicated DUI Courts and nine others have “hybrid” Drug Treatment Courts that manage DUI offenders. In addition, at least one Veterans Treatment Court reported having a client population that consists of over 60 percent DUI offenders.

CAMO (Courts Assisting Military Offenders) Veterans Treatment Court admits veterans from all branches of the military, as well as family members of veterans. CAMO has served 118 people since 2011. The average length of stay in the program is 336 hours over 18 months. Sufficient treatment dosage is defined as 200 hours over 9-12 months. Seventy-four percent of CAMO clients achieved that level of treatment.

An evaluation of Yellowstone County’s Sobriety, Treatment, Education, Excellence and Rehabilitation (STEER) Impaired Driving Court show the following outcomes:

- Eight percent of STEER graduates had a new DUI charge within three years of program entry vs. a national average of 35 percent for DUI offenders processed through traditional courts.
- Seventy-nine percent of STEER participants enter substance abuse treatment immediately upon program entry, and 95 percent have entered within seven days.
- As of the end of 2017, 131 of the 205 participants successfully completed the program since 2010 which is a 68 percent graduation rate.
- On average, graduates had 488 hours of substance use treatment and spent 17 months in the program. Ninety-four percent achieved 200 hours.
Funding is a somewhat onerous process. Courts must initially obtain a Federal DUI Court Implementation grant, which runs for three to four years, after which the courts must go to the state legislature to obtain continuing funding. State funding for DUI Courts is currently $1.2 million. The Montana Healthcare Foundation will write a statewide grant this year for three more drug courts. Bringing DUI Courts to scale will require the use of technologies to reach clients in rural areas.

Operational since 2002, Montana’s Warm Springs Addiction Treatment and Change (WATCH) program is a six-month (180 day) residential treatment program for those with a history of multiple DUI convictions. There are two campuses, WATCH West, an 81-bed all-male program housed at the Montana State Hospital, and WATCH East, a 50-bed co-ed program in Glendive. The program is the result of a partnership between the Montana Department of Corrections (MDOC) and Community, Counseling, and Correctional Services, Inc.

Individuals who have four or more DUI convictions are mandated to serve 13 months in MDOC or a residential treatment program operated or approved by the Department. If an individual chooses MDOC, the 13-month sentence cannot be suspended, nor can the offender be paroled. Virtually all individuals who apply for the six-month WATCH program are admitted. At the conclusion of the six-month program, graduates spend the remainder of their sentences (seven months) on probation. There is also an option for a judge to offer DUI Court.

The overarching goals of the treatment program are to assist offenders in developing the skills necessary to make lasting positive life changes, reduce criminal thinking and behavior, and succeed when released. The program has three phases:

- **Phase 1- Challenge to Change:** The initial phase of the program is devoted to introspection. Goals during this phase are self-disclosure, self-awareness, and developing an ability to receive feedback from family members and program staff.
- **Phase 2- Action Phase:** This portion of the program is devoted to identifying the life situations that contributed to the current circumstance and developing behavioral change and improvement goals.
- **Phase 3- Ownership of Change:** Here, the goal is stabilization and maintenance with an eye toward strengthening the commitment to behavioral change.

Aftercare is provided for the entire length of probation. Some WATCH graduates go to intensive outpatient, some to level 1 outpatient. They can participate in the 24/7 Sobriety Program with a transdermal monitoring device and are encouraged to attend some type of self-help program. Some have the need for vocational, educational, or mental health counseling, or transitional housing. WATCH has peer “WATCH-Out” programs across the State.

**Recommendations**

- None
VI. Program Evaluation and Data

A. Evaluation

**Advisory**

Each State should have access to and analyze reliable data sources for problem identification and program planning as well as to routinely evaluate impaired driving programs and activities in order to determine effectiveness. Development of a Strategic Highway Safety Plan and a Highway Safety Plan, are starting points for problem identification and evaluation efforts. Problem identification requires quantifying the problem, determining the causes, and identifying available solutions. Strategies should be evaluated for their cost effectiveness and potential for reducing crash risk. Evaluations should include measurement of activities and outputs (process evaluation) as well as the impact of these activities (outcome evaluation). Evaluations are central to the State’s traffic safety endeavors and provide a guide to future projects and evaluations.

Evaluations should:

- Be planned before programs are initiated to ensure that appropriate data are available and adequate resources are allocated to the programs;
- Identify the appropriate indicators to answer the question: What is to be accomplished by this project or program?
- Be used to determine whether goals and objectives have been met and to guide future programs and activities;
- Be organized and completed at the State and local level; and
- Be reported regularly to project and program managers and policy makers.

The process for identifying problems to be addressed should be carefully outlined. A means for determining program/project priority should be agreed upon, and a list of proven methodologies and countermeasures should be compiled. Careful analysis of baseline data is necessary, and should include historical information from the crash system. Other data that are useful for evaluation include data from other records systems as well as primary data sources such as surveys. Record systems data include state and driver demographics, driver histories, vehicle miles traveled, urban versus rural settings, weather, and seatbelt use. Survey data can include attitudes knowledge and exposure to risk factors.

The Traffic Records Coordinating Committee can serve as a valuable resource to evaluators by providing information about and access to data that are available from various sources.

**Status**

The Montana Department of Transportation (MDT) State Highway Traffic Safety Section (SHTSS) is responsible for administering federal traffic safety funds and has developed problem identification and program evaluation processes. These processes inform the State’s Comprehensive Highway Safety Plan (CHSP) and other guiding documents for traffic safety. The Montana Highway Patrol (MHP) has management responsibilities for the police crash
reporting system and shares the data daily with the MDT Traffic and Safety Bureau, who have a statistical section to support all analytical efforts. SHTSS evaluates, or requires an evaluation of, programs funded through that office using process or outcome methods.

There is a Safety Operations Research Analyst on staff at SHTSS who conducts problem identification analyses for the CHSP and is responsible for the State’s Traffic Records Coordinating Committee. Each year, that problem identification process includes prioritization of program areas, goal-setting and tracking, and location-based analyses. Serious injuries are considered along with fatalities in each of these efforts. This is a valuable analytical concept because, in addition to supplementing the smaller number fatalities in areas of Montana, serious injuries may have become a fatality if only a small characteristic of the crash or emergency response was different. Other data sources are also incorporated, such as behavioral surveys, and cost-benefit analyses are completed to assist with project prioritization.

Process evaluations include documentation and tracking of milestones and deliverables for each project. Grant-funded, impaired driving-related law enforcement grantees are required to report the number of arrests and citations issued during those funded hours. Outcome evaluations consist of data collection and analysis efforts related to outreach and enforcement programs. Some of those analyses rely on data gathered within the conduct of the program and others rely on statewide traffic records datasets. Behavioral outreach programs may conduct outcome evaluations in the form of media impressions, pre- and post-surveys, or other methods for collecting feedback.

Several law enforcement agencies conduct rolling problem identification and program evaluation efforts. Through ongoing review of crashes and fatalities in conjunction with enforcement plans and activities, the agencies are able to supplement the SHTSS-provided data throughout the year. As problem areas or situations are identified and progress is made, the agencies redirect efforts for maximum impact.

Recommendations

- Evaluate all funded programs to assess effectiveness.

B. Data and Records

Advisory

The impaired driving program should be supported by the State’s traffic records system and use data from other sources, such as the U.S. Census, the Fatality Analysis Reporting System (FARS) and the Crash Outcome Data Evaluation System (CODES). The traffic records system should be guided by a statewide traffic records coordinating committee that represents the interests of all public and private sector stakeholders.

The state traffic records system should:

- Permit the State to quantify:
o the extent of the problem, e.g., alcohol-related crashes and fatalities;

o the impact on various populations;

o the level of effort dedicated to address the problem, e.g., level of enforcement activities, training, paid and earned media; and

o the impact of the effort, e.g., crash reduction, public attitudes, awareness and behavior change.

- Contain electronic records of crashes, arrests, dispositions, driver licensing actions and other sanctions of DWI offenders;

- Permit offenders to be tracked from arrest through disposition and compliance with sanctions; and

- Be accurate, timely, linked and readily accessible to persons authorized to receive the information, such as law enforcement, courts, licensing officials and treatment providers.

Status

As evidenced in the last Traffic Records Assessment, the Montana Traffic Records Coordinating Committee (TRCC) is a comprehensive, functional body of data system managers and stakeholders. The TRCC includes representation from all six core systems (crash, citation/adjudication, driver, vehicle, roadway, injury surveillance system) which allows for access to and analysis of a range of data. The Montana Department of Transportation (MDT), State Highway Traffic Safety Section (SHTSS) relies primarily on crash, fatality, and arrest data for problem identification and program evaluation.

The Montana Highway Patrol (MHP) uses the SmartCOP software program to collect data on crashes and citations/warnings. Several other law enforcement agencies use this application, but some have acquired a different version and are not able to electronically submit reports to MHP. Only those agencies using the MHP version of SmartCOP are submitting crash reports electronically to the State file; other agencies submit paper reports to MHP data entry personnel. Those agencies that use a different software program to collect the data electronically must then print the reports and mail them to MHP.

There are advances in data collection and quality being planned in other systems that affect the impaired driving analyses in the State. Montana does not have a unified court system and citations are transmitted and handled in different ways depending on the jurisdiction and level of court. MHP transmits all citations to the Judicial Branch through the SmartCOP application. At the point of adjudication, judges may access driver information through the Criminal Justice Information Network (CJIN). Typically, convictions of impaired driving offenses are transmitted electronically to the driver history file at the Department of Justice Motor Vehicle Division (MVD). Information on all citations written and submitted to the courts, regardless of final adjudication, is valuable for evaluating which charges are most likely disposed as guilty; how many impaired driving charges are not found guilty, reduced, or are dismissed; or identifying trends in adjudication by location (geographical, court type, etc.). In some jurisdictions, impaired drivers may be written one or two impaired driving violations.
at the point of arrest but can be convicted of no more than one, so it is important to differentiate between the number of citations issued and the number of arrests, so as not to misinterpret dismissal patterns.

The MVD maintains the driver history file, which includes impaired driving convictions. The MVD has established real-time interfaces with law enforcement agencies and the judicial system, through the judicial case management system. These connections allow peace officers to access up-to-date driver histories at the roadside and judges to review full histories. Subsequently, sanctions to the driver and vehicle files are transmitted electronically from the courts.

The Montana Department of Justice Forensic Science Division is responsible for all toxicology testing for law enforcement purposes as well as managing the medical examiner and coroner system for the State. Recent advances in instrumentation, policy, and process in this Division has increased the number of substances tested and reduced the length of time for obtaining results. These improvements have resulted in more accurate research and analytical efforts, including the State’s submission to the Fatality Analysis Reporting System (FARS). The completeness of toxicology results in FARS has increased over time and allows the State to better evaluate impaired driving concerns. The Assessment Team commends the State for these recent advances and encourages the State to sustain this effort through the provision of adequate resources.

In addition to the law enforcement data, emergency medical services are an active partner in the development and implementation of the Comprehensive Highway Safety Plan (CHSP). Incorporating health data systems and partners will enhance analytical efforts and broaden outreach efforts. Such clinically-based systems will benefit traffic safety and impaired driving efforts in several ways. Although challenging due to the Health Insurance Portability and Accountability Act (HIPAA), access to medical records would bolster current analyses with toxicology results and treatment charges associated with those crashes. At times, monetary consequences of alcohol-impaired driving crashes may be valuable facts to share.

With regards to treatment outcomes, data are not regularly transmitted from programs to the SHTSS or MVD for incorporation into analyses. Violation information from the Ignition Interlock Device Program is not regularly reviewed or offenders tracked, except in cases of early removal of the device from a vehicle which is then flagged by the MVD. The 24/7 Sobriety Program has undergone extensive evaluations by the Rand Corporation, but the raw data have not been integrated with other traffic records systems for larger analyses. Doing so would constitute a DUI tracking system beginning at the point of offense and moving through to treatment completion and subsequent violations.

**Recommendations**

- Acquire outcome data from treatment programs and incorporate that information to build a comprehensive DUI tracking system.

- **Expand the use of compatible electronic crash reporting systems to increase the timeliness, accuracy, and completeness of crash data across all agencies.**
C. Driver Records Systems

Advisory

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

The driver license system should:

- Include communication protocols that permit real-time linkage and exchange of data between law enforcement, the courts, the State driver licensing and vehicle registration authorities, liquor law enforcement and other parties with a need for this information;
- Provide enforcement officers with immediate on-the-road access to an individual's licensing status and driving record;
- Provide immediate and up-to-date driving records for use by the courts when adjudicating and sentencing drivers convicted of impaired driving;
- Provide for the timely entry of any administrative or judicially imposed license action and the electronic retrieval of conviction records from the courts; and
- Provide for the effective exchange of data with State, local, tribal and military agencies, and with other governmental or sovereign entities.

Status

The Montana Department of Justice Motor Vehicle Division (MVD) is responsible for maintaining all driver license and history information for State residents. All convictions from impaired driving offenses are transmitted from the courts to the MVD electronically and posted on the driver record. The MVD is also responsible for enforcing driver license suspension and revocation.

The MVD has developed interfaces with the law enforcement and court data systems for exchange of information in near real-time. These protocols allow for accurate evaluation of drivers on the roadside and in the courtroom. The driver data system also complies with national standards and systems in place to reduce identity fraud and track commercial drivers. Facial recognition software is also used to prevent fraud.

Driver license and history data are maintained on a mainframe system, which does not currently allow for efficient data extraction but will be transitioning to an updated system in 2020. This upgrade is to be commended as many states remain on Legacy systems and Montana will have more operability with the new architecture.
The driver system data are complete, accurate, and reliable as shown in the recent Traffic Records Assessment. As administrative sanctions are handled by hearing officers, those data are also transmitted to the MVD for inclusion in the driver record. Internal policies prioritize license suspensions due to impaired driving offenses, so the average time to update that information is one to two days.

A potential concern is that offenders have the ability to obtain a full driver license upon completion of the 24/7 Sobriety Program, even if not approved by a parole or probation officer. This is due to the offender serving the legislated length of suspension and gaps in communication between the two agencies.

**Recommendations**

- None
## AGENDA

**Montana Impaired Driving Assessment Agenda**  
**Double Tree by Hilton Downtown**  
**22 North Last Chance Gulch**  
**Helena, Montana 59601**  
**December 3-7, 2018**

### Monday, December 3

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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| 8:00 am – 8:15 am | **Welcome and Introduction to Assessment Team**  
Michael Tooley, Director, Montana Department of Transportation (MDT)  
Governor’s Highway Safety Representative  
Honorable Judge Michael Witte, Impaired Driving Assessment Team Lead |
| 8:15 am - 9:15 am | **Comprehensive Highway Safety Plan, Executive Leadership Team, State Highway Safety Section Overview**  
Michael Tooley, Director, MDT, Governor’s Highway Safety Representative  
Pam Langve-Davis, Statewide and Urban Planning Section, Comprehensive Highway Safety Plan, MDT  
Janet Kenny, Supervisor, State Highway Traffic Safety Section, MDT  
Kevin Dusko, Transportation Planner, MDT  
Sheila Cozzie, Cultural Liaison, State Highway Traffic Safety Section, MDT |
| 9:15 am - 9:45 am | **Montana’s 2016 Impaired Driving Assessment Recommendation and State Responses.**  
Janet Kenny, Supervisor, State Highway Traffic Safety Section, MDT  
Kevin Dusko, Planner, State Highway Traffic Safety Section, MDT |
<p>| 9:45 am – 10:00 am | <strong>Break</strong> |</p>
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speakers</th>
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<tbody>
<tr>
<td>10:00 am – 11:00 am</td>
<td>Impaired Driving Data</td>
<td>Mark Keeffe, Safety Operations Research Analyst, State Highway Traffic Safety Section, MDT</td>
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<td>Lisa Mader, Information Technology Director, Montana Judicial Branch</td>
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<td>Kathy Wilkins, Statistical Analysis Director, Montana Board of Crime Control, Montana Department of Corrections</td>
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<td>Mike Perez, Application Services Bureau Chief, Information Technology Services Division, Montana Department of Justice (MDOJ)</td>
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<td>11:00 am – 12:00 pm</td>
<td>Toxicology, Breath Test Program</td>
<td>Scott Larson, Administrator, Forensic Science Division, MDOJ</td>
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<td>Elizabeth A. Smalley, Toxicology Supervisor, Forensic Science Division, MDOJ</td>
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<td>Ben Vetter, Breath Alcohol Section Supervisor, Forensic Science Division, MDOJ</td>
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<td>12:00 pm – 1:00 pm</td>
<td>Lunch on your Own</td>
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<td>1:00 pm – 1:30 pm</td>
<td>Montana Department of Justice Program Priorities</td>
<td>Jon Bennion, Chief Deputy Attorney General, Montana Department of Justice</td>
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<td>1:30 pm – 2:00 pm</td>
<td>Judicial Outreach Liaison and Partnerships</td>
<td>Judge Knisely, 13th District Court, Regional Judicial Outreach Liaison</td>
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<td>2:00 pm – 2:45 pm</td>
<td>Adjudication; Treatment Court</td>
<td>Honorable Judge Knisley, 13th District Court, Regional Judicial Outreach Liaison</td>
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<td>Jeff Kushner, Statewide Drug Court Coordinator, Office of the Court Administrator</td>
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<td>2:45 pm – 3:00 pm</td>
<td>Break</td>
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| 3:00 pm – 4:00 pm | **Law Enforcement: Administration and Training**  
- Administration  
- Standard Field Sobriety Training (SFST);  
- Advanced Roadside Impaired Driving Enforcement (ARIDE)  
- Drug Recognition Expert (DRE)  
- Law Enforcement Liaisons (LEL)  

Chad Newman, Law Enforcement Programs, MDT  
Colonel Tom Butler, Montana Highway Patrol  
Sergeant Kurt Sager, Traffic Safety Resource Officer, Montana Highway Patrol  
Trooper Douglas Samuelson, Montana Highway Patrol  
Sergeant Greg Amundson, Law Enforcement Liaison, Missoula Police Department |
| 4:00 pm – 5:00 pm | **Law Enforcement: High Visibility Enforcement**  
- Safety Enforcement Traffic Team (SETT)  
- Selective Traffic Enforcement Program (STEP)  
- High Visibility Mini-Grants  

Sergeant Larry Adorni, Montana Highway Patrol  
Steve Hagen, Assistant Police Chief, Helena Police Department  
Undersheriff George Skuletich, Butte-Silver Bow Law Enforcement  
Undersheriff Mike Johnson, Jefferson County Sheriff’s Office |

**Tuesday, December 4th**

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<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Participants</th>
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</table>
| 8:00 am – 9:00 am | **Prosecution**  
Chad Parker, Traffic Safety Resource Prosecutor, Prosecutor Services Bureau, Department of Justice  
Angela Wetzsteon, Deputy County Attorney, Ravalli County  
Neil A. Anthon, Chief Prosecutor, Great Falls Attorney’s Office |

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<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td><strong>9:00 am – 10:00 am</strong></td>
<td>Safe on all Roads/Northern Tribes DUI Task Force (Conference Call)</td>
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<td></td>
<td>Sheila Cozzie, Cultural Liaison, State Highway Traffic Safety Section, MDT</td>
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<td></td>
<td>Chief Jim Summers, Fort Peck Tribes Department of Law &amp; Justice, Chair,</td>
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<td></td>
<td>Northern Tribes DUI Task Force (by phone)</td>
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<td>Avis Spencer, Safe on All Roads Coordinator, Fort Belknap (by phone)</td>
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<td>Eileen Henderson, Safe on All Roads Coordinator, Blackfeet Nation (by phone)</td>
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<tr>
<td><strong>10:00 am – 10:15 am</strong></td>
<td>Break</td>
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<tr>
<td><strong>10:15 am – 11:00 am</strong></td>
<td>Assessment, Prime For Life, Community Based Treatment Options, Brief Intervention and Screening</td>
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<td></td>
<td>Curtis Weiler, Program Manager, Chemical Dependency Bureau, Department of Health and Human Services</td>
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<td></td>
<td>Ray Daugherty, Co-Founder, Prevention Research Institute</td>
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<td></td>
<td>Isaac Coy, LAC, Treatment Program Coordinator, Chemical Dependency Bureau</td>
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<tr>
<td><strong>11:00 am – 11:45 am</strong></td>
<td>Administrative Sanctions, Drivers Licensing Programs, Interlock</td>
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<td>Patrick McJannet, Driver Services Deputy Bureau Chief, Motor Vehicles Division, Department of Justice</td>
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<td>Stan Morris, DMB Interlock &amp; Safety Services, Inc.</td>
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<td>Felisha Koch, Non-commercial Supervisor, Motor Vehicles Division</td>
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<td></td>
<td>Lesley Ward, Commercial Unit/Medical Desk Supervisor, Motor Vehicles Division</td>
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<tr>
<td><strong>11:45 am – 12:45 pm</strong></td>
<td>Lunch</td>
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| 12:45 pm – 1:45 pm | **24/7 Treatment Program and Community Supervision**  
Sergeant Lacie Wickum, 24/7 State Coordinator, Montana Highway Patrol  
Angela Powell, Coordinator, Lewis and Clark County 24/7 Program  
Sergeant Brian Merritt, Lewis and Clark’s Sheriff’s Office  
Adam Flores, Community Solutions, Billings |
| 1:45 pm – 2:30 pm | **Responsible Alcohol Sales and Service Training**  
Steve Swanson, Bureau Chief, Operations Bureau, Alcohol Beverage Control Division, Department of Revenue  
Tracie Kiesel, DUI Task Force Member, Responsible Alcohol Sales and Service Trainer  
Deputy Patrick McDuffie, Lewis and Clark Sheriff’s Office |
| 2:30 pm – 2:45 pm | **Break** |
| 2:45 pm – 3:30 pm | **Felony Offense Treatment, Reentry Services and Probation**  
Sue Chvilicek, Contract Manager, Program & Facilities Bureau, Montana Department of Corrections  
Alex Vukovich, Administrator, WATCh  
Donna Benson, Clinical Supervisor, WATCh  
Jaimee Szlemko, Helena Probation and Parole, Montana Department of Corrections |
| 3:30 pm – 4:15 pm | **Statewide Media/Communications Programs**  
Janet Kenny, Supervisor, State Highway Traffic Safety Section, MDT  
Charity Watt, Public Information Officer, Rail, Transit & Planning Division, MDT  
Johna Wilcox, Account Manager, The Wendt Agency  
Pamela Bennett, Senior Media Planner and Buyer, The Wendt Agency |
<table>
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<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>4:15 pm – 5:00 pm</td>
<td><strong>Healthy Colleges Montana Consortium</strong></td>
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<td></td>
<td>David M. Arnold, Assistant Vice President for Health, Safety, and Well-being Initiatives, NASPA – Student Affairs Administrators in Higher Education</td>
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<td></td>
<td>Mallory Jordan, Assistant Director of Health &amp; Well-being Initiatives, NASPA-Student Affairs Administrators in Higher Education</td>
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**Wednesday, December 5th**

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<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>8:00 am – 8:30 am</td>
<td><strong>Emergency and Trauma Services</strong></td>
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<td>Jim Detienne, Supervisor, EMS and Trauma Systems, Department of Health and Human Services</td>
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<td>Alyssa Johnson, Trauma System Manager, Department of Health and Human Services</td>
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<td>Hannah Yang, Epidemiologist, EMS and Trauma Systems, Department of Health and Human Services</td>
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<td>8:30 am – 9:00 am</td>
<td><strong>Infrastructure; Roadway Departure; Highway Safety Improvement Plan</strong></td>
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<td>Roy Peterson, Traffic and Safety Bureau Engineer, MDT</td>
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<td>Patricia Burke, Traffic Safety Bureau, MDT</td>
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<td>9:00 am – 9:45 am</td>
<td><strong>Collaborative Efforts and Transportation Alternatives</strong></td>
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<td>John Iverson, Government Affairs, Montana Tavern’s Association</td>
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<td>Bruce McCullough, President, Tri-County Tavern Association</td>
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<td>John Hayes, Director, Cascade County Tavern Association</td>
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<td>9:45 am – 10:00 am</td>
<td><strong>Break</strong></td>
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<td>10:00 am – 10:45 am</td>
<td><strong>Underage Drinking, Prevention and Community Coalitions</strong></td>
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<td>Christine Steele, Chemical Dependency Bureau, Department of Health and Human Services</td>
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<td>Vicki Turner, Interagency Coordinating Council, Department of Health and Human Services</td>
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<td>Colleen Smith, Executive Director, Youth Connections Coalition</td>
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<td>10:45 am – 11:15 am</td>
<td><strong>Alive at 25, Driver’s Education and FCCLA</strong></td>
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<td>Sergeant Patrick McLaughlin, Montana Highway Patrol</td>
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<td>Fran Penner-Ray, Traffic Education Director, Office of Public Instruction</td>
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<td>Megan Vincent, Family &amp; Consumer Sciences Education Specialist. Office of Public Instruction (on phone)</td>
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<tr>
<td>11:15 am – 12:15 pm</td>
<td><strong>County DUI Task Forces</strong></td>
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<td>Kevin Dusko, Transportation Planner, MDT</td>
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<td>Tracie Kiesel, Broadwater/Lewis and Clark County DUITF</td>
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<td>Sergeant Jay Nelson, Special Operations Commander, Montana Highway Patrol</td>
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<td>Barb Reiter, Jefferson County DUITF Coordinator</td>
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<td>12:15 pm – 12:30 pm</td>
<td><strong>Closing and Moving Forward</strong></td>
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<td>Audrey Allums, Bureau Chief, Grants Bureau, MDT</td>
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<tr>
<td>12:30 pm</td>
<td><strong>Questions/Wrap-up</strong></td>
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<tr>
<td>4:30 pm</td>
<td>Honorable Judge Audrey Barger, Hill County Justice of the Peace (on phone)</td>
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**Wednesday, December 5th, continued**

12:30 pm - Lunch and Assessment Team Report Development

**Thursday, December 6th**

8:00 am- Completion Assessment Team Report Development

**Friday, December 7th**

8:00 am- 10:00 am Assessment Team Report Presentation
TEAM CREDENTIALS

CYNTHIA (CINDY) BURCH, MS MPH CAISS

Cynthia (Cindy) Burch began her career as a research analyst at the National Study Center for Trauma & EMS (NSC) in 2001 and went on to serve as epidemiologist/traffic records coordinator for the Georgia Governor’s Office of Highway Safety in 2004. There she continued working with traffic records and statewide data projects.

In late 2005, she returned to the NSC and served as a senior epidemiologist. There, she worked on the Crash Outcome Data Evaluation System (CODES) and the Crash Injury Research and Engineering Network (CIREN) projects funded by the National Highway Traffic Safety Administration (NHTSA). She also worked closely with the Maryland Highway Safety Office on data analyses and traffic records, facilitated the State Traffic Records Coordinating Committee (TRCC), served as the data coordinator for the Maryland Strategic Highway Safety Plan, evaluated the State ignition interlock program, and answered data requests from State and local agencies as well as the public at large.

She has recently begun a new role as a Safety Transportation Planner at the Baltimore Metropolitan Council, which staffs the Baltimore Regional Transportation Board the local MPO. Cindy works closely with each jurisdiction in the Baltimore region to develop, implement, and evaluate a local Strategic Highway Safety Plan. She is also a facilitator and assessor for Traffic Records Assessments at Traffic Safety Analysis Systems & Services, and a faculty member for the Association for the Advancement of Automotive Medicine (AAAM).

PAMELA (PAM) SHADEL FISCHER, MLPA, CPST

Pam Shadel Fischer is a transportation safety consultant with more than three decades of experience addressing behavioral safety issues at the local, state and national level through advocacy, education, enforcement, outreach, and planning. She founded the consulting firm bearing her name in 2011 to help local, state and federal agencies and non-profit organizations address the behavioral safety issues that put all roadway users at risk.

Pam has authored eight national reports for the Governors Highway Safety Association (GHSA) addressing teen driving, pedestrian and bicyclist safety, and drowsy driving, and coordinates the GHSA Consulting Services Initiatives, which has worked with more than a dozen states on numerous management and programmatic projects. She is the program coordinator for the Lifesavers Conference on Highway Safety Priorities; served as the project manager for a NHTSA impaired motorcycle riding crackdown demonstration project conducted in four states; and has participated on impaired driving, pedestrian and bicyclist safety, and driver education assessment teams since 2012. She is also the co-author of the 2nd edition of Not So Fast: Parenting Your Teen Through the Dangers of Driving, which was released nationwide in April 2018.

From 2007-2010, Pam served as Governor’s Representative and Director of the New Jersey Division of Highway Traffic Safety, where she led a team of professionals responsible for the
bi-annual Drive Sober or Get Pulled Over enforcement crackdowns which involved more than 85 percent of the state’s municipal, county and state police agencies. Additionally, she partnered with police agencies to fund county-wide DWI task forces and launched an innovative, cross-jurisdictional DWI initiative that allowed municipalities to share law enforcement resources for drunk driving saturation patrols sparking a 28 percent reduction in alcohol-related crashes.

During her tenure, the Division also branded the state’s safety messages to reduce clutter and more effectively engage its partners, the media and the public; and developed and implemented new and innovative education and enforcement programs addressing distracted, impaired and aggressive driving; pedestrian, bicycle and teen driver safety; and occupant protection.

A native of Hershey, Pennsylvania, Pam holds a B.A. in English from Lebanon Valley College, a certificate in Advanced Management from The Wharton School at the University of Pennsylvania, and an M.A. in Leadership and Public Administration from Centenary University, where she is an adjunct professor in the Department of Sociology.

ROB K. LEVY, MS, CPP

Rob Levy is currently a Prevention Specialist serving schools and communities in a mostly rural county in NY State’s Finger Lakes region. Relevant professional experience includes:

Program Development and Evaluation:

- Designed and delivered trainings and trainings of trainers in 25 states for Botvin’s LifeSkills Training, a cognitive/behavioral skill-based substance abuse prevention program.
- Worked with a team of psychologists and media specialists to create evidence-based, multi-media health education curricula for Seattle’s Comprehensive Health Education Foundation.
- Mentored teachers and trainers for the Vermont Department of Education in facilitating peer skill practice for Botvin’s LifeSkills Training program.
- Designed and provided continuing education courses to health professionals.
- Implemented a school-based substance abuse prevention and intervention program.
- Translated behavioral health research into consumer communications.

Community Health and Educational Consulting:

- Provided training and technical assistance in community needs assessment, resource development, strategic planning and implementation of evidence-based substance abuse prevention policies and practices to community anti-drug coalitions in a 12-county region of New York State, with the goal of bringing about population-level change.
- Assisted with the writing of a successful federal Drug-Free Communities grant.
• Credentialed Prevention Provider, NYS Office of Alcohol and Substance Abuse Services.
• Master of Science, Community Health, University of Rochester School of Medicine & Dentistry.
• Bachelor of Arts, Education and Health in American Society, University of Rochester.
• Dialogue Education Training, Global Learning Partners, Montpelier, VT.
• Community Intervention Training, Hazelden Foundation, Minneapolis, MN.

Awards and Presentations:
• Featured in:
  - Washington Post front-page story on working with at-risk students.
  - Today Show interview on involvement with Rochester City Schools reform efforts.
  - USA Today television show documentary segment on working with at-risk students.
• Presentation, American Public Health Association (APHA) National Convention, 2001: “Prevention Education: Are Schools Ready?”

JUDGE G. MICHAEL WITTE (ret.)

G. Michael Witte is the Executive Director of the Indiana Supreme Court Disciplinary Commission and 2017 recipient of the Sen. Daniel Inouye Trailblazer Award, the highest award given by the National Asian Pacific American Bar Association. Additionally, the Indiana Asian Pacific American Bar Association bestowed Witte with its first Trailblazer Award and named the award in his honor.

Witte was the first Asian American to serve as judge in the State of Indiana. His 25-year judicial career included service as Judge of the Dearborn County Court, Lawrenceburg, IN (1985 – 2000); Judge of the Dearborn Superior Court No. 1 (2000-2008); and Judge of the Wayne Superior Court No. 1, Richmond, IN (2009). He received both his B.A. and J.D. degrees from Indiana University, served as President of the IU McKinney Law School’s Alumni Board in 2009, and was honored in 2008 by the I.U. Alumni Association as its Distinguished Asian Alumni. In 2011, he received the IUPUI Maynard K. Hine medal for significant contributions to campus and alumni programs. He also received from Equal Justice Works the law school’s 2012 Public Interest Recognition.

He is a 1991 graduate of the Indiana Judicial College, the 2002 class of the Graduate Program for Indiana Judges, and a former member of the Indiana Commission on Courts. He served as Chair of the ABA Judicial Division in 2011 and served as Chairman of the ABA National Conference of Specialized Court Judges in 2006.

From 2006-09, Witte served as Co-chair of the ABA Judicial Division’s Standing Committee on Minorities in the Judiciary. He received his community’s Dr. Martin Luther King, Jr. Memorial Award in 2009. In addition, Indiana Minority Business Magazine named Witte a
2010 Champion of Diversity. Witte has been a panelist at many national programs on diversifying the judiciary and improving diversity pipelines to a judicial career, including a 2009 program at the Harvard Law School.

Witte served as the National Highway Traffic Safety Administration (NHTSA) Region 5 Judicial Outreach Liaison in 2009-10, the NHTSA Judicial Fellow from 1995-98, and served on the U.S. Congressional Advisory Committee for Commercial Driver’s License, 2007-08. Witte joined The National Judicial College faculty in 1994. In addition, he has served as faculty for programs presented by the American Bar Association, NHTSA, the National Center for State Courts, the National Criminal Justice Association, the Indiana Judicial Center, and the Indiana Continuing Legal Education Forum. Witte’s teaching experience is primarily in the field of impaired driving and traffic court administration. His legal teaching assignments have occurred in Arkansas, Hawaii, Indiana, Illinois, Ohio, District of Columbia, Florida, Georgia, Missouri, Nebraska, Nevada, New Hampshire, New Mexico, South Carolina, Tennessee, Texas, Virginia, Toronto, Canada, and Washington. Judge Witte has performed NHTSA assessments of impaired driving for Hawaii, Missouri, Montana, South Carolina, Rhode Island, Kansas, Maryland, Washington, Vermont, Idaho, and New Mexico.

THOMAS H. WOODWARD

Thomas Woodward retired as a Lieutenant from the Maryland State Police on July 1, 2013 after a 36-year law enforcement career. He served with the Maryland State Police for 28 years. He was rehired in a civilian capacity by the Maryland State Police in January 2014 and appointed by the Governor’s Highway Safety Representative as the Maryland Drug Recognition Expert (DRE) Coordinator.

At the time of his retirement Mr. Woodward was the Commander of the Maryland State Police, Hagerstown Barrack. He previously served as the Commander of the Chemical Test for Alcohol Unit, a staff officer for the Chief of the Field Operations Bureau, and as the Executive Officer for the Commander of the Transportation Safety Division. He was twice recognized for innovative program development by the Maryland Highway Safety Office.

Mr. Woodward has been a Standardized Field Sobriety Testing (SFST) Instructor, certified through the National Highway Traffic Safety Administration (NHTSA), since August 1989. He also instructs the NHTSA SFST Instructor Development Course.

Mr. Woodward was certified as a Drug Recognition Expert (DRE) in July 1991. He was then certified as a DRE Instructor in April 1992 and received instruction as a DRE Course Manager in June 1995. He has served as the DRE Coordinator for the state of Maryland for a combined 13 years.

Working as a private consultant Mr. Woodward has conducted highway safety program assessments for 12 states since his retirement.

EDUCATIONAL BACKGROUND
Mr. Woodward received a Bachelor’s Degree in Organizational Leadership and Development from Wheeling Jesuit University in May 2005. He is also a graduate of the Northwestern University School of Police Staff and Command.

ORGANIZATIONAL AFFILIATION

International Association of Chiefs of Police (IACP)

IACP Drug Recognition Expert Section
-Officer 2006 - 2009
-Chair - 2009

Mothers Against Drunk Driving (MADD) – Maryland Advisory Board
-Chairman - 2008 - 2013