



# STATE OF FLORIDA

---

## Impaired Driving Program Assessment

May 18 – May 22, 2015

### **Technical Assessment Team**

**Hon. Linda Chezem**

**Pamela S. Fischer**

**Robert P. Lillis**

**Manu Shah**

**Thomas Woodward**

# TABLE OF CONTENTS

TABLE OF CONTENTS.....	2
ACKNOWLEDGEMENTS.....	3
INTRODUCTION.....	4
STATE BACKGROUND.....	5
PRIORITY RECOMMENDATIONS.....	6
I. Program Management and Strategic Planning.....	8
A. State and Tribal DWI Task Forces or Commissions.....	8
B. Strategic Planning.....	11
C. Program Management.....	14
D. Resources.....	17
II. Prevention.....	20
A. Responsible Alcohol Service.....	20
B. Community-Based Programs.....	26
B-1. Schools.....	26
B-2. Employers.....	30
B-3. Community Coalitions and Traffic Safety Programs.....	30
B-4. Transportation Alternatives.....	33
III. Criminal Justice System.....	35
A. Laws.....	35
B. Enforcement.....	40
C. Prosecution.....	45
D. Adjudication.....	48
E. Administrative Sanctions and Driver Licensing Programs.....	52
E-1. Administrative License Revocation and Vehicle Sanctions.....	52
E-2. Driver Licensing Programs.....	54
IV. Communication Program.....	59
V. Alcohol and Other Drug Misuse: Screening, Assessment, Treatment, and Rehabilitation.....	65
A. Screening and Assessment.....	65
A-1. Criminal Justice System.....	66
A-2. Medical and Other Settings.....	72
B. Treatment and Rehabilitation.....	74
VI. Program Evaluation and Data.....	78
A. Evaluation.....	78
B. Data and Records.....	81
C. Driver Records Systems.....	84
AGENDA.....	86
ASSESSMENT TEAM CREDENTIALS.....	90

## **ACKNOWLEDGEMENTS**

The Impaired Driving Program Assessment Team would like to express its gratitude and appreciation to Lora Hollingsworth, Chief Safety Officer; Chris Craig, Traffic Safety Administrator; and Will Grissom, Traffic Safety Program Manager of the Florida Department of Transportation for making this assessment possible. We also thank Al Roop, Institute of Police Technology and Management, University of North Florida, for his assistance and hospitality. The quality of their efforts to provide the Assessment Team with logistics support and effective and professional interviewees cannot be overstated.

The team thanks each of the participants for the time and energy invested in preparing and delivering their presentations. Their candor and thoroughness in discussing their activities to target impaired driving in Florida greatly assisted the team in conducting a complete review.

The team thanks Caroline Cash, Impaired Driving Division, National Highway Traffic Safety Administration (NHTSA) for coordinating and facilitating the assessment process. Sandy Richardson, NHTSA Region 4 Program Manager was instrumental in the success of the process. Their support helped provide a national and regional impaired driving program perspective to the assessment. The team also thanks Belinda Oh, Assessment Administrative Consultant, for her coordination and management of the production of the final report and support of the team.

This report is based on a review of the State's Impaired Driving Program. It is intended to assist Florida's efforts to enhance the effectiveness of its impaired driving program by equipping the criminal justice community and law enforcement officials with the knowledge and skills to detect, arrest, and prosecute impaired drivers. 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 Florida's roadways, and commends all who are involved in the day-to-day efforts to reduce impaired driving in Florida.

## 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.

Although not required, the State of Florida requested NHTSA's assistance in assessing the State's alcohol and drug impaired driving countermeasures program to comply with 23 CFR 1200.23 promulgated under Moving Ahead for Progress in the 21st Century (MAP-21) to qualify for the Impaired Driving Countermeasures Grant.

Under MAP-21, States that have an average impaired driving fatality rate 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. Florida is considered a mid-range state and as such is required to convene a statewide impaired driving task force to develop a statewide impaired driving plan.

The Florida Impaired Driving Program Assessment was conducted at the Homewood Suites in Tallahassee, FL from May 17-22, 2015. Under the direction of Lora Hollingsworth, Chief Safety Officer, Florida Department of Transportation, 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

Florida is the fourth largest state in the U.S. The 2015 population is an estimated 19,421,200 according to the U.S. Census Bureau. Florida is growing rapidly – the State’s population has increased 5.8% since 2010 and 17.6% since 2000. Out of Florida’s 67 counties, Palm Beach is the largest spanning 2,578 square miles and Union is the smallest covering just 245 square miles. The largest city is Miami-Ft. Lauderdale-Pompano Beach with a population of 5,564,635. The capital city of Florida is Tallahassee.

The median age in Florida is 38.7 years. Almost 18 percent (17.6%) of the State’s population is age 65 or older; 19.3% is age 18-24. The population is predominantly white (78.1%) and Hispanic/Latino (23.6%). The percentage of Black or African Americans is 16.7%, American Indian or Alaska native is .5%, and 2.7% of the population is Asian. The median income in Florida is \$46,956 and the percent of persons below the poverty level from 2009-2013 was 16.3%. From 2009-2013, Florida veterans totaled 1,569,406.

Florida’s total area is 58,560 square miles (total land area 54,136 square miles and total water area 4,424 square miles) ranking 22<sup>nd</sup> among states in total area. The distance from Pensacola to Key West is 792 miles (by road). Florida’s highest natural point is 345 feet above sea level. The coastline is 1,197 statute miles, the tidal shoreline (general) is 2,276 statute miles, and Florida has 663 miles of beaches. The longest river, the St. Johns, totals 273 miles. The number of lakes (greater than 10 acres) is about 7,700 with Lake Okeechobee being the largest lake at 700 square miles. Florida also has about 4,500 islands greater than 10 acres.

In 2012, Florida had 191,374 million vehicle miles traveled. The transportation system includes 121,829 miles of roadway. According to the Federal Highway Administration (FHWA), Florida has 15.7 million licensed drivers. FHWA records also indicate a total of 15,665,986 registered vehicles in 2012, of which 7,535,856 were automobiles, 7,479,744 trucks, 31,234 buses, and 619,152 were privately owned motorcycles.

## **PRIORITY RECOMMENDATIONS**

### **I. Program Management and Strategic Planning**

- Expand Impaired Driving Coalition membership to include, at minimum, representatives from the Prosecuting Attorneys and Judges Associations, the military, the Tribal Nations, education, and multi-cultural organizations.
- Develop a single repository for all impaired driving-related crash, citation, adjudication and treatment data that can be easily accessed by law enforcement, prosecutors, the judiciary, providers, and government agencies working to address driving under the influence.

### **II. Prevention**

- Enact legislation to make over-service grounds for license action.
- Ensure that Community Traffic Safety Teams develop and implement strategies to address impaired driving by educating the teams about the extent and impact of impaired driving in their communities, and identifying opportunities to engage them in helping to address the problem.

### **III. Criminal Justice System**

- Enact a statute that increases the existing penalties for blood alcohol concentration (BAC) test refusals.
- Enact into law a requirement that will prevent the deferred prosecution programs from evading the administrative license suspension of at least 90 days for first-time offenders determined by chemical test(s) to have a blood alcohol concentration (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.
- Amend the Florida ignition interlock statute to comply with Moving Ahead for Progress in the 21st Century (MAP-21).
- Conduct regular Advanced Roadside Impaired Driving Enforcement (ARIDE) training classes that incorporate a refresher of the Standardized Field Sobriety Tests (SFST) and an introduction to drugs that impair driving.
- Implement a standardized web-based reporting system for impaired driving arrest reports that requires one-time entry of data to automatically populate all required forms.

### III. Criminal Justice System (*continued*)

- Enact legislation to include all drugs on the Federal schedule of controlled substances under Title 21 of the Federal Food, Drug, and Cosmetic Act on the Florida controlled substance list.
- Establish and fund an impaired driving committee at the Florida Prosecuting Attorneys Association (FPAA) to develop strict policies on deferral programs and plea negotiations in impaired driving cases.
- Establish a uniform case numbering system by working with the court agencies.
- Conduct a study of factors influencing Florida's high rate of refusal under the implied consent law.

### IV. Communication Program

- Develop a year-round, data-driven, strategic and tactical communications plan to increase public awareness of the State's focus on detecting, arresting, and convicting impaired drivers through sustained high-visibility enforcement and share it with all partners to solicit their buy-in and support.

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

- Require a substance abuse assessment as a condition of deferral for driving under the influence (DUI) offenders.
- Conduct a thorough statewide assessment of the flow of driving under the influence (DUI) cases from arrest to completion of treatment.

### VI. Program Evaluation and Data

- Update the Traffic Safety Information Strategic Plan to address the need for data linkages and integration, data dictionaries, and data formats for various data files used to address highway safety issues including impaired driving crashes, fatalities, and injuries.

## **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**

Florida formed a statewide Impaired Driving Coalition (IDC) in 2009 to address a priority recommendation included in its 2008 Impaired Driving Program Assessment. While the recommendation called for the establishment of an executive level Governor's Traffic Safety Council, rather than an IDC, the State felt that the former would have taken considerable time and not furthered the goal of reducing impaired driving-related traffic fatalities and serious injuries. The Coalition is tasked with identifying and prioritizing the State's most pressing impaired driving issues and developing a plan to maximize the State's ability to address impaired driving crashes. It was officially chartered in 2014, must meet at least three times a year, and may establish technical committees as needed.

The Coalition currently has 38 non-compensated members who represent a broad cross-section of public and private sector entities with a working knowledge and understanding of Florida's impaired driving system and how the components interrelate. Since it was first established, the Coalition's membership has been expanded to include influential, non-governmental organizations including Mothers Against Drunk Driving (MADD), Students Against Destructive Decisions (SADD), and AAA. There are currently no representatives from the Florida

Prosecuting Attorney's Association, the Florida Conference of County Judges, the military, the Tribal nations, faith-based and multi-cultural organizations, or educational institutions (K-12 or higher education). There has been some discussion about expanding the membership to include an academic who could potentially assist in identifying and/or conducting research.

The Coalition is chaired by the Impaired Driving Program Manager, who works in the Florida Department of Transportation (FDOT) State Safety Office (SSO), an executive agency that reports directly to the Governor. The Coalition's work is supported by a consultant that prepares meeting minutes and other key documents.

The Coalition is responsible for developing, implementing, and monitoring a statewide Impaired Driving Plan (IDP), which was last updated in 2014 for implementation in Fiscal Year 2015. The IDP is based on the *Uniform Guidelines for Strategic Highway Safety Programs for Impaired Driving* developed by the National Highway Traffic Safety Administration (NHTSA) and serves as the State's blueprint for programs, funding, and legislative strategies. Florida's IDP focuses on seven areas – enforcement, prosecution and adjudication, administrative process, prevention and education, treatment, data collection and analysis, and legislation – which are addressed through strategies and tactics assigned to specific Coalition members. The plan includes short- and long-term goals for all of these areas with a particular focus on:

- reducing impaired driving crashes, injuries, and fatalities;
- reducing the average blood alcohol concentration (BAC);
- increasing Driving Under the Influence (DUI) arrests and convictions; and
- reducing underage involvement in DUI crashes.

These and other goals are measured and progress is reported at quarterly Coalition meetings.

The Coalition has fostered stronger communication and collaboration among agencies that traditionally have not worked together including prosecutors, judges, law enforcement, and the Florida Department of Law Enforcement (FDLE). The Coalition is also credited with:

- Prompting the Department of Highway Safety and Motor Vehicle (DHSMV) Bureau of Administrative Review (BAR) to develop a training and technical assistance program for law enforcement and hearing officers to assist with the administrative hearing process.
- Calling for increased penalties for breath test refusals that would result in the first refusal carrying the same penalty as a DUI offense.
- Making drugged driving a top priority and calling for passage of a drug per se law.
- Development and distribution of a Best Practices Manual for Treatment Providers and DUI Programs.
- Focusing attention on the DUI Adjudication Lab and getting chief judges to annually send to the lab new judges or those that transfer.
- Expanding its membership and partnerships to advance its legislative agenda.
- Reducing the average time it takes an arresting officer to complete the DUI arrest process to three hours or less.
- Encouraging State attorneys to keep specialized DUI prosecutors in place prosecuting DUI-related cases.

- Elevating impaired driving to emphasis area status in the Strategic Highway Safety Plan (SHSP).
- Increasing training for prosecutors, judges, and law enforcement.
- Bringing the judicial outreach liaison (JOL) program to Florida.
- Assisting with the creation of a Teen Safe Driving Coalition administered by SADD.

The Coalition has a Fact Sheet outlining the extent of the impaired driving problem, its goals and performance measures, and member organizations. This document was last updated in 2011. The IDP does not have a stand-alone website or page(s) in the SSO section of the FDOT website.

### **Recommendations**

- **Expand Impaired Driving Coalition membership to include, at minimum, representatives from the Prosecuting Attorneys and Judges Associations, the military, the Tribal Nations, education, and multi-cultural organizations.**
- Update the Coalition Fact Sheet regularly and post it, along with the current Impaired Driving Plan and progress reports, on the Florida Department of Transportation State Safety Office webpages and request that Coalition members' websites also link to these documents.

## **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**

Florida is committed to decreasing fatalities and adopted a zero fatalities goal in its Strategic Highway Safety Plan (SHSP) which was last updated in 2012. Eleven state and federal agencies or organizations that have a leadership role in Florida serve on the Executive Committee that oversees SHSP development and implementation. They include the State Departments of Education, Health, Highway Safety and Motor Vehicles, and Transportation; the Metropolitan Planning Association Council (MPOC); the Florida Highway Patrol (FHP), Police Chiefs Association, and Sheriffs Association; the Federal Highway Administration; and the National Highway Traffic Safety Administration (NHTSA).

The five-year, data-driven plan identifies proven countermeasures addressing the four E's of traffic safety – engineering, education, enforcement, and emergency response – that the State will use to achieve at least a five percent annual reduction in fatal and serious injury crashes based on a five-year average (2006-2010). The SHSP identifies ten emphasis areas, one of which is impaired driving; this was not included in the original plan, but added to the update in 2012.

Florida's Highway Safety Plan (HSP), Highway Safety Improvement Plan (HSIP) and Impaired Driving Plan (IDP) are data-driven and align with the SHSP. The HSP, which is developed and implemented by the Florida Department of Transportation (FDOT) State Safety Office (SSO), outlines how federal grant funds will be used to address national and state priority program areas, including impaired driving, that improve traffic safety and reduce crashes, injuries, and fatalities on the State's roadways. State, county, and local government agencies; law enforcement; state colleges and universities; school districts; fire departments; public emergency service providers; and qualified non-profits may submit concept papers to the SSO describing proposed efforts to address traffic safety. These requests are evaluated and grant funds are awarded based on how well a proposed project meets the goals of the SHSP, the project location's rank within the

Florida Highway Safety Matrix, NHTSA assessment recommendations, and evidence of a problem supported by state and local traffic safety and/or citation data.

The SSO uses crash, injury, and fatality data to annually develop a highway safety matrix for Florida's 67 counties as well as for three city groups based on population (City Group 1: 75,000+; City Group 2: 15,000-74,999; City Group 3: 3,000-14,999). If a concept paper is not received from an entity working to address traffic safety in a location identified as having a high number of crashes, injuries, and fatalities, the SSO may solicit projects from an agency within the high-risk area.

The emphasis areas identified in Florida's traffic safety plans are supported by the work of 11 Coalitions, including the Impaired Driving Coalition (IDC); seven FDOT District Offices and the Florida Turnpike Enterprise; seven law enforcement liaisons (LELs); and approximately 57 county-based Community Traffic Safety Teams (CTSTs). The LELs are tasked with achieving the law enforcement goals outlined in the IDC's IDP and work with approximately 260 law enforcement agencies (municipal, county, highway patrol, Tribal, and others) across the State to encourage the use of high-visibility enforcement to combat impaired driving and other traffic safety issues. They monitor crash and citation data on a monthly basis and generate reports detailing where, when, and why crashes are occurring. These are shared with law enforcement agencies at quarterly local area LEL network meetings. Agencies use this information for enforcement planning and resource allocation.

CTSTs are local, multi-jurisdictional, multi-disciplinary teams of people who not only provide input into the highway safety planning process, but also help to implement strategies and tactics outlined in these plans. The make-up of the CTST typically drives its traffic safety focus, which may or may not include impaired driving. The assessment team was advised that many CTSTs lack expertise in impaired driving, but they may be engaged to assist with information dissemination and staffing at community events.

As part of the planning and project selection process, the SSO and its partners continuously analyze the link between the various safety investments and their impact on reducing crashes, preventing injuries, and saving lives. This is done through analysis of crash, citation, adjudication, licensing, emergency medical service, injury surveillance, and roadway system data. Progress in achieving the goals and strategies outlined in the SHSP and other plans are reported quarterly to the Executive Committee. Plans are underway to begin work on the second five-year update to the SHSP, as well as to develop an SHSP annual report to keep stakeholders informed and actively engaged in moving the plans forward.

## **Recommendations**

- Ensure continued linkage between the Strategic Highway Safety Plan, Highway Safety Plan, and Impaired Driving Plan so that resource allocation priority is given to strategies and tactics that are proven to reduce alcohol- and drug-impaired driving and the resulting crashes, injuries, and fatalities.

- Ensure that Community Traffic Safety Teams develop and implement strategies to address impaired driving by educating the teams about the extent and impact of impaired driving in their communities, and identifying opportunities to engage them in helping to address the problem.
- Develop and distribute a Strategic Highway Safety Plan annual report to key stakeholders that outlines gains made during the past 12 months and next steps for advancing plan goals and objectives in the coming year.

## 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.*
- *Ensure that the programs that are implemented follow evidence-based best practices.<sup>1</sup>*

### **Status**

The Florida Department of Transportation (FDOT) State Safety Office (SSO) serves as the lead agency for impaired driving in the State. The SSO has a dedicated Impaired Driving Program Manager who oversees all impaired driving grants (30 in Fiscal Year 2015) and chairs the statewide Impaired Driving Coalition (IDC). The SSO works in partnership with the Department of Highway Safety and Motor Vehicles (DHSMV), the Florida Highway Patrol (FHP), and county and local law enforcement agencies to address impaired driving through the sharing of crash and citation data, along with the analysis of those data for the successful prosecution and adjudication of impaired driving cases. These data are also used to assess program impact and progress made in achieving the impaired driving goals and performance measures outlined in the Strategic Highway Safety Plan (SHSP), Highway Safety Plan (HSP), and Impaired Driving Plan (IDP).

Currently, 82 percent of Florida's law enforcement agencies submit crash data and 73 percent submit citation data electronically. All crash reports (electronic and paper) are maintained in the Crash Analysis Reporting System (CARS) overseen by DHSMV, while all citations are housed in the Traffic Citation & Accounting Transmission System (TCATS) maintained by the Florida Association of County Clerks. Additionally, Florida's Clerks of Court oversee and maintain the Comprehensive Case Information System (CCIS), a secure, single point of search for statewide court case information as well as official records and performance and accountability measures. Users of CCIS include the judicial community, state and local law enforcement, and the Florida Legislature. CCIS also facilitates access to criminal history records, inmate data, and driver's license information through links to the Florida Department of Law Enforcement, Department of Corrections, and DHSMV websites. The CCIS database does not generate reports; instead, queries must be made one case at a time. Law enforcement's awareness of the existence of CCIS is not widespread. Additionally, the CARS, TCATS, and CCIS systems are not linked and there is no statewide data warehouse or repository.

Two crash analysis systems are available to conduct crash queries – Signal Four Analytics and the Florida Integrated Report Exchange System (FIRES). Both are interactive, web-based

---

<sup>1</sup> See "Countermeasures That Work: A Highway Safety Countermeasure Guide for State Highway Offices," Seventh Edition, 2013.

systems designed to support the crash mapping and analysis needs of law enforcement and highway safety officials, traffic engineers, transportation planners, and other stakeholders. FIRES may also be used by the public to obtain crash information and was specifically developed to handle the large number of public information requests received by DHSMV. The public section of the FIRES website, however, does not allow for impaired driving-related crash queries. This information is available only through special request. Crash data are dumped into both of these systems nightly.

As noted in the Strategic Planning Section of this report on page 11, the SSO uses crash data to develop highway safety matrices for Florida's 67 counties, as well as cities, based on population (City Group 1: 75,000+; City Group 2: 15,000-74,999; City Group 3, 3,000-14,999). The SSO gives priority to funding county and municipal law enforcement agencies addressing impaired driving in the counties and cities identified on these matrices. These agencies use the proven countermeasure of high-visibility enforcement (i.e., saturation patrols, checkpoints) coupled with paid and earned media to address the problem. Additionally, the SSO funds other proven countermeasures, per the National Highway Traffic Safety Administration's *Countermeasures That Work, Seventh Edition*, that focus on prosecution and adjudication, intervention, communications and outreach, and underage drinking and alcohol-related driving. All grant-funded projects are required to have an evaluation component that assesses impact in reducing fatalities and injuries.

Prior to execution of an SSO grant, the agency or organization's project director and financial representative are required to complete the online Traffic Safety Grants Computer Based Training (CBT). This training addresses grant administration with a particular focus on limitations and requirements that have historically been handled improperly by grantees resulting in financial hardship. Upon completion of the CBT, agency representatives are prompted to take an exam to assess their understanding of the information addressed during the training. If a representative fails to receive a passing score of 100 percent after two attempts, s/he will be contacted by the Impaired Driving Program Manager who will review the answers in question and the corresponding grant requirement(s) with that individual.

Once the grant contract is fully executed, SSO-funded programs are monitored by the Impaired Driving Program Manager to assess progress in achieving project goals and compliance with state and federal grant requirements. One on-site visit is conducted during the grant period, regardless of the dollar amount of the award, and all issues identified through calls and/or visits are addressed with the grant recipient and memorialized in the grant file.

Both grant-funded and agency-funded high-visibility law enforcement activities are encouraged, supported, tracked, and assessed by the State's seven law enforcement liaisons (LELs). The LELs monitor crash and citation data on a monthly basis and generate reports, via Signal Four Analytics, detailing where, when, and why crashes are occurring. These reports are shared with law enforcement agencies at quarterly local area LEL network meetings to aid in enforcement activity planning and resource allocation. If an LEL identifies an issue associated with an SSO-funded enforcement project, the SSO Impaired Driving Program Manager is notified and the appropriate agency is contacted. As noted above, all information associated with an issue, including action taken on the part of the agency and/or the SSO, is recorded in the grant file.

## Recommendations

- Educate law enforcement about where to find and how to use the Comprehensive Case Information System (CCIS).
- Add a reporting feature to the Comprehensive Case Information System (CCIS) that enables officers and agencies to query more than one case at a time.
- **Develop a single repository for all impaired driving-related crash, citation, adjudication and treatment data that can be easily accessed by law enforcement, prosecutors, the judiciary, providers, and government agencies working to address driving under the influence.**

## **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 Florida Department of Transportation (FDOT) State Safety Office (SSO) is the lead agency for impaired driving in the State and has assigned one full-time employee, the Impaired Driving Program Manager, to administer the program. The SSO Impaired Driving Program Manager currently oversees 30 grants, which includes desk and on-site monitoring, in addition to serving as Chair of the Impaired Driving Coalition (IDC). While a consultant assists the Program Manager with the administrative tasks associated with running the IDC, additional support is not available due to the small number of SSO staff tasked with administering the State's entire behavioral safety grant program (five program managers, two fiscal associates, a traffic safety administrator, and chief safety officer).

The SSO allocated \$9.1 million or 33.5% of its total Federal Fiscal Year (FFY) 2015 grant funds (\$27.1 million in Section 402 and Section 405 grants) to impaired driving. The largest proportion of these funds – \$5.55 million – is used for enforcement and education, while the remainder – \$3.54 million – is earmarked for paid media. The State qualifies to receive Section 405d incentive grant funds because it meets and/or exceeds the requirements of the program (i.e., it has an impaired driving task force and an impaired driving plan and maintains aggregate expenditures from all State and local sources for impaired driving programs at or above the average level of such expenditures in fiscal years 2010 and 2011).

Grant funds are provided to agencies and organizations as “seed” money. The funds are provided for the development and implementation of programs that address traffic safety deficiencies or to expand ongoing safety program activities in priority areas. It is expected that SSO grant-funded programs will become self-sufficient and continue when grant funding ends. To promote self-sufficiency, agencies are expected to provide a local funding match when personnel costs are included in second and third year projects. The local match is typically 25 percent of eligible costs for year two and 50 percent of year three.

While the SSO provides grants to law enforcement agencies to fund overtime impaired driving enforcement and the equipment needed to conduct these activities, many agencies include impaired driving enforcement in their routine traffic patrol activities. The SSO sponsors the annual DUI Challenge to encourage law enforcement agencies to make impaired driving enforcement an agency priority by:

- conducting routine impaired driving enforcement;
- conducting high-visibility driving under the influence (DUI) enforcement operations such as sobriety checkpoints and saturation patrols;
- participating in statewide and national DUI mobilizations;
- providing DUI training for patrol officers ranging from Standardized Field Sobriety Testing (SFST) to Drug Recognition Expert (DRE); and
- conducting educational programs and earned media activities to increase public awareness of the impaired driving problem.

Agency activities are evaluated and points are awarded; these points may be redeemed annually for equipment. The Challenge is credited with bolstering agency reporting of impaired driving activities. However, additional opportunity exists to increase agency awareness of and participation in the DUI Challenge.

Impaired driving grants are also provided to government agencies, colleges and universities, and non-profit entities to conduct awareness and education programs, proactive youth-focused DUI education and outreach, and specialized education for law enforcement and prosecution to increase effective DUI adjudication. Some of these organizations such as Students Against Destructive Decisions (SADD) and Mothers Against Drunk Driving (MADD) also receive government and private sector grants and/or donations, as well as in-kind contributions to supplement their impaired driving activities. Many of these organizations also partner with other Florida-based agencies to leverage resources.

It is unclear how much is generated annually in fines collected from motorists convicted of DUI since the amount per conviction is established by the courts. Although the *2014 Distribution Schedule of Court-Related Fee Filings, Service Charges, Costs, and Fines* published by the Florida Court Clerks and Comptrollers was reviewed, it remains unclear how fines and fees are disbursed. However, it was reported that for fiscal year 2013-2014 the Department of Highway Safety and Motor Vehicles (DHSMV) collected 43,347 DUI administrative fees totaling \$6 million that were deposited into the Highway Safety Operating Trust Fund. This fund is used by DHSMV to cover operating expenses. The agency also receives a portion of the costs an offender pays for installation of an ignition interlock device (\$12 per device) and for participation in the DUI program (\$15 per enrollee).

Florida's impaired driving statute also establishes a court cost of \$135 which is added to any fine and distributed as follows: \$25 is deposited into the Emergency Medical Services (EMS) Trust Fund, \$50 is deposited into the Operating Trust Fund of the Department of Law Enforcement, and \$60 is deposited into the Brain and Spinal Cord Injury Rehabilitation Trust Fund. The court may also order a defendant to pay restitution to a victim. Plus, State statute calls for the

following surcharge costs and fines to be paid into the Crimes Compensation Trust Fund: a surcharge of 5 percent of the fine; a special cost of \$50; and if injury or death results from the offense, a special fine of not more than \$10,000.

There is also an Alcoholic Beverage and Tobacco Trust Fund, which receives a portion of monies collected by the State from retail alcohol and beverage dealer permit fees. These funds are used to operate the Division of Administration of the Department of Business and Professional Regulation, which oversees issuance of the permits. A portion of the fee is forwarded to the municipality or county where the permit is issued, while 10 percent is disbursed to the Department of Education to provide teacher training, and research and evaluation to reduce and prevent tobacco use by children. No monies, however, are allotted for alcohol education.

The Dori Slosberg Driver Education Act allows counties to collect \$5 from each civil traffic violation for driver education in public and private schools. The Act requires that the funds be used for enhancement, not replacement, of driver education program funds. It is not known how much this generates annually.

### **Recommendations**

- Hire additional staff to support the impaired driving program and other behavioral traffic safety program areas managed by the Florida Department of Transportation State Safety Office so that all grant-funded activities are adequately monitored to ensure compliance with all state and Federal requirements and supported to achieve project goals and objectives.
- Promote the benefits of participating in the DUI Challenge to bolster participation by all Florida law enforcement agencies.
- Dedicate a portion of the Alcoholic Beverage and Tobacco Trust Fund to alcohol education.

## 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**

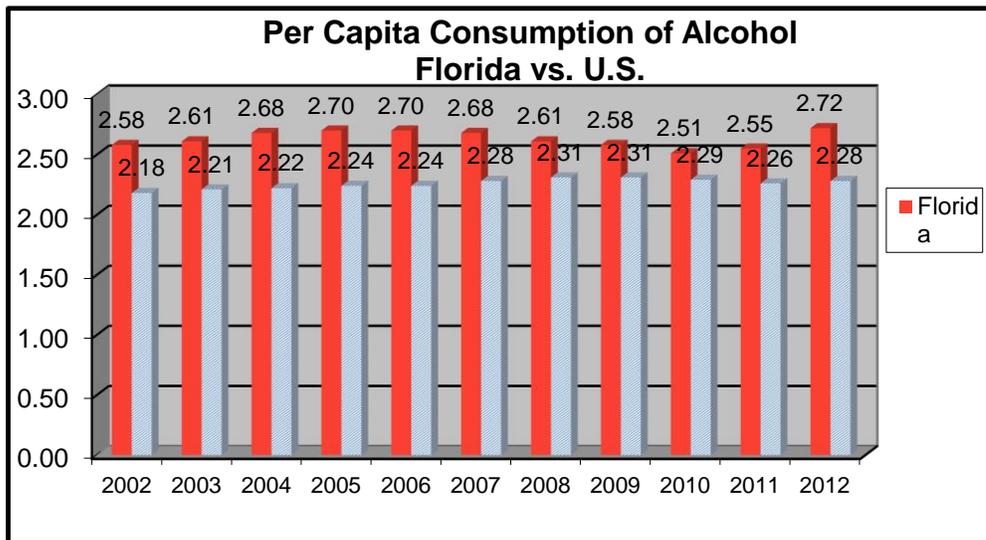
In 2012, the last year for which complete data were available, consumption of alcoholic beverages in Florida equaled 2.72 gallons of ethanol per capita; approximately 19 percent higher

than the national average of 2.28 gallons per capita (see Table 2-A-1). In recent years, alcohol consumption in Florida has been increasing somewhat faster than the national trend (see Figure 2-A-1). Per capita consumption estimates are based on taxed sales of alcoholic beverages<sup>2</sup>.

**Table 2-A-1**

Year	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<b>Florida</b>	2.58	2.61	2.68	2.70	2.70	2.68	2.61	2.58	2.51	2.55	2.72
<b>U.S.</b>	2.18	2.21	2.22	2.24	2.24	2.28	2.31	2.31	2.29	2.26	2.28
<b>Diff</b>	18.3%	18.1%	20.7%	20.5%	20.5%	17.5%	13.0%	11.7%	9.6%	12.8%	19.3%

**Figure 2-A-1**



The Division of Alcoholic Beverages and Tobacco (ABT) licenses the alcoholic beverage and tobacco industries, collects and audits taxes and fees paid by the licensees, and enforces the laws and regulation of the alcoholic beverage and tobacco industries, pursuant to Chapter 210, Chapters 561-565 and Chapters 567-569 of Florida Statutes. Florida has approximately 76,000 active alcoholic beverage and tobacco license holders. The Division generates over \$1.6 billion in license fees, taxes, fines, etc. With approximately 328 employees, these responsibilities are carried out through three bureaus within the Division: Licensing, Auditing, and Enforcement.

ABT has had reductions in enforcement funding, but through realignment has been able to maintain monitoring and enforcement activities including underage sales compliance checks.

Compliance checks are conducted on 10 to 20 percent of outlets each year on both a scheduled and random basis. Some local law enforcement agencies also conduct compliance checks.

<sup>2</sup> Estimated per capita consumption for Florida must be used with caution because Florida is the largest tourist destination in the world with an estimated 100 million visitors each year. Consumption rates are based on resident population.

There appears to be concern that, in some cases, local law enforcement agencies do not follow prescribed procedures and thus, jeopardize the ability to bring administrative or criminal actions against an establishment.

Some localities record location of last drink when making a DUI arrest or investigating an alcohol-related crash. In the case of alcohol-related fatal crashes, this information may be used to initiate an investigation of the mentioned licensed establishment. If a pattern of violation or non-compliant service procedures is detected, license sanctions and possible criminal sanctions can result. However, it appears that these cases are rare and charges are frequently dropped.

A portion of revenues collected by ABT is deposited into the Alcoholic Beverage and Tobacco Trust Fund and is used to support the operation of the ABT with some funds dedicated to tobacco use prevention. None of the funds are dedicated to alcohol abuse, underage drinking, or impaired driving prevention.

561.025 Alcoholic Beverage and Tobacco Trust Fund.—There is created within the State Treasury the Alcoholic Beverage and Tobacco Trust Fund. All funds collected by the division under ss. 210.15, 210.40, or under s. 569.003 and the Beverage Law with the exception of state funds collected pursuant to ss. 563.05, 564.06, and 565.12 shall be deposited in the State Treasury to the credit of the trust fund, notwithstanding any other provision of law to the contrary. Moneys deposited to the credit of the trust fund shall be used to operate the division and to provide a proportionate share of the operation of the office of the secretary and the Division of Administration of the Department of Business and Professional Regulation; except that:

- (1) The revenue transfer provisions of ss. 561.32 and 561.342(1) and (2) shall continue in full force and effect, and the division shall cause such revenue to be returned to the municipality or county in the manner provided for in s. 561.32 or s. 561.342(1) and (2); and
- (2) Ten percent of the revenues derived from retail tobacco products dealer permit fees collected under s. 569.003 shall be transferred to the Department of Education to provide for teacher training and for research and evaluation to reduce and prevent the use of tobacco products by children.

The Florida Dram Shop liability statute limits liability for those who over-serve alcohol. There is no criminal action or license consequence for over-serving and the statute language hinders successful civil suits against servers.

768.125 Liability for injury or damage resulting from intoxication.—A person who sells or furnishes alcoholic beverages to a person of lawful drinking age shall not thereby become liable for injury or damage caused by or resulting from the intoxication of such person, except that a person who willfully and unlawfully sells or furnishes alcoholic beverages to a person who is not of lawful drinking age or who knowingly serves a person habitually addicted to the use of any or all alcoholic beverages may become liable for injury or damage caused by or resulting from the intoxication of such minor or person.

There is no explicit social host statute though individuals can be held liable for serving minors.

Server training is not mandatory in Florida. However, Responsible Vendor Training is a program offered to licensees and servers at bars and restaurants. They learn the laws and policies regarding serving underage patrons and serving intoxicated patrons. Private vendors provide information and instruction to encourage the formation and implementation of good management policy.

ABT issues Special Permits for one, two, or three-day events. At the time of application for the permit, organizations that sponsor such events must provide a plan for “dominion and control” of alcohol. ABT does not require server training for individuals serving alcohol at these events and does not currently have a best practices guide available for event sponsors. Some event sponsors voluntarily complete Responsible Vendor Training provided by private vendors.

Licensed alcohol retailers who are cited for violations of beverage control laws may use completion of Responsible Vendor Training as a mitigating factor in sanctions. ABT also provides licensees with the opportunity to qualify as a Responsible Vendor. The designation allows licensees to avoid sanctions for a first violation of alcohol sales rules.

561.705 Responsible vendor qualification.—To qualify as a responsible vendor, the vendor must:

- (1) Provide a course of instruction for its employees that must include subjects dealing with alcoholic beverages and may also include subjects dealing with controlled substances as follows:
  - (a) Laws covering the service of alcoholic beverages and the operation of establishments serving alcoholic beverages.
  - (b) Alcohol or controlled substances or both as a drug and its effects on the body and behavior, including its effects on a person operating a motor vehicle.
  - (c) Effects of alcohol in combination with commonly used drugs, both legal and illegal.
  - (d) Methods of recognizing and dealing with underage customers.
  - (e) Methods for dealing with customers, and for dealing with employees, who use or traffic in illegal drugs.
- (2) Provide an alcohol server management course for managers of establishments that sell alcoholic beverages. The course must include subjects on alcoholic beverages and may include subjects on controlled substances as follows:
  - (a) Laws governing the service of alcoholic beverages and the operation of establishments serving alcoholic beverages.
  - (b) Development of standard operating procedures for dealing with underage customers.
  - (c) Development of standard operating procedures for dealing with customers, and for dealing with employees, who use or traffic in illegal drugs.
  - (d) Methods of assisting employees in dealing with underage customers and in maintaining records that relate to such incidents.
- (3) Require each nonmanagerial employee who is employed to serve alcoholic beverages to complete the employee training course specified in subsection (1) within 30 days after commencing employment. The vendor must provide for the supervision of such an

employee in the service of alcoholic beverages until the employee has received such training.

- (4) Require each managerial employee to complete the managerial training course specified in subsection (2) within 15 days after commencing employment.
- (5) Require all employees to attend one meeting every 4 months. Each meeting must include the dissemination of information covering the applicable subjects specified in this section and an explanation of the vendor's policies and procedures relating to those subjects.
- (6) Require each employee, as a condition of her or his initial employment, to complete a written questionnaire providing the vendor the same information as is required by the division from persons who apply for alcoholic beverage licenses and to determine therefrom whether the employee is precluded by law from serving or selling alcoholic beverages; however, employees of vendors licensed under s. 563.02(1)(a) or s. 564.02(1)(a) shall not be subject to the requirements of this subsection.
- (7) Establish a written policy under which any employee who engages in the illegal use of controlled substances on the licensed premises will be immediately dismissed from employment and require each employee to acknowledge the policy in writing.
- (8) Maintain employment records of the applications, acknowledgments, and training of its employees required by this section and records of the vendor's enforcement of the policies requiring dismissal specified in subsection (7).
- (9) Post signs on the vendor's premises informing customers of the vendor's policy against serving alcoholic beverages to underage persons and informing customers that the purchase of alcoholic beverages by an underage person or the illegal use of or trafficking in controlled substances will result in ejection from the premises and prosecution.

The Responsible Vendor designation does not address over-service of alcohol. There are no prescribed criminal or license consequences for over-service or serving intoxicated patrons. It is against ABT rules to serve "habitual drunkards." However, this only applies when an individual's family has provided the establishment with a letter stating that the individual has an alcohol abuse problem.

Florida has no restrictions on Happy Hours or other alcohol sales promotions.

A significant underage drinking issue for Florida is the annual influx of thousands of college students, most of whom are younger than 21 years old, for spring break. ABT issues citations for underage possession but the problem is beyond the resources of ABT and local law enforcement.

ABT conducts joint operations with campus and local law enforcement especially at football games and other large events.

### **Recommendations**

- Provide local law enforcement agencies with training on procedures for conducting compliance checks.

- Enact enhanced Dram Shop liability legislation that holds licensed establishments liable for damages resulting from over-serving or for serving anyone under 21.
- Enact social host liability legislation that holds individuals liable for damages resulting from over-serving or for serving anyone under 21 or for allowing underage drinking in their home.
- **Enact legislation to make over-service grounds for license action.**
- Enact legislation to make over-service a criminal act.
- Develop and disseminate a best practices guide for alcohol service at special events.

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

#### **Status**

The 2014 Florida Youth Substance Abuse Survey (FYSAS) was a collaborative effort between the Florida Departments of Health, Education, Children and Families, Juvenile Justice, and the Governor's Office of Drug Control. It is based on the "Communities That Care" survey, assessing risk and protective factors for substance abuse, in addition to substance abuse prevalence. Key findings from the survey include:

While the 2014 FYSAS generated a range of valuable prevention planning data – including the “strengths to build on” and “opportunities for improvement” highlighted below – four sets of findings are especially noteworthy:

- Florida students reported dramatic reductions in alcohol and cigarette use. Between 2004 and 2014, the prevalence of past-30-day alcohol use declined by nearly 12 percentage points, binge drinking declined by nearly seven percentage points, and past-30-day cigarette use declined by nearly seven percentage points.

- Overall alcohol use is down, but high-risk drinking behavior is still common. Nearly one in five high school students reported having blacked out after drinking. Also, about one in five high school students reported riding in a car driven by someone who had been drinking.
- Despite reductions in use for nearly all substance categories, marijuana use among Florida students has remained fairly constant over time. Accompanying this counter trend, nearly one out of four high school students reported riding in a car driven by someone who had been using marijuana, and about one in ten reported driving after marijuana use.
- Past-30-day rates of use for substances other than alcohol, cigarettes, and marijuana are very low, ranging from 2.1% for inhalants to 0.3% for heroin and steroid use.

The report also notes the following areas of concern:

- Alcohol continues to be the most commonly used drug among Florida students. Across all seven surveyed grades, 42.6% reported lifetime use and 20.5% reported past-30-day use.
- Nearly one in ten (9.5%) Florida high school students reported one or more occasions of binge drinking (defined as the consumption of five or more drinks in a row) in the last two weeks. Among high school students who drank, 24.2% reported consuming five or more drinks per day on the days they drank.
- Among high school students, 18.1% reported riding in a vehicle driven by someone who had been drinking alcohol. Riding in a vehicle driven by someone who had been using marijuana was even more prevalent, at 23.5%.
- Among high school students, 6.6% and 10.9% reported driving when they had been drinking alcohol or using marijuana, respectively.

Over the last several years, Florida has implemented the Next Generation Sunshine Standards that include academic content standards, creating new expectations for what students need to know and be able to do. The Florida Standards for Health Education include strands in health literacy that address the role of alcohol in injury and other health consequences. It appears that the courses intended to meet these standards do not include specific impaired driving information.

Mothers Against Drunk Driving (MADD) provides a variety of prevention programs in Florida. MADD also conducts victim impact panels in 29 localities.

MADD provides the *Power of Parents* program in schools and reached 3,200 parents last year. The program includes a high school handbook that gives parents tools to start the conversation about teen drinking, set family rules, and enforce consequences.

MADD also offers the *Power of Youth* program that includes: *Power of Youth Toolkit for Student Leaders*, *Toolkit for Community Partners*, *Toolkit for Educators*, and information about the National Teen Influencer Group. Over 30,000 Florida students participated in *Power of Youth* last year.

MADD has developed a partnership with NFL teams to provide designated driver programs at stadiums.

Students Against Destructive Decisions (SADD) has 150 chapters in schools in 34 counties in Florida. SADD promotes a peer-to-peer education model. SADD sponsors an annual leadership conference and has provided \$1,000 mini-grants to 50 schools to conduct *Celebrate My Drive* sponsored by State Farm. In some schools the School Resource Officer serves as the SADD chapter advisor. SADD also sponsors numerous school-based activities such as mock crashes.

The Florida Sheriffs Association's (FSA) *Teen Driver Challenge* (TDC) program was developed at the request of Florida sheriffs to combat the high crash and fatality rate of teen drivers on Florida highways. The TDC program is a 12-hour course, including four hours of classroom (including a pre- and post-test) and eight hours of hands-on instruction on a driving course. The program is presented to 15- to 19-year-old students over a two-day period, ideally with a five-to-one student-to-instructor ratio.

The classroom portion of the TDC program covers the workbook and deals with crash-related issues, such as vehicle dynamics, braking, steering, and traffic laws. Specific chapters of the workbook deal with aggressive driving, distracted driving (texting, cell phone use, etc.), driving under the influence (DUI), and seat belt use. However, there is minimal emphasis on impaired driving.

Drug Abuse Resistance Education (DARE) is provided in schools by over 150 officers from 44 law enforcement agencies in Florida. According to the DARE Florida annual report, DARE officers provided programs to over 25,000 students. The traditional fact-based classroom DARE program has been replaced by DARE's new *keepin' it REAL* Elementary and Middle School Curriculums. *keepin' it REAL* was developed based on the National Institutes of Health's *Lessons From Prevention Research Principles*.

The Dori Slosberg Foundation is a non-governmental, not for profit, public service organization dedicated to traffic safety. The foundation is named in memory of Dori Slosberg, the daughter of State Representative Irving "Irv" Slosberg, whose life tragically ended when the car she was in crashed while she was unbuckled. The Dori Slosberg Driver Education Safety Act allows counties to collect \$5 from each civil traffic violation for driver education in public and private schools.

318.1215 Dori Slosberg Driver Education Safety Act.—Notwithstanding the provisions of s. 318.121, a board of county commissioners may require, by ordinance, that the clerk of the court collect an additional \$5 with each civil traffic penalty, which shall be used to fund driver education programs in public and nonpublic schools. The ordinance shall provide for the board of county commissioners to administer the funds, which shall be used for enhancement, and not replacement, of driver education program funds. The funds shall be used for direct educational expenses and shall not be used for administration. Each driver education program receiving funds pursuant to this section

shall require that a minimum of 30 percent of a student’s time in the program be behind-the-wheel.

Florida colleges have gained reputations for students’ heavy drinking with several colleges receiving high rankings on various “best party schools” lists. The extent to which these rankings reflect actual risk behaviors of students is questionable.

For example, results from the Florida State University (FSU) 2013 National College Health Assessment survey indicated that more than two out of three FSU students drank alcohol in the 30 days prior to the survey.

	<b>Male</b>	<b>Female</b>	<b>Total</b>
Never used	14.7	18.3	17.1
Used, but not in the last 30 days	12.9	12.9	12.9
Used 1-9 days	53.7	50.8	52.0
Used 10-29 days	17.3	17.0	17.0
Used all 30 days	1.5	0.9	1.1
<i>Any use within the last 30 days</i>	72.4	68.8	70.0

Survey results also indicated that 5.1% of students reported driving after having 5 or more drinks in the last 30 days, and 31.8% of students reported driving after having any alcohol in the last 30 days. (Students responding "N/A, don't drive" and "N/A don't drink" were excluded from this analysis.)

FSU and other Florida colleges and universities require all incoming freshman to complete *Alcohol Edu*, a web-based alcohol education program. Information about alcohol, underage drinking, and strategies for avoiding alcohol- and drug-related problems are made available through the FSU Healthy Campus website: <http://healthycampus.fsu.edu/Alcohol>.

Several Florida colleges and universities have a Medical Amnesty Policy that encourages students to make responsible decisions in seeking medical attention during serious or life-threatening situations that result from alcohol and/or other drug use or abuse and in any situation where medical treatment is reasonably believed to be appropriate. This policy seeks to diminish fear of disciplinary and conduct sanctions in such situations.

No coordinated efforts among the colleges and universities appear to be in place to implement prevention strategies and there is no consortium of college alcohol and substance abuse programs.

### **Recommendations**

- Provide schools with current, Florida-specific, impaired driving information for inclusion in Health curriculum (9-12).
- Coordinate school-based impaired driving activities with evidence-based alcohol and substance abuse prevention programs.

- Establish a consortium of college alcohol and substance abuse prevention 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**

There is currently no coordinated program to provide employer-based impaired driving prevention activities.

Some employers in Florida utilize the services of Employee Assistance Programs (EAP) provided by a variety of private organizations. EAP services include information and professional face-to-face counseling to address alcohol and drug abuse, emotional problems, marriage and family issues, behavioral problems, stress, job-related issues, and anger management. By addressing alcohol and substance abuse, EAPs have an indirect effect on impaired driving. In addition, on-the-job driving incidents can serve as the event that leads to an intervention to address alcohol or substance abuse.

### **Recommendations**

- Integrate impaired driving information into Employee Assistance Programs.
- Provide impaired driving educational materials to employers for inclusion in company newsletters, posting in facilities and employee work areas, and for use in employee safety training.

## **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.*
- *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**

Florida's Community Traffic Safety Teams (CTSTs) are locally based groups of highway safety advocates who are committed to solving traffic safety problems through a comprehensive, multi-jurisdictional, multi-disciplinary approach. Members include local city, county, state, and occasionally federal agencies, as well as private industry representatives and local citizens. The community boundaries are determined by the individuals comprising the team, and can be a city, an entire county, a portion of a county, multiple counties, or any other jurisdictional arrangement.

Multi-jurisdictional means several agencies (cities, county, and state) plus other groups and organizations working together toward a common goal of improving traffic safety in their community. Multi-disciplinary means integrating the efforts of the four E's of traffic safety – engineering, enforcement, education, and emergency response. By working together with interested citizens and other traffic safety advocates within their communities, the CTSTs help solve local traffic safety problems related to the driver, the vehicle, and the roadway.

Each Florida Department of Transportation (FDOT) District has a CTST Coordinator who works closely with the CTSTs in their geographic area. The Central FDOT Safety Office acts as a liaison to the District Coordinators.

Recently CTSTs have emphasized pedestrian safety and seat belt use with less attention to impaired driving issues.

Florida has numerous coalitions addressing alcohol or substance abuse. Most indirectly address impaired driving by reducing alcohol and drug use, and all have the potential to increase awareness of and provide accurate information about impaired driving.

The Drug-Free Communities Support Program (DFC) is a Federal grant program that provides funding to community-based coalitions that organize to prevent youth substance abuse. There are approximately 22 DFC coalitions in Florida.

Administered by the Florida Department of Children and Families (DCF), the Florida Partnership for Success (PFS) is a grant program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). PFS helps targeted communities reduce underage drinking and substance abuse-related problems through a public health approach to creating community-wide change. The program enables substance abuse prevention systems to work with community partners and prevention-related resources to set and achieve measurable goals to reduce substance abuse among youth. The Department's Substance Abuse and Mental Health (SAMH) Program Office and SAMHSA provide technical support, training opportunities, and oversight for participating community substance abuse prevention coalitions. Currently, coalitions in Duval, Orange, Pinellas, Palm Beach, Broward, and Miami-Dade Counties are participating in PFS.

The Prevention Partnership Program (PPG), created by the Florida Legislature in 2001, (Section 397.99, Florida Statutes) was designed to encourage school/community substance abuse prevention partnerships. PPGs are funded through the federal Substance Abuse Prevention and Treatment Block Grant (Block Grant), administered by DCF. The statute requires collaboration with the Florida Department of Education and the Florida Department of Juvenile Justice to set grant priorities and develop the grant application.

The statute requires the departments to fund effective evidence-based programs and strategies that are relevant to community prevention needs. To accomplish this, the departments work with a network of community coalitions to assess local conditions, resource strengths and gaps, and to develop or update their community Needs Assessment Logic Models (NALM) and a Comprehensive Community Action Plan (CCAP). Successful PPG projects are based on the goals and objectives of the approved CCAP. Applicants are required to obtain a copy of the approved CCAP from the local coalition. In the 2012-2015 funding cycle, grants totaling \$4,559,799 were awarded.

United Way of Broward County's Commission on Substance Abuse oversees, administers, and manages a three year \$5.2 million DCF contract for substance abuse prevention programming and environmental strategies. With support of the community and local partners, the Commission is the first in the State to receive this type of contract, originally to be used for substance abuse prevention programs. In 2014, the Commission's role was expanded to also include mental health promotion.

The Broward Youth Coalition (BYC) is a group of over 50 high school drug-free youth leaders representing all areas of the local community. This cadre of youth leaders comes together on a bi-monthly basis to create, develop, and put into action positive social change activities as they relate to underage drinking, substance use/abuse, bullying, peer pressure, and other interrelated issues.

Palm Beach County Substance Awareness Coalition, as well as its partners and sponsors, have joined together to work toward a goal of 80 percent of Palm Beach County teens being alcohol-free by 2018.

The Florida Alcohol and Drug Abuse Association (FADAA), incorporated in 1981, is a non-profit membership association representing over 100 of Florida's community-based substance abuse and co-occurring treatment and prevention agencies, managing entities, community anti-drug coalitions, and over 3,000 individual members. The mission of the FADAA is to represent substance abuse prevention and treatment providers, managing entities, and community anti-drug coalitions in advancing addiction and co-occurring treatment, prevention, and research through communications, professional development, and public policy leadership. FADAA lists eight community coalitions as members. These coalitions implement numerous underage drinking prevention, substance abuse prevention, and youth development strategies.

Most of the funding sources for coalitions require representation of all sectors of the community. It is unclear how many coalitions actually have active participation from 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.

## **Recommendations**

- **Ensure that Community Traffic Safety Teams develop and implement strategies to address impaired driving by educating the teams about the extent and impact of impaired driving in their communities, and identifying opportunities to engage them in helping to address the problem.**
- Conduct an assessment of community-based coalitions that address alcohol and substance use to determine the extent and nature of impaired driving prevention strategies and areas of potential cooperation with the traffic safety community.
- Coordinate highway safety plans and programs with substance abuse prevention plans and programs.
- Involve law enforcement and other representatives of the highway safety community in alcohol and substance abuse prevention programs and coalitions.

## **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.*
- *Evaluate alternative transportation programs to determine effectiveness.*

## **Status**

There is no emphasis on designated driver programs in the State; however, Mothers Against Drunk Driving (MADD) has developed a partnership with two NFL teams to provide designated driver programs at stadiums.

AAA and Budweiser partner in a *Tow to Go* program. Adults in need of a ride can call 1-800-AAA-HELP, and AAA will dispatch a tow truck that will take both the driver and his/her vehicle home, free of charge. This service is available throughout Florida to both AAA members and non-members. *Tow to Go* removes an excuse for drunk driving – the intoxicated motorist not wanting to leave his/her car.

## **Recommendations**

- Ensure alternative transportation programs do not encourage or enable excessive drinking.
- Ensure that both designated driver and safe ride programs prohibit consumption of alcohol by underage individuals or unintentionally promote over-consumption.

### **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, multi-disciplinary 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 .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., .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.*
- *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.
- 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.<sup>3</sup>
- Separate and distinct criminal penalties for alcohol- and drug-impaired driving to be applied individually or in combination to a single case.
- 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.
- Periodic reports on offender compliance with administrative or judicially imposed sanctions.
- Driver's license suspension for persons under age 21 for any violation of law involving the use or possession of alcohol or illicit drugs.
- Statutory and rule support for DWI Courts as a sentencing alternative for persistent DWI offenders.

## **Status**

Florida has successfully implemented several statutes on impaired driving that were recommended in the 2008 Florida Impaired Driving Program Assessment:

- Enacted a zero tolerance minor operating a motor vehicle under the influence of alcohol offense (any detectable amount).
- Enacted a primary seat belt law.
- Enacted legislation providing for enhanced criminal penalties, including minimum mandatory jail sentences, for convictions of any DUI offenders with blood alcohol concentration (BAC) levels of 0.15 or higher.

The only legislative recommendation from the 2008 Assessment that Florida has been unable to get into law was the increased penalty for breath test refusals. Still, in May 2015, it was reported

---

<sup>3</sup> Limited exceptions are permitted under Federal statute and regulation, 23 U.S.C. 154 and 23 CFR Part 1270.

that the need to utilize search warrants for a blood sample when the offender refuses a breath or blood test is becoming increasingly imperative. It appears that a statute is needed to authorize the use of warrants for people charged with misdemeanor driving under the influence as there is a significantly high refusal rate. Efforts made to get the statute changed in the 2015 legislative session were unsuccessful; however, efforts will continue.

In addition to the 2008 Assessment recommendations, Florida has successfully enacted statutory provisions recommended by the National Highway Traffic Safety Administration (NHTSA). The recommended statutes are:

- Driving while impaired by alcohol or other drugs (whether illegal, prescription, or over-the-counter) and treating both offenses similarly;
- Driving with a BAC limit of .08 grams per deciliter, making it illegal “per se” to operate a vehicle at or above this level without having to prove impairment;
- Driving with a high BAC (i.e., .15 BAC or greater) with enhanced sanctions above the standard impaired driving offense;
- Repeat offender with increasing sanctions for each subsequent offense;
- Driving with a license suspended or revoked for impaired driving, with vehicular homicide or causing personal injury while driving impaired as separate offenses with additional sanctions;
- Open container laws, prohibiting possession or consumption of any open alcoholic beverage in the passenger area of a motor vehicle located on a public highway or right-of-way (limited exceptions are permitted under 23 U.S.C. 154 and its implementing regulations, 23 CFR Part 1270); and

Additionally, NHTSA recommends that laws should include provisions to facilitate effective enforcement. Florida has:

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

Florida has enacted an ineffective statute for administrative license suspension or revocation for failing or refusing to submit to a BAC or other drug test.

Florida law does not provide the following recommended provisions:

- Prompt and certain administrative license suspension of at least 90 days for first-time offenders determined by chemical test(s) to have a BAC at or above the State’s “per se”

level or of at least 15 days followed immediately by a restricted, provisional, or conditional license for at least 75 days, if such license restricts the offender to operating only vehicles equipped with an ignition interlock; Florida drivers are administratively suspended for one year and must wait 90 days before being considered for a restricted hardship license unless they opt for a DUI waiver.

- Assessment for alcohol or other drug abuse problems for all impaired driving offenders and, as appropriate, treatment, abstention from use of alcohol and other drugs, and frequent monitoring; and
- Law enforcement use of passive alcohol sensors to improve the detection of alcohol in drivers.

The application of the terms “deferral” and “diversion” varies among jurisdictions. Both words were used during the assessment process. There was not an explicit differentiation between the two. Some DUI cases are not filed in court and could be considered deferred prosecution or non-prosecution. They are not therefore, in violation of the Florida statutory provision, 316.656, which states “Notwithstanding the provisions of 948.01, no court may suspend, defer, or withhold adjudication of guilt or imposition of sentence for any violation of s. 316.193, for manslaughter resulting from the operation of a motor vehicle, or for vehicular homicide.” We use the term diversion to denote the cases that are filed in court and managed under a diversion program with agreement of the prosecutor.

Although Florida has enacted a number of the NHTSA recommended statutes, the effects may be evaded by the practices of deferral or diversion. It is not clear how often informal deferral might occur. Several prosecutors run formal diversion programs in some Florida counties and the counties have different standards for diversion. It appears that diversion program record keeping does not promote adequate reporting to show whether an offense was a first or subsequent offense. Differing opinions were provided on whether a statutory prohibition or a strict design of a deferral structure would be the best remedy for the diversion programs. One practice, mentioned several times, was the ordering of a defendant to donate a set amount of money to a non-profit entity. Ethical concerns and the question of abuse of process were raised. There is a need for a facilitated discussion and exploration of the various possible statutory schemes to address the problems. Please see recommendation under the Prosecution section.

An additional recommendation was made by presenters to develop specific penalties for selling alcohol to someone who is inebriated. This would provide a mechanism for the removal of licenses from vendors who over-serve alcohol.

Alcohol screening and assessment appear to only be required post adjudication. It appears that swift intervention after an arrest may have treatment value. Other states have programs that allow pre-trial intervention with offenders. Legislative authority in Florida is desirable and necessary to encourage and require pre-trial intervention for more effective interventions.

A statutory provision is needed to enhance the flow of data and records among the stakeholder agencies in DUI cases. Currently, the justice information systems are a collection of little silos with individually good applications, but how and when they connect is haphazard and ineffective.

There is no requirement for agencies to adhere to uniform standards for data system communications in order to qualify for State funding and grants. The standards should apply to all agencies that have DUI records.

The Florida ignition interlock statute does not comply with the requirements of the federal statute Moving Ahead for Progress in the 21<sup>st</sup> Century (MAP-21). If the Florida statute were amended so that it meets the requirements of MAP-21, the State could qualify for additional funding.

## **Recommendations**

- **Enact a statute that increases the existing penalties for blood alcohol concentration (BAC) test refusals.**
- Enact a statute that requires minimum data communication standards between driving under the influence (DUI) agency stakeholders.
- Establish and implement standards for the driving under the influence (DUI) records systems, and review carefully any funding to agencies with systems that do not meet the blueprint standards to ensure progress toward meeting the blueprint standards.
- **Enact into law a requirement that will prevent the deferred prosecution programs from evading the administrative license suspension of at least 90 days for first-time offenders determined by chemical test(s) to have a blood alcohol concentration (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.**
- Require by statute, immediately after arrest, an assessment for alcohol or other drug abuse problems for all impaired driving offenders and, as appropriate, treatment, abstinence from use of alcohol and other drugs, and frequent monitoring.
- **Amend the Florida ignition interlock statute to comply with Moving Ahead for Progress in the 21st Century (MAP-21).**

## **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:*
  - *the level of effort, e.g., number of participating agencies, checkpoints conducted, arrests made;*
  - *public awareness;*
  - *reported changes in behavior, e.g., reported number of drinking driving trips; and*
  - *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:*
  - *Serving as a communication bridge between the highway safety office and law enforcement agencies;*
  - *Enhancing law enforcement agencies coordination in support of traffic safety activities;*
  - *Encouraging participation in high-visibility enforcement of impaired driving, occupant protection, and other traffic safety enforcement mobilizations; and*

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

## **Status**

Law enforcement executives recognize the importance of impaired driving enforcement and its impact on public safety. While it has proven difficult for the Florida Department of Transportation (FDOT) State Safety Office (SSO), to establish the exact number of law enforcement agencies in Florida that are in a position to enforce traffic laws, there are over 230 who participate in the annual Law Enforcement Challenge that recognizes agencies for their highway safety efforts. The SSO also sponsors an annual DUI Challenge to recognize agencies that dedicate significant resources to preventing impaired driving.

While still recognizing the importance of impaired driving enforcement, some law enforcement agencies have found it necessary to disband their specialized traffic enforcement units and shift that manpower to other more traditional patrol and enforcement activities.

Utilizing the *Drive Sober or Get Pulled Over* slogan, the SSO has established six targeted enforcement periods in 2015:

- March 17, 2015
- May 5, 2015
- July 4, 2015
- August 21 - September 7, 2015
- November 28 - December 9, 2015
- December 18, 2015 - January 1, 2016

Grant funding has been provided to law enforcement agencies to enable them to conduct sobriety checkpoints, saturation patrols, and other high-visibility enforcement activities during these enforcement waves. This enforcement is augmented by traditional media communication as well as new social media platforms.

The SSO directs grantees to target their impaired driving enforcement efforts to the most problematic areas. Law enforcement agencies use alcohol-related crash and arrest data obtained from internal sources as well as those available through interactive web-based data sources: Florida Integrated Report Exchange System (FIRES) and Signal Four Analytics.

The SSO employs seven former law enforcement officers as law enforcement liaisons (LELs). Each LEL is required to have law enforcement experience and at least an associate's degree from an accredited college. These LELs are assigned a particular region of the State and are expected to interact with law enforcement agencies in their region to garner support for SSO highway safety activities. LELs are not involved in administering SSO grants. The LELs have additional duties based on their particular skill sets.

Law enforcement agencies receiving grant funding from the SSO are required to conduct enforcement activities based on their available resources. Sobriety checkpoints are mandated for agencies with adequate manpower. Coordination of efforts between law enforcement agencies is encouraged to maximize effectiveness while minimizing the impact on any one agency. The

LELs work with law enforcement agencies within their regions to help facilitate collaboration.

Signage is frequently used to advertise the location of impaired driving enforcement efforts. Prior to the operation of sobriety checkpoints, and many saturation patrols, law enforcement agencies issue press releases to notify the public of these activities. The unsolicited use of social media by the public help spread the fact that enforcement activities are being conducted.

Many law enforcement agencies use in-car video recorders and many are starting to use on-body cameras to capture officer interaction with the public. These cameras may also provide evidence of suspect impairment but have also been found to raise questions and be an impediment to prosecution when a camera is available but is not properly recording audio or visual files.

While not prohibited by law, portable/preliminary breath test devices do not appear to be widely used and some agencies prohibit their use. There is no evidence of passive alcohol sensors being used. Florida permits the use of portable evidential breath testing devices which have been employed by some law enforcement agencies since 2006. The Florida Highway Patrol (FHP) has recently equipped several of their vehicles with portable Intoxilyzer 8000 instruments.

The SSO requires all law enforcement officers working SSO-sponsored impaired driving enforcement activities to be trained in the proper use of Standardized Field Sobriety Tests (SFSTs). The Florida Criminal Justice and Standards & Training Commission (CJSTC) requires all law enforcement officers be trained in the use of the National Highway Traffic Safety Administration's (NHTSA) SFSTs. This is being accomplished through both 18-hour and 24-hour SFST classes. Eight hour SFST refresher training is also offered by members of the FHP and the Institute of Police Technology and Management (IPTM), although it appears this training is not being adequately advertised as many law enforcement officers are unaware of its availability. The number of law enforcement officers trained in the proper use of SFSTs increased 329 percent from 2011 to 2013 when 472 officers were trained.

The SSO and its partners continue to promote Advanced Roadside Impaired Driving Enforcement (ARIDE) training, which is a prerequisite for any officer attending Drug Recognition Expert (DRE) training.

DRE training classes declined to only one class per year in 2012 and 2013 with only 12 and 20 students trained respectively. In 2014, two classes were conducted, training 36 students. With an increase in funding, future plans include conducting at least two or three DRE classes per year. Each class is limited to 20 students. It is estimated that law enforcement personnel certified as DREs remain active in that capacity for an average of six years. It is also estimated that a contingent of 300 DREs could minimally fulfill the needs for their expertise. If 300 DREs must be recycled every six years it would require at least 50 DREs to be trained each year.

The Crime Lab of the Florida Department of Law Enforcement (FDLE) is well equipped and its chemical testing capabilities for detecting drugs in urine and blood are quite extensive. Florida law, however, does not recognize many impairing substances by not including them on the State's controlled substance list. This makes it extremely difficult, if not impossible, for the State to obtain a conviction for a person driving a vehicle while impaired by common impairing

substances such as zolpidem, one of the most widely prescribed sleep medications.

The FDLE provides salary incentives to law enforcement officers who complete specialized training and maintain certifications. For example, officers trained as crash reconstructionists can receive incentive pay of \$60 per month. This additional salary is not a burden on the agency employing the officer as it is paid by the State through the FDLE. DRE training and certification is not included in this incentive program.

While the number of officers being trained in ARIDE and DRE schools is increasing, it is not possible to evaluate the effectiveness of this training at this time. The State's impaired driving statutes do not provide for a separate infraction of driving under the influence of drugs. All impaired driving violations are charged as driving under the influence (DUI) regardless of the substance causing the impairment.

The number of annual impaired driving arrests has declined from just over 53,000 in 2009 to just over 42,000 in 2013 (the most recent year for which arrest data were provided), a decrease of almost 21 percent. During this same time frame, the proportion of total motor vehicle crashes determined to be alcohol- and drug-related decreased by nine percent.

Many Florida courts are excluding testimony concerning the Horizontal Gaze Nystagmus (HGN) field sobriety test unless the officer has advanced levels of training before admitting this evidence. Other courts exclude HGN testimony in all cases.

The admission of evidential breath test results has also been problematic in some parts of the State because of an unresolved issue concerning the availability of the source code for the Intoxilyzer 8000. The problem of getting HGN and breath test results admitted at trial has reportedly caused some officers to be less enthusiastic in looking for and arresting impaired drivers. The exclusion of the HGN testimony and breath test results indicates a lack of understanding of the science that supports its admission.

Florida has a well-established process for enabling or requiring the use of an ignition interlock device (IID) by persons charged with impaired driving violations. Data from each device are uploaded each month by a service provider and sent to the DUI / Ignition Interlock Unit of the Florida Department of Highway Safety and Motor Vehicles and ultimately on to the appropriate DUI Program for examination. While the IID Program has been in place for about 13 years, law enforcement officers around the State are not familiar with how to recognize an IID, how to determine if the user may be circumventing the device, or how to charge someone found to be in violation of the IID requirements.

The arrest and processing of an impaired driver is reported to take from two and a half to four hours. Various law enforcement agencies and the SSO have explored ways to reduce this processing time with limited success. The expansion of mobile breath testing may have some impact in more rural areas of the State but will have little impact on the volume of paperwork required for each arrest. It is reported that paperwork completion is the most time consuming part of an impaired driving arrest.

The SSO establishes guidelines for grantees to follow when conducting enforcement activities during SSO enforcement campaigns. The SSO regularly monitors enforcement activities that take place as part of these enforcement campaigns for effectiveness. Deficient and ineffective operations are examined and corrective action is taken to help the grantee achieve compliance.

An annual survey is conducted by the SSO to determine public perception concerning various aspects of traffic safety including impaired driving. The *2014 Florida Driver License Office Survey* revealed that over 67 percent of respondents believed someone was “very likely” to be ticketed or arrested if they drove drunk. That was consistent throughout the year and was higher than those who felt it very likely they would be cited or arrested for speeding or for not wearing a seat belt.

## **Recommendations**

- Conduct and widely advertise additional Standardized Field Sobriety Test (SFST) basic and refresher training classes. Work with the Florida Criminal Justice and Standards & Training Commission to establish a schedule of mandated SFST refresher training for all law enforcement officers.
- **Conduct regular Advanced Roadside Impaired Driving Enforcement (ARIDE) training classes that incorporate a refresher of the Standardized Field Sobriety Tests (SFST) and an introduction to drugs that impair driving.**
- Conduct additional Drug Recognition Expert (DRE) training classes to achieve and maintain a contingent of at least 300 DREs.
- Provide advanced training incentive pay for law enforcement officers trained as drug recognition experts that is at least equivalent to other programs of similar duration and complexity.
- **Implement a standardized web-based reporting system for impaired driving arrest reports that requires one-time entry of data to automatically populate all required forms.**
- **Enact legislation to include all drugs on the Federal schedule of controlled substances under Title 21 of the Federal Food, Drug, and Cosmetic Act on the Florida controlled substance list.**
- Provide regular ongoing training for prosecutors and members of the judiciary on the principles, effectiveness, and accuracy of the Standardized Field Sobriety Tests (SFSTs), the Drug Recognition Expert Program, and the approved breath testing instrumentation.
- Provide training to law enforcement officers to enable them to properly enforce the Florida ignition interlock device statute.

## **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.<sup>4</sup> 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 multi-disciplinary 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.*
- *Encourage prosecutors' participation in DWI Courts as a sentencing alternative for persistent DWI offenders.*

### **Status**

The 20 elected State Attorneys of Florida have the complete and sole responsibility for the prosecution of all impaired driving offenses. They and their 1,900 Assistant State Attorneys prosecute all criminal offenses in Florida. The prosecutors have organized the Florida Prosecuting Attorneys Association (FPAA), a non-profit corporation, to provide education through seminars, publications, and technical support for the prosecutors and their offices. The FPAA has developed and is sharing the costs of a case tracking system used by 12 state attorney offices and 11 public defender offices. The software is licensed to the FPAA and is available to all FPAA member offices. However, the system does not communicate directly with any other justice agency system. Prosecutors also do not participate on the Traffic Records Coordinating Committee (TRCC).

---

<sup>4</sup> Robertson, Robyn D. and Herb M. Simpson "DWI System Improvement for Dealing with Hard Core Drinking Drivers: Prosecution." Ottawa, Traffic Injury Research Foundation, 2002.

The State Attorney handles the appeals of the misdemeanor DUI from county court to the circuit court. All felony appeals within state and federal courts are handled by the Florida Attorney General's (AG) office. The AG Criminal Appeals Division has located attorneys statewide who work closely with State Attorneys. The AG Criminal Appeals Division handles felony appeals from basic sentencing guidelines cases to non-capital murder cases in the District Courts of Appeal, as well as habeas corpus litigation in the federal trial and appellate courts.

Florida's support of a strong Traffic Safety Resource Prosecutor (TSRP) program helps in the effective prosecution of impaired driving-related cases. The TSRP program uses experienced prosecutors who help coordinate and deliver training and technical assistance to those prosecutors handling impaired driving cases throughout the State. The training facilitated or provided by the TSRP program includes state-of-the-art training, in topics like Standardized Field Sobriety Tests (SFST), Drug Recognition Experts (DRE), and emerging technologies for the detection of alcohol and other drugs. However, information about sentencing strategies for offenders who abuse substances was missing from the content of the prosecutors' training. The TSRPs also assist in training efforts for law enforcement officers, both in a multi-disciplinary setting with the prosecutors and as standalone training for law enforcement.

Some prosecutors participate in a DWI Court program.

Despite a significant effort from TSRPs and others, it does not appear that elected prosecutors have made impaired driving cases a high priority for prosecution. These cases are reportedly assigned to newer and less experienced prosecutors.

A lack of personnel hampers the ability to prosecute impaired driving cases more vigorously. No mention was made of programs to retain qualified prosecutors. Experienced prosecutors are needed for other dockets as well.

In drug-impaired driving cases, there appears to be cooperation between prosecutors, state toxicologists, and arresting law enforcement officers (including DREs). There is a need for faster toxicology reports, which is a prosecutor and law enforcement concern. The problem lies in the lack of enough blood testing staff as the Florida Department of Law Enforcement laboratory struggles to obtain and retain adequate personnel.

Prosecutors have failed to establish and adhere to strict policies on plea negotiations and deferrals in impaired driving cases. There is no requirement that plea negotiations to a lesser offense be made part of the record and count as a prior impaired driving offense. Some prosecutors may use an informal deferral or "wet reckless" process to dispose of cases. The use of deferral is neither standardized nor common. On the other hand, several states attorneys have established diversion programs in some Florida counties and the counties have different standards for diversion. It appears that diversion program record keeping does not promote adequate reporting to show whether an offense was a first or subsequent offense. Differing opinions were provided on whether a statutory prohibition or a strict design of a diversion structure would be the best remedy for the prosecutors' programs. Ethical concerns and the question of abuse of process were raised. One practice, mentioned several times, was the ordering of a defendant to donate a set amount of money to a non-

profit entity. An additional concern is that the prosecution diversion program is a way to buy oneself out of trouble. Other concerns include the lack of adequate reporting and the question of public record. Some courts are so busy they do not handle DUIs in a timely manner. Some prosecutors find that diversion is the best solution. The prosecutors also make the argument that if a case is weak, prosecution of diversion is better than dismissal. DUI stakeholders are discussing the issue and considering drafting legislation to standardize the prosecution diversion programs.

## **Recommendations**

- Assign a position on the Traffic Records Coordinating Committee (TRCC) to an elected prosecutor.
- Provide prosecutors' training on sentencing strategies for offenders who abuse alcohol and other substances.
- **Establish and fund an impaired driving committee at the Florida Prosecuting Attorneys Association (FPAA) to develop strict policies on deferral programs and plea negotiations in impaired driving cases.**

## **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<sup>5</sup> 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.*
- *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.<sup>6</sup>*
- *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.*
- *Incorporate into judicial education and outreach administration the position of Judicial Outreach*

---

<sup>5</sup> Robertson, Robyn D. and Herb M. Simpson “DWI System Improvement for Dealing with Hard Core Drinking Drivers: Prosecution. Ottawa, Traffic Injury Research Foundation, 2002.

<sup>6</sup> Freeman-Wilson, Karen and Michael P. Wikosz, “Drug Court Publications Resource Guide, Fourth Edition.” Alexandria, VA: National Drug Court Institute, 2002.

*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**

The structure of the Florida state court system is relatively streamlined. The Florida Supreme Court is the State's court of last resort. In addition, Florida has five District Courts of Appeal, 20 circuit courts, and 67 county courts. The administrative functions of the Florida Supreme Court are carried out by the Office of the State Courts Administrators (OSCA). The office was formed in 1972 under the authority of Article V of the state constitution with the aims of increased consistency and uniformity in court administration.

The five District Courts of Appeal in Florida are located respectively in Tallahassee, Lakeland, Miami, West Palm Beach, and Daytona Beach. For the majority of appeals of misdemeanor DUI cases, the circuit courts conduct the final appellate review of the cases. For cases that are appealed from the circuit courts, the next appeal is to the District Courts of Appeal.

The circuit courts of the 20 judicial circuits in the Florida court system exercise general trial jurisdiction over matters not assigned by statute to the county courts. The circuit courts also hear appeals from county court cases and thus the appeals of the DUI misdemeanors are heard in the circuit courts. Some circuits are made up of multiple counties.

While the Constitution calls for a county court in each of Florida's 67 counties, the number of judges in each county court varies with the population and caseload of the county. To be eligible for the office of county judge, a person must have the right to vote in the county and must have been a member of the Florida Bar for five years. In counties with a population of 40,000 or less, a person must only be a member of the Florida Bar to be eligible to hold judicial office.

County judges are eligible for assignment to circuit court, and they are frequently assigned as such within the judicial circuit that embraces their counties. They serve six-year terms and are subject to the same disciplinary standards and to the jurisdiction of the Judicial Qualifications Commission, as all other judicial officers.

The Florida Judicial Branch web site reports that from January 1, 2013 to January 1, 2014 the number of DUI cases filed was 39,594. The web site reports 943 cases disposed of by jury trial and cases disposed by non-jury trial numbered 2,020. The county courts are the everyday workhorses of the trial courts in that they handle a large variety of cases and a large number of cases.

While the structure of the courts is streamlined, the operation and record keeping functions are neither streamlined nor uniform. The Florida Supreme Court has adopted the *Rules of Judicial Administration* to guide the courts in their deployment of information management systems. See RULE 2.110. SCOPE AND PURPOSE: These rules cited as "Florida Rules of Judicial Administration" and abbreviated as "Fla. R. Jud. Admin.," shall take effect at 12:01 a.m. on July 1, 1979. They shall apply to administrative matters in all courts to which the rules are applicable by their terms. The rules shall be construed to secure the speedy and inexpensive determination of every proceeding to which they are applicable.

The Supreme Court has also created and appointed members to the Florida Courts Technology Commission (FCTC) with the statement, “The FCTC shall have primary responsibility to coordinate and review recommendations with regard to all court policy matters relating to the use of technology in support of the effective administration of justice.” The membership of the FCTC consists of 25 members including two district court judges, five circuit court judges (including one chief judge), two county court judges, three court administrators, three court technology officers, four clerks of court (including one appellate court clerk), four Florida Bar members (including one Board of Governors member), and two members of the public at large. The Supreme Court Rule 2.236(b)(6) and (c)(3), instructs the FCTC to create procedures whereby courts and clerks and other applicable entities can apply for approval of new technology systems or applications, or modifications to existing systems or applications, that affect the receipt, management, maintenance, use, securing, and distribution of court records within the judicial branch, and between the public and the judicial branch.

There is no single case numbering system for cases, so each court has its own numbering system. This is confusing for those who are trying to follow the incidence of DUI cases.

Trial courts operate independently of each other and manage the DUI adjudication process without assignment supervision from the Florida Supreme Court. The Supreme Court does not insert itself into determining which judge hears what case under normal circumstances. Other than deciding an occasional appeal of a DUI case, the Supreme Court does not hold a strong leadership role.

There is a strong effort by county court judges to provide education for judges who handle criminal or administrative impaired driving cases as educational opportunities led by the DUI Adjudication Lab and others are provided on a regular basis.

Some DUI courts have been established in the State.

Some concern was reported about the extent of supervision of DUI offenders and differing structures that may or may not supervise the DUI offender. While the offenders are placed on “probation” and the statute requirement are uniform, the mechanics and conditions of actual supervision and services depend on location. Some programs are more successful than others. The Florida Department of Corrections (FDOC) manages the formal felony probation. The FDOC probation is only provided for felons. Sometimes a private contractor provides services and supervision. The probation supervision of most DUI offenders is highly variable.

While Florida has two tribes recognized by the federal government, the Miccosukee and the Seminole, the only information about their treatment of impaired driving is that each tribe has a law enforcement department and a justice department. The tribes operate casinos and tourist destination activities, so they may be interested in preventing DUI.

## **Recommendations**

- **Establish a uniform case numbering system by working with the court agencies.**
- Add a representative of Florida Courts Technology Commission to the Traffic Records Coordinating Committee.
- Engage the Native American tourist industry in the State's driving under the influence (DUI) prevention and reduction effort.

## **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.<sup>7</sup>*

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

### **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**

Florida can suspend a driver's license if the driver refuses to take a test to show if the driver is driving under the influence of alcohol, drugs, or other controlled substances. Under the implied consent law, if an officer thinks that a driver is driving under the influence of alcohol or drugs, the driver must submit to either a blood, urine, or a breath test. If the driver refuses to take the test, the driver's license can be suspended automatically for one year. A second refusal will result in an 18-month suspension and a second degree misdemeanor. The law enforcement officer issuing the citation takes the driver's license and issues a 10-day

---

<sup>7</sup> Robertson, Robyn D. and Herb M. Simpson "DWI System Improvement for Dealing with Hard Core Drinking Drivers: Prosecution. Ottawa, Traffic Injury Research Foundation, 2002

temporary permit if the driver is otherwise eligible for the driving privileges and issues the driver a notice of suspension.

Since the 2008 Impaired Driving Program Assessment, the processing of implied consent hearings has improved to the extent that hearing officers have been freed up to take on additional duties and the back log of cases has been eliminated. Telephonic and/or video hearings are now used when appropriate to make hearings even more efficient.

Florida's refusal rate for alcohol breath tests is around 36 percent. It is unclear what all the factors are that leads to such a high refusal rate. Florida's implied consent law, however, limits forcible blood draws to cases involving death or serious bodily injury. (See F.S. 316.1933(1)(a)). Further complicating matters, in the case of *State v. Geiss*, 70 So.3d 642.650 (Fla. App, 2011), the Fifth District Court of Appeal ruled that blood cannot be drawn based upon probable cause that a suspect has committed a misdemeanor DUI in light of the plain language of section 933.02, Florida Statutes.

Florida has a law (s. 316.193(6), F.S.) which allows impoundment or immobilization of a vehicle as follows, unless the family of the defendant has no other transportation:

- First conviction = 10 days
- Second conviction within 5 years = 30 days
- Third conviction within 10 years = 90 days

Impoundment or immobilization must not occur concurrently with incarceration. The court may dismiss the order of impoundment of any vehicles that are owned by a defendant if they are operated solely by employees of the defendant or a business owned by the defendant.

DHSMV administers Florida's ignition interlock device (IID) program including certification, installation, servicing, and monitoring of IIDs for second and third subsequent offenders (it is also required for first-time offenders above 0.15 BAC or if there is a minor in the vehicle). Violations result in loss of driving privileges. Tampering with an IID is a non-criminal offense. In 2014, there were 27,000 DUI convictions (1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup>) out of 50,000 that were cited for a DUI offense. Currently, there are over 17,700 active participants in the Special Supervision Services program and 5,700 IID participants in fiscal year 2014. Administrative fees were collected for 43,347 DUI cases totaling \$6 million. The DUI recidivism rate stands around 20 percent.

DHSMV has streamlined the IID vendor procurement process, prequalification, and minimum standards required to monitor IID participants and provide data access to the DHSMV.

### **Recommendations**

- **Conduct a study of factors influencing Florida's high rate of refusal under the implied consent law.**

- Evaluate the effectiveness of impoundment or immobilization of vehicles for repeat offenders.

## **E-2. Driver Licensing 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;*
- *Learner's permit is visually distinctive from other driver's licenses;*
- *Must remain crash and conviction free, including violations of the seat belt, zero tolerance, speed, and other GDL provisions, for at least six 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 six 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's licenses using multiple identities.*

**Status**

Florida's Graduated Driver Licensing Program is as follows:

**s. 322.1615 - Learner's Driver License**

- The department may issue a learner's driver license to a person who is at least 15 years of age and who:
- Has passed the written examination for a learner's driver license;
- Has passed the vision and hearing examination;
- Has completed the traffic law and substance abuse education course ; and
- Meets all other requirements set forth in law and by rule of the department.
- When operating a motor vehicle, the holder of a learner's driver license must be accompanied at all times by a driver who:
  - Holds a valid license to operate the type of vehicle being operated;
  - Is at least 21 years of age; and
  - Occupies the closest seat to the right of the driver of the motor vehicle.
- A person who holds a learner's driver license may operate a vehicle only during daylight hours, except that the holder of a learner's driver license may operate a vehicle until 10 p.m. after 3 months following the issuance of the learner's driver license.
- A licensee who violates any of these requirements is subject to the civil penalty imposed for a moving violation.

**s. 322.091 - Attendance requirements:**

Eligibility requirements for driving privileges:

A minor is not eligible for driving privileges unless that minor:

- Is enrolled in a public school, nonpublic school, or home education program and satisfies relevant attendance requirements;
- Has received a high school diploma, a high school equivalency diploma, a special diploma, or a certificate of high school completion;
- Is enrolled in a study course in preparation for the high school equivalency examination and satisfies relevant attendance requirements;
- Is enrolled in other educational activities approved by the district school board and satisfies relevant attendance requirements;
- Has been issued a certificate of exemption according to s. 1003.21(3); or
- Has received a hardship waiver under this section.

The Department of Highway Safety and Motor Vehicles (DHSMV) may not issue a license:

- To a person who is under the age of 16 years, except that the department may issue a learner's driver license to a person who is at least 15 years of age and who meets the requirements of :
  - ss. 322.1615, and
  - ss. 322.091
- To a person who is at least 16 years of age but is under 18 years of age unless the person meets the requirements of s. 322.091 and holds a valid:
  - Learner's driver license for at least 12 months, with no moving traffic convictions, before applying for a license;
  - Learner's driver license for at least 12 months and who has a moving traffic conviction but elects to attend a traffic driving school for which adjudication has been withheld; or
  - License that was issued in another state or in a foreign jurisdiction and that would not be subject to suspension or revocation under the laws of this state.
- To a person who is at least 16 years of age but who is under 18 years of age, unless the parent, guardian, or other responsible adult meeting the requirements of s. 322.09 certifies that he or she, or another licensed driver 21 years of age or older, has accompanied the applicant for a total of not less than 50 hours' behind-the-wheel experience, of which not less than 10 hours must be at night.

Florida issued new driver's licenses and identification cards beginning June 16, 2004. The "under 21" driver's licenses and identification cards reflected major changes using a vertical format and indicating the holder's 21st birthday in the photo image area.

Florida has a Zero Tolerance law for drivers under 21 years of age. Any driver under 21 years of age stopped by law enforcement who has a blood alcohol concentration (BAC) level of 0.02 or higher will automatically have their driver's license suspended for 6 months. For drivers over 21 years of age, the legal limit is 0.08. Any driver under the age of 21 years

with a breath or alcohol level of 0.05 or higher is required to attend a substance abuse course. An evaluation will be completed and parents or legal guardians will be notified of the results for all drivers under the age of 19.

The Florida Business and Professional Regulation's Division of Alcoholic Beverages and Tobacco (ABT) regulates about 76,000 businesses selling alcohol. ABT enforces its regulations through a complement of over 60 sworn officers using mandatory, random and/or complaint-based checks. ABT has developed a standard program to train alcohol beverage sellers to recognize fraudulent or altered licenses and IDs and what to do with these documents and the individuals attempting to use them. However, the training is not mandatory. Noncompliance, especially of selling alcohol to minors, may result in temporary suspension of license but administrative relief may be provided to those who have voluntarily trained their managers and clerks. ABT also conducts sting operations to detect underage alcohol sales using a vigorous, standard based guideline to withstand any challenges to claims of entrapment.

Currently, there is no representative from the Division of Alcoholic Beverages and Tobacco on the Impaired Driving Coalition, the State's Traffic Records Coordinating Committee, or underage drinking coalitions and task forces.

According to the Traffic Records Assessments conducted in 2011, during the 2010 Legislative session, lawmakers passed House Bill 5501, which included the following: "It is the intent of the Legislature that the complete transition of all driver license issuance services to tax collectors who are constitutional officers under s. 1(d), Art. VIII of the State Constitution be completed no later than June 30, 2015. The transition of services to appointed charter County Tax Collectors may occur on a limited basis as directed by the department." The bill further stated, "The department, in conjunction with the Florida Tax Collectors Association and the Florida Association of Counties, shall develop a plan to transition all drivers' license issuance services to the county tax collectors who are constitutional officers under s. 1(d), Art. VIII of the State Constitution."

Further, the report states "The checking of the Problem Driver Pointer System (PDPS) and the Commercial Driver License Information System (CDLIS) along with Social Security Online Verification (SSOLV) and Systemic Alien Verification for Entitlements Program System of Records (SAVE Program), as appropriate, remain standard practices. Lawful presence is a requirement for obtaining a driver's license. In view of the processes of checking national records prior to issuing a license, there may be a need to enhance the training for and monitoring of the tax collectors' offices that will be issuing over-the-counter driver's license documents. The transfer of driver functions to new and differently oriented personnel will result in exception routines for occasions in which the PDPS or CDLIS systems are down. There will also be a need for more stringent reviews of driver issuance transactions beyond the random reviews that are done for vehicle transactions. Inadvertent issuance of a fraudulent driver's license has the potential for much more severe consequences than the issuance of a fraudulent registration or vehicle title."

It is unclear whether any issues may have occurred during the transition period; however, it was confirmed that adequate training was provided to Tax Collectors on how to recognize fraudulent documents. They also have a document validation group to help process drivers whose legal presence must be verified.

### **Recommendations**

- Include the Division of Alcoholic Beverages and Tobacco in the Impaired Driving Coalition as well as the State's Traffic Records Coordinating Committee.
- Involve the Division of Alcoholic Beverages and Tobacco's sworn officer complement to participate in underage drinking coalitions and task forces.
- Evaluate the new driver's license issuance process to ensure that license examiners are able to recognize fraudulent documents presented by individuals seeking to apply for a new driver's license.

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

### **Status**

Florida has a tactical communications plan, based on the National Highway Traffic Safety Administration's (NHTSA) year-long marketing communications calendar, which employs paid, earned, and social media to educate the public about the dangers of impaired driving and the potential for arrest during key times of the year such as Super Bowl Sunday, St. Patrick's Day,

Cinco de Mayo, Memorial Day, Labor Day, etc. In past years, State-specific messages have been used to reach the target audience – males 18-34 years of age in counties with a high rate of alcohol-related crashes, injuries, and fatalities. Beginning in Federal Fiscal Year (FFY) 2016, all of the State’s impaired driving communications activities will promote the national *Drive Sober or Get Pulled Over* enforcement message. The State, however, will continue to educate motorcyclists about the risks and physical, legal, and monetary costs associated with riding impaired through its *Drink + Ride = Lose* and *Ride Smart* campaigns.

### Earned Media

The Florida Department of Transportation (FDOT) State Safety Office (SSO) is tasked with planning, implementing, and funding the impaired driving and riding communications program (paid, earned, and social media) with support from numerous partners. An FDOT Public Information Officer (PIO) is assigned to work directly with the SSO to develop earned and social media. The PIO distributes press releases, proclamations, talking points, and other materials that carry a “positive” message; handle media inquiries, ride-alongs, and press events; and posts and monitors social media messaging. FDOT also has seven district PIOs who promote the SSO’s campaigns and messages in all counties of the State. Weekly conference calls are used to share information and plan outreach activities.

The seven law enforcement liaisons (LELs) add another level of support to the earned and social media outreach effort. They use FDOT developed communications materials as well as create their own in support of the State and national campaigns. These resources are housed on the LEL website ([www.floridalel.info](http://www.floridalel.info)) for use by law enforcement agencies statewide. One LEL is a former PIO for the Florida Highway Patrol (FHP), another is well-versed in leveraging social media, while a third has data collection and message targeting expertise. LELs are provided training annually based on individual needs and interests.

All law enforcement agencies receiving high-visibility overtime enforcement grants from the SSO are required to disseminate earned media in support of that effort. All law enforcement agencies are also encouraged to participate in the DUI Challenge, which incentivizes them for conducting enforcement, public outreach, and educational activities within their jurisdictions. The Challenge is promoted by the LELs through local area network meetings and via their website, as well as posted on the SSO website.

FHP PIOs engage in earned media activities to promote their own impaired driving initiatives as well as statewide mobilizations and national crackdowns. They work with the press to arrange ride-alongs and interviews, speak to school-age and college students, and partner with universities at sporting and campus-wide events. They also collaborate with the Department of Highway Safety and Motor Vehicles (DHSMV) and the Division of Alcoholic Beverage and Tobacco to issue press releases addressing impaired driving during key time periods such as Spring Break and Super Bowl Sunday.

Other SSO partners, including Students Against Destructive Decisions (SADD), Mothers Against Drunk Driving (MADD), Sheriff’s offices, colleges and universities, and AAA, leverage their media channels and networks to bolster campaign outreach. They develop and/or distribute press releases, toolkits, social media messages, and articles as well as conduct educational and

special events to educate and engage their stakeholders. Community Traffic Safety Teams (CTSTs) may also conduct impaired driving educational activities or help distribute information and/or staff events. However, involvement is typically driven by the make-up of the CTST.

### Paid Media

Due to the prohibitive nature of the state's procurement requirements, the SSO does not directly administer the paid media component of the statewide impaired driving communications plan. Instead, in FFY 2015 the SSO awarded paid media grants to Tallahassee Community College (TCC) and the Center for Urban Transportation Research (CUTR) at the University of South Florida. TCC is responsible for administering four grants totaling \$3.5 million:

DUI Statewide Media Campaign – includes the purchase and placement of radio and television advertisements in multiple media markets in support of the impaired driving crackdowns conducted by multiple law enforcement agencies across the state during Labor Day and the Christmas/New Year's holiday periods. This grant includes an evaluation component to determine campaign effectiveness and ad buys and placement are handled by a Florida-based advertising agency.

DUI Professional Sports Marketing – includes the purchase of advertisements and in-venue messaging/branding (posters, signage, game announcements, audio/video Public Service Announcements [PSAs]) and alcohol-free activities and promotions with professional sports teams and venues. These include the Florida Panthers and Marlins, Miami Heat, Orlando Magic, Tampa Bay Rays and Lightning, and the Homestead and Daytona Speedways.

DUI Major College Sports Marketing – includes the purchase of radio and television advertisements on collegiate networks, printed messages on game-day programs, and sign placement in collegiate venues.

Impaired Driving Sports Campaign – includes the purchase of advertisements with Florida-based broadcasters, such as Sun Coast, that cover sporting events. This grant includes an evaluation component to gauge campaign effectiveness.

The FFY 2015 paid media grants with CUTR, which total \$700,000, address impaired motorcycle riding. The *Ride Smart* media campaign calls for the purchase of radio and television advertisements to educate motorcyclists about safe riding practices including not drinking and riding. The buy is targeted at counties with a large number of motorcycle registrations and crashes. Information is also disseminated to the public via a website, [www.ridesmartflorida.com](http://www.ridesmartflorida.com). The second grant, the *Drink + Ride = Lose* campaign, uses paid media to reach riders in the State's top 10 counties for motorcycle crashes. The campaign targets motorcyclists participating in bike weeks and other events that typically draw large rider crowds. Both traditional (print and radio advertisements) and guerilla marketing (point of sale items such as coasters, table tents, mirror and window clings, and urinal cakes) are used to saturate an area with the safety message.

TCC is responsible for executing all four paid media grant contracts, while the ad buy/placement for the DUI statewide media campaign is handled by a Florida-based advertising agency with the review and approval of FDOT SSO. The SSO handles the media buys for the three TCC-

managed sports-marketing grants, while CUTR handles both the grant execution and buy for the motorcycle safety campaigns with SSO's approval. About a quarter of the paid media dollars are used to pay administrative and advertising agency costs associated with the grant. TCC has an indirect cost rate of eight percent (\$280,000 for its FFY 2015 media grants), while CUTR's rate is 10 percent (\$70,000 for its FFY 2015 media grants). The advertising agency retains four percent of the cost of the media buy, which is standard in the industry. The SSO staff has expressed a desire to assume administration of these grants in light of recent changes to the federal guidelines addressing the negotiation and acceptance of college and university indirect costs rates. Working directly with an advertising agency to handle all media buys, including sports marketing, is also being considered due to current SSO staffing issues and limited marketing expertise. This will not only reduce the burden on the staff, but enable the SSO to take advantage of an ad agency's buying power and experience in developing comprehensive strategic marketing campaigns that include evaluation.

### Evaluation

To gauge the impact of the State's high-visibility enforcement (HVE) and paid and earned media campaigns, the SSO began conducting an annual driver awareness and behavioral measures survey in 2012. It should be noted that State Highway Safety Offices were required to conduct a behavioral measures survey beginning in 2012; however, the survey is no longer mandatory. A sampling of 800 motorists was conducted at driver licensing offices in counties across the State. Three survey waves were scheduled – one before and after the *Click It or Ticket* mobilization in April and June, and the other immediately after the Labor Day alcohol crackdown in September. The survey included questions about respondent characteristics, self-reported behaviors including driving after drinking, exposure to messages announcing stepped up enforcement, sources of traffic safety information (e.g., television, radio, newspaper, Internet), and perception of ticket/arrest if unbelted, drunk, or speeding. The survey was administered in English and Spanish.

The SSO reviews the survey data to determine changes in motorist awareness and behavior as a result of the HVE/media campaigns as well as to assess the best channels for reaching target audiences. Additionally, they share the survey findings with the advertising agency tasked with purchasing paid media for the statewide DUI campaign. It was not indicated whether a survey will be conducted in 2015 or subsequent years.

### Collateral Materials

While impaired driving is one of the program areas addressed on the SSO's web pages on the FDOT website, the content is not targeted to the general public but to the agency's partners. No collateral materials expressly discussing Florida's impaired driving problem, laws, and/or safety tips are readily available. The Impaired Driving Coalition (IDC) has discussed the need to develop a web-portal to allow for the dissemination of information to the public; however, no decision has been made about whether it will be a standalone website or a section housed on the SSO or another IDC member's website.

The Florida Integrated Report Exchange System (FIRES) was created to facilitate public information requests by the media and others seeking traffic crash information. The web-based system uses data from the DHSMV Crash Analysis Reporting System (CARS) to create crash

maps and charts. Annual *Crash Fact* reports for 2013 and earlier are also available for download. Several press releases have been issued announcing the availability of the system. The public section of FIRES does not, however, allow for impaired driving-related crash queries. This information is available only through special request.

### Education and Outreach Initiatives

The SSO provides grants to government and non-profit agencies to educate the public and key demographic groups about the dangers of impaired driving. These include:

Students Against Destructive Decisions (SADD), which reaches nearly 240,000 Florida teens through 150 chapters, conducts web-based and on-site teen leader training to foster school-based peer-to-peer educational initiatives. SADD provides its *Erase Teen Crashes* and compliance checks toolkits and other resources to schools to promote responsible decision making, as well as bring in national speakers to motivate and engage teens. SADD pushes out impaired driving messages via its social media platforms and partners with other organizations to address the dangers of drunk and drugged driving through community events and grassroots activities. SADD Florida administers the State's Teen Safe Driving Coalition, which works with teens and parents to address the crash-risk for novice drivers including the dangers of impaired driving.

Mothers Against Drunk Driving (MADD) raises awareness about impaired driving and underage drinking through its *Power of Parents* and *Power of Youth* programs. *Power of Parents* provides parents the tools to help them start and sustain a dialogue with their teens about the risks associated with underage drinking, while *Power of Youth* helps teens take a stand against the issue with their peers as well as adults. MADD works with Parent Teacher Associations and youth sports leagues to deliver the *Power of Parents* program, while School Resource Officers are being trained to deliver the *Power of Youth* program. MADD also provides victim advocacy services, victim impact panels, and assists with DUI checkpoints as well as partners with two of the State's professional football teams to promote designated driving through pre-game parking lot outreach. MADD also works with the media to promote its messages and is conducting eight *Walk Like MADD* events – three at major Florida universities – to raise funds and awareness of the dangers of impaired driving.

The Megan Napier Foundation conducts impaired driving outreach through school assemblies across Florida. Megan Napier and Lisa Dickson were killed by an impaired teen driver in 2002. Megan's mother, Renee, joins with Eric Smallridge, the impaired driver who killed the two girls, to discuss how his decision impacted three families and the dangers, consequences, and alternatives to driving while impaired.

### **Recommendations**

- **Develop a year-round, data-driven, strategic and tactical communications plan to increase public awareness of the State's focus on detecting, arresting, and convicting impaired drivers through sustained high-visibility enforcement and share it with all partners to solicit their buy-in and support.**

- Promote the benefits of participating in the DUI Challenge to bolster participation by all Florida law enforcement agencies.
- Ensure that Community Traffic Safety Teams develop and implement strategies to address impaired driving by educating the teams about the extent and impact of impaired driving in their communities, and identifying opportunities to engage them in helping to address the problem.
- Bring administration of all traffic safety paid media buys funded by the Florida Department of Transportation State Safety Office in-house.
- Contract with an advertising agency to develop and implement a paid media strategy that aligns with the strategic communications plan and is evaluated to determine its impact on reaching and influencing the key demographic.
- Post and promote the public availability of impaired driving web content by including the web link in all press releases disseminated by the Florida Department of Transportation State Safety Office and its safety partners, in advertisements and in social media.
- Allow the media and public to access information about impaired driving-related crashes via the Florida Integrated Report Exchange System (FIRES).
- Promote the availability of the Florida Integrated Report Exchange System (FIRES) crash analysis tool as a way to raise awareness of the extent of the State's impaired driving problem.
- Continue to conduct an annual statewide driver awareness and behavioral measures survey.

## **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.<sup>8</sup> 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.<sup>9</sup>*

*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](http://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. 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.*

---

<sup>8</sup> Repeat DWI Offenders in the United States. “Washington, DC: NHTSA Technology Transfer Series, Traffic Tech No. 85, February 1995.

<sup>9</sup> On average, 772 such episodes, according to Zador, Paul, Sheila Krawchuck, and Brent Moore, “Drinking and Driving Trips, Stops by Police, and Arrests: Analyses of the 1995 National Survey of Drinking and Driving Attitudes and Behavior.” Washington, DC: U.S. Department of Transportation, NHTSA Technical Report No. DOT HS 809 184, December 2000.

## **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.*
- *Appropriate for the offender's age and culture using specialized assessment instruments tailored to and validated for youth or multi-cultural groups.*

### **Status**

Assessment of driving under the influence (DUI) offenders takes place in the mandated DUI Program. The assessment is conducted by program assessors who have received training from the Bureau of Motorist Compliance. Assessors are not required to be licensed counselors or other alcohol or drug treatment professionals.

The Bureau of Motorist Compliance's DUI / Ignition Interlock Unit provides the oversight for 27 licensed programs. The Bureau administers Rule 15A-10, F.A.C., including instructor certification and training, investigating complaints, processing client appeals, conducting site visits, maintaining quality assurance, and evaluating programs' effectiveness.

The DUI programs are private non-profit organizations that are required to provide education, a psychosocial evaluation, and treatment referral services to DUI offenders to satisfy judicial and driver licensing requirements. Two educational services are offered – Level I for first-time offenders and Level II for second or subsequent offenders. The Level I course is to be a minimum of 12 hours of classroom instruction and incorporates didactic and interactive educational techniques. The Level II course is a minimum of 21 hours of classroom time using primarily interactive educational techniques in a group setting. This course focuses on the problems of the repeat offender and treatment readiness as the majority of students are referred to treatment. In no case is placement in Level II used in lieu of treatment.

Screening and assessment are addressed in detailed *DUI Program Guidelines*. Offenders are screened with a combination of the Driver Risk Inventory, record of offenses including blood alcohol concentration, and a clinical interview.

#### **15A-10.027 Client Evaluation.**

(1) Each DUI program shall provide client evaluation services. The program shall utilize an evaluation manual. An evaluation shall be conducted on all persons enrolled in the DUI program. The component shall include a psychosocial evaluation to determine the

existence of a possible alcohol or other drug abuse problem. If a client is enrolled in the program for more than one arrest or conviction, only one evaluation shall be conducted.

(2) The evaluation shall include the administration of the Driver Risk Inventory. A testing environment shall be free of distractions by persons or objects which would influence or interfere with the testing process.

(3) A client face to face interview shall be conducted. The DUI program shall complete the Client Data Information and Interview, HSMV Form 77004 in all cases to document the face to face interview.

(4) The psychosocial evaluation shall be conducted prior to attendance at the class where feasible. The Driver Risk Inventory shall be administered and scored prior to the evaluation.

(5) The results of the clinical interview, objective testing, documented blood alcohol reading, arrest record, and official driver record shall be integrated in reaching a decision about the need for treatment according to the Evaluator Guide. A summary of the client's classroom participation may also be considered. When the evaluation results in a deviation from the Evaluator Guide, the Client Data Information, and Interview, HSMV Form 77004, must be reviewed, signed by the clinical supervisor, and shall be retained for two years.

(6) The need for treatment shall be documented in the file and discussed with the client. Where treatment is deemed appropriate, the program shall refer the client to a DCF licensed treatment provider or a provider that is exempt from licensure. The DUI program shall forward a copy of the Client Data Information and Interview, HSMV Form 77004, to the treatment provider prior to the client's intake appointment. The program shall ensure that appropriate confidentiality safeguards are followed and that the referral is made on the Treatment Referral and/or Documentation, HSMV Form 77005.

(7) Any client wishing to contest a referral to treatment shall be required to comply with the procedure outlined in Section 316.193(5), F.S. The DUI program shall ensure that the agency approved by the court to conduct the second psychosocial evaluation shall have access to the original evaluation, that is, shall provide a copy of the evaluation upon request.

(8) The client evaluation shall be conducted by a person certified as an evaluator by the Department. Certified evaluators shall be under the supervision of a certified clinical supervisor. The clinical supervisor shall be certified as an evaluator, Special Supervision Services Evaluator, and clinical supervisor. The clinical supervisor shall:

(a) Provide a minimum of two hours of face to face individual clinical supervision per month to evaluators who provide a minimum of 80 hours per month of evaluator time.

(b) Provide a minimum of one hour of face to face individual clinical supervision per month to evaluators who provide less than 80 hours per month of evaluator time.

(c) Observe an interview, or review a recording of such, at least once every six months.

(d) Review a minimum of three client case records at least monthly.

(e) Monthly case staffings with all involved staff. Clinical supervisors, who routinely conduct a minimum of 10 evaluations per week, shall present a minimum of one evaluation at each monthly case staffing. Documentation of all required clinical supervision case reviews, case staffings, and observations shall be retained by the program for a minimum of two years.

Rulemaking Authority 322.02, 322.292, 322.293 FS. Law Implemented 322.292, 322.293 FS. History—New 1-4-95, Amended 3-4-97.  
15A-10.028 Treatment Referral.

(1) Each DUI program shall establish a treatment referral system for persons determined to have an alcohol or other substance abuse problem. Twelve step programs and self-help groups shall not be utilized by the DUI program for treatment referrals. The treatment agency may refer clients to twelve step programs and self-help groups. The client shall be given a listing of approved providers with identifying information on location, fees, intake procedures and criteria for admission. The client shall be free to choose the treatment agency. An appointment with a treatment agency must be scheduled by the client within 20 days following the evaluation.

(2) The program shall maintain a policies and step by step procedures manual which may be included as part of the operating policies and procedures manual, and shall deal with the following matters:

- (a) Treatment referral,
- (b) Follow-up process including the receipt of client information from the treatment agency,
- (c) Client grievances,
- (d) Written agreements or contracts,
- (e) Listing and description of the treatment providers including criteria for their selection.

(3) In its criteria for treatment provider selection, the DUI program shall minimally require that:

(a) All treatment providers shall be licensed by the Department of Children and Families (DCF) pursuant to Chapter 397, F.S., or exempt from such licensure. A copy of the current license must be on file with the DUI program. If the DCF license has expired and the current license is unavailable, a letter must be secured from the district DCF office stating that the provider is in good standing and holds licensure status. Documentation of licensure exemption must be on file with the DUI program.

(b) Each provider to which referrals are made shall enter into a contract or written agreement with the DUI program unless the treatment provider and the DUI program are the same organization. The only manner in which the DUI program can refer clients to that organization's treatment component is to secure a waiver pursuant to Application for Treatment Waiver, HSMV Form 77050, incorporated by reference in Rule 15A-10.043, F.A.C. If a waiver is granted and the organization which conducts the substance abuse evaluation and education is authorized to provide treatment services to DUI clients, licensure under Chapter 397, F.S., or documentation of licensure exemption for the provision of such services shall be obtained from DCF. In considering an application for treatment waiver, the Department shall consider the following criteria:

1. The number of DCF licensed or exempt facilities in the area served by the applicant.
2. Fee schedule.
3. Waiting period to receive services.
4. Distance in mileage between applicant's treatment facility and other providers in the area served by the applicant.

5. Days and hours of operation of all other DCF licensed or exempt facilities in the service area.
  6. Admission criteria and admission criteria restrictions of all other DCF licensed or exempt facilities in the service area.
  7. Average length of treatment prescribed by each DCF licensed or exempt facility in the service area.
  8. Willingness of each DCF licensed or exempt provider in the service area to comply with the pertinent rule requirement.
  9. Services to minorities and special needs clients.
  10. Willingness of the applicant facility to cooperate with other DUI programs in the area in complying with the rule requirements.
- (c) Treatment planning shall be the responsibility of the treatment provider receiving the referral and the treatment plan shall be individualized to each client's needs. Such requirements shall be included in the contract or written agreement made between the DUI program and the treatment provider.
- (d) The treatment provider must confer regularly with the DUI program for the purpose of staffing, tracking, and coordinating. Confer regularly is defined as a face to face meeting once each quarter between the treatment provider representative and the DUI program representative. Conferring may occur by telephone in between the quarterly face to face contacts.
- (e) The treatment provider must notify the DUI program when there is a change in client's level of participation in treatment. This requirement shall be included in the contract or written agreement with the treatment provider.
- (f) The treatment provider shall comply with any other criteria specific to the local community and client population as stipulated by the DUI program.
- (4) If a client is already engaged in treatment at the time of the evaluation with a provider not on the DUI program's list of approved providers, the DUI program shall ensure that the provider meets the following criteria:
- (a) Authorized by a Florida state agency to provide substance abuse services as defined in Chapter 397, F.S., or by the appropriate state agency if located outside of Florida;
  - (b) Provide information on client status and disposition on appropriate letterhead stationary; and
  - (c) Meets the conditions listed in the Treatment Referral and/or Documentation, HSMV Form 77005. Such criteria shall also apply in those cases where the client has completed treatment prior to the evaluation but after the present DUI.
- (5) If treatment documentation must be secured from an out-of-state provider, a contract or written agreement is not required. The DUI program shall have evidence of its efforts to secure documentation that the provider is appropriately licensed or approved in that state or country, that substance abuse is the focus of the client's treatment, which monthly reports are received from the provider, and the provider notifies the DUI program of any change in the client's status.
- (6) The DUI program must secure documentation from all treatment providers including the Feedback HSMV Form 77031 incorporated by reference in Rule 15A-10.043, F.A.C.
- (7) If treatment documentation indicates that the person has been seen by a treatment provider only for the purpose of prescribing or reviewing medication and not receiving

alcohol or other drug treatment, then referral to a licensed provider may be made to determine the need for treatment.

(8) All programs shall submit a Quarterly Treatment Referral Report, HSMV Form 77051, incorporated by reference in Rule 15A-10.043, F.A.C., on client treatment referrals for review by the Department. This report shall be received by the Department within 30 days following the end of each quarter.

Evaluation results in classifying offenders as: 1) not needing treatment; 2) treatment recommended (voluntary); or 3) required to attend treatment.

If the assessment results in a requirement for treatment, offenders must report to a certified treatment provider for a full clinical evaluation and establishing a treatment plan.

Results of evaluation are rarely used by courts in determining sentencing. Results are shared with probation for those offenders for whom probation has been ordered.

Florida law allows individuals with five-year, 10-year, and permanent revocations to apply for DUI Special Supervision Services (SSS). SSS allows offenders to drive with a restricted license for the remainder of the prescribed suspension. Use of drugs or alcohol is prohibited during SSS, except prescribed medication taken as directed. The Department of Highway Safety and Motor Vehicles (DHSMV), Division of Motorist Services, has the full statutory responsibility of granting the restricted driver's license to the applicant. Registration in the DUI SSS does not guarantee Division of Motorist Services will issue the restricted driver's license to the applicant.

An applicant with a revocation of five years must wait until 12 months after the date the revocation was imposed as a prerequisite to admission into the program and must not have driven within the 12 months prior to reinstatement. The applicant must have not used any drugs for at least the past 12 months. Drugs include alcohol and those non-alcoholic beers or wines which contain less than .5% of alcohol.

An applicant with a revocation of 10 years must wait at least 24 months as a prerequisite to admission into the program and must not have driven within the 12 months prior to reinstatement. The applicant must have not used any drugs or alcohol for at least the past 12 months. Drugs include alcohol and non-alcoholic beers or wines which contain less than .5% of alcohol.

Drivers under permanent license revocation for four or more DUI convictions, for DUI manslaughter with a prior DUI conviction, or for murder resulting from the operation of a motor vehicle cannot apply for the SSS program until five years after conviction or release from incarceration, whichever occurred last. In the five years prior to application to the SSS program, the applicant cannot have driven, consumed alcohol (including so called non-alcoholic beers and wines), or used any mind altering drugs, inhalants, non-prescribed prescription drugs, or abused over-the-counter drugs or prescriptions.

Under section 322.271 Florida Statutes, the DHSMV, Division of Motorist Services, will perform a field investigation regarding the Special Supervision applicant driving and drinking behaviors, and the results of this investigation shall be considered by the DHSMV to determine if any restricted driver license/permit shall be issued.

Per administrative rule, an applicant shall be evaluated and supervised by the DUI Program which serves the county in which the applicant resides, the county in which the applicant is employed, or the county in which the applicant attends school. Supervision continues for the remaining period of the driver's license revocation with the provision that the restricted driver's license remains in good standing with the DHSMV, Division of Motorist Services.

For eligible drivers, requirements for participation include:

- Treatment for alcohol and/or drug problems.
- Release of information for community agencies, hospitals, or any organization or person who provide services to the offender.
- Compliance with random drug testing.
- Completion of the Level II DUI Program.
- Demonstration of a significant change in lifestyle and behavior.

Throughout this report there is discussion of the pre-trial deferral of DUI offenders. Deferral does not affect the requirement for participation in a DUI Program, including screening and assessment as a condition of license reinstatement.

Data were not available on the total number of offenders who enter or complete the DUI Program. It is likely that many of the highest risk offenders are the least likely to participate or comply with treatment requirements with return of driving privileges as the only incentive. Since few DUI offenders are sentenced to probation and fewer have court supervision, many of the highest risk drivers are likely to escape meaningful intervention. A thorough assessment of the flow of DUI cases from arrest to completion of treatment is critical to informing modifications to current statutes and policies.

## **Recommendations**

- **Require a substance abuse assessment as a condition of deferral for driving under the influence (DUI) offenders.**
- Require completion of assessment recommendations for drivers participating in deferred prosecution of driving under the influence (DUI).
- Require all second and subsequent offenders assessed as needing treatment for alcohol or other substance abuse disorders to complete treatment as a condition of the sentence.
- **Conduct a thorough statewide assessment of the flow of driving under the influence (DUI) cases from arrest to completion of treatment.**

## **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.<sup>10</sup>*
- Designed to result in referral to assessment and treatment when warranted.*

### **Status**

It is unclear how widely Screening, Brief Intervention, and Referral to Treatment is implemented in healthcare facilities in Florida.

The University of Florida (UF) Health Shands Hospital hosted the Brief Intervention of Alcohol Use Disorders Colloquium to teach attendees how to intervene with trauma patients who were inebriated when injured and those who were inebriated when they caused injury to others. The UF Health Shands Hospital team annually treats about 980 such patients or 30 to 40 percent of their total trauma patients.

The four-hour training session involved 53 Florida healthcare professionals from UF Health Shands Hospital, Tampa General Hospital, Orlando Regional Hospitals, North Broward Medical Center (Deerfield Beach), Memorial Regional Hospital (Hollywood), Jackson Memorial Hospital (Miami), and St. Joseph's Hospital (Tampa). It outlined the methods and implementation of brief intervention.

---

<sup>10</sup> For a discussion of assessment instruments, see: Allen, John and M. Columbus (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 Practitioner's Guide," Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism, NIH Publication No. 04-3769, Revised February 2004.

The Florida Department for Children and Families implements a substance abuse screening and intervention program for older adults by partnering with primary care and emergency physicians who come into contact with older adults who are at risk for or experiencing substance abuse problems. Older adults are screened and provided brief interventions in such non-specialty sites as primary and emergency healthcare settings, senior nutrition programs, and public health clinics, thereby broadening the base of an existing, evidence-based pilot program of brief interventions that specifically targets older adults.

Florida is one of many states with an insurance Alcohol Exclusion Law. The law allows health insurance companies to deny coverage to individuals who are injured as a result of being under the influence of alcohol or any narcotic not prescribed by a physician. The Alcohol Exclusion Law can be used to deny payment to doctors and hospitals that render care to these patients which discourage alcohol screening in trauma centers and emergency departments. The exclusion law might be creating a disincentive for healthcare facilities to identify alcohol involvement in injured drivers being treated in their facility.

### **Recommendations**

- Ensure that all primary healthcare facilities provide Screening Brief Intervention and Referral to Treatment Services.
- Provide Screening Brief Intervention and Referral to Treatment Services training to substance abuse prevention professionals and other professionals in disciplines that interact with impaired drivers and others with potential alcohol and substance abuse problems.
- Repeal the Alcohol Exclusion Law.

## **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.*
- *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**

The treatment course prescribed for individual driving under the influence (DUI) offenders is determined by treatment providers to whom offenders are referred after an assessment conducted at the DUI Program. The primary source of treatment for DUI offenders is through the DUI Program. Most treatment providers use group or individual counseling. There is limited access to residential care. While most DUI offenders lack adequate insurance coverage for treatment, most of those who attend are able to self-pay. It is unclear to what extent inability to pay inhibits offenders from accessing appropriate treatment.

The DUI Program includes three levels of intervention:

#### 15A-10.024 Level I Course.

The Level I course shall include behavioral objectives for the students. It shall consist of a minimum of 12 hours of classroom instruction including didactic and interactive educational methodologies, and not less than two hours of drug abuse information. The total time for breaks made available to students shall not exceed 80 minutes per 12 hours of the Level I course. Classes are limited to an average attendance of 30 students, not to exceed 35 enrollees. The course shall have a curriculum consisting of the following elements:

- (1) Orientation.
- (2) Definition of the DUI problem.
- (3) Law enforcement role.
- (4) Judicial role.
- (5) Department of Highway Safety and Motor Vehicles role.
- (6) Physiological effects of alcohol and other drugs on the body and their relationship to the driving task.
- (7) Sociological effects of alcohol and other drug abuse.

- (8) Causative factors underlying alcohol and other drug abuse.
- (9) Community treatment services.

15A-10.025 Level II Course.

(1) The standardized Level II curriculum shall be used. It shall be a minimum of 21 hours in length. Modifications cannot be used unless approved by the Department utilizing the Criteria Checklist for Level II Curricula, HSMV Form 77049, incorporated by reference in Rule 15A-10.043, F.A.C.

(2) The total time for breaks made available to students shall not exceed 140 minutes per 21 hours of the Level II course. Attendance shall be determined if the person has previously attended the Level I class or has been convicted two or more times of an offense requiring DUI program attendance. If attending in pre-conviction status, attendance at Level II will be made if Level I has already been completed. If a client is convicted of another offense while attending the Level I program he must complete both that Level I and a Level II program before receiving a certificate of completion. A second evaluation shall be conducted if the client was not referred to treatment as a result of the first evaluation. The course shall be taught by using primarily interactive educational techniques in a group consisting of an average of 15 people.

The third level is treatment received from a certified treatment provider.

Florida law requires that courts “shall” place all offenders convicted of violating Florida’s DUI laws on monthly reporting probation. It appears that few offenders are actually placed on supervised probation. Whether placed on probation or not, all offenders are required to complete a substance abuse course conducted by a DUI Program licensed by the Department of Highway Safety and Motor Vehicles (DHSMV) which must include a psychosocial evaluation of the offender. If the DUI Program refers the offender to an authorized substance abuse treatment provider for treatment, in addition to any sentence or fine imposed, completion of all such education, evaluation, and treatment is a condition of reporting probation. The offender shall assume reasonable costs for such education, evaluation, and treatment. The referral to treatment resulting from a psychosocial evaluation shall not be waived without a supporting independent psychosocial evaluation conducted by an authorized substance abuse treatment provider appointed by the court, which shall have access to the DUI Program's psychosocial evaluation before the independent psychosocial evaluation is conducted.

The DUI Program monitors the progress of convicted impaired drivers through education, screening, referral, and treatment. The DUI Program has primary monitoring responsibility, although treatment providers monitor treatment progress and report compliance to the DUI Program. However, monitoring and compliance in the DUI Program is primarily for purposes of driver licensing and consequences of non-compliance are limited to restrictions on license reinstatement.

Florida only provides state-funded probation services for DUI offenders who have been adjudicated of felony offenses. Some County Court judges have access to probation supervision services in their counties. These services are either provided through county agency providers or through private probation providers, which are self-sustaining. DUI defendants who are assigned

to probation are monitored by probation officers who regularly report violations to the courts and obtain warrants for the arrest of defendants who have violated probation conditions.

While Florida law permits probation periods of up to one year for misdemeanor DUI violations (first and second offenses), it is a common practice for defense attorneys and prosecutors to stipulate to early termination of probation for defendants who have completed conditions that would ordinarily have to be completed during the probationary period. This effectively enables many defendants to substantially or even totally avoid probation supervision by completing community service, payment of fines, evaluation and treatment, and other statutory requirements prior to entry of a guilty plea.

Progress in treatment is monitored by the DUI Program with regular feedback from treatment providers. Upon completion of requirements, the DUI Program informs DHSMV in order to allow return of driving privileges.

15A-10.026 Certificates of Completion and Student Status Report, HSMV Form 77057.

(1) Certificates of completion shall not be issued until the education and evaluation components of the DUI program have been completed. The certificates of completion shall contain language to the effect that failure to satisfactorily complete any prescribed treatment may result in the cancellation of the driver license. Only HSMV Form 77057, the certificate of completion or letter of completion from a licensed DUI program will be accepted by the Department as proof of completion of all DUI program requirements.

(2) Education and evaluation components shall be completed within 90 days of enrollment. If a client fails to complete either or both of the components by the end of that 90 day period, the program shall submit the Student Status Report, HSMV Form 77057 to the Department indicating that the client has failed to complete DUI. If a client returns to the program more than 90 days after the original enrollment to complete the program, the client shall be required to pay the entire registration fee and complete both the education and evaluation components.

(3) A client who completed the education and evaluation components but failed to complete required treatment shall be required to complete only treatment upon return to the program. The program shall submit the HSMV Form 77057 to the Department once treatment has been completed.

While at least some DUI Programs offer courses in Spanish, it is unclear if courses have been enculturated for other groups. There does not appear to be any programs designed specifically for young offenders.

There are some DUI Courts in Florida. A DUI Court is structured to provide repeat DUI offenders with intense out-patient treatment while on supervised probation. The offender's compliance and progress is monitored by the court through regular court appearances before the presiding judge. After entering a plea to the DUI charge, the offender is placed on probation for a period of one year. While on probation, the offender is required to comply with all the statutory requirements and complete all phases of DUI Court which include: weekly court appearances, group therapy, random alcohol/drug screens, and other conditions as recommended by a treatment provider. Treatment providers are required to enforce a strict attendance policy

for all group therapy sessions and Alcoholics Anonymous (AA) meetings. Violation of any of the probation or noncompliance with any of the above requirements may result in sanctions including jail or the offender's probation being violated and the offender becoming ineligible for further participation in DUI Court. DUI Courts have gained accolades in recent years and are an effective tool for reducing impaired driving recidivism.

### **Recommendations**

- Conduct a feasibility study on developing and implementing additional DUI Courts in Florida.

## **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.*
- *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 seat belt 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**

Projects funded by the Florida Department of Transportation (FDOT) State Safety Office (SSO) are required to conduct evaluation. The Impaired Driving Coalition (IDC) identifies and prioritizes the State's most pressing impaired driving issues and develops a plan to maximize the State's ability to impact impaired driving crashes. There are 38 coalition members representing agencies and organizations with a working knowledge and understanding of the various parts of Florida's impaired driving system and how the parts interrelate.

The IDC's 2015 Impaired Driving Plan focuses on seven key goal areas including enforcement, prosecution and adjudication, administrative process, prevention and education, treatment, data collection and analysis, and legislation. The IDC reviews progress in each area at quarterly meetings. The plan includes well-defined, short- and long-range impaired driving target goals for all areas of impaired driving including, but not limited to:

- A targeted reduction in impaired driving crashes, injuries, and fatalities;

- A targeted reduction in average blood alcohol concentration (BAC);
- A targeted increase in DUI arrests and convictions; and
- A targeted reduction in underage involvement in DUI crashes.

FDOT, in partnership with the National Highway Traffic Safety Administration (NHTSA), the Federal Highway Administration, and partners from all segments of Florida’s traffic safety community, developed the 2012 Strategic Highway Safety Plan (SHSP). Florida’s SHSP is a statewide, data-driven plan that addresses the four E’s of safety – engineering, education, enforcement, and emergency response. The updated 2012 SHSP is serving as a roadmap to help Florida reduce fatalities and serious injuries for the five years between 2013 and 2017. The SHSP reflects the IDC recommendation that impaired driving be an “emphasis area.”

Additionally, the Traffic Records Coordinating Committee (TRCC) has developed a Traffic Records Strategic Plan to address the data needs for the highway safety community and has developed goals to:

- Ensure TRCC membership includes agencies and organizations representing key data collectors, managers, and users or members who are positioned to share traffic data information with pertinent organizations.
- Review current TRCC membership to identify missing data systems or agencies with data interests not currently represented.
- Add local emergency medical services representation.
- Identify similar working groups (e.g., Safe Mobility for Life/Aging Road Users Coalition) with strategic plans which include a data component and ensure the TRCC includes representatives from those groups, or that a TRCC member shares traffic data information between the two groups.
- Promote and market TRCC work through information sharing.
- Establish a master calendar of potential participation opportunities.
- Coordinate and communicate data needs among data collectors, managers, and users.
- Report on outreach efforts to other groups.
- Promote linkage with the SHSP.
- Establish roles and responsibilities for the TRCC Executive Board.

All these activities have created enough synergy to provide adequate support for all FDOT funded projects to be data-driven for problem identification and program planning. Routine evaluation of all impaired driving program activities will serve to determine the cost effectiveness of all efforts designed to impact impaired driving crashes, fatalities, and injuries.

While impact evaluation may use spatial and temporal distributions, it is also necessary to look at target populations in terms of socio-economic as well as demographic distributions. Also, since Florida is a tourist destination, it may also be critical to analyze data and evaluate the impact on in-state as well as out-of-state residents, and the impact on older populations.

## **Recommendations**

- Identify and market to all stakeholders (data collectors, managers, and users) Florida’s

Strategic Highway Safety Plan, Traffic Safety Information Strategic Plan, and Impaired Driving Plan.

- Include representatives of all agencies with data systems relevant to the impaired driving issue on the Traffic Records Coordinating Committee.
- Conduct impaired driving program evaluations using resources available at academic/university level research institutions.

## **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:*
  - *the extent of the problem, e.g., alcohol-related crashes and fatalities;*
  - *the impact on various populations;*
  - *the level of effort dedicated to address the problem, e.g., level of enforcement activities, training, paid and earned media; and*
  - *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.*
- *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**

Florida completed a Traffic Safety Information Strategic Plan in May 2008 followed by a Traffic Records Assessment in May 2011. Information from these two documents provides an excellent framework to improve Florida's traffic records. While the data owners are the key players, to make effective use of the data, additional stakeholders need to be involved in identifying additional data sources, analyzers, and users.

The Florida Courts Technology Commission has called for court automation in order to achieve uniformity. Additionally, the Circuit Court Clerks and the Clerk of the Florida Supreme Court have created an e-filing authority. Once courts can receive electronic citations directly, they will experience savings from a reduction of data entry into case management systems. The 2011 Traffic Records Assessment reported that a possible savings of 30 seconds on each of the approximately five million tickets processed in the State annually would save the equivalent of 20 full-time employees for each time citation data were re-keyed.

Though safety data are being used to identify problems and target resources to identified problems, exposure measures such as population demographics, licensed drivers, registered vehicles, and driver history file on multiple DUI convictions, attitude and health survey data, media exposure data, DUI arrest reports data, citation adjudicated and non-adjudicated files provide additional opportunities to address DUI issues/concerns in more creative ways.

The Traffic Records Coordinating Committee (TRCC) is missing additional stakeholders who can provide critical input to the next update of the Traffic Safety Information Strategic Plan. For example, the academic community, Department of Business and Professional Regulations' Division of Alcoholic Beverages and Tobacco, Bureau of Driver Education & DUI Programs of Division of Motorist Services, Florida Department of Children and Families, insurance companies, driver training schools, and county tax collectors.

While almost 82 percent of law enforcement agencies submit crash reports electronically and 73 percent transmit citation data electronically, nonstandard databases create redundant data entry. No efforts are currently underway to integrate various data files: crash, driver, vehicle, roadway, citation, emergency medical services, etc.

Members of the Impaired Driving Coalition, the TRCC, and the traffic records user community cannot access the major component data files of the Traffic Records System (TRS) through a single portal. To support this access, the State would benefit from an enterprise architecture and database, and development of a traffic records clearinghouse to serve as the gateway for users. The databases in the clearinghouse could be linked in ways that support reduction of DUI crashes as well as highway safety analysis. Data could be linked by location, involved persons, and events. The TRS could support standard methods for transporting data between systems by providing a documented file structure and data definitions.

The 2008 Traffic Safety Information Strategic Plan states:

Objective 3.1 - Understand the needs of end users that require linked data by September 30, 2013:

- Coordinate with partners and experienced states to gather lessons learned.
- Establish a baseline for fields most used to fill data requests
  - Each data system owner identifies data fields commonly used to fill data requests and most common data linkages requested
    - » Provide name and definition of each data field
    - » Identify most common requests for data linkage (whether the linkage exists or not)
  - Compile comparison chart of:
    - » like/similar data field names and definitions for all data systems
    - » identify fields which can presently be linked to other datasets
  - Form a subcommittee of data system representatives
    - » review chart
    - » identify most commonly used data fields among systems used to fill requests
    - » confirm fields which can presently be linked

Objective 5.1 - Provide a list of data fields, present definitions, and present linkages for metadata resource.

## **Recommendations**

- Market the Traffic Safety Information Strategic Plan to all stakeholders involved in reducing driving under the influence (DUI) crashes.
- Develop and present a course in safety data availability and its use in problem identification and impact evaluation to members of the Traffic Records Coordinating Committee, the Impaired Driving Coalition, and the academic community.

- Identify additional stakeholders (such as County Court Clerks or a representative from the Florida Courts Technology Commission) to participate in the next update of the Traffic Safety Information Strategic Plan.
- **Update the Traffic Safety Information Strategic Plan to address the need for data linkages and integration, data dictionaries, and data formats for various data files used to address highway safety issues including impaired driving crashes, fatalities, and injuries.**

## **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's 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.*
- *Provide for the effective exchange of data with State, local, tribal, and military agencies, and with other governmental or sovereign entities.*

### **Status**

The Department of Highway Safety and Motor Vehicles (DHSMV) Division of Motorist Services used to issue driver's licenses and currently maintains the driver file which contains records on approximately 16 million licensed drivers. The issuance of driver's license function is being transitioned to county tax collectors. Driver records also include commercial driver licenses. The DDL also maintains the vehicle registration and title file. This file contains records on some 15.6 million registered vehicles. Commercial vehicle registrations are also maintained in the same file and are identified as commercial vehicles.

Courts and law enforcement have immediate access to driver data in conjunction with the Criminal Justice Network (CJNET). The network provides access to the Driver and Vehicle Information Database (DAVID). An information search can be initiated using a name, driver's license number, license plate number, vehicle identification number, or other personal details. The search results include the following elements:

- Digital Images and Signatures – including current and previously stored photographs.
- Driver's License Information – descriptors, restrictions, status, and complete driver history.
- Vehicle Information – registration and title and the history going back to 1999.
- Crash Reports – including information about alcohol and drug involvement.
- Citizenship – information on non-citizens known to the Department.

Convictions are submitted electronically by virtually all county courts through the Traffic Citation Accounting and Transmission System (TCATS). Crash involvement is posted automatically in the driver file if a conviction is associated with the crash. If the driver was deemed by an enforcement officer to be at fault and a notice is received from the court, that crash

involvement is posted manually. Blood alcohol concentration (BAC) data are recorded in the driver file if present on a crash report or citation.

The information in the driver file supports the functions of driver control. In addition, this file is used to support the Problem Driver Pointer System (PDPS) and the Commercial Driver License Information System (CDLIS). Driver histories from other states are included in the driver file for commercial vehicle operators and non-commercial drivers. Criminal offenses are recorded in the Florida driver record as reported by other states. Florida is a Driver License Compact Agreement participant. Within the constraints of Florida's motor vehicle code and Driver Privacy Protection Act (DPPA), the driver file serves a variety of uses.

### **Recommendations**

- Evaluate if the issuance of driver licenses by county tax collectors is providing real-time data for law enforcement, courts, and other parties.

**AGENDA**  
**Florida Impaired Driving Assessment**  
**May 17 – 22, 2015**

**Sunday, May 17**

**6:00 p.m. Pre-Assessment Briefing**

Mayors Room, Second Floor, Homewood Suites

**7:00 p.m. Dinner**

Marie Livingston's Steakhouse, 2705 Apalachee Parkway, Tallahassee

**Monday, May 18**

**8:30 a.m. - 9:30 a.m. State Leadership/Introduction**

Lora Hollingsworth, Chief Safety Officer, Florida Department of Transportation

Chris Craig, Traffic Safety Administrator, Florida Department of Transportation

Will Grissom, DUI Program Manager, Florida Department of Transportation

**Break, 9:30 - 9:45 a.m.**

**9:45 a.m. - 10:45 a.m. Data/Traffic Records**

Maureen Johnson, Division Chief, Bureau of Records, Dept. of Highway Safety & Motor Vehicles

Jim Hage, Program Manager, Crash Data & Record Systems Support, Bureau of Records, Dept. of Highway Safety & Motor Vehicles

Deborah Todd, Program Manager, Uniform Traffic Citation and Field Support, Bureau of Records, Dept. of Highway Safety & Motor Vehicles

Ray Graves, Program Manager, Ignition Interlock Devices and DUI Programs, Florida Department of Highway Safety and Motor Vehicles

Justin Atwell, Program Manager, Appriss Inc., Florida's Integrated Report Exchange System (FIRES)

**Break, 10:45 - 11:00 a.m.**

**11:00 a.m. - 12:00 p.m. DUI and DRE Training**

Tony Becker, Associate Director, Institute of Police Technology & Management

Kyle Clark, DEC Program Coordinator, Institute of Police Technology and Management

Cpl. Susan Barge, DUI/DRE/THI Instructor, Florida Highway Patrol

**LUNCH, 12:00 p.m. - 1:00 p.m.**

## Monday, May 18 (continued)

### 1:00 p.m. - 2:00 p.m. Florida Laws

Sharon Traxler, Traffic Safety Resource Prosecutor  
Garett Berman, Traffic Safety Resource Prosecutor  
Nicholas Trovato, Assistant State Attorney, Monroe County State Attorney's Office  
Callaway Griffith, Assistant State Attorney, Leon County State Attorney's Office  
Ann Marie Johnson, Assistant General Counsel, Alcohol Testing Program, Florida  
Department of Law Enforcement

### Break, 2:00 - 2:15 p.m.

### 2:15 p.m. - 3:15 p.m. Adjudication

Sharon Traxler, Traffic Safety Resource Prosecutor  
Garett Berman, Traffic Safety Resource Prosecutor  
Nicholas Trovato, Assistant State Attorney, Monroe County State Attorney's Office  
Callaway Griffith, Assistant State Attorney, Leon County State Attorney's Office  
Ann Marie Johnson, Assistant General Counsel, Alcohol Testing Program, Florida  
Department of Law Enforcement

### Break, 3:15 - 3:30 p.m.

### 3:30 p.m. - 4:50 p.m. Courts/Judicial Outreach Liaison

Judge Augustus Aikens, County Court Judge, 2nd Judicial Circuit  
Judge Karl Grube (via conference call 3:30 p.m. – 4:00 p.m.), Senior County Court Judge  
(ret.), 6<sup>th</sup> Judicial Circuit, Florida Judicial Outreach Liaison (ret.)  
Judge Judith Davidson (via conference call), 7th Judicial Circuit DUI Court  
Mike Jewell (via conference call), DUI Court Manager, 7th Judicial Circuit DUI Court

## Tuesday, May 19

### 8:00 a.m. - 9:00 a.m. Communications/Networking

Dick Kane, Public Information Officer, Florida Department of Transportation  
Kate Nelson, Coordinator, Florida Law Enforcement Liaison Program  
Juan Cardona, Northeast Florida LEL, Florida Law Enforcement Liaison Program  
Chris Craig, Traffic Safety Administrator, Florida Department of Transportation

### Break, 9:00 - 9:15 a.m.

### 9:15 a.m. - 10:15 a.m. Drivers Licensing/Interlocks

Felecia Ford, Bureau Chief, Bureau of Administrative Reviews, FLHSMV  
Michael Blain, CHO, Regulatory Program Specialist, Bureau of Administrative Reviews,  
Florida Department of Highway Safety and Motor Vehicles  
Ray Graves, Program Manager, Ignition Interlock Devices and DUI Programs, FLHSMV

## **Tuesday, May 19 (continued)**

**Break, 10:15 - 10:30 a.m.**

**10:30 a.m. - 11:30 a.m. Law Enforcement Leadership**

Chief Art Bodenheimer, Chair, Highway Safety Committee, Florida Police Chiefs Association  
Colonel Bain Custer, Assistant Officer in Charge of Operations, Escambia County Sheriff's Office  
Major Cindy Williams, Troop D Commander, DRE Agency Coordinator, Florida Highway Patrol  
Major Jim Russell, Deputy Chief, Florida State University Police Department

**LUNCH, 11:30 a.m. - 12:30 p.m.**

**12:30 p.m. - 2:00 p.m. DUI Enforcement**

Sgt. Troy Morgan, Hillsborough County Sheriff's Office  
Sgt. Luis Taborda, Miami Police Department  
Sgt. Dennis Pitts, Madison County Sheriff's Office  
Trooper Travis Wilson, Florida Highway Patrol

**Break, 2:00 - 2:15 p.m.**

**2:15 p.m. - 3:15 p.m. Legislation**

Brad King, State Attorney, 5<sup>th</sup> Judicial Circuit, President, Florida Prosecuting Attorney's Association  
Amy Mercer, Executive Director, Florida Police Chiefs Association  
Matt Dunagan, Deputy Director, Florida Sheriffs Association  
Ray Graves, Program Manager, Ignition Interlock Devices and DUI Programs, FLHSMV

**Break, 3:15 - 3:30 p.m.**

**3:30 p.m. - 5:00 p.m. Underage Drinking**

Danielle Branciforte, Executive Director, Florida SADD  
Dave Pinsker, Executive Director, Florida MADD  
Bruce Grant, Director, Responsible Decision Making Coalition  
Christy Crump, Director of Operations, Regulatory Compliance Services, Florida Restaurant & Lodging Association

**5:10 p.m. - 5:20 p.m. Data/Traffic Records (continued)**

Danielle King (via conference call), Traffic Records Program Coordinator, Florida Department of Transportation

## Wednesday, May 20

### **8:00 a.m. - 9:00 a.m. Toxicology**

Pat Murphy, Ph.D., Program Manager, Alcohol Testing Program, Florida Department of Law Enforcement

Brett Kirkland, Ph.D., Quality Assurance Manager, Alcohol Testing Program, Florida Department of Law Enforcement

LeAndra Higginbotham, Ph.D., F-ABFT, Crime Lab Supervisor, Toxicology, Florida Department of Law Enforcement

### **Break, 9:00 - 9:15 a.m.**

### **9:15 a.m. - 10:15 a.m. Treatment & Prevention**

Sofia Castro, Ed.D, CPP, Substance Abuse & Mental Health, Florida Department of Children and Families

Helen Justice, M.A., Executive Director, DUI Counterattack, Hillsborough, Inc.

Heidi Hanlon, LMHC, CAP, Hanlon Counseling Services

### **Break, 10:15 - 10:30 a.m.**

### **10:30 a.m. - 11:00 a.m. Liquor Control/Industry**

Major Sabrina Maxwell (conference call), Division of Alcoholic Beverages & Tobacco, Florida Department of Business and Professional Regulation

### **11:00 a.m. – close Leadership Panel**

Lora Hollingsworth, Chief Safety Office, Florida Department of Transportation

Chris Craig, Traffic Safety Administrator, Florida Department of Transportation

Will Grissom, DUI Program Manager, Florida Department of Transportation

## **LUNCH**

### **Assessment Team Report Preparation**

## Thursday, May 21

## Friday, May 22

### **Assessment Team Report Preparation**

**8:00 a.m. – 11:30 a.m. Assessment Team Presents Draft Report**

## ASSESSMENT TEAM CREDENTIALS

### HONORABLE LINDA L. CHEZEM

[chezeml@purdue.edu](mailto:chezeml@purdue.edu)

[Lchezem@iupui.edu](mailto:Lchezem@iupui.edu)

### FORMAL EDUCATIONAL HISTORY

Indiana State University, (B.S., 1968)

Terre Haute, Indiana

Indiana University School of Law, (J.D., 1971)

Bloomington, Indiana

### ABSTRACT OF PROFESSIONAL CAREER

Private Practice of Law, Paoli, Indiana

Judge, Lawrence County Court, Bedford, Indiana

Judge, Lawrence Circuit Court, Bedford, Indiana

Judge, Court of Appeals of Indiana, Indianapolis, Indiana

Department Head, 4-H Youth, 1998 -2000

Professor, Youth Development and Agriculture Education, 1998-present, Purdue University

Purdue University, Department of Youth Development and Agriculture Education, Adjunct appointment at the IU School of Medicine, Department of Medicine.

National Highway Traffic Safety Administration Award for Public Service,

Nashville Tennessee, March 30, 2009

Chairman's Award, Indiana Governor's Council on Dangerous and Impaired Driving, Indianapolis, Indiana, November 19, 2010

### Current University Service

Social Science IRB, Purdue University, West Lafayette

### Current National Service

National Advisory Council on Alcohol Abuse and Alcoholism, National Institutes of Health, Bethesda, Maryland

Chezem provides consultation to the Office of the Director of the National Institute on Alcohol Abuse and Alcoholism, NIH on ethical and legal issues involving alcohol research and the justice system.

Chezem chairs assessment teams for the National Highway Traffic Safety Administration.

### Memberships

- American Academy of Forensic Science
- American Agriculture Law Association
- American Bar Association
- Indiana State Bar Association
- Indiana General Assembly Women's Club
- National Association of State Judicial Educators
- Society of U.S. Belted Galloway

**PAMELA (PAM) S. FISCHER, MLPA**

[pamfischerconsulting@gmail.com](mailto:pamfischerconsulting@gmail.com)

Pam Fischer is a transportation safety consultant with three decades of experience addressing behavioral safety issues at the local, state, and national level through advocacy, education, enforcement, outreach, and planning.

From 2007 to 2010, Pam served as Governor's Representative and Director of the New Jersey Division of Highway Traffic Safety, where she led the team responsible for the bi-annual *Over the Limit, Under Arrest* enforcement crackdowns which involved more than 85 percent of the state's municipal, county, and state police agencies. She also partnered with police agencies to fund county-wide DWI task forces and launched an innovative and highly effective cross-jurisdictional DWI initiative where eight municipalities shared law enforcement resources for drunk driving saturation patrols sparking a 28 percent reduction in alcohol-related crashes.

Under her leadership, the Division branded the state's safety messages (*Safe Passage...moving toward zero fatalities*) to reduce clutter and more effectively engage its partners, the media, and the public. New and innovative education and enforcement programs were developed and implemented to address distracted, impaired, and aggressive driving; pedestrian, bicycle, and teen driver safety; and occupant protection.

She also partnered with Governor Jon Corzine and the State Legislature to pass critical traffic safety laws including: ignition interlocks for first offenders with high BACs; primary hand-held cell phone/texting ban; back seat belt use by adults; ice and snow removal from all motor vehicles; stop for pedestrians in crosswalks; decal requirement (Kyleigh's Law), earlier curfew and more stringent passenger restrictions for teen drivers; and a red light camera pilot program.

From 1986 to 2006, Pam served as Vice President of Public Affairs for the AAA New Jersey Automobile Club. She worked to gain passage of the nation's first 8/80 booster seat law and chaired AAA's award-winning, national child passenger safety educational initiative, *Seated, Safe & Secure*. She also lobbied for proven traffic safety laws including Graduated Driver Licensing, primary seat belt use, and bicycle helmets for children and teens.

Pam has authored three national reports on teen driving for the Governors Highway Safety Association and is currently working on two more as well as various projects for its member states. She serves as program coordinator for the Lifesavers Conference on Highway Safety Priorities and leads the New Jersey Teen Safe Driving Coalition, a partnership with The Allstate Foundation and the National Safety Council. She has also worked with the Alaska, Georgia, Pennsylvania, and Tennessee Highway Safety Offices on various projects and served as project manager for a NHTSA impaired riding crackdown demonstration project conducted in four states.

A native of Hershey, Pennsylvania, she holds a Bachelor's Degree in English from Lebanon Valley College, a certificate in Advanced Management from The Wharton School at the University of Pennsylvania, and a Master's Degree in Leadership and Public Administration from Centenary College.

## **ROBERT P. LILLIS**

[rlillis@rochester.rr.com](mailto:rlillis@rochester.rr.com)

[www.evalumetrics.org](http://www.evalumetrics.org)

Rob Lillis is President of Evalumetrics Research and has been providing planning, research and evaluation services to youth development, traffic safety, substance abuse, criminal justice, education, health and mental health programs at the state and local level for over 35 years. He provides evaluation services for school districts for a variety of special programs including 21st Century Learning Center programs, after-school mentoring programs, and environmental education programs. He also provides planning, research, and evaluation services for Drug Free Community Grant programs and serves as evaluation consultant to the Allegany Council on Alcoholism and Substance Abuse (ACASA) and numerous other local substance abuse prevention and youth development programs. Rob has served as the evaluator for the Ontario County Juvenile Drug Treatment Court, the Finger Lakes Drug Court, Ontario County Youth Court, the Finger Lakes Child Abuse Response Team-Child Advocacy Center and the Ontario County Family Support Center. He also has conducted outcome studies for the Yes Pa Foundation, character education program.

Rob was the primary source of research support to the governor and Legislature during the debate on the 21 year old minimum drinking age law in New York. He also served on the consultant panel for the U.S. General Accounting Office Special review of Minimum Drinking Age Laws.

Since 1991, Rob has served as a member of numerous Impaired Driver Assessment consultant teams for the National Highway Traffic Safety Administration (NHTSA) and has conducted over 50 assessments of prevention and treatment programs in 35 states, Puerto Rico and for the Indian Nations. He was the recipient of the 2011 NHTSA Public Service Award.

## MANU SHAH

[manu.shah@gmail.com](mailto:manu.shah@gmail.com)

Manu Shah is currently an Adjunct Professor of Mathematics at Anne Arundel Community College, in Arnold, Maryland. Previously, he was a Division Chief in the Office of Traffic and Safety in the Maryland State Highway Administration, retiring after 30 years of service. He also served as Chair of the Maryland Traffic Records Coordinating Committee where he played a key role in developing Maryland's first Traffic Records Strategic Plan.

Manu has extensive working knowledge of traffic safety programs, annual highway safety plans, business plans, and performance-based measures in highway safety having served as a panel member on numerous National Cooperative Highway Research Projects, including: Accident Mitigation Guide for Congested Rural Two-Lane Highways; Assessment of Variable Speed Limit Implementation Issues; Identification of Vehicular Impact Conditions Associated with Serious Run-Off-the-Road Accidents; Pavement Markings and Markers: Safety Impact & Cost Effectiveness; Guidelines for Roadway Safety Lighting Based on Safety Benefits & Costs. Manu also participated in various Synthesis projects (Reversible Lanes, Centerline Rumble Strips, and Technologies to Improve Highway Safety Data) and was a member of the team that worked on the implementation of the American Association of State Highway and Transportation Officials' Strategic Highway Safety Plan – Strategies for Head On and Run-Off-Road Crashes.

Manu has served on Impaired Driving Assessment Teams for the National Highway Traffic Safety Administration (NHTSA) in the states of Washington, Arizona, Kansas, Colorado, Georgia, and Florida. He also served on Traffic Records Assessment Teams for New Mexico and Oregon.

Manu was on the expert panel that developed the Model Minimum Uniform Crash Criteria Guidelines and served on the American National Standards Institute (ANSI) D16.1 Committee on Motor Vehicle Accident Classification and ANSI D20.1 Committee on Data Elements Dictionary for Traffic Records Systems. He was also a member of the team that developed a curriculum for Traffic Safety Information Systems for Governor's Highway Safety Representatives and Highway Safety Professionals and a member of NHTSA's team that developed a curriculum for Quantitative Methods for Highway Safety Professionals.

Manu was a fellow of the Institute of Transportation Engineers, is a life member of American Society of Civil Engineers, and a Registered Professional Engineer (Retired) in Maryland.

Manu received a Bachelor's Degree in Electrical & Electronics Engineering from Queen Mary College, University of London in June of 1971, an MBA in Finance & Accounting in 1975, an MA in Urban Planning and Policy Analysis in 1986 from Morgan State University, and an MS in Civil Engineering (Traffic and Transportation) from the University of Maryland at College Park in 1980. He also is a graduate of the Traffic Engineering Program at the Traffic Institute in Evanston, IL. Additionally, he has completed post graduate studies in Transportation Policy with emphasis on Highway Safety at the University of Maryland at College Park.

## **THOMAS WOODWARD**

[t.woodward@myactv.net](mailto:t.woodward@myactv.net)

### **Professional Background**

Thomas H. Woodward retired from the Maryland State Police on July 1, 2013 after a 36 year career as a law enforcement officer in Maryland; eight with the Frederick City Police and 28 with the Maryland State Police. At the time of his retirement he was the Commander of the Hagerstown Barrack. As Commander, Tom is credited with being the first to implement the Data-Driven Approach to Crime and Traffic Safety (DDACTS) within the Maryland State Police. He also brought increased media attention to highway safety initiatives and enforcement actions of troopers within Washington County, MD.

Prior to transferring to the Hagerstown Barrack Tom served in the Chemical Test for Alcohol Unit for 11 years, six of those as the Commander. In this position he was responsible for the training of all breath test operators, acquisition and maintenance of all breath testing instrumentation, training of sobriety checkpoint managers, Standardized Field Sobriety Testing instruction and oversight of the state's Drug Recognition Expert (DRE) Program. He has served as an adjunct representative for the Office of Government Affairs, reviewing legislation, recommending departmental positions and testimony, and testifying before the State legislature on many highway safety issues. He has served on the staff of the Chief of Field Operations Bureau, and as the Executive Officer for the Commander of the Transportation Safety Division. He administered highway safety grants of the Maryland State Police, Field Operations Bureau for two years and supervised the Maryland Fatality Analysis Reporting System (FARS) for two years.

Mr. Woodward has been a Standardized Field Sobriety Testing (SFST) Instructor and DRE Instructor for over 20 years. He also instructs the NHTSA SFST and DRE Instructor Development training. He served as the State Coordinator of the DRE program for 10 years.

Since retirement Mr. Woodward has served on several state occupant protection assessment teams evaluating the effectiveness of occupant protection programs and identifying areas for improvement.

### **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 Police Staff and Command.

### **Organizational Affiliations**

- International Association of Chiefs of Police (IACP)
- IACP Drug Recognition Expert Section
  - Officer 2006-2009
  - Chair - 2009
- Mothers Against Drunk Driving (MADD) – Maryland Operations Council