

Statewide Training: Impaired Driving Solutions Available Sessions

Exit Ramp: Utilizing the Sequential Intercept Model with Impaired Drivers

The Sequential Intercept Model (SIM) is a conceptual framework designed to guide community responses to individuals with mental health and substance use disorders within the justice system. This model identifies critical points, or "intercepts," where interventions are provided to prevent individuals from advancing further into the justice system. For example, implementing SIM in community policing initiatives can significantly enhance the ability of law enforcement to effectively interact with individuals facing mental health crises, reducing unnecessary arrests and promoting community health and safety. Additionally, treatment courts, such as impaired driving, drug, mental health, and veteran's treatment courts, align closely with the Sequential Intercept Model (SIM) by providing targeted interventions at specific points in the justice process. This session will explore the SIM to identify key points ("intercepts") where individuals, specifically impaired drivers with mental health or substance use disorders can be diverted from the traditional justice system and connected with treatment and support services. Specific responses and interventions will be highlighted to further identify strategies that can be implemented at each intercept. Note: This session debuted at RISE25. Though the same title, this is a revised session with new content and additional speakers.

Learning Objectives:

1. Have a thorough understanding of the Sequential Intercept Model and its application in treatment courts and community policing.
2. Develop actionable plans for collaboration with local stakeholders.
3. Be prepared to contribute to reducing unnecessary incarcerations and promoting community-based support systems.

Red Flags to Green Lights: SBIRT Strategies that Shift Impaired Drivers Toward Change

This advanced session provides a comprehensive exploration of the SBIRT (Screening, Brief Intervention, and Referral to Treatment) model as applied to impaired drivers—a population characterized not only by high-risk substance use but also by meaningful rates of co-occurring mental health disorders, trauma histories, and impaired decision-making patterns. Participants will examine how SBIRT can be deployed across critical sequential intercepts. The session



expands traditional SBIRT practice by recognizing that many impaired drivers experience co-occurring mental health disorders that intersect with substance-related driving behavior. The session will examine advanced brief intervention strategies tailored to individuals whose impaired-driving behavior may be influenced by emotional dysregulation, impaired coping skills, trauma responses, or cognitive distortions about risk. Emphasis will be placed on motivational interviewing methods that address both substance use and mental health symptoms, while also challenging high-risk driving patterns and enhancing readiness for change. The session will also address specialized referral-to-treatment pathways, including coordination with behavioral health providers, the judiciary, impaired driving treatment courts, probation, and law enforcement. Participants will discuss confidentiality considerations, engagement barriers, and collaborative approaches that balance clinical ethics with public-safety requirements.

Learning Objectives:

1. Deliver brief interventions that simultaneously address substance use, emotional health, and dangerous driving decision patterns.
2. Develop effective referral pathways that link impaired drivers to appropriate levels of integrated behavioral health care.
3. Embed SBIRT within justice-system and public-safety settings to reduce recidivism, increase treatment engagement, and support sustainable behavior change.

Perspectives on Impaired Driving: Integrating Mental Health, Co-Occurring Disorders, and Evidence-Based Interventions

Impaired Driving Solutions (IDS), a division of All Rise, brings a unique interdisciplinary perspective that integrates behavioral health science, justice system responses, and public safety outcomes. Research consistently demonstrates that repeat impaired driving is rarely the result of isolated poor decision-making. Instead, it is frequently associated with substance use disorders, co-occurring mental health conditions, trauma exposure, cognitive impairment, and chronic psychosocial instability. Effective responses, therefore, require structured accountability paired with individualized, evidence-based treatment and supervision, rather than reliance on punitive approaches alone.

Presented through a Safe System and public health framework, this interactive workshop will examine how impaired driving interventions can be strengthened by integrating validated screening and assessment, risk-need-responsivity principles, treatment matching, monitoring, and judicial oversight. Presenters will highlight research and applied models that align



behavioral health treatment with justice system responses to improve public safety and reduce recidivism.

Learning Objectives:

1. Describe how mental health conditions and co-occurring substance use disorders contribute to impaired driving behavior and repeat offenses.
2. Identify evidence-based screening, assessment, and intervention practices that improve outcomes for impaired drivers with co-occurring needs.
3. Explain how integrated behavioral health and justice system interventions align with Safe System principles to reduce impaired driving injuries and fatalities.
4. Evaluate gaps and opportunities within their own jurisdictions to strengthen impaired driving responses through cross-system collaboration.

Navigating the Maze: Breaking Barriers, Building Hope

Navigating behavioral health care, justice programs, recovery community organizations, and impaired driving resources can feel like a maze—overwhelming, fragmented, and discouraging. For the people living it, every form, appointment, and requirement can cause confusion, frustration, and helplessness, all barriers to recovery and reintegration. This session takes participants inside the lived experience of someone working to access behavioral health care, comply with legal mandates, and rebuild their life after an impaired driving conviction. Through personal stories, real-world scenarios, and reflective exercises, attendees will gain an unfiltered view of the obstacles, frustrations, and moments of hope that shape the journey. Attendees will leave the session inspired to act, equipped with strategies to reduce system friction, and motivated to design programs that are accessible, navigable, and truly supportive.

Learning Objectives:

1. Describe the lived experience of navigating behavioral health, justice, recovery community organizations, and impaired driving systems, including common barriers and frustrations.
2. Identify strategies to improve access, coordination, and user experience for people interacting with these complex systems.
3. Apply insights from lived experience to program design, policy development, or service delivery to create more supportive, navigable pathways.



Handcuffed by the System: The Impact of Arbitrary Laws and What to do About Them

Impaired driving statutes are meant to protect the public—but when requirements are arbitrary, overly rigid, or disconnected from real-world recovery or meaningful change, they handcuff justice system professionals and behavioral health providers, limiting their ability to support meaningful rehabilitation. These rules can create confusion, frustration, and unnecessary barriers for the very individuals the system is designed to help. This session dives into the real-world impact of arbitrary legislative mandates and explores strategies to move the needle. Participants will learn how to identify arbitrary requirements, design flexible programs that work within or around restrictive statutes and empower both practitioners and clients to navigate—and ultimately transform—the system. Through compelling examples, policy insights, and actionable tools, attendees will leave inspired to challenge barriers, drive systemic reform, and create pathways that truly enable recovery, justice, and public safety.

Learning Objectives:

1. Explain how arbitrary impaired driving laws limit the effectiveness of justice system and behavioral health professionals.
2. Identify opportunities to challenge or work around restrictive requirements to support rehabilitation and recovery.
3. Apply strategies to advocate for evidence-based policy reform that balances public safety with meaningful outcomes.

Intent v. Impact: Are we set up to fail?

Impaired driving treatment court practitioners want the best for the people they serve. Utilizing a variety of tools, resources, and services enables the team to respond to the specific needs an individual has; thereby providing the greatest chance for a successful outcome. However, having a systematic (i.e., treating everyone the same) and inflexible approach in responding to one's needs may have an impact that differs from the intent. Sometimes, the best intentions miss their mark; other times, they have a negative impact. A team needs to understand how to create a program and respond to behaviors that don't set up the program or the individual to fail. This session will examine the common missteps in providing treatment, incentivizing participation, creating case plans and court requirements, costs of services, and responding to behavior.

Note: While this session is aimed at impaired driving treatment court practitioners, much of the information also applies outside of that arena to other models of treatment court, treatment, and supervision.



Learning Objectives:

1. Participants will identify the difference between a systematic treatment approach versus individualized treatment, and the importance of alliance and adherence in treatment programming and case management.
2. Participants will recognize how teams must be willing and able to be flexible in creating and adjusting case plans and responding to behavior.
3. Participants will identify impaired driver characteristics that impact program rules, requirements, and case planning, and how ignoring these factors may set up a participant to fail.

Because I Said So! Compliance-Driven Programming Feels Right, but Does it Change Behavior?

Did you ever ask your parents why you needed to do something and get the response, "Because I said so!"? While that may have given you the motivation to complete the task, the result is that you likely learned very little, if anything, from the task and perhaps even resented your parents in the process. Unfortunately, this is the exact process often used with impaired drivers in jurisdictions across the country. Legislative mandates, uninformed sentencing, and cookie-cutter programming and supervision might make us feel like we're responding to the problem of impaired driving when, in reality, are likely to have less impact on behavior change than we think. To truly change behavior, we must understand and respond to human behavior consistent with decades of research and achieve the desired outcome. This requires understanding who the impaired driver is, what risks and needs they present, and setting up programming that carries the best chance of lasting behavior change. This session will examine the difference between compliance and behavior change, effective practices in responding to behavior, and setting up programming based on the individual's risk and need. Note: Though this session is geared toward impaired driving, the underlying principles of behavior change apply across all treatment courts.

Learning Objectives:

1. Understand the principles of behavior modification and how to apply them to the impaired driving population.
2. Recognize the difference in compliance versus adherence and the importance of the latter in changing behavior.



3. Identify risk and need factors, appropriate tools for measuring these factors, and setting up programming based on the individual.
4. Learn how the flaws of compliance-driven responses and programming in changing behavior may have a negative impact on the individual and community.

