Stakeholder Feedback About Oregon's Alcohol Ignition Interlock Device Program

Injury and Violence Prevention

Oregon Health Authority

PUBLIC HEALTH DIVISION

Acknowledgments

Contents

Executive summary

The Injury and Violence Prevention Program (IVPP) of the Oregon Public Health Division (PHD) conducted a round of informational interviews about the Ignition Interlock Device (IID) program with key program stakeholders to:

- Learn about the current status of the program
- Hear opinions about the transfer of the program to the state police, and
- Gather suggestions about program challenges and opportunities for improvement.

IVPP conducted interviews with 20 key stakeholders between October 2019 and May 2020. This report:

- Summarizes findings from these interviews
- Considers program and evaluation best practices
- Compares program progress to previous technical assistance recommendations, and
- Recommends potential next steps to continue improving this vital program.

Key findings

The transition of program authority to Oregon State Police and early accomplishment

There were very positive opinions about the transition from the Oregon Department of Transportation (ODOT) to the Oregon State Police (OSP), with descriptions that it was a smooth and seamless process. A major early accomplishment after the transition was implementing the IID Oversight and Management project, which:

- Ensured that vendors, installers and devices comply with state statutes and rules, and
- Established effective oversight for vendors and service stations.

Important gaps and challenges

The two most important program challenges included:

- The lack of a robust, easy-to-use data system for sharing device data and other data between relevant partnering agencies in real time, and
- The difficulty in monitoring and enforcing IID violations.

Important data or indicators to track and monitor program success

Two data elements currently tracked by OSP, which should continue as important indicators for the program, include:

- The compliance rate, and
- The number of violations that indicate positive alcohol tests at vehicle start-up.

Ideas for quality improvement

Participants described several potential quality improvement ideas for the future, including:

- Enhancing and improving data and data sharing
- Using data to identify and focus limited resources on those most at risk for recidivism, and
- Continue working on improving statutes and administrative rules.

Feedback about an IID-dedicated working group or steering committee

Most participants voiced support for an IID-dedicated advisory group hosted by the GAC-DUII or OSP. This group could help embed diverse stakeholder perspectives within an ongoing supportive role for:

- Strategic planning
- Quality improvement initiatives, and
- Enhanced communication between the various partners who deliver the program.

Recommendations

Findings from the stakeholder interviews and best practices for IID programs and Traffic Injury Research Foundation (TIRF) recommendations from 2013 point to important immediate next steps for program improvement or program evaluation:

- Apply for technical aid from TIRF, to update materials and recommendations from their 2013 report to Oregon.
- Gather an IID-dedicated working group, as advisors for ongoing strategic planning and quality improvement project implementation. This group could:
  - » Review and prioritize TIRF recommendations
  - » Help coordinate efforts to address important program gaps and challenges, and
  - » Provide input for improving legislation and administrative rules.
- Quality improvement project ideas could include:
  - » Improve the IID data system to improve ease of use, with real-time accessibility by multiple partners to relevant administrative and device data.
  - » Design and implement program evaluation activities to help assess program operation and provide insight on how best to improve.
  - » Survey the public, to examine awareness and accurate understanding of the program, as well as interest and support.
  - » Conduct surveys or focus groups with participating and non-participating DUII clients, or conduct a content analysis of client complaints, to examine:
    - Reasons for not participating
    - Challenges for navigating the program and using the interlock devices, and
    - Suggestions for improving the program.

Background

An ignition interlock device (IID) is a breath-test mechanism installed in a vehicle that prevents the engine from starting unless the driver blows into the interlock and has a blood alcohol concentration (BAC) below the pre-set limit of .02 BAC.

IIDs have become a component of enforcement and rehabilitation efforts for drivers arrested for impaired driving in all 50 states. The IID program in Oregon has gone through several evolutionary phases after its implementation in 1988, with the most recent in 2017-2018. At that point, Oregon statutes were updated to require the IID for nearly all those arrested for DUII. In July 2019, program authority shifted from ODOT to OSP. In an initiative of the Oregon PHD, IVPP conducted a round of informational interviews with key program stakeholders to:

- Learn about the current status of the IID program
- Hear opinions about the transfer of the program to the state police, and
- Gather suggestions about program challenges and opportunities for improvement.

This report summarizes findings from these interviews. The report also makes recommendations for the next steps to continue using stakeholder feedback to guide ongoing quality improvement and program evaluation efforts.

Overview of the Ignition Interlock Program

The following excerpt from the ODOT's Impaired Driving Strategic Plan[1] provides a summary of current IID program requirements:

> "An Ignition interlock device (IID) is required for all DUII offenders unless granted a medical exemption or when participating in a diversion program and the impairment is due to drugs only. A court may use discretion whether the IID is required under a diversion program if the impairment is due to alcohol only and the Blood Alcohol Content (BAC) is under .08. An IID is required one year following the suspension of a first conviction, two years following the suspension of a second conviction and five years following a court-ordered restoration of driving privileges on a permanent revocation. For all offenses occurring January 1, 2016, and after, the IID requirement remains in place until a person is issued a 90-day no-negative report* for the last 90 consecutive days of the requirement. A court may vacate the IID requirement for diversion participants after six months following strict criteria. In 2016, there were 7,645 diversions and 7,358 DUII convictions."

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* This refers to a 90-day period with no device violations.

Methods

Interview development and implementation

A project team consisting of staff from the IVPP and Program Design and Evaluation Services (PDES), Oregon PHD, designed this project and developed the interview questions. IVPP developed a semi-structured protocol to guide the interviews which included questions about:

- Current status and operation of the program after the recent transition to OSP
- General opinions on how the program runs
- Current challenges with the program and potential solutions
- Indicators or data most useful to evaluate the program and help inform strategies to improve the program, and
- Identification of key stakeholders and potential utility of an IID-specific quality improvement working group.

IVPP identified an initial list of key stakeholders, drawn from relevant program-related agencies and members of the Governor's Advisory Committee on DUII. IVPP expanded this list of potential participant stakeholders from suggestions made during the interviews, a strategy sometimes known as snowball sampling. IVPP conducted interviews primarily by phone between October 2019 and May 2020.

Analysis

IVPP created detailed field notes from the interviews, using audio recordings as necessary. IVPP then conducted content analysis from the field notes using NVivo qualitative analytical software (v.12) to identify and summarize the primary themes using a general inductive approach[*].

Results

Who took part in the interviews?

IVPP talked with a total of 20 people across 19 separate interviews. The following stakeholder representatives took part in the interviews:

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[*]   An inductive approach uses interview data to develop general categories or themes, compared with a deductive approach which uses interview data to test a theory.

Roles or titles	Agency or business
• Current and previous IID program coordinators • Regional IID program trooper staff	Oregon State Police
• Traffic safety coordinator and trainer	Oregon Department of Public Safety Standards and Training
• Ignition interlock program manager	Washington State Patrol
• Driver control program coordinator • Transportation safety division administrator • Impaired driving program manager	Oregon Department of Transportation
• OHA liaison to Governor's Advisory Committee (GAC) DUII	Public Health Division, OHA
• DUII and Choice Model coordinator	Health Systems Division, OHA
• Senior assistant attorney general, DUII resource prosecutor	Criminal Justice Division, Oregon Department of Justice
• Executive director, outpatient substance-use counseling	Oregon Recovery Behavioral Health
• Alcohol and drug evaluation specialist (ADES)	Private business, serving Clackamas County
• Retired judge	Previously with the circuit court and DUII court
• Vice president of regulatory compliance	Smart Start (IID vendor)
• Assistant district attorney	Lincoln County
• Defense attorney	Thuemmel Uhle & Eder Attorneys at Law
• Chief executive officer, principal investigator • Chief operating officer, principal investigator	Traffic Injury Research Foundation

Feedback about the transfer of program authority to the Oregon State Police

There was near-unanimous praise for the transition of program authority from ODOT to OSP. Many mentioned that the transition was smooth and seamless. They used the superlatives "great" and "really well" to describe it. Some specific feedback about the positive nature of the transition included:

- Good collaboration and teamwork between OSP and ODOT
- Helpful communication and information-sharing during the process
- Quick start-up of activities and responsiveness to partner requests
- Impressive transparency and efficient facilitation of stakeholder meetings, particularly given challenges of the range in partnering agencies
- Kudos for specific staff: Frazier Wick, Troy Costales and Scott Rector, and
- The ability of OSP staff to reach out and learn from national and regional IID program associations and counterparts.

Several who took part provided the caveat that the transition is in the early stages and still a work in progress. However, the general feedback was very positive. Participants

thought this was the right move to make the ignition interlock device a better and more meaningful tool for improving traffic safety in Oregon.

Primary post-transfer operational focus and accomplishments

The primary focus for IID program activities after the transfer to OSP has been the implementation of the IID Oversight and Management project. The project operationalized the inspection and regulation of IID vendors, installers and devices across the state:

Additional activities focused to:

- Educate and outreach to stakeholders
- Continued work to revise administrative rules
- Facilitate follow-up for device violation reports[*], and
- Ramp up to identify non-compliant users who did not install a device as required.

Most respondents described the recent work of the OSP to carry out work outlined in the 2017 IID Oversight and Management project as a major accomplishment and an impetus for a dramatic improvement in the IID program.

A major program gap had been the lack of oversight and standards for ignition interlock devices. Several respondents acknowledged Oregon's previous reputation as the "Wild Wild West" of interlock devices, which had included up to 16 different vendors and up to 23 different devices that varied widely in quality and reliability.

Since the July 2019 transfer of program authority, OSP has successfully established standards and qualifications for:

- Manufacturers
- Service technicians, and
- Devices.

These standards lead to an inspection and certification process that better guarantees a higher quality, reliable ignition interlock device for users. Ongoing monitoring and enforcement activities will continue to ensure that vendors and installers comply with state statutes and rules. The number of qualified vendors decreased to a more manageable seven. Also, the capacity to provide services within the state expanded. The number of service centers increased from 90 to 150 during 2019. OSP organized service centers into 11 regions, with the requirement that qualified vendors must provide services in each region. Other accomplishments were:

- The recent finalization of inspections for all service centers, and
- Field testing for all qualified devices.

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* These are also known as a "negative report," indicating a violation while using the vehicle that is captured by the interlock device. Violations include providing a breath sample over the preset alcohol concentration limit, failure to provide a breath sample during random retests, or attempts to tamper with or bypass the device.

Outreach education is a current focus for communicating about the recent upgrade in interlock devices and current laws and rules related to IID requirements and administration. Targets for outreach efforts include:

- Driver and Motor Vehicle Services Division (DMV)
- Defense and prosecuting attorneys
- Judges, and
- Device users.

Efforts to establish oversight and management of device manufacturers and installers are nearly complete. The next phase of work is to improve compliance of clients required to install an IID. OSP staff compare monthly DMV lists of IID-required DUII clients with IID vendor lists of people who installed a device. OSP staff plan to ramp up outreach and education to those not yet in compliance.

Recent work resulted in updated recent administrative rules that have strengthened the program and brough it more in line with the most recent legislative changes.

State police also played a role in processing device violation reports. Devices register blood alcohol levels during the breath test and produce a report. OSP assigns report results to regional troopers who follow up to determine any evidence for "false positives" and pass along reports to the appropriate district attorneys.

OSP staff have begun to compile photographic evidence of circumvention attempts. For example, when required users try to have someone else blow into the device. This anecdotal evidence will help clarify how impaired drivers attempt to circumvent the device and may play a future role in enforcement and prosecution.

Other program strengths

The accomplishments mentioned above are related to the most recent focus of OSP program activities. However, participants described several other current strengths of the program. These included the following:

- Robust rules that have been fine-tuned over time and that strengthen the program
- Upgrading infrared technology for devices, along with cameras and GPS capability
- Compliance-based removal of IID restrictions, so that required users must demonstrate compliance with non-impaired driving habits before restrictions are lifted
- Establishment of a user complaint line; monitored and responded to by the OSP, and
- Having OSP as a hub for stakeholder concerns and questions.

Primary challenges and gaps for the IID program

The two most important program challenges that participants mentioned included a cumbersome and inefficient data system and difficulties with monitoring and enforcing violations.

Sharing data is cumbersome and inefficient

Several themes emerged related to the challenge of the data system. There lacks an efficient and streamlined way to share vendor data interlock devices collect with appropriate partner agencies. A primary problem is a need for a streamlined way to share device violation reports (evidence of tampering, evidence of positive alcohol breath tests, evidence of attempted circumvention) in real time with:

- Courts
- Treatment providers, and
- Law enforcement.

For courts, participants mentioned frequent difficulties establishing protocols for receiving and passing on vendor data for possible sanctions or other actions. The alcohol and drug evaluation specialist (ADES) sometimes fills this role. However, the fee-based limit on resources hampers these activities, and responsibility for data sharing is often not clearly defined. In general, there is:

- An absence of a user-friendly and efficient way to share data, and
- A high number of demands on time and resources.

Therefore, action by courts often depends on the motivation and capacity of individual judges to prioritize and follow-through on device violation reports. This is true as well for follow-through with those who do not install a device when required. The delay in the availability of data also hinders these activities by the court. However, this may improve with the incorporation of "early recall," whereby users are required to bring vehicles to a service station within seven days of a device violation report.

Treatment providers are not currently able to tap into device data in real time. To be able to do so would be an important and valuable tool to monitor treatment progress and modify interventions. In addition to the problem with data delay, concerns about privacy issues have hampered the ability of treatment providers to communicate with courts and a designated Alcohol and Drug Evaluation Service (ADES) about clients' treatment outcomes with:

- Status
- Concerns, and
- Progress.

In general, several issues conspire to make data sharing unavailable in real time and cumbersome to share between partners virtually. The following were on the list of

obstacles to overcome to improve the system:

- New rules or statutes to overcome privacy limitations to allow the sharing of vendor data in real time
- Resources to support a central hub or responsible entity who would act as a gatekeeper and pass along data to appropriate agencies as appropriate
- Standardization of vendor data fields and definitions
- The ability to combine data across vendors
- State police access to DMV records (to relieve current requirements to submit repeated data requests for suspended licensees)
- Data being user-friendly and condensed to specific stakeholder's needs, and
- Improved consistency in timely data submission by all vendors.

It is difficult to monitor and enforce IID violations

Almost all participants spoke about important barriers with monitoring and enforcement of those who:

- Do not install a device when required
- Violate conviction or diversion requirements, or
- Attempt to circumvent or tamper with devices.

The most important barrier for enforcement is the status of these behaviors as a class A traffic violation rather than the more serious designation as a misdemeanor crime. This ties the hands of police, prosecutors and courts in trying to hold DUII clients accountable. Many see behavior that warrants higher sanctions and stronger enforcement than what they compare to the equivalent of a speeding ticket. Respondents reported that the compliance rate would likely stay low without more "teeth" to sanction people required to install devices. This non-criminal status also reduces the priority of DUII monitoring and enforcement activities among resource-strapped prosecutors and courts.

An additional statute mandates that an officer must be present during a violation to enforce tampering and circumvention attempts, further hindering enforcement. To overcome these statutory barriers there would need to be changes in Oregon law.

A few respondents mentioned that some judges may not choose to issue orders for an IID when required or be willing to legally use a device report suggesting the use of alcohol. This may reflect a more general distrust of device reliability by judges. Respondents felt this may signify a lack of awareness in recent improvements in device quality and reliability. (It is important to note that the defense attorney voiced an opposite opinion. The defense attorney felt that judges typically trust device reports and rarely question the evidence for alcohol use.)

Related to questions about interpreting device data on positive alcohol breath tests, a prosecutor spoke of the difficulty in proving a device violation report for alcohol use was not a "false positive." This respondent wished for more prosecutorial support from judges

or experts to find a violation. It may be necessary to require a second breath test with the device, as one test is inconclusive to establish a "true positive" test for blood alcohol.

There are also important barriers for monitoring violations and non-compliance primarily because there are limited resources for this activity and a lack of a streamlined data system. For courts, there may be:

- Confusion and inconsistency about what entity should be monitoring violations and non-compliance, and
- A lack of resources for court clerks, ADESs, or probation officers to comprehensively monitor DUII clients and manage the information.

Additionally, while there are new technologies to capture photo evidence of circumvention attempts, these rely on manual evidence reviews that currently limit the ability to methodically identify these actions.

Other program challenges

Respondents spoke of program challenges and gaps that did not relate to problems with data or enforcing and monitoring.

A repeated theme, mentioned in the sections above, was the lack of resources or a sustainable fee-based source of funds to successfully support the IID program. The program continues to be supplemented by ODOT grant funds while OSP establishes a sustainable fee-based system of funds. To achieve more sustainable funding, OSP is working to gain authority to collect fees from technicians as well as other sources, such as:

- Service centers
- Device certification, and
- A portion of the user fee.

Respondents made many general comments about the limit in funding for administrative costs to track and follow up on required device installation. Likewise, there are not enough funds to monitor other IID-related requirements thoroughly.

Another common theme was the need for education campaigns. The public and stakeholder agencies could benefit from education about the current program given low awareness and inaccurate understanding. Respondents mentioned that education remains important for:

- Judges and court staff
- Prosecutors
- Device users
- Treatment professionals, and
- The public.

Vendors could also do a better and more consistent job of educating users about:

- How to use devices
- Ramifications of device violation reports, and
- Requirements for license reinstatement.

Several respondents referred to the general DUII and IID program process as very complicated as someone moves through the system. There is a significant level of coordination required across multiple agencies and entities. One central complication is the dual authority of the courts and the DMV, which can cause seemingly conflicting expectations about the requirement of an IID. Given a court's potential use of discretion to require an IID and the automatic restriction of licenses by the DMV, many DUII clients may not be aware of:

- The restriction on their license, or
- The requirement of violation-free IID use before its removal.

Other program challenges included:

- The growing number of those falling into the status of "indefinite suspensions" after laws changed to require violation-free IID use for 90 days — compounding penalties:
  - » Make reinstatement more difficult
  - » Clog up the system, and
  - » Have further reduced the compliance rate.
- Inconsistent response to and use of device reports by treatment providers.
- A legal loophole that allows DUII clients to successfully apply for early removal of an IID before clients start or complete treatment requirements.
- The need to prevent circumvention of IID by use of a different vehicle.
- The lack of a central point of contact to communicate with municipal courts.
- From a user perspective:
  - » The perceived lack of utility and inconvenience of random breath retests that occur after the initial startup[*], and
  - » The difficulty resolving device violation reports that are due to false positives.
- Lack of stakeholder familiarity with the practical use of IID-equipped vehicles.
- The limitations and controversies that surround the use of the IID to monitor sobriety.
- The lack of proper limitations for, and authority over, medical exemptions.
- Lack of capacity and resources for DUII courts.

Some respondents raised challenges that were not specific to the IID program. However, the challenges were related more generally to education and treatment concerns within the DUII process:

- The lack of an effective screening tool to better identify those at risk of recidivism,

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[*]   These are also known as "rolling retests."

which would help focus limited treatment resources for those at higher risk.

- The continued requirement for extended monitoring by treatment providers for hardship cases after the end of treatment, leading to concerns about liability.
- A perception that the required pre- and post-tests for those who receive alcohol education are:
  » Not very useful
  » Not suitable across varying reading levels, and
  » Not tied to measurable outcomes when there is education only treatment option.

Important indicators for tracking program success

While there are no comprehensive program evaluation strategies in place to monitor the IID program, respondents did describe:

- Current data and indicators being tracked
- Goals for the program, and
- The most important indicators to collect in the future.

Data or indicators tracked

Almost all respondents acknowledged how important it is to track IID compliance or the penetration rate (the percentage of those who install a device among the total required). In 2019, there were a total of 39,476 people with an IID requirement, which included about 8,000 from a previous year[*]. There were a total of 8,100 devices installed, resulting in an estimated 20.5% compliance rate for 2019.

OSP collected data from vendors to estimate the number of device violation reports when a user registered evidence of blood alcohol when trying to start a vehicle. This is an indicator to track:

- The approximate number of times an IID prevented an episode of impaired driving, and
- How well users are learning desired driving behaviors.

However, initial data from 2018, compiled from over seven vendor companies, indicated there were about 15,000 times when someone tried to start a vehicle with a BAC of .05 or higher. Five thousand of these were at .08 or higher[†].

Other indicators currently tracked include:

- DMV data on the number of DUII convictions and diversions.

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[*] OSP recently began to include the number of active restrictions from previous years as part of the denominator in the compliance rate. These numbers hadn't been counted in previous estimates, which led to overestimation of the true compliance rate.

[†] There may be a need to modify the estimate to account for instances of device calibration, this means times that a violation report is due to a device that does not record alcohol levels properly. All devices are re-calibrated on a routine schedule, as well as when there is an indication of a violation.

- The number suspended for non-compliance (the number with the status of "indefinite suspension"), and
- OSP data on the number of the customer and vendor helpline responses.

Initial OSP program goals

Current established program goals could help inform potential evaluation activities. The initial mission goals of the program established in collaboration with ODOT after start-up with OSP included:

- To achieve 100% compliance for service center inspections
- To qualify each interlock device for use in Oregon
- To reduce complaints from users, and increase response and follow-up on complaints, and
- To improve the compliance rate by 5 percentage points each year across diversions and convictions.

What are the most important indicators for the future to track program success?

According to interview feedback, a key priority will be to continue monitoring the compliance rate. Doing so will track the success in increasing the percentage who install a device among those required. It will be important to standardize methods:

- To account for or distinguish compliance rates for those who have a continuing requirement from a previous year, and
- To establish rates that are comparable over time and between other states and national estimates.

Participants spoke of the appeal and importance of tracking device data. The primary reason is to monitor the number of device alcohol violations that could indicate the number of times an IID prevented impaired driving. Device data should also be compiled and tracked as well to summarize the number of other violations, such as failure to perform random breath retests or evidence of tampering with or circumventing the device.

Other suggestions for program data that could help track program success or quality improvement included:

- The number of user complaints and percentage successfully resolved (OSP complaint line)
- Reasons for non-compliance, divided into logical categories as data allows
- The time lag between a violation and court action
- Recidivism and crash rates after completing IID requirement, as well as for those with a current requirement
- The number of license revocations, and
- The number of alcohol-related crashes, crash deaths and injuries.

Ideas for quality improvement activities and solutions to challenges

Many participants mentioned the need for an improved data system for the IID program. This mainly involved the need to organize and efficiently disseminate device data from vendors to relevant stakeholder agencies. However, other data categories mentioned included:

- DMV data
- Circuit and municipal court data, and
- Treatment data.

Respondents acknowledged there would be important legal and privacy issues to overcome to enable creating methods for linking, organizing and disseminating data on people. However, a primary suggestion was to have a centralized and robust data hub from which to access relevant data disseminate it to relevant stakeholder partners. Key data system characteristics would include a user-friendly interface and data available in real time.

Another related suggestion was to better use screening and device data to focus and prioritize resources for those at the highest risk of recidivism and continued impaired driving behavior. This would entail adopting and disseminating a new computer-based screening tool using evidence-based strategies for assessing risk for recidivism and establishing the severity of substance abuse behaviors. It would also repurpose device violation report data to help identify those most in need of intensive treatment and education interventions.

Another popular suggestion was to continue to work on legislative and administrative rule changes to improve the program. Participants mentioned such ideas as change IID violations to be class A or C misdemeanor crimes; improve and facilitate timely use of vendor data; allow immediate installation of an IID after an arrest for DUII; and resolve privacy concerns and help clarify stipulation of monitoring authorities for device data.

Other suggestions for potential activities:

- Conduct education campaigns among the public and key stakeholder groups to:
  » Raise awareness about and provide updates about the IID program, and
  » Increase knowledge about the cycle of addiction and the need for substance abuse treatment.
- Create point-of-contact datasets to promote communication efforts with judges, defense attorneys and other stakeholders.
- Conduct stakeholder interviews to clarify the most important reasons for non-compliance.
- Conduct focus groups or interviews with DUII clients to better understand:
  » User experiences, and
  » Reasons for non-compliance.
- Apply for federal funds for a First Offender Program.

- Create salaried positions for ADES assessment and screening as a solution to expanding data monitoring and dissemination activities.
- Consider interlock requirements as opposed to blanket license revocation for first-time arrests for DUII.
- Incorporate facial recognition technology to help prevent tries to circumvention when someone else blows into the device.

The potential role for an IID stakeholder advisory working group

Most participants voiced support for an IID-dedicated advisory group that could help embed diverse stakeholder perspectives within an ongoing supportive role for strategic planning and quality improvement initiatives. This group should have a dedicated mission that would not overlap with current stakeholder group roles, such as:

- The Rules Advisory Committee (vendor, ODOT and OSP representatives who meet quarterly), or
- ODOT's Traffic Safety Committee (meets monthly and provides oversight for IID program).

Several spoke of the importance of gathering multiple stakeholders together, to:

- Better communicate, and
- Keep up to date on each other's roles and activities.

Also, program goals and ideas for prioritizing potential improvement initiatives would likely differ by stakeholder.

Participants suggested different stakeholders to consider as members of such a group:

- Law enforcement
- Prosecutors
- Judges and courts
- Defense attorneys
- Treatment providers
- OHA Health Services Division
- OHA Public Health Division
- ODOT (DMV, Traffic Safety)
- IID vendors, and
- ADES.

There was a suggestion to consider other experts, such as those who could provide insight into public awareness messaging or and academic research perspective. It may be important to consider how to include representation from current or previous DUII clients.

Some expressed caveats that this group should have an advisory rather than compulsory oversight. Also, that the timing may work best after the program has better settled within

OSP. Potential sponsoring entities for the advisory group could be the GAC on DUII or the OSP; slightly more respondents suggested the latter as the most appropriate fit for "host." However, in general, participants agreed that:

- No such group currently exists across the variety of key stakeholder agencies relevant to the IID program, and
- This type of group would be welcome and provide an important role in validating, deciding on and advising ongoing strategic planning and quality improvement projects.

Discussion

Oregon will use these results to inform ongoing strategic planning for potential IID program quality improvement and evaluation activities. Therefore, it may be helpful to consider the following sections as additional resources for these efforts:

- Recent perspectives on IID best practices
- Previous recommendations made for Oregon's program from a 2012 Traffic Injury Research Foundation technical assistance report, with the progress made so far, and
- Reflections about program evaluation for IID programs.

Recent perspectives on IID program best practices

In a 2014 evaluation, the U.S. Centers for Disease Control and Prevention (CDC) and NHTSA[2] established eight IID program keys. This project, based on discussion with and data analysis from 28 states along with a review of previously published studies, summarized the current consensus on IID program elements believed to be important for program success. A CDC and NHTSA eight-page brochure[3] summarized these program keys along with the strength of recommendation and examples from model states. The eight keys, using brochure language and divided into appropriate program categories, include:

Program design

1. **Requirements:** A requirement or strong incentive for all DWI* offenders to install an interlock. Typical incentives include reduction of hard suspension periods, fines, or other penalties.

2. **Penalties:** Swift, certain, and appropriately severe penalties for offenders who are required or elect to install interlocks if they drive vehicles that do not have operating interlockss.

Program management

3. **Monitoring:** Careful tracking after interlocks are ordered or required to assure that offenders install the interlocks and that they do not circumvent

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* DWI (Driving While Impaired) is equivalent to Oregon's title of DUII.

the requirement after interlocks are installed.

4. **Uniformity:** Consistency of interlock program operations statewide.

5. **Coordination:** Close coordination and communication across all agencies involved in interlock program operations, including law enforcement, prosecutors, judges, probation, licensing, alcohol treatment, and interlock vendors.

6. **Education:** Thorough education on interlock program requirements and procedures for the public and all program staff and management.

Program support

7. **Resources:** Adequate staff and funding resources to operate the program effectively and efficiently.

8. **Data:** Accurate, accessible, and up-to-date information systems to determine which offenders are required or eligible to install interlock, to monitor offenders and report violators, and to evaluate program effectiveness and suggest improvements.

NHTSA's 2013 guide[4] is another source that summarizes recent recommendations for IID programs. This offers practical strategies in a 10-page summary within the following areas:

- Legislation
- Education
- Program administration
- Devices, vendors and service providers
- IID data, and
- Driver licensing.

Marques and Voas provided a valuable resource that summarizes consensus recommendations for key features in IID programs in a 2010 NHTSA report.[5] These key features were later incorporated as a chapter in the book "Alcohol Ignition Interlock Programs: Elements and Considerations to Prevent Impaired Driving."[6] The authors accomplished this project through several steps:

- A review of published and unpublished literature
- Key informant interviews with state officials and program managers
- An additional survey of key informants, and
- A culminating review and discussion of all information by an all-day expert panel in October 2007.

The authors provide helpful details about recommended policies and practices organized by answers to key questions arranged by eight topics:

1. Installation and program enrollment issues
2. Interlock program ramp-up and expansion (including indigent program, management of vendors)
3. Standardization of reporting and information flow
4. Program compliance, noncompliance, and interlock removal
5. Linkage to treatment
6. Key differences in court programs and DMV programs
7. Core elements to consider for IID programs, and
8. Other topics.

Concluding remarks offer a cursory summary of recommendations:

> "The evidence at this stage suggests we should install the interlocks early, use them until there is evidence of behavior change, actively monitor both offender and vendor performance during the interlock program and heavily ramp up enforcement to ensure that driving while suspended does not become a preferred low-risk alternative to the interlock. For DWI offenders those offenders who are supposed to be driving under an IID and who are not should be subject to a more restrictive level of behavior control."

Recommendations from the 2013 Traffic Injury Research Foundation Technical Assistance Report

After conducting interviews with IID stakeholders beginning in September 2012, TIRF made several short- and long-term recommendations for improving Oregon's IID program.[7] It will be instructive to reconsider these recommendations to:

- See what progress had been made and
- Help form a foundation from which findings from this current project and any ongoing stakeholder input help:
  - » Inform strategic planning, and
  - » Prioritize initial efforts for quality improvement.

These recommendations are listed below and edited for brevity. Based on judgments on progress justified by the interviews, check marks indicate where progress has been made:

- Initial progress (single check), and
- Significant progress (two checks).

TIRF recommendations for Oregon's IID Program, 2013	Progress?
Legislation	
1. Include mandatory provisions for all repeat DUII offenders.	✓✓
2. Reduce or modify long hard suspensions.	✓✓
Administrative rules	
3. Avoid prescriptive language to allow program flexibility post-implementation.	✓✓
4. Convene an advisory committee to review administrative rules. Initiate a discussion to collectively identify the goals of the program (deterrence, punishment, rehabilitation).	✓✓
5. Designate a single agency to monitor compliance among offenders, to monitor and address repeated non-compliance and violations.	✓
6. Develop a set of graduate responses or performance-based exit criteria, as well as positive reinforcement. Probation officers would be well-positioned to administer graduated responses if given access to device data. Examples described.	✓
7. Extend program participation for persistent non-compliance.	✓
8. Reduce vendor calibration and reporting timeframe from 60 to 30 days.	✓✓
9. Develop standardized violation definitions focused on alcohol-related violations. Consider AIIPA's set of standardized violation definitions. Allow for administrator flexibility in responding to violations. This can be the basis for an interlock monitoring framework that includes associated responses.	✓
10. Outlaw semi-conductor devices, approve fuel cell devices only. Develop test protocols and field test all devices on a random and ongoing basis to ensure proper installation and configuration.	✓✓
Provision of program information	
11. Develop user-friendly educational one-pagers for offenders, describing the re-licensing process and requirements for entering and completing the interlock program. Make widely available online and via ADES, vendors and the defense bar.	
Treatment	
12. Strengthen existing linkages between the IID program and treatment, to better deliver both aspects in tandem and maximize the benefit of the interlock and its data. ADES might be in the best position to review data and monitor progress.	
Agency communication	
13. Strengthen lines of communication between state agencies and the courts to better track offenders in the program and address issues as they arise. Better communication and collaboration between DMV and the courts could balance inherent weaknesses in each element and decrease lag time to improve coordination between court rulings/disposition and driver license status. Create a list of key contacts from each agency involved directly and peripherally in delivering the program.	
Data automation	
14. Transition from a paper-based to a fully automated IID reporting system to help streamline activities, reduce staff and workload, improve communication, and enhance offender tracking. Automated reporting would benefit program administrators, helping to identify where and why weaknesses are occurring and what strategies might help, as well as facilitating future program evaluation efforts. This may be particularly difficult/costly for OR given the multitude of vendors and agencies involved in program delivery and the likely range in interface capabilities. Key considerations for developing a data system are listed.	✓

TIRF recommendations for Oregon's IID Program, 2013	Progress?
Vendors and oversight	
15. Reduce and limit the number of approved vendors.	✓✓
16. Create a vendor certification protocol as opposed to device certification only. Create a vendor request for certification (RFC) to include device criteria, standards for testing, service center standards, standardized reporting of data and violations, requirements for service center staff (e.g. background checks), required report format, statewide coverage, and training for practitioners reviewing data reports. More detailed RFC suggestions are listed.	✓✓
17. Create a vendor oversight plan and service center audit procedures. Grant an agency the authority to oversee the development and implementation of the protocol.	✓✓
Education and training	
18. Improve outreach and education efforts with judges to increase support and encourage more consistent use of interlock devices. Design efforts to increase awareness of their obligation to order an IID and the benefits associated with its use as an effective tool to prevent drunk driving. Seek the inclusion of interlock panels and/or presentations at conferences to share research about device effectiveness, dispel myths and misconceptions, and improve understanding of device technology. Consider using TIRF and NHTSA educational materials, as well as IID-specific webinars.	✓
19. Improve outreach and education for prosecutors and probation officers. Prosecutors should be encouraged to request the device as a condition of sentencing. Probation officers should receive the education needed about the device and associated data reports to play a more active role in the supervision of interlock offenders on their caseloads.	
20. . Continue education and training efforts for law enforcement officers. Ensure officers are familiar with the device, know what to look for during a traffic stop with an interlock-restricted driver, and are aware of appropriate charges that should be filed in a variety of situations. Support training initiatives such as Roll Call videos and include interlock information in academy training, SFST refresher training, and the annual multidisciplinary training conference.	✓
Indigent fund	
21. Resolve existing indigent fund issues to ensure offenders requiring such funding are not required to do business with a single vendor.	
Rural issues	
22. Identify and develop strategies to accommodate offenders who live in rural areas. Consider such strategies as sharing territories (vendors have specific areas within the state), minimum 50- to 65-mile radius service areas, and mobile service centers.	✓
Networking	
23. Network with program administrators in neighboring jurisdictions to develop solutions or create reciprocal agreements to manage foreign, relocated, or transient offenders.	✓
24. Review strategies and protocols from other jurisdictions to avoid duplication or reinventing the wheel. AIIPA is a good resource for networking with other program administrators.	✓

Evaluation of IID programs

A multitude of published studies has led to a consensus in the research community that IIDs are effective at reducing recidivism while installed. A systematic review conducted by the CDC summarized these findings. The study found that while installed, IIDs decrease the re-arrest rates by 67% compared to groups who did not have a device

installed.[8] This same study also found limited evidence for a decrease in alcohol-related crashes during the time of IID installation. McCartt et al.[9] reported an 8.3% reduction in single-vehicle late-night crash risk associated with the Washington state IID program expansion. This expansion mandates interlock devices for all arrested for the first-time compared with the previous limit of those with BAC ≥ .15. Another study[10] found that states that require the IID for all convictions had 15% fewer alcohol-involved crash deaths compared to states with more relaxed requirements.

Given this consensus and the challenges for conducting long-term studies to further establish the effectiveness of IIDs in preventing impaired driving, it may be advisable to focus program evaluation efforts to:

- Describing and documenting how well the program is operating (process and short-term outcome evaluation), and
- Identifying aspects of how the program could improve so that it operates as IVPP intends.

Long-term outcomes should include alcohol-involved crashes and injuries, to both vehicle passengers and others, such as pedestrians. It may be possible to overcome data limitations in tracking alcohol-involved injuries by focusing on the more severe injuries captured in the Oregon Trauma Registry. While important to continue tracking these long-term outcomes, the short-term evaluation goals should focus on:

- Describing demographic characteristics of program participants, and assessing associations of these characteristics with successful program-related outcomes
- Tracking the number of participants, among those eligible, who:
  - » Have a device installed (compliance rate)
  - » Have low or decreasing rates of device violations
  - » Receive screening for treatment and education
  - » Fulfill treatment and education requirements
  - » Fulfill other program requirements
  - » Successfully remove their IID restriction on time
- Summarizing and analyzing device data to track and describe patterns of violations
- Identifying and quantifying reasons for non-compliance
- Tracking implementation of inspections and field testing of service centers, technicians and devices
- Tracking the number and types of user complaints and OSP response and resolution
- Identifying program challenges across stakeholder entities, including DUII clients
- Assessing public and stakeholder awareness and knowledge level about IIDs and the program, and
- Tracking education efforts with the public and stakeholders.

IVPP could consider a wide number of methods in an evaluation plan, such as:

- Analysis and linking of existing data (such as, from ODOT, DMV, courts, law enforcement, vendors, treatment)
- Surveys with the public or specific stakeholders
- Key informant interviews with stakeholders, and
- Surveys, interviews, or focus groups with DUII clients.

In designing an evaluation strategy, it may be helpful to consider models of program evaluation efforts in:

- Minnesota[11]
- Nova Scotia[12][13]
- California,[14] and
- New Mexico.[15]

Program evaluation activities will occur only as funding and expertise are available. It will be important to set up a centralized effort with oversight and guidance from a trained evaluator and a multi-stakeholder advisory group. This group could help prioritize evaluation efforts within the context of requirements for reporting (e.g., legislative or other funding entities) and available resources.

Conclusions

In this section, IVPP presents key findings from interviews with stakeholders and recommendations for the next steps.

As with any project, it is important to acknowledge limits and urge caution in interpreting the findings. Results from these interviews were based on a limited number from the total potential field of stakeholders. IVPP likely would have discovered additional feedback had IVPP continued to identify and talk with more stakeholders or expanded the pool within agencies reached. Additionally, information may have been limited because of interview lengths that ranged from 20-40 minutes or the focus on capturing the most salient information with the limited number of topics.

These findings are based on self-reporting. The findings may be inaccurate due to factors such as difficulty with recall or omissions due to any perceptions that the information might be sensitive

Summary of key findings from stakeholder interviews

The transition of program authority to Oregon State Police and early accomplishments

There were very positive opinions about the transition from ODOT to OSP, with descriptions that it was a smooth and seamless process. Participants mentioned that partners worked well together and there was a quick start-up of activities. A major early accomplishment after the transition was implementing the IID Oversight and Management project, which:

- Ensured that vendors, installers and devices comply with state statutes and rules, and
- Established effective oversight for vendors and service stations.

Many noted there is still a lot of work to do. However, they praised the OSP for the accomplishments so far and for leadership during the transition.

Important gaps and challenges

The IID program has many stakeholder agencies, and many different ideas emerged as main challenges, depending often on stakeholder roles and perspectives. The two most important program challenges included:

- The lack of a robust, easy-to-use data system for sharing device data and other data between relevant partnering agencies in real time, and

- The difficulty in monitoring and enforcing IID violations, with some of the reasons including:
  - » The need to change statutes to make violations a criminal charge, rather than a Class A traffic violation
  - » A lack of court, prosecution and enforcement resources for monitoring and following up
  - » Lack of consistency among judges for setting priorities and following through with IID violations
  - » Difficulty using positive breath tests as grounds for removing someone from the diversion program, and
  - » The lack of clarity for which entity should follow through to enforce violations.

Important data or indicators to track and monitor program success

Two data elements currently tracked by OSP, which should continue as important indicators for the program, include the compliance rate and the number of violations that indicate positive alcohol tests at vehicle start-up. Other suggestions included program-related performance measures, such as:

- Number and resolution of client complaints
- Reasons for noncompliance
- The timing for court action after violations, and
- Longer-term outcomes such as recidivism and alcohol-related crash deaths and injuries.

Ideas for quality improvement

Participants described several potential quality improvement ideas for the future, including:

- Enhancing and improving data and data sharing, and
- Using data to identify and focus limited resources on those most at risk for recidivism.

Another popular suggestion was to continue working on improving statutes and administrative rules.

Feedback about an IID-dedicated working group or steering committee

Most participants voiced support for an IID-dedicated advisory group hosted by the GAC-DUII or OSP. This group could help embed diverse stakeholder perspectives within an ongoing supportive role for strategic planning and quality improvement initiatives. This group could also enhance communication between the various partners who deliver the program.

Recommendations

Findings from the stakeholder interviews and best practices for IID programs and Traffic Injury Research Foundation (TIRF) recommendations from 2013 point to important immediate next steps for program improvement or program evaluation:

- Apply for technical aid from TIRF, to update materials and recommendations from their 2013 report to Oregon.
- Gather an IID-dedicated working group, as advisors for ongoing strategic planning and quality improvement project implementation. This group could:
  » Review and prioritize TIRF recommendations
  » Help coordinate efforts to address important program gaps and challenges, and
  » Provide input for improving legislation and administrative rules.
- Quality improvement project ideas could include:
  » Improve the IID data system to improve ease of use, with real-time accessibility by multiple partners to relevant administrative and device data.
  » Design and implement program evaluation activities to help assess program operation and provide insight on how best to improve.
  » Survey the public, to examine awareness and accurate understanding of the program, as well as interest and support.
  » Conduct surveys or focus groups with participating and non-participating DUII clients, or conduct a content analysis of client complaints, to examine:
    – Reasons for not participating
    – Challenges for navigating the program and using the interlock devices, and
    – Suggestions for improving the program.
- With advisory group guidance, submit a grant application for two-year TIRF and NHTSA funding (up to $150,000) by November 2020, to help provide resources for quality improvement activities.

References

1. ODOT. *OREGON IMPAIRED DRIVING STRATEGIC PLAN Presented by the Oregon Governor's Advisory Committee on Driving Under the Influence of Intoxicants.*; 2018.

2. Casanova-Powell T, Hedlund J, Leaf W, Tison J. Evaluation of State Ignition Interlock Programs: Interlock Use Analyses From 28. 2015;(May):2006-2011.

3. *Increasing Alcohol Ignition Interlock Use: Successful Practices for States.* http://www.nhtsa.gov/staticfiles/nti/. Accessed July 14, 2020.

4. Model Guideline for State Ignition Interlock Programs. DOT HS 811 859. https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/811859.pdf. Published 2013. Accessed July 14, 2020.

5. Highway Traffic Safety Administration N. *Key Features For Ignition Interlock Programs.*; 2010. www.ntis.gov. Accessed July 14, 2020.

6. Marques PR, Voas RB. Key Features for Ignition Interlock Programs. In: Tiessart EB, ed. *Alcohol Ignition Interlock Programs: Elements and Considerations to Prevent Impaired Driving.* Nova Publishers; 2014:1-83.

7. TIRF. *Alcohol Interlock Program Technical Assistance and Training: Oregon.*; 2013.

8. Elder RW, Voas R, Beirness D, et al. Effectiveness of ignition interlocks for preventing alcohol-impaired driving and alcohol-related crashes: A community guide systematic review. *Am J Prev Med.* 2011;40(3):362-376. doi:10.1016/j.amepre.2010.11.012

9. McCartt AT, Leaf WA, Farmer CM. Effects of Washington State's alcohol ignition interlock laws on DUI recidivism: An update. *Traffic Inj Prev.* 2018;19(7):665-674. doi:10.1080/15389588.2018.1496426

10. Kaufman EJ, Wiebe DJ. Impact of state ignition interlock laws on alcohol-involved crash deaths in the United States. *Am J Public Health.* 2016;106(5):865-871. doi:10.2105/AJPH.2016.303058

11. Greenway Transportation P, Vanasse Hangen Brustlin I, TIRF USA, Minnesota Department of Public S. Minnesota Ignition Interlock Program Evaluation. 2016:160p. https://dps.mn.gov/divisions/ots/reports-statistics/Documents/mn-iid-eval.pdf https://trid.trb.org/view/1440986.

12. Robertson R, Vanlaar W. *Nova Scotia Alcohol Ignition Interlock Program: Process Evaluation.*; 2010.

13. Vanlaar WGM, Mainegra Hing M, Robertson RD. An evaluation of Nova

Scotia's alcohol ignition interlock program. *Accid Anal Prev.* 2017;100:44-52. doi:10.1016/j.aap.2016.12.017

14. DeYoung DJ. An evaluation of the implementation of ignition interlock in California. *J Safety Res.* 2002;33:473-482.

15. Marques PR, Voas RB, Roth R, Tippetts AS. Evaluation of the New Mexico Ignition Interlock Program. 2010;(November). https://rosap.ntl.bts.gov/view/dot/1909.

Appendix 1: Interview questions

1. What role do you play in the state's Alcohol IID program?
2. How would you characterize the transfer of the program from ODOT to the state police?
3. What is your overall opinion about how the program is running?
4. What are the primary challenges or gaps for the IID program?
5. What evaluation efforts are currently in place or have been done in the recent past?
6. What would be the most useful things to learn about the program, or the most useful data to organize to track how the program is performing?
7. Who are the primary stakeholders? What is the status of any active advisory group or stakeholder group for the program?
8. Would partners be amenable to a multi-disciplinary advisory group to assist in strategic planning and quality improvement initiatives?

Oregon Health Authority

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