

# STATE OF NEBRASKA

---

## Impaired Driving Program Assessment

**June 9-13, 2025**

### **Technical Assessment Team**

**Troy E. Costales  
Robert Burroughs  
Rob K. Levy  
Judge Robin Smith  
Thomas Woodward**

## TABLE OF CONTENTS

<u>ACKNOWLEDGEMENTS</u> .....	3
<u>INTRODUCTION</u> .....	4
<u>STATE BACKGROUND</u> .....	5
<u>PRIORITY RECOMMENDATIONS</u> .....	8
I. <u>Program Management and Strategic Planning</u> .....	9
A. <u>State and Tribal DWI Task Forces or Commissions</u> .....	9
B. <u>Strategic Planning</u> .....	11
C. <u>Program Management</u> .....	13
D. <u>Resources</u> .....	16
II. <u>Prevention</u> .....	18
A. <u>Responsible Alcohol Service</u> .....	18
B. <u>Community-Based Programs</u> .....	27
B-1. <u>Schools</u> .....	27
B-2. <u>Employers</u> .....	34
B-3. <u>Community Coalitions and Traffic Safety Programs</u> .....	37
B-4. <u>Transportation Alternatives</u> .....	40
III. <u>Criminal Justice System</u> .....	40
A. <u>Laws</u> .....	40
B. <u>Enforcement</u> .....	50
C. <u>Prosecution</u> .....	57
D. <u>Adjudication</u> .....	60
E. <u>Administrative Sanctions and Driver Licensing Programs</u> .....	66
E-1. <u>Administrative License Revocation and Vehicle Sanctions</u> .....	66
E-2. <u>Driver Licensing Programs</u> .....	71
IV. <u>Communication Program</u> .....	75
V. <u>Alcohol and Other Drug Misuse: Screening, Assessment, Treatment, and Rehabilitation</u> .....	79
A. <u>Screening and Assessment</u> .....	79
A-1. <u>Criminal Justice System</u> .....	80
A-2. <u>Medical and Other Settings</u> .....	83
B. <u>Treatment and Rehabilitation</u> .....	86
VI. <u>Program Evaluation and Data</u> .....	88
A. <u>Evaluation</u> .....	88
B. <u>Data and Records</u> .....	91
C. <u>Driver Records Systems</u> .....	95
<u>ON-SITE AGENDA</u> .....	97
<u>APPENDIX</u> .....	101
<u>ASSESSMENT TEAM CREDENTIALS</u> .....	153

## **ACKNOWLEDGEMENTS**

The Impaired Driving Program Assessment Team members acknowledge and thank Greg McVey, Nebraska Department of Transportation (NDOT), Highway Safety Office Supervisor, for his support in making this assessment possible. The team would particularly like to recognize and thank Dustin Stewart, Traffic Safety Specialist, NDOT Highway Safety Office for his extraordinary efforts in planning and coordinating the assessment.

The team thanks the National Highway Traffic Safety Administration (NHTSA) for helping to give a national and regional perspective and support to the assessment. Tara Kelley-Baker and Jane Terry, NHTSA Impaired Driving Division, facilitated the assessment with input from Jeff Halloran, Regional Program Team Lead, NHTSA Region 7. The team also thanks Caroline Cash, Administrative Assistant, for her coordination and management of the production of the final report and support to the team.

The team also thanks each of the participants for the time and energy invested in answering questions both virtually and on-site. Their candor and thoroughness in discussing their activities to address impaired driving in Nebraska greatly assisted the team in conducting a complete review. The assessment team commends all who are involved in the day-to-day efforts to reduce impaired driving in Nebraska.

This report is based on a review of the State's Impaired Driving Program. It is intended to assist Nebraska's efforts to enhance the effectiveness of its impaired driving program by equipping the criminal justice community, prevention, and treatment leaders, stakeholders, and law enforcement officials with the knowledge and skills to protect Nebraskans from those who drive impaired.

The team believes that this report will contribute to Nebraska'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 Nebraska's roadways.

## 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 allows management to review various highway safety and emergency medical services (EMS) programs. Program assessments are provided for EMS, occupant protection, impaired driving, traffic records, motorcycle safety, standardized field sobriety testing, driver education, and pedestrian and bicycle safety.

The purpose of the assessment is to provide state management with a review of 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 highway safety and EMS program assessments provide an organized approach, along with well-defined procedures that states can use to meet these objectives. The assessments are cooperative efforts among state highway safety offices and NHTSA. In some instances, the private sector is also a partner in the effort.

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.

NHTSA staff facilitates the assessment process by assembling an assessment team, a group of experts composed of individuals who have demonstrated competence in impaired driving program development and evaluation, 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 State of Nebraska 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 that have an average impaired driving fatality rate that is between 0.30 and 0.60 are considered mid-range states; states that have an average impaired driving fatality rate that is lower than 0.30 are considered low-range states. With a current impaired driving fatality rate of 0.33, Nebraska is considered a mid-range state and voluntarily requested to conduct a NHTSA-facilitated assessment of the State's impaired driving program.

The on-site portion of the 2025 Nebraska Impaired Driving Program Assessment was conducted at the Graduate Hotel in Lincoln, Nebraska, from June 9-13, 2025. Under the direction of Dustin Stewart, arrangements were made for program experts (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

Nebraska, the Cornhusker State, is a landlocked state in the center of the United States. It is bordered by South Dakota to the north, Iowa to the east, Missouri to the southeast, Kansas to the south, Colorado to the southwest, and Wyoming to the west. It has 93 counties and observes two time zones, Central and Mountain Time. Nebraska is the 16<sup>th</sup> largest state by land area, with just over 77,220 square miles. Its capital is Lincoln, and its most populous city is Omaha, located on the Missouri River. Most of the cities in Nebraska have fewer than 3,000 residents. Nebraska is the only U.S. state with a unicameral legislature. Its main industries are agriculture and insurance.

According to the 2020 U.S. Census, Nebraska has a population of 1.96 million people, making it the 38th-most populous state. The earliest inhabitants were the Omaha, Missouria, Ponca, Pawnee, Otoe, and various branches of the Lakota (Sioux) tribes. As of 2020, the population was 78.4 percent White, 4.9 percent Black, 2.7 percent Asian, 1.2 percent Native. 5.4 percent of Nebraskans identify as another race; 7.3 percent were two or more races. Nebraska has a notably large Czech American and non-Mormon Danish American population.

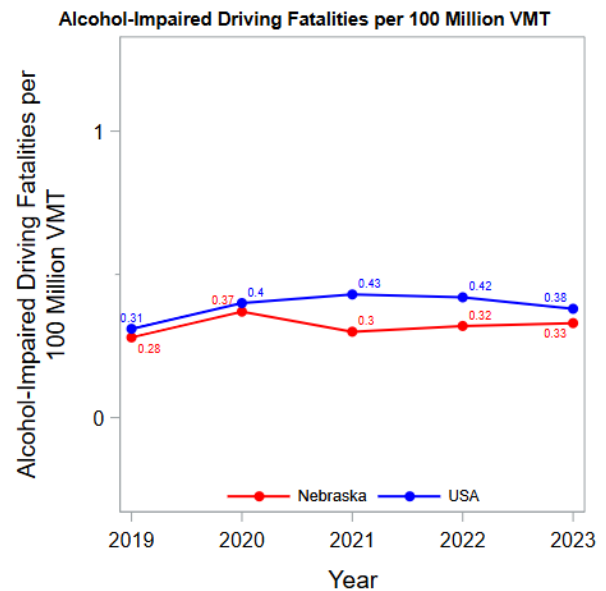
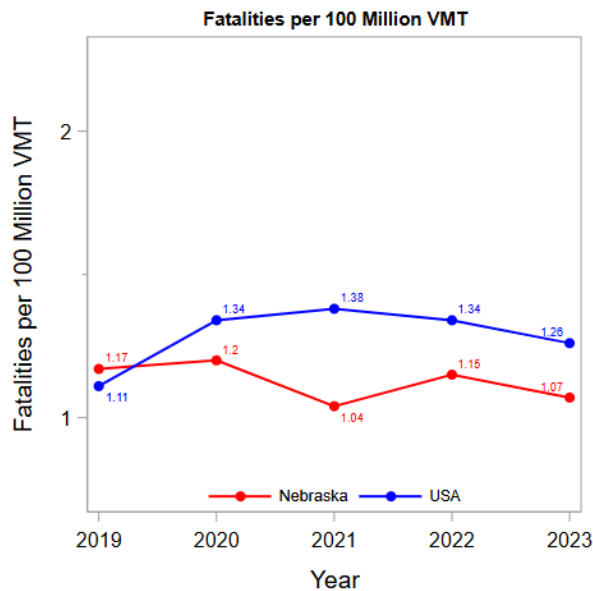
Eastern and western Nebraska differ in geography and climate. The gentle rolling hills of the Dissected Till Plains in the east tend to experience more humidity, while the treeless prairie of the Great Plains in the west is semi-arid. Thunderstorms and tornadoes are frequent across the State in the spring and summer months, while winters can be harsh, especially in the northern panhandle.

The Nebraska Department of Transportation (NDOT), known as the Nebraska Department of Roads until 2017, builds and maintains all the state highways and roads in the State. The State highway system is 9,942 miles long and includes Link and Spur highways, as well as Recreational Roads, in addition to interstates, U.S. routes, and state highways. Recreational Roads are designated by the Nebraska Game and Parks Commission and maintained by NDOT. Interstate 80, the east-west transcontinental highway, roughly follows what was the Nebraska portion of the historic Oregon Trail, which was used by explorers, missionaries, and gold prospectors to go to the west in the 1800s, before the establishment of the first transcontinental railroad.

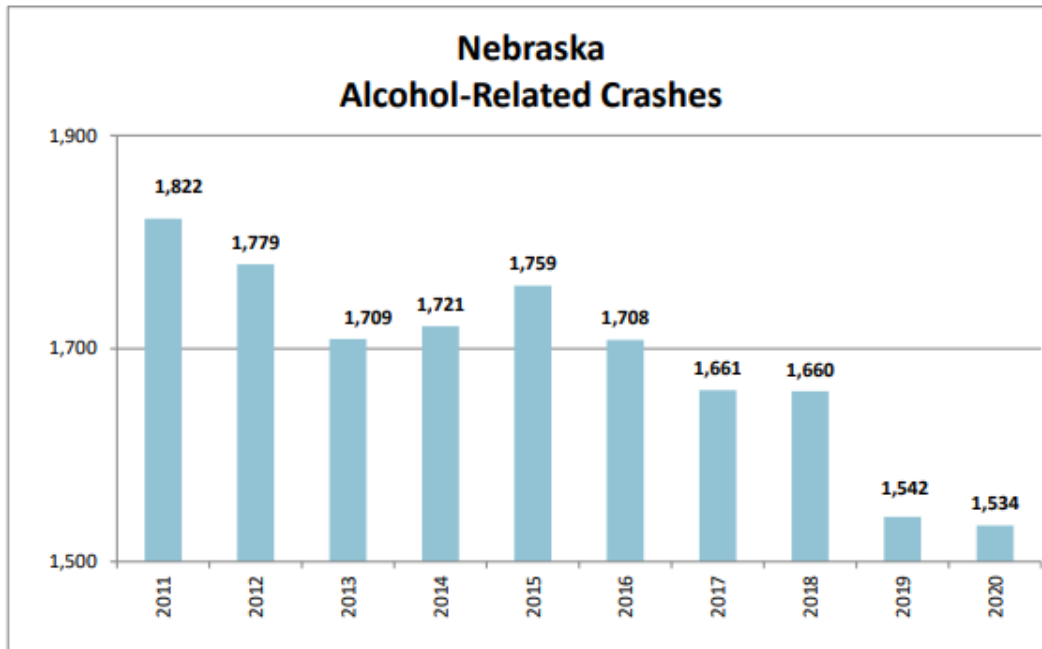
In 2023, Nebraska had nearly 1.5 million motor vehicle licensed drivers. There were 227 fatalities on Nebraska's roads in 2023, a decrease from the previous year. Given the rural nature of the State, more fatalities occurred on rural roads than urban roads. Nebraska's impaired driving fatality rate is lower than the national rate. Since 2014, impaired driving fatalities have totaled between 60 and 72 each year; in line with this trend, there were 70 impaired driving fatalities in 2023. The State saw a notable decrease in impaired driving crashes from 2018 to 2019, a trend that continued into 2020, but the number of crashes resulting in injury remains high.

## Traffic Safety Performance (Core Outcome) Measures\* For Nebraska

Core Outcome Measures		Crash Year										
		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
Traffic Fatalities	Total (C-1)	225	246	218	228	230	248	233	221	244	227	
	Rural	177	173	166	159	171	178	162	162	149	161	
	Urban	48	73	52	69	59	70	71	59	95	66	
	Unknown	0	0	0	0	0	0	0	0	0	1	
Fatalities Per 100 Million Vehicle Miles Driven	Total (C-3)	1.15	1.22	1.05	1.09	1.10	1.17	1.20	1.04	1.15	1.07	
	Rural	1.55	1.52	1.46	1.38	1.47	1.53	1.50	1.36	1.28	1.38	
	Urban	0.59	0.84	0.56	0.73	0.63	0.73	0.83	0.63	0.99	0.67	
Passenger Vehicle Occupant Fatalities-n(All Seat Positions)	Total	183	186	165	166	165	191	158	165	171	173	
	Restrained	57	47	61	49	57	68	37	63	57	45	
	Unrestrained (C-4)	95	118	83	99	88	90	100	76	85	99	
	Unknown	31	21	21	18	20	33	21	26	29	29	
Alcohol-Impaired Driving Fatalities (BAC=.08+)** (C-5)		60	64	61	67	68	60	72	64	68	70	
Speeding-Related Fatalities (C-6)		49	37	36	37	29	49	39	36	48	46	
Motorcyclist Fatalities	Total (C-7)	20	25	20	27	23	25	34	21	29	22	
	Helmeted	18	18	9	20	9	21	28	19	22	20	
	Unhelmeted (C-8)	1	4	3	0	2	1	6	0	2	2	
	Unknown	1	3	8	7	12	3	0	2	5	0	
Drivers Involved in Fatal Crashes	Total	305	328	302	316	353	351	332	308	366	319	
	Aged Under 15	2	0	0	0	0	1	3	2	1	1	
	Aged 15-20	32	39	26	35	40	32	35	28	45	31	
	Aged Under 21 (C-9)	34	39	26	35	40	33	38	30	46	32	
	Aged 21 and Over	270	287	275	277	308	318	292	277	317	287	
	Unknown Age	1	2	1	4	5	0	2	1	3	0	
Pedestrian Fatalities (C-10)		9	19	12	20	24	20	18	15	23	13	
Bicyclist and Other Cyclist Fatalities**** (C-11)		2	4	1	3	0	1	1	1	0	6	
Observed Seat Belt Use*** (B-1)		79.0	79.6	83.3	85.9	85.5	79.7	80.6	81.2	76.3	77.3	



## NEBRASKA ALCOHOL-RELATED CRASHES



### EFFECTIVE DATE OF NOTEWORTHY HIGHWAY SAFETY LEGISLATION

*January 1, 1993	Administrative License Revocation (ALR) Law
*January 1, 1994	.02 BAC (Zero Tolerance) Under 21 Drivers
*August 28, 1999	Open Container Law
*September 1, 2001	.08 BAC Law
*September 4, 2005	Enhanced Penalties for Repeat DUI Offenders (.16 BAC)
*July 14, 2006	Enhanced Penalties for Repeat DUI Offenders (.15 BAC)
*January 1, 2008	Underage "Dram Shop" Law
*January 1, 2009	Ignition Interlock Law
*January 1, 2012	Enhanced Ignition Interlock Law
*January 1, 2013	Enhanced Ignition Interlock Law

Prepared by: NDOT Highway Safety Office, PO Box 94612, Lincoln, NE 68509

Last Date Modified: September 3, 2021

## **PRIORITY RECOMMENDATIONS**

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

- Create a visual representation of the entire driving while impaired criminal justice system, including independent pages for specific areas such as the ignition interlock process or administrative license suspension as examples.

### **II. Prevention**

- Enact a Dram Shop law and Social Host Liability law for those businesses or persons who serve to adults that cause damages, injuries, or death while intoxicated.
- Capture place of last drink on citation forms and record in a statewide database.

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

- Enact a primary seat belt law.
- Institute an electronic search warrant system.
- Increase the number of Law Enforcement Liaisons.
- Create an annual, mandatory judicial education requirement for trial judges in the adjudication of impaired driving cases.
- Create more Driving Under the Influence problem-solving treatment courts in more jurisdictions.
- Determine the true Ignition Interlock Device Program (IID) compliance of drivers statewide by analyzing the number of drivers revoked for Administrative License Revocation and those mandated to IID as a condition of probation to derive an actual compliance rate and evaluate the effectiveness of the program structure.
- Mandate that all persons who sell or serve retail alcoholic beverages complete a State approved responsible beverage server training program.

### **IV. Communication Program**

- NONE

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

- NONE

### **VI. Program Evaluation and Data**

- Integrate other traffic record data, such as citation data, along with crash data determining the problem identification phase of project selections.
- Create a statewide toxicology database incorporating the data from the existing toxicology datasets.

## **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**

The Nebraska Impaired Driving Task Force (NIDTF) was initially convened in April 2017 to discuss the impaired driving issues in the State, the challenges that need to be addressed, ongoing and planned initiatives, and potential new strategies for further consideration. The NIDTF represents many agencies across all geographic areas of the

State including law enforcement, driver licensing, treatment, highway safety, research, advocacy and non-profit groups whose missions include addressing impaired driving.

The biggest logistical issue is getting current members to attend meetings. The NIDTF is also broken into sub-committees; Education, Laws, Citation/Adjudication, and Treatment/Rehab. The sub-committees meet prior to the NIDTF scheduled meetings so the NIDTF has something to discuss and work to complete. Getting three of the four sub-committees to meet is troublesome. The NIDTF sub-committee for policy and legislation receives reports from partner organizations on impaired driving related legislation that is under consideration. The Highway Safety Office (HSO) works through the Nebraska Department of Transportation (NDOT) Director's Office for anything related to legislative needs or requests and in turn reports to the NIDTF if impaired driving is under legislative consideration.

The HSO will fund projects through a combination of federal Section 402 (State Highway Safety Program Grant) and Section 405d (Impaired Driving Countermeasure Grant), state, and other local funding sources. The NIDTF met on May 23, 2023, to discuss impaired driving issues in the State and to develop the *Nebraska Impaired Driving Strategic Plan* (IDSP) which includes the projects to be funded. The membership subsequently approved the final version of the IDSP on June 24, 2024.

The NIDTF does not engage on potential statewide media and outreach efforts. The HSO does request reviews of draft materials and messages by partner agencies, i.e., Department of Health and Human Services (DHHS), at times.

The NIDTF charter does not appear to give the task force any authority to hold state agencies, local agencies, and non-profits accountable for the completion of tasks or initiatives. There is interest in the NIDTF taking on a peer review/accountability role of other state agencies, local agencies, and non-profit organizations on impaired driving programmatic initiatives.

## **Recommendations**

- Request the Nebraska Impaired Driving Task Force provide feedback on the draft versions of statewide media and outreach materials or taglines.
- Delegate the ability to review impaired driving initiatives of state agencies, local agencies, and non-profit organizations to the Nebraska Impaired Driving Task Force.

## 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**

The *Nebraska Impaired Driving Strategic Plan (IDSP)* was published by the Nebraska Impaired Driving Task Force on June 2, 2021 and again on June 24, 2024.

The mission stated in the IDSP is to reduce and prevent impaired driving fatalities and serious injury crashes. The IDSP activities are not categorized in short- and long-term categories. The activities and priorities of the IDSP are to:

- Identify ways to improve programs aimed at education of the population about dangers of impaired driving and aimed at the prevention of impaired driving
- Allocate resources (funding and staffing) in support of impaired driving programs
- Promote effective policies and best practices
- Review current laws, regulations, and enforcement including driver licensing control
- Review adjudication processes and make suggestions
- Review current treatment/rehabilitation strategies and make suggestions
- Regain and maintain over the long-term a low-range alcohol-impaired classification by continuing to reduce impaired driving fatalities

The IDSP does include program data which mentions a problem identification process is in place. A dedicated section to problem identification is not included in the IDSP. The data in the IDSP is from the *Triennial Highway Safety Plan* and *2022-2026 Strategic Highway Safety Plan (SHSP)* but depending on the timing, some of the data may overlap

on the years being reported. The Highway Safety Office (HSO) is on point to make sure all of these documents are supporting each other and help alleviate any conflicts or gaps.

In the SHSP, the Critical Emphasis Areas for the 2022-2026 are:

- Increasing Seat Belt Usage
- Reducing Roadway/Lane Departure Crashes
- Reducing Impaired Driving Crashes
- Reducing Intersection Crashes
- Reducing Young Driver Crashes
- Reducing Older Driver Crashes
- Reducing Non-Motorist Crashes

The SHSP reports in Section 2.3 that the impaired fatal, serious injury, and visible injury crashes decreased by 19% from 716 in 2016 to 582 in 2020. Alcohol-impaired driving arrests dropped by 27% from 7,426 in 2016 to 5,425 in 2020. Alcohol or drug impairment accounted for approximately 34% of all traffic fatalities during the five-year period.

The impaired driving countermeasure system is complex. The overall and individual subsets of the impaired driving process are not written out in a visual map, process map, or flowchart. There is no easy way to follow along for the steps and counts of offenders in each stage of the criminal justice system related to impaired driving, from arrest to disposition to conclusion. There are transition moments between different state agencies, law enforcement to courts, as well as important decision points to continue forward or discontinue a case, which can be displayed in a visual manner to help with process issues and improvements. With the uptick of retirements and new staff filling highway-safety-related positions, a visual reference would be a very helpful tool for succession planning, education, and orientation.

## **Recommendations**

- **Create a visual representation of the entire driving while impaired criminal justice system, including independent pages for specific areas such as the ignition interlock process or administrative license suspension as examples.**
- Add data to the system map for each stage in the impaired driving criminal justice system.

## C. Program Management

### **Advisory**

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

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

### **Status**

The Nebraska Highway Safety Office (HSO) serves as the lead agency for impaired driving in the state supported by the Nebraska Impaired Driving Task Force (NIDTF). The HSO has appointed a Statewide Impaired Driving Coordinator; however, this person's sole responsibility is not dedicated specifically to impaired driving projects. Instead grant and program responsibilities are distributed amongst multiple staff based on the functions or activity of the grant effort. The NIDTF, while working on statewide impaired driving issues, is recognized as a leading voice on impaired driving for the state.

The project review and selection processes are documented in the *2024 HSO Program Management Manual* under Chapter 3 - Project Development. The HSO solicits proposals and awards grants to fund projects designed to reduce the number of deaths and serious injuries resulting from traffic crashes. Grant contract proposals are submitted to the HSO by potential subrecipients following a prescribed process and deadlines. For successful applicants, the grant contract proposal becomes the grant application and final grant agreement.

The HSO grant contract application process is comprised of three steps. During the month of February, grant contract application solicitation notices containing the issues to be addressed including identified problems and targets are published on the Nebraska Department of Transportation website by the HSO. A notice is sent to public and non-profit organizations/agencies that will best be able to help attain the HSO targets. Potential subrecipients are asked to submit to the HSO a grant contract application form containing a problem statement, a description of proposed activities, and a complete budget. It is emphasized that to be funded, projects must have a direct link to the HSO identified problems and targets. The HSO staff reviews each application to verify that it addresses the identified problems and meets all of the application requirements and

---

<sup>1</sup> See "Countermeasures That Work: A Highway Safety Countermeasure Guide for State Highway Offices," Sixth Edition, 2011.

reviews the budget component of each proposal. If necessary, the HSO staff works with the potential subrecipients to resolve any questions and develop a fully detailed and complete grant contract application prior to the HSO Staff team review. The HSO staff scores the proposals and resolves any remaining questions. The HSO Administrator then makes the final grant selection, determination, and approval.

Statewide initiatives are "internal projects" that are created by HSO staff (i.e., media or training projects). The internal projects go through the same review and approval process as all other projects. The grant documentation for the internal projects follows the same expectations as the external grants.

The monitoring policy can be found in the *2024 HSO Program Management Manual* under Chapter 5 - Grant Administration and Management, Section 14 Monitoring. The on-site monitoring form is located in *Appendix F* of the manual. The HSO developed and follows a procedure to conduct a risk evaluation for each subrecipient receiving National Highway Traffic Safety Administration funds prior to making the grant award. The outcome of the 2 CFR Part 200.331(b) required a pre-award risk assessment for each subrecipient must be used for purposes of determining the appropriate subrecipient monitoring including level of risk, type, and frequency and possible corrective action or follow up. Monitoring is done to maintain control of a project, detect problems, identify changes or training needs, provide data for planning, evaluating, and creating an opportunity for the HSO to provide technical assistance when needed. It is also a way to encourage accountability on behalf of the subrecipient. Monitoring requires forms to be completed for documentation and maintained in the file.

The problem identification process can be found in the *2024 HSO Program Management Manual* under Chapter 2, Section 5 - Identification of State and Local Problems (Data Analysis Procedure). The problem identification process used by the HSO includes analysis of traffic safety data from established statewide sources. The statistics analyzed are historical data collected over time through a uniform process. These statistics include the following:

- State traffic crash database - crash, vehicle, location, and person data
- Data on average daily traffic counts and vehicle miles traveled
- The Federal Fatality Analysis Reporting System
- Vehicle and Driver Information - the state's driver license, vehicle registration, and citation/conviction files
- Trauma Registry, injury data, Crash Outcome Data Evaluation System, Emergency Medical System, and hospital data
- Census and demographic data from the United States Census Bureau

Driver impairment is a data field on the crash report form. Statewide impaired driving citation data is obtained from the Nebraska Crime Commission. Statewide impaired driving conviction data is available from the Judicial branch or the Department of Motor Vehicles. This information helps identify priority geographic areas for funding and also statewide initiatives.

## **Recommendations**

- Verify that the internal project grant documentation follows the same requirements and reporting as outlined in the *2024 HSO Program Management Manual*.

## **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 Highway Safety Office (HSO) federally funded programs are included in the *Annual Report* for the most recent federal fiscal year. Additional funding is from the Department of Health and Human Services related to underage access and overservice compliance. The focus for having the HSO's involvement in the programming of these funds is due to the HSO's relationship with law enforcement and educational/outreach efforts. It isn't clear if these funds are federal or state resources.

The HSO employs four positions that work in the impaired driving program area.

The fines, fees, and penalties paid by impaired drivers are not used to support impaired driving countermeasures. The current process for program funding is by an oversight body (legislature for the state, county commissions for their county, and city council for their city) to determine where the funding is allocated. It is unclear if the Nebraska Legislative Assembly has earmarked fines, fees, or penalties to go toward the transportation topical areas that are tied to the potential penalty. Potential examples are school zone citation fines, fees, and penalties going back to programs that support school zone safety. Or child safety seat citation fines, fees, and penalties going back to programs that support the purchase of child safety seats.

### **Recommendations**

- Initiate a conversation around the fines, fees, and penalties paid by impaired drivers for use to support impaired driving countermeasures.

## 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**

A growing body of evidence suggests that any alcohol consumption, however moderate, can have negative health consequences. Even low levels of drinking increase the risk of high blood pressure, heart disease, and certain cancers – and as alcohol consumption rises, so do the health risks and alcohol-related deaths. Understanding that there is no such thing as risk-free drinking, the Centers for Disease Control and Prevention (CDC) defines moderate drinking as two drinks or less per day for men and no more than one drink per day for women. Still, despite the well-publicized health risks, more than two-thirds of adult drinkers regularly exceed those levels.

In some parts of the country, excessive drinking is far more common than in others. According to data from the National Institute on Alcohol Abuse and Alcoholism, Nebraska residents consumed approximately 2.26 gallons per resident 14 years of age and older in 2021, ranking 36th among states. Nationwide, alcohol consumption was 2.51 gallons per person in the same year. Nebraska's binge drinking rates, however, stand above the national average. According to the CDC, Nebraska's prevalence in 2022 was 20.5%, while the national average for adults in the US was 16.7%.

The health risks posed by excessive alcohol consumption go beyond chronic conditions. During the years 2019-2023, approximately 28% of all traffic fatalities in Nebraska involved an alcohol-impaired driver. Reducing underage access to and use of alcohol and other drugs is of primary importance, and requires multiple enforcement and educational strategies, including prevention of access at retail outlets and consumption sites.

The Federal *Sober Truth On Preventing Underage Drinking Act* (STOP Act) requires annual reporting of data from the 50 states and the District of Columbia on their performance in creating, enacting, and enforcing, laws, regulations, and programs to prevent or reduce underage drinking. Administered since 2011, the STOP Act State Survey collects data on the following topics:

- Enforcement programs to promote compliance with underage drinking laws and regulations
- Programs targeted to youth, parents, and caregivers to deter underage drinking
- State interagency collaborations to implement prevention programs
- Best-practice standards
- Collaborations with tribal governments, and participation in underage drinking media campaigns
- State expenditures on the prevention of underage drinking

Nebraska's Department of Behavioral Health (DBH) is charged with the development of prevention, treatment and recovery services for the State of Nebraska. The DBH works with six Regional Behavioral Health Authorities (RBHAs), the Nebraska Collegiate Prevention Alliance (NECPA), RBHAs Prevention Coordination System, and other statewide, county, tribal and community partners.

Regional Prevention System Coordinators and their staff partner with community coalitions and others to implement prevention efforts, guided by DBH's strategic plans for prevention programming. Efforts are funded by several federal grants, including the Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Use Prevention, Treatment and Recovery Services Block Grant, and the Strategic Prevention Framework/Partnership for Success (SPF-PFS) grant. These partnerships provide training events funded throughout the state to introduce, enhance, and improve the use of evidence-based, promising, and local prevention strategies most appropriate to their local community goals utilizing the Strategic Prevention Framework (SPF) process.

A Prevention Advisory Council (PAC) provides state and regional prevention leadership to the DBH. Part of PAC's role is to make recommendations to strengthen the State's prevention system workforce, and to provide guidance to the DBH and related state agency partners.

Compliance checks, in which underage individuals work with law enforcement to attempt to buy alcoholic beverages, are an effective environmental strategy to deter sales to underage persons. If a sale is made without checking ID, the establishment and sometimes the person making the sale can be issued a warning or a citation and fine.

Ideally, this strategy should include education and communication with managers, sellers and servers, community outreach to publicize the program's purpose, and follow-up communication with licensees and the public of the results. In some locations, community coalitions provide award certificates to businesses that consistently pass compliance checks. Businesses that violate the laws against underage sales face fines, and targeted follow-up checks.

In Nebraska, compliance checks are conducted by the Nebraska State Patrol and local law enforcement, in partnership with organizations such as Project Extra Mile, a statewide network of community partners. Project Extra Mile has helped coordinate compliance checks since 1997 and continues to work with coalitions and local law enforcement agencies. Attempts are made to check alcohol outlets annually.

When conducted regularly, compliance checks can help communities understand the extent of sales to minors, and when strategies are put into place to reduce youth alcohol access, compliance checks can be one measure of the strategies' effectiveness. Youth who take part in compliance checks can gain leadership skills by working with community coalitions and law enforcement.

Project Extra Mile, in partnership with community organizations or coalitions created a campaign targeting retailers, called *It's Just This Simple...Don't Sell Alcohol to Minors*. The campaign was designed to allow the message to come from many voices within the community. In collaboration with Project Extra Mile, organizations and businesses can create new ways to present the campaign in their community. According to Project Extra Mile's website, compliance checks have been successful in reducing the number of businesses selling to underage persons, but conversely, results from checks consistently show that more than half of the businesses that do sell to minors during compliance checks are checking the minor's ID and selling them the alcohol anyway.

Nebraska's Impaired Driving Strategic Plan (IDSP) states that alcohol compliance check enforcement operations will be conducted throughout the state by local law enforcement agencies and the Nebraska State Patrol. Other activities include party patrols, which identify and disperse large parties where underage drinking may be taking place, alcohol source investigation, retail liquor license training, shoulder taps, and high visibility enforcement. The Nebraska Department of Transportation Highway Safety Office (HSO) provides funding to carry out underage drinking enforcement and prevention initiatives, and for community members to attend annual prevention trainings.

Another strategy to use alongside compliance checks and party patrols is environmental scans. There are several types of these scans: law enforcement may routinely visit known areas where youth gather, including parks and houses. Community coalitions can identify areas where youth gather and underage drinking or drug use takes place. Sometimes modifications as simple as lighting can deter gatherings at such places. Geographic Information Systems can be used to identify areas of concern. Importantly, these strategies should focus on adult providers or enablers of youth substance use, not merely on "busting" young people.

Successful implementation of underage service prevention depends on the ability of sales and service personnel to recognize proper identification and spot fake IDs. The Nebraska Liquor Control Commission (LCC) provides an Age Verification Identification Checklist. The Nebraska driver's license has a barcode on the back, and licensed establishments are encouraged to use scanning devices or cellphone apps to ensure that IDs are valid. The State provides no incentives to retailers who use electronic scanners, but their use is becoming widespread at both on-premise and off-premise alcohol outlets. Some states' licenses have more sophisticated digital IDs that provide additional age verification as well as Radio Frequency Identification (RFID) technology, which connects directly to the State's database and can be used at roadside traffic stops as well as at retail locations, to obtain data such as license suspension. There is currently no movement toward incorporating RFID on licenses in the state of Nebraska.

Alcohol Server Training (AST) in Nebraska is regulated by the LCC, which promulgates detailed guidelines for what trainings must cover and requirements for providers of these programs. Beginning this June, the LCC is rolling out its own AST specific to Nebraska's liquor control laws. At this time, AST is voluntary except in a few communities such as Lincoln. The LCC has tried unsuccessfully for the past two years to make AST

mandatory. Legislative Bill 178, which would have mandated AST, failed in March of this year to advance out of committee.

There are no incentives for establishments to train their employees – aside from avoiding fines for violating liquor control laws. A first offense carries a fine of \$1,000-\$2,000, plus a mandatory AST costing \$20 per employee. It would seem that the cost of training would offset the risk of a penalty. Training also conveys an affirmative defense, for example if a sale is made to a minor when the seller believed that the ID was legitimate.

Setting and publicizing clear boundaries on the locations and hours of alcohol sales and consumption is an important part of protecting public safety. Nebraska's beverage control regulations prevent overservice, and restrict some sales promotions, but enforcement is reportedly limited. Zoning restrictions exist in some communities, such as legal setbacks from schools or recreation areas, or outlet density limitations, but are generally not utilized. Nebraska Statute 53-179 allows the sale of alcohol from 6:00 a.m. to 1:00 a.m. Monday through Saturday. On Sundays, beer and wine sales can start at 9:00 a.m., while liquor sales start at 12:00 noon. Sales and consumption are generally prohibited on Sundays between 6:00 a.m. and 12:00 noon, unless a city or county has a local ordinance or resolution allowing earlier sales. Some cities and counties may also have additional rules about sales hours, potentially allowing sales until 2 a.m. for on-premises consumption. Beer, wine, and sometimes liquor can be sold at gas stations and convenience stores.

At sixteen years old, an employee may stock, sack and carry out alcoholic beverages from licensed establishments. This employee must be supervised by a person 21 years of age or older; this can be the purchaser. At nineteen years old, an employee may serve, sell and dispense alcoholic beverages. They may also place orders and accept deliveries of alcoholic beverages from a licensed wholesaler at the premise.

Another strategy states use to reduce excessive consumption at on-site premises is to prohibit reduced price time periods (Happy Hours), two-for-one specials, and promotions such as buckets of beers. *Nebraska Liquor Control Act, Rules and Regulations Chapter 6* prohibits the sale or service for on-premises consumption of an unlimited quantity of beer, wine, or spirits at a specific price, or the service of two or more drinks – or pitchers – for one price. A pitcher or bucket of beer shall not be considered a single drink. However, on-premise retailers are not prohibited from offering reduced-price "Happy Hours," nor from serving multiple drinks at one time.

Nebraska regulations also prohibit service to a person who is visibly intoxicated by alcohol and/or drugs, or who is mentally incapacitated. State guidelines specify very explicitly what is meant by these terms. It is reported that law enforcement assistance would be helpful in these situations, but that violations are infrequent due to limited manpower to proactively enforce liquor laws. While Nebraska's liquor laws prohibit "buy one get one free" promotions, this law is rarely if ever enforced. It is reported that bars do promote "buy one, get one for a penny."

There is no consideration of outlet density by the LCC; such a regulation requires local action. The City of Omaha has an ordinance that allows it to use its zoning powers to revoke a certificate of occupancy from a business that has a history of alcohol-related violations, but it reportedly has been used sparingly in the past, and it is unknown whether the current administration is interested in doing so. Omaha recently passed a disorderly premise ordinance that would allow the city to impose criminal penalties on owners of establishments – public or private – that cause nuisances.

Keg registration laws require wholesalers or retailers to attach tags, stickers, or engravings with an ID number to kegs exceeding a specified capacity. Online keg tracking using sensors are also being used in some states. Separately from requiring retailers to register kegs, some states prohibit anyone from possessing unregistered kegs or destroying keg labels or both. Nebraska requires registration of kegs of five gallons or more. A retailer must collect the name, address and ID of the purchaser, but not the address at which the keg will be consumed. Deposits are not required. The law also does not cover disposable kegs. It is illegal to possess an unregistered keg, or to destroy the label on a keg. Violations may carry a fine of \$500 or three months imprisonment.

Opinions vary regarding state enforcement of these regulations. The HSO provides many resources to help. Mini grants are available for projects, education, and enhanced enforcement. They also offer training, including an annual Highway Safety Conference. Educational resources such as media toolkits are available through the Drive Smart Nebraska link. They also share national resources from the National Highway Traffic Safety Administration and the National Safety Council. At the annual Highway Safety Conference, there is a track specific to law enforcement, which contains many of these elements.

Alternately, while statutes require the Nebraska State Patrol to have a liquor investigator in each of the six troop areas that spend a majority of their time enforcing state liquor laws, there is no mandated funding to support that requirement. Often, it is reported, the liquor investigator's time is occupied with background investigations for new applications, not spent enforcing liquor laws at existing outlets. The LCC has staff that handle the administrative side of things, but they are not enforcement officers.

The Nebraska chapter of Mothers Against Drunk Driving (MADD) conducts a court monitoring program that focuses on impaired driving issues across the state. The program trains local volunteers to collect data, provide written documentation and observe courtroom activity. This provides judicial accountability and an avenue to enhance relationships between law enforcement, prosecutors, community coalitions, and community members. MADD Nebraska supports impaired driving victims and survivors at no cost to them. Offenders pay to attend Victim Impact Panels and those funds provide free victim services. Victim Advocates reach out and respond to those impacted and are available to those dealing with the aftermath of an impaired driving crash.

Nebraska's dram shop law, as outlined in the Revised Statutes Section 53-404, allows individuals to sue for damages if they or someone they love is injured by an intoxicated minor. A suit can be brought against a social host who allowed the minor to drink alcohol

on their property, anyone who obtained alcohol for a minor without the permission of the minor's parent or guardian, or any retailer who sold alcohol to the minor. Individuals can claim compensation for bodily injuries, property damages, or wrongful death.

A claim can be dropped if the establishment can show that they asked for identification and believed the person was of legal age (affirmative defense). Nebraska's dram shop law differs from many other states because it only allows injury claims if the intoxicated person is a minor. Attempts were made in the Legislature in 2009 and again in 2011 to amend the dram shop law to include persons over the age of 21, but both efforts failed.

A Social Host is defined as a person who knowingly allows consumption of alcoholic liquor in his or her home or on property under his or her control by one or more minors. A Social Host does not include a parent providing alcoholic liquor to only his or her minor child, a religious corporation, organization, association, or society, and any authorized representative thereof dispensing alcoholic liquor as part of any bona fide religious rite, ritual, or ceremony.

Penalties under Nebraska's Social Host Law are severe, and are publicized by media campaigns such as Project Extra Mile's *No Free Ride If You Provide*. Under Nebraska law, adults who host an underage drinking party, or provide or sell alcohol to a minor can spend up to a year in jail, receive a \$1,000 fine or both for providing alcohol to a minor. If serious injury or death to any person is caused by the minor's consumption or impaired condition, the adult can be convicted of a Class IIIA felony and may spend up to three years in jail, receive a \$1,000 fine, or both. In an action under the Minor Alcoholic Liquor Liability Act, damages may be awarded for all actual damages, including damages for wrongful death, as in other tort actions.

In some states, Place of Last Drink (POLD) data is collected during DUI arrests, alcohol-related crashes, and other alcohol-involved incidents. POLD helps law enforcement and regulatory agencies identify establishments that may be overserving alcohol and contributing to impaired driving. When a problem establishment is identified, interventions can include educational resources, consulting with staff, or in some cases, license suspension or revocation.

In Nebraska, it is reported that the use of POLD investigations varies across the state, and may depend upon a request from the county attorney. There is nothing on citation forms that requires reporting POLD. Problem establishments are more likely to be brought to the attention of law enforcement by citizen nuisance complaints, or through repeat violations of liquor control laws.

National guidelines recommend that alcohol sales and service establishments display educational information to discourage impaired driving and promote designated driver and alternative transportation. The LCC distributes signs stating the minimum age for purchase and warning pregnant women not to drink, but there are no requirements for posting these signs, nor any that discourage impaired driving or promote designated driver or alternative transportation.

However, there are several initiatives that do promote alternatives to driving impaired. One example is a social media advertising campaign advertising discount rideshare vouchers for safe rides home during the holiday season. The HSO also works closely with partnering agencies that offer similar programs, whether they are agencies that fund these programs, or assist in sharing information of similar programs. There are many media campaigns surrounding impaired driving, on television, streaming ads, billboards, social media, targeted display ads, banners, and press releases.

Research has long shown a correlation between higher alcohol taxes and lower alcohol-related morbidity and mortality. All states have different rates of excise taxes per gallon of beer, wine and distilled spirits. These taxes, not adjusted for inflation, have decreased over time, and as such have decreased significantly since their post-Prohibition inception.

A 2018 study<sup>2</sup> examined alcohol tax data from all 50 states, starting in 1933, when most excise taxes were imposed after the end of Prohibition, through 2018. Between 1933 and 1970, beer, wine and distilled spirits increased in value, but by 2018, they had diminished by 66%, 71%, and 70% respectively, compared to their 1933 value. This decline was due to two factors: declining degree of tax increases through the 1970s and 1980s, and declines in the frequency of tax increases in the ensuing decades.

Nebraska's excise tax on alcoholic beverages is relatively low compared to national averages. Five-percent alcohol beer is taxed at \$0.31 per gallon, 20th in the nation, 12% alcohol wine is taxed at \$0.95 per gallon, 23rd in the nation, and 40% alcohol spirits are taxed at \$3.75 per gallon, 38th in the nation. Retail sales of alcoholic beverages are taxed at the same rate as other goods, 5.5% state plus any local taxes, whether sold for on or off-premise consumption. Bars, taverns, and restaurants that hold a liquor license for the consumption of alcoholic beverages are permitted to include the sales tax in the selling price of beverages that are consumed on their premises.

In 2021, Nebraska collected \$36,984,392 in alcoholic beverage taxes.<sup>3</sup> This revenue was split across beer, spirits and wine, and ready-to-drink beverages from spirit producers. The tax is administered by the LCC.

In 2024, LB1 was introduced in the Nebraska Legislature that would have significantly increased alcohol excise taxes. The proposal, part of a broad property tax relief plan, would have raised the excise tax on distilled spirits from \$3.75 per gallon to \$14.50 per gallon, the second highest rate in the nation. The proposed tax increase faced strong opposition from the Distilled Spirits Council of the United States, local distillers, and wholesale partners. It was defeated by the Nebraska State Legislature. In January 2025, LB 330 was proposed to impose a sales tax and create an Alcohol Addiction Prevention and Treatment Fund, but the bill never made it out of committee.

---

<sup>2</sup> Blanchett, J.G., Ross, C.S., & Naimi, T.S. (2018). The Rise and Fall of Alcohol Excise Taxes in U.S. States, 1933-2018. *Journal of Alcohol and Drugs*, 81(3), pp. 331-338.

<sup>3</sup> Nebraska Liquor Control Commission

By raising the excise tax and indexing it to inflation, or adding a sales tax to alcoholic beverages, Nebraska could provide greater funding for prevention and treatment programs, law enforcement, and other programs that increase public safety, and reduce alcohol-related morbidity and mortality.

## **Recommendations**

- Enact an inflation-indexed increase in excise tax, or sales tax on alcoholic beverages.
- **Enact a Dram Shop law and Social Host Liability law for those businesses or persons who serve to adults that cause damages, injuries, or death while intoxicated.**
- **Capture place of last drink on citation forms and record in a statewide database.**

## **B. Community-Based Programs**

### **B-1. Schools**

#### ***Advisory***

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

- Implement K-12 traffic safety education, with appropriate emphasis on underage drinking and impaired driving, as part of state learning standards and comprehensive health education programs;*
- Promote alcohol-and drug-free events throughout the year, with particular emphasis on high-risk times, such as homecoming, spring break, prom, and graduation;*
- Establish and enforce clear student alcohol and substance use policies including procedures for intervention with students identified as using alcohol or other substances, sanctions for students using at school, and additional sanctions for alcohol and substance use by students involved in athletics and other extra-curricular activities;*
- Provide training for alcohol and drug impaired driving, and Screening and Brief Intervention (SBI) to school personnel such as resource officers, health care providers, counselors, health educators, and coaches to enable them to provide information to students about traffic safety and responsible decisions, and identify students who may have used alcohol or other drugs;*
- Encourage colleges, universities, and trade schools to establish and enforce policies to reduce alcohol, other drug, and traffic safety problems on campus, and to work with local businesses and law enforcement agencies to reduce such problems in neighboring communities;*
- Provide training for alcohol and drug impaired driving, and Screening and Brief Intervention (SBI), to college personnel such as student affairs, student housing, health care providers, counselors, health educators, and coaches to enable them to provide information to students about traffic safety and responsible decisions, and identify students who may have used alcohol or other drugs; and*
- Establish and support student organizations that promote traffic safety and responsible decisions; encourage statewide coordination among these groups.*

#### **Status**

The Nebraska Department of Education (NDE) does not provide Comprehensive Health Education Standards. Instead, the State Board of Education encourages each school district to develop, adopt, and implement a comprehensive plan for coordinated school health based on the *Whole School, Whole Community, Whole Child* model (WSCC) developed by the Association for Supervision and Curriculum Development (ASCD), and the U.S. Centers for Disease Control and Prevention (CDC). This model does not specify standards either, but recommends schools to include the ten components of

Comprehensive School Health Education, which include Alcohol and Other Drug use and abuse, and Safety and Injury Prevention, and to consult National Health Education Standards (NHES).

In effect, this means that each community and school teaches what they feel is important, and what parents and communities will support. There are long-standing partnerships and support between the Highway Safety Office (HSO), the Nebraska Department of Health and Human Services (DHHS) Injury Prevention Program and the NDE providing programming such as Teens in the Driver Seat, which ties into the national Family Career and Community Leaders of America (FCCLA)'s Families Acting for Community Traffic Safety (FACTS) program. Staff from the NDE, where FCCLA is housed, are active in the Nebraska Community Collective (NCC), and have been traffic safety partners for over ten years. NCC brings together government, business, nonprofits and communities around safety issues, including distracted and impaired driving.

The DHHS Division of Behavioral Health has created a comprehensive, sixty-four page guide, *Behavioral Health Resources for Schools*. A broad range of topics and sources of information and assistance includes underage and binge drinking, which highlights the Substance Abuse and Mental Health Services Administration (SAMHSA)'s *Talk, They Hear You* program for parents.

The State has supported Project Extra Mile's efforts to encourage young leaders to advocate for solutions to underage drinking, binge drinking, and their associated harms. The state has funded the organization's development of a youth leadership group, that has researched evidence-based strategies for reducing impaired driving, performed environmental scans of retail settings to show how alcohol is being promoted in stores and the community, attended a youth leadership training retreat to learn how to be a leader on this issue, and met with key decision makers to educate them and advocate for ways to reduce impaired driving.

The Four Corners Health Department (FCHD) has worked with schools and colleges in its region of the state. At college/university outreach days FCHD offers interactive activities to educate students about alcohol and other drugs and the risks of impaired driving.

The School-Community Intervention and Prevention Program (SCIP) provides prevention, education, early intervention services, and resources in a wide range of areas including substance abuse. SCIP teams work in about 164 schools in Nebraska. SCIP is funded by the DHHS-DBH, SAMHSA, United Way of Lincoln/Lancaster County, Region 4 Behavioral Health System, Region V Systems, and public school systems. All of SCIP's services are free.

The DHHS-DBH periodically conducts the *Nebraska Young Adult Alcohol Opinion Survey* to determine alcohol consumption and impaired driving behavior among Nebraskans aged 19 through 25. This survey provides valuable data to identify problem behavior, identify effective prevention strategies, and to measure the impact of countermeasures used. According to the 2022 survey, past 30-day alcohol use among 19

to 25 year-olds has steadily decreased over time, from 67.6% in 2010 to 57.5% in 2022. Binge drinking has decreased during the same period from 43.8% to 29.9%. Past year alcohol impaired driving decreased from 30.3% in 2010 to 8.2% in 2022, and past month driving after binge drinking decreased from 8.1% to 2.1% over the same period.

The DHHS-DBH also sponsors the *Nebraska Risk and Protective Factor Student Survey*, which collects data from students in grades 8, 10, and 12 every two years, with a goal of providing schools and communities with local-level data. As a result, the survey is implemented as a census survey, meaning that every public and non-public school with an eligible grade can choose to participate. This data are not to be considered a representative statewide sample. The survey is designed to assess adolescent substance use, delinquent behavior, and many of the risk and protective factors that predict adolescent problem behaviors. The 2023 survey was the tenth implementation of the survey, and was completed by 11,560 students statewide in 8th, 10th and 12th grades, representing fourteen percent of enrolled students.

The Youth Risk Behavior Survey (YRBS) is part of the National Youth Risk Behavior Surveillance System created and managed by the CDC. This statewide survey is designed to monitor categories of health-related behaviors that contribute to the leading causes of death and disability among youth and adults, including alcohol and other drug use. All Nebraska public schools are eligible to participate. A random sample of 9<sup>th</sup> through 12<sup>th</sup> grade classes are then asked to complete the YRBS.

Results of the 2023 YRBS show mostly positive trends. Between 2014 and 2023, the percentage of students who reported:

- Driving any vehicle when they had been drinking alcohol (past 30 days) declined from 10.1% to 2.7%
- Riding with a driver who'd been drinking declined from 22.3% to 11.2%
- Having had their first drink of alcohol before age 13 declined from 13.7% to 9.4%
- Current drinking (at least once, past 30 days) declined from 22.7% to 10.8%
- Current binge drinking (since 2016) declined from 10.5% to 4.1%
- Ever using marijuana declined from 26.6% to 14.4%
- Current marijuana use declined from 13.7% to 6.6%
- Use of opiate pain medicine without or not according to a prescription declined from 14.3% to 9.8%

Survey results such as these reflect multiple and complex social and environmental factors, and the best one can say is that a given intervention or set of strategies has contributed to a trend. Nonetheless, these data are promising. Social norms campaigns that compare young peoples' perceptions of peer use to actual levels such as these can also be a useful prevention tool.

The Regional Prevention Coalition received a five-year grant to reduce teen alcohol abuse in 2014. Through these funds, TalkAboutAlcohol.org was created to share parenting tips and tools, as well as alcohol-related resources with families throughout the

region. When this grant came up for renewal in 2019, the coalition decided to expand the focus beyond alcohol. This new website, TalkHeart2Heart.org, was developed to provide easy-to-use resources that encourage adults to talk with young people about alcohol and drugs, mental health, and risky behaviors.

The Nebraska Impaired Driving Task Force (NIDTF) strongly supports prevention and education as a critical component of an effective *Nebraska Impaired Driving Strategic Plan* (IDSP). The Prevention and Education subcommittee of NIDTF considered a number of strategies to reduce alcohol-impaired driving and address underage drinking by developing a multi-faceted approach to reach the highest number of target individuals.

Law enforcement agencies and non-profit organizations conduct mock DUI tests with the use of the impairment simulation goggles at high school and college sporting events, with a special focus on priority counties. The objective of these events is to increase awareness of the harmful effects of alcohol on a driver's ability to safely operate a vehicle. Activities are often captured for social media outreach and education, with the intent of reaching young drivers.

Impairment simulation goggles, designed to mimic the effects of alcohol or other drug impairment, are popular, but have mixed reviews as to their effectiveness at preventing impaired driving. Studies have found that while the goggles may lead to temporary changes in attitudes toward drinking and driving, these attitude shifts tend to fade quickly, with no lasting impact on alcohol use or reduced intentions to drink and drive. Their effectiveness may depend on how they are used, the age group, and whether they are part of a larger prevention program. They can be effective in capturing attention and initiating discussions about the risks of impaired driving, but if used at all, they should be combined with broader, evidence-based prevention strategies.

Among the evidence-based programs that are operated or funded by the State of Nebraska are:

- *Across Ages*, a school and community-based substance abuse prevention project targeting youth ages 9 through 13. The unique feature of this program pairs older adult mentors (55+) with young adolescents to create a special bonding relationship
- *Too Good for Drugs & Violence*, a K-12 skill-based alcohol, tobacco, and other illicit drug prevention program designed to develop resistance skills towards drugs; goal-setting, decision-making, assertiveness, and communication skills; knowledge about the negative consequences of drug use and benefits of being drug-free; and knowledge about the prevalence of drug use in comparison to perceptions
- *Alcohol Literacy Challenge*, a brief classroom-based program designed to alter alcohol expectancies and reduce the quantity and frequency of alcohol use among high school and college students

- *All Stars*, a grade 4 through 12 program designed to prevent, reduce, and eliminate negative behaviors and promote positive behaviors
- *Challenging College Alcohol Abuse*, a social norms and environmental management program that reduces high-risk drinking and related negative consequences in college students ages 18 through 24. A campus-based media campaign and other strategies are used to address misperceptions about alcohol and make the campus environment less conducive to drinking
- *3rd Millennium Classrooms*, whose online modules target alcohol, tobacco, marijuana, other drugs, healthy relationships, shoplifting, and human trafficking. Some modules are strictly prevention while others incorporate prevention and intervention elements. Used in middle school, high school, college, and in courts and agencies
- *SPORT Prevention Plus Wellness*, a single-session health promotion program for ages three through eighteen, designed to improve physical fitness, nutrition, and sleep habits and avoid alcohol, tobacco, and drug use
- *Second Step*, a Pre-Kindergarten through 8th grade program rooted in social-emotional learning that builds empathy and other skills, and helps transform schools into supportive learning environments

The Nebraska Collegiate Prevention Alliance (NECPA) includes 26 institutions of higher education in Nebraska, including private and public colleges and universities as well as community and proprietary colleges. NECPA members use strategic and comprehensive environmental approaches to reduce high-risk drinking and the negative effects of excessive alcohol use. The State supports NECPA's efforts to assist these post-secondary institutions in developing policies to address substance use and impaired driving, and to work with law enforcement and businesses where possible.

Recent NECPA initiatives include providing technical support to its members for planning, developing, and implementing evidence-based individual and environmental interventions to reduce high-risk drinking and impaired driving. NECPA's efforts expand the use and implementation of evidence-based best practices, through skill-building workshops for members and prevention specialists, and by providing continued data analysis support. NECPA assists in developing campus-community coalitions, which carry out environmental and other strategies to reduce binge drinking, drug abuse, and impaired driving among college students, and the effects of substance misuse on neighboring communities.

HSO funding has supported the *Year One College Behavior Profile* program, and the *Nebraska Assessment of College Health Behaviors* survey in 2020, 2022, and 2024. This survey provides both campus-specific and statewide data about substance use and related harms. The data also serve to guide the selection of evidence-based programming to address these issues.

The Robert Wood Johnson Foundation's "A Matter of Degree" (AMOD) project produced a scientific evaluation of efforts to reduce excessive drinking and related problems on college campuses. The project resulted in significant declines in alcohol consumption, alcohol-related harms, and secondhand effects of alcohol, in addition to reductions in driving after drinking, driving after five or more drinks, and riding with a high or drunk driver.

The University of Nebraska Lincoln's NU Directions coalition, founded in 1998, is a campus-community coalition with a wide range of members, including university and city administration, students, community members, law enforcement, retail outlet owners and public health/medical officials. The coalition's strategic plan targets individual, campus, and community factors related to high-risk drinking. Some of the initiatives of the coalition include eliminating alcohol use in Greek housing in order to maintain housing status, social marketing campaigns aimed at first-year students and high-risk populations, a web-based alcohol server training program, and implementation of interventions for high-risk/sanctioned students that include evidence-based risk-reduction programs: Alcohol Skills Training Program (ASTP), Brief Alcohol Screening & Intervention for College Students (BASICS), and E-check-Up to Go.

NU Directions has implemented other strategies including a social norms marketing campaign designed to correct misperceptions about alcohol use, a mandatory online alcohol education course for incoming students along with penalties for non-completion, and a revision of campus residence hall policies and town by-laws to prohibit open containers of alcohol and require keg registrations.

Another significant focus of the NU Directions coalition is on increasing enforcement, including consistency of enforcement on campus and in the community. Efforts were made to implement and maintain campus no-alcohol policies, especially in campus and Greek residences and at tailgate parties.

*Project Night Life* is an initiative of the Omaha Police Department that focuses its education, awareness, and enforcement activities toward reducing injuries and fatalities among sixteen to twenty-year-old drivers. Funded by the Omaha Police Department and the HSO, one sergeant and two officers of the Traffic unit provide over 100 educational presentations per year to area high schools and driver education programs, utilize social media, and carry out saturation patrols focused on driving behaviors. During FY 2024, the unit conducted sixty-two selective overtime enforcement operations, concentrating on high crash locations and areas of extracurricular youth activities. They wrote 3,522 citations, including 2,006 speeding violations, 11 alcohol-related violations, 114 restraint violations, and conducted 210 arrests.

There are examples of collaboration between local law enforcement and local colleges and universities. At the University of Nebraska, Lincoln (UNL), local law enforcement provides drug and alcohol training to residence hall Resident Advisors (RAs). In York, the police Captain sits on the YC3 coalition administrative board, and trains with residence hall RAs before the start of each term on drug and alcohol awareness, and Narcan use. City law enforcement responds to York University when needed.

Screening and Brief Intervention (SBI) is a practice based on the principles of Brief Motivational Interviewing (BMI), in which a student (or adult) answers a questionnaire and engages with a counselor or other staff in a non-judgmental conversation about their substance use. At the college level, BASICS is the most common SBI program. NECPA has a web-based program with a customized brief intervention that it makes available to all participating colleges and universities in the state. NECPA utilizes funding from the State to provide BMI training to college personnel on an ongoing basis each year. The organization also receives funds to support the *College Behavior Profile* program (CBP), which serves as a screening/assessment tool used in conjunction with BMI for potential referral to services when appropriate. This program includes information about impaired driving and responsible decision-making, and is now used by more than half of Nebraska's colleges and universities.

NECPA's program for incoming first-year students, developed at UNL in 2009, is now used at 21 of 22 Nebraska colleges as well as several colleges in Missouri. Incoming students take the program over the summer before arriving. It includes normative feedback, as well as information on vaping, marijuana, college resources and policies, and laws including those pertaining to medical marijuana. Other recent NECPA initiatives include raising awareness of the effects of cannabis on driving, and social norms campaigns scheduled around high-risk events such as spring break, St. Patrick's Day, and 4/20. They have produced a booklet for students moving off-campus that includes information on social host liability in hosting parties. It is reported that cooperation from alcohol outlets varies from one college town to the next, with generally greater cooperation in smaller towns, and those such as Lincoln that require alcohol server training, or whose campus or community law enforcement does POLD investigations.

*Drug Impairment Training for Educational Professionals* (DITEP) is a two-day training geared toward school nurses, administrators, and resource officers, that enables them to identify whether a student is under the influence of a substance, and what that substance might be. DITEP was developed in cooperation with the International Association of Chiefs of Police and the National Highway Traffic Safety Administration. The methods employed in this training are based on medical and scientific facts, and the information is supported by research conducted in both laboratory and field studies.

The State of Nebraska just began to offer DITEP training in 2024, although several Drug Recognition Expert instructors had previously used portions of DITEP in presentations to schools across the state. The first DITEP class was small but reportedly well-received, and a second class has been scheduled for 2025 with over fifty school nurses and administrators already pre-registered.

## **Recommendations**

- Provide support for evidence-based K-12 and college prevention programs.

- Promote *Drug Impairment Training for Educational Professionals* training statewide.

## **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**

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) provides extensive information on how to establish a Drug-free Workplace. Drug-free workplace programs can help employers create safe, cost-effective, and healthy workplaces. Most successful drug-free workplace programs have five key components: Policy, Education, Supervisor Training, Drug Testing, and an Employee Assistance Program.

In Nebraska, the Four Corners Health Department provides a monthly wellness calendar and newsletter that includes a focus on traffic safety and frequently speaks to impaired driving. This is made available to their worksite wellness subscribers, then to the general public. They also make certain educational activities and resources available, which can be implemented by their team, or borrowed free of charge. MADD also provides programming to employers, with State support.

Both Nebraska's Highway Safety Office (HSO) and the Division of Behavioral Health support Project Extra Mile in its efforts to build coalitions and implement policies and practices to reduce excessive alcohol consumption and prevent impaired driving and associated harms. Their reach is statewide and they make an effort to engage all twelve sectors of the community recommended by the federal Substance Abuse and Mental Health Service Administration in its guidelines for building community coalitions.

The HSO also provides support to the Nebraska Community Collective's statewide coalition-building efforts. They may also send personnel liaisons to speak to the workplace, if requested, and they provide publications on their website.

### **Recommendations**

- Encourage health departments to provide training to Employee Assistance Programs in Screening, Brief Intervention and Referral to Treatment.

### **3. Community Coalitions and Traffic Safety Programs**

#### **Advisory**

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

- *Encourage communities to establish community coalitions or traffic safety programs, comprised of a wide variety of community members and leaders;*
- *Ensure that representatives of local traffic safety programs participate in existing alcohol, substance abuse, injury control, and other related coalitions, (e.g., Drug Free Communities, SPF-SIG), to assure that impaired driving is a priority issue;*
- *Provide information and technical assistance to these groups, including data concerning the problem in the community and information identifying evidence-based underage drinking and impaired driving programs;*
- *Encourage these groups to provide support for local law enforcement and prevention efforts aimed at reducing underage drinking and impaired driving; and*
- *Encourage professionals, such as prosecutors, judges, nurses, doctors, emergency medical personnel, law enforcement officers, and treatment professionals, to serve as community spokespeople to educate the public about the consequences of underage drinking and impaired driving.*

#### **Status**

The Department of Health and Human Services Division of Behavioral Health (DBH) has a Regional Prevention Coordinator in each of the six Substance Abuse Prevention / Behavioral Health Regions of the State. These six Coordinators collectively oversee more than 60 community coalitions and other prevention and behavioral health-related organizations. Regional Prevention Coordination staff collaborate with coalitions guided by Substance Abuse and Mental Health Services Administration's Strategic Prevention Framework-Partnerships for Success (SPF-PFS) grants, which specify that at least twelve sectors of the community should be involved in a coalition. These sectors include law enforcement, youth, parents, business, media, schools, youth-serving organizations, religious/fraternal organizations, civic/volunteer groups, healthcare professionals, state/local/tribal government, and other local organizations. As of 2020, 32 out of 93 counties had SPF-PFS funding.

As a result of the DBH most recently completed needs assessment, statewide prevention goals have been identified and are included as part of DBH's overall strategic plan. According to the Nebraska *Behavioral Health System Overview 2024 State Report*, these data-driven priorities will guide prevention programming, decision-making, and policy development at the State, region and community level for the next three years.

In cooperation and partnership with Regional Prevention System Coordinators, training events are funded throughout the state to introduce, enhance and improve the use of evidence-based, promising and local prevention strategies most appropriate to their local community goals utilizing the SPF process. Local goals have included the reduction of underage drinking, reduction of driving under the influence, reduction of binge drinking, and preventing prescription drug abuse and marijuana use among youth.

By requiring all communities to use the SPF model, and by providing effective statewide training and technical assistance in the use of the model, great progress is being achieved in reducing substance abuse and related health consequences across the state.

In addition, a Prevention Advisory Council (PAC) has been chartered to provide state and regional system leadership in substance abuse and mental health prevention to Nebraska's Behavioral Health System (NBHS), and to make recommendations for strengthening the prevention system workforce. As a subcommittee of the State Advisory Council on Substance Abuse Services, the Prevention Council guides the DBH and related state agency partners.

The Nebraska Impaired Driving Task Force (NIDTF) invites partners and grantees to participate in highway safety advocacy groups, and to disseminate new strategies to combat impaired driving issues. The State provides funding for coalitions working with them in traffic safety to attend conferences that include these issues. This resource may not be widely known or taken advantage of. There is also a wealth of data available on the HSO website.

The HSO provides mini-grants for compliance checks, and works with Project Extra Mile, which provides monthly reports for evaluation. It funds Drug Recognition Expert training, and grants for officers to attend trainings. Both the HSO and DBH encourage coalition support for law enforcement efforts to reduce underage drinking and impaired driving. Project Extra Mile provides tremendous support to law enforcement efforts including compliance checks and saturation patrols. Project Extra Mile has seen major improvement in retail compliance, with the rate of noncompliance dropping from 41% in 1997 to just under 11% in 2024.

The HSO provides several ways for professionals to serve as community spokespersons to educate the public about the consequences of underage drinking and impaired driving. Among the groups available are the Nebraska Highway Safety Advocates, the Drive Smart Nebraska Work Group, the Nebraska Child Passenger Safety Technicians, the Nebraska Community Collective, National Safety Council, and the Nebraska Highway Safety Conference, as well as MADD NE and local health departments. The HSO also brings professionals as speakers and panelists at the annual Highway Safety Conference.

The HSO uses federal highway safety funding to support paid marketing and advertising activities for several identified priorities of traffic safety subjects, including underage drinking and impaired driving. The HSO primarily targets messages to 18 to 34-year-old males through television, radio, movie screens, retail point-of-sale, truck side billboards

and banners, billboards, high school, collegiate and professional sports marketing, social media, and print.

The HSO also enhances the volume of paid media campaigns during the national occupant protection and impaired driving High Visibility Enforcement (HVE) mobilizations such as *Click It or Ticket* and *Drive Sober or Get Pulled Over*. These HVEs are held throughout the year beginning with the Thanksgiving Holiday through the New Year, then the Spring Season and Fall Season after Independence Day. Other HVEs such as special underage drinking campaigns are conducted around the prom and graduation season. Media placement includes reaching the underserved markets of teens with the social/digital messages for all dangerous driving habits. Placement of radio, print, and billboards includes rural and metro areas of the state.

### **Recommendations**

- Increase state support for community coalitions and other prevention and behavioral health-related organizations to additional counties.
- Publicize positive trends, i.e. in rates of impaired driving and other data from Nebraska Department of Transportation Highway Safety Office.
- Create a social norms campaign based on positive trends, i.e. binge drinking, and faulty perceptions of peer alcohol use among underage individuals.

#### **4. Transportation Alternatives**

##### **Advisory**

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

- Actively promote the use of designated driver and safe ride programs, especially during high-risk times, such as holidays or special events;*
- Encourage the formation of public and private partnerships to financially support these programs;*
- Establish policies and procedures that ensure designated driver and alternative transportation programs do not enable over consumption by passengers or any consumption by drivers or anyone under 21 years old; and*
- Evaluate alternative transportation programs to determine effectiveness.*

##### **Status**

The Nebraska Department of Transportation Highway Safety Office (HSO) has been creative in ways to combat impaired driving. During the winter holiday season, they provide rideshare vouchers for people to safely get home. Four Corners Health Department shares public health information about having a sober driver. However, there are no enforcement or compliance checks with local establishments. The value of having checks or communication with establishments is to ensure that they are not overserving guests who assume they can overconsume because they have a sober ride home.

There are good alternative transportation programs in the metro areas of Lincoln and Omaha, however finding alternative transportation is very difficult in rural areas during normal operating hours. It is even more difficult to find transportation outside of business hours. In the Four Corners district, sometimes car dealerships will offer rides on New Year's Eve. The local Health Department does not have the capacity to offer such programs, but shares the information.

Additionally, AAA offers "Tow to Go" in its service areas during the winter holiday season. On most major holidays, members and non-members in select service areas can request a confidential tow or ride within ten miles. MADD Nebraska partners with Anheuser-Busch and Uber to promote its Decide to Ride campaign. The HSO has a winter holiday season impaired driving campaign from December 11 through January 1. The Nebraska State Patrol provides social media posts on X, Instagram, and Facebook to promote alternative transportation.

Currently, there is no signage in establishments that serve or sell alcohol (and soon, medical marijuana) regarding alternative transportation. Many do post signs regarding minimum age, or risks of alcohol to pregnant women, but the State does not require any of these.

##### **Recommendations**

- Provide information to on-site alcohol retailers discouraging overserving customers, even those with a sober ride or alternative transportation.
- Require that alcohol outlets post signs outlining the dangers of driving under the influence and recommending alternative transportation.

### III. Criminal Justice System

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

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

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

#### A. Laws

##### *Advisory*

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

*The offenses should include:*

- *Driving while impaired by alcohol or other drugs (whether illegal, prescription, or over-the-counter), and treating both offenses with similar consequences;*
- *A Blood Alcohol Concentration (BAC) limit of 0.08, making it illegal per se to operate a vehicle at or above this level without having to prove impairment;*
- *Zero Tolerance for underage drivers, making it illegal per se for persons under age 21 to drive with any measurable amount of alcohol;*
- *High BAC (e.g., 0.15 or greater), with enhanced penalties above the standard impaired driving offense;*
- *Repeat offender, with increasing penalties for each subsequent offense;*
- *BAC test refusal, with administrative sanctions at least as strict as the state's highest BAC offense;*
- *Driving with a license suspended or revoked for impaired driving (DWS), vehicular homicide or causing personal injury while driving impaired as separate offenses, with additional penalties;*

- *Open container, which prohibits possession or consumption of any open alcoholic beverage in the passenger area of a motor vehicle located on a public highway or right-of-way; and*
- *Primary seat belt provisions that do not require that officers observe or cite a driver for a separate offense other than a seat belt violation.*

*Facilitate effective enforcement by enacting laws that:*

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

*Effective criminal penalties and administrative sanctions should include:*

- *Administrative license suspension or revocation (ALR), for failing or refusing to submit to a BAC or other drug test;*
- *Prompt and certain administrative license suspension of at least 90 days for first offenders determined by chemical test(s) to have a BAC at or above the State's per se level or of at least 15 days followed immediately by a restricted, provisional or conditional license for at least 75 days, if such license restricts the offender to operating only vehicles equipped with an ignition interlock;*
- *Enhanced penalties for test refusals, high BAC, repeat offenders, driving with a suspended or revoked license, driving impaired with a minor in the vehicle, vehicular homicide or causing personal injury while driving impaired, including: longer license suspension or revocation; installation of ignition interlock devices; license plate confiscation; vehicle impoundment, immobilization or forfeiture; intensive supervision and electronic monitoring; and imprisonment;<sup>4</sup>*
- *Separate and distinct criminal penalties for alcohol- and drug-impaired driving to be applied individually or in combination to a single case;*

---

<sup>4</sup> Limited exceptions are permitted under Federal statute and regulation, 23 U.S.C. 154 and 23 CFR Part 1270.

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

*Effective monitoring should include:*

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

## **Status**

## **Offenses**

Nebraska has a variety of laws to fight impaired driving. The primary statutes in the push against impaired driving are found in Nebraska Revised Statutes (NRS) 60-6,196-204. Both driving under the influence by alcohol or other drugs is commonly referred to as Driving Under the Influence (DUI). There is a general provision, NRS 60-6,196, which makes it an offense to drive under the influence of alcohol or drugs which reads:

(1) It shall be unlawful for any person to operate or be in the actual physical control of any motor vehicle:

(a) While under the influence of alcoholic liquor or of any drug;

(b) When such person has a concentration of eight-hundredths of one gram or more by weight of alcohol per one hundred milliliters of his or her blood; or

(c) When such person has a concentration of eight-hundredths of one gram or more by weight of alcohol per two hundred ten liters of his or her breath.

(2) Any person who operates or is in the actual physical control of any motor vehicle while in a condition described in subsection (1) of this section shall be guilty of a crime and upon conviction punished as provided in sections 60-6,197.02 to 60-6,197.08.

The Nebraska statute has specific per se provisions that makes it illegal to operate a motor vehicle with alcohol in the operator's blood at levels equal to or greater than Blood Alcohol Content (BAC) level of 0.08. There are no per se levels for any drugs or other

substances. In addition to per se cases, prosecutions may also take place without a test or at a BAC level below 0.08 where evidence can be presented that a driver's use of alcohol or drugs appreciably impairs the driver's ability to operate the motor vehicle.

Commercial motor vehicle operators may be prosecuted at a per se BAC of 0.04.

DUI first and second are misdemeanors prosecuted with increasing punishments for subsequent violations. A third DUI, or more, is a felony.

A first DUI conviction with a BAC of < 0.15 carries a \$500 fine and a six months driver's license suspension. Offenders face seven days to six-months in jail for a first time DUI. Persons convicted of DUI must install an Ignition Interlock Device (IID), and, if court ordered, must submit to alcohol monitoring.

Fines, incarceration, and license revocations increase with each subsequent conviction as demonstrated by the chart below. Persons who repeat or are operating with an aggravated level of BAC [0.15 or greater] face higher penalties. Breath test refusals may also be prosecuted in Nebraska. A Driving Under the Influence conviction in Nebraska that is beyond fifteen years old cannot be used for enhancement purposes.

### NEBRASKA DUI PENALTY CHART

<b>Crime</b>	<b>Classification</b>	<b>Straight Sentence</b>	<b>Probation</b>
DUI 0.08 (0 prior) or Refusal (0 prior)	Misdemeanor	7-60 days & \$500 fine, & 6 months revoked	0 days jail & \$500 fine & 60 days revoked
DUI 0.15 (0 prior)	Misdemeanor	7-60 days & \$500 fine & 1 year revoked	2 days jail & \$500 fine & 1 year revoked
DUI 0.08 (1 prior)	Misdemeanor	30 days – 6 months & \$500 fine & 18 months revoked	10 days & \$500 fine & 18 months revoked
DUI 0.15 (1 prior) or Refusal (1 prior)	Misdemeanor	90 days – 1 year & \$1000 fine & 18 months - 15 years revoked	30 days & \$1000 & 18 months - 15 years revoked
DUI 0.08 (2 prior)	Misdemeanor	90 days – 1 year & \$1000 fine & 15 years revoked	30 days & \$1000 fine & 2-15 years revoked
DUI 0.15 (2 prior) or Refusal (2 prior)	Felony	180 days – 3 years, up to a \$10,000 fine & 15 years revoked & 9-18 months Post Release Supervision	60 days jail & \$1000 fine & 5-15 years revoked & 60 days Continuous Alcohol

			Monitoring
DUI 0.08 (3 prior)	Felony	180 days – 3 years, up to a \$10,000 fine & 15 years revoked & 9-18 months Post Release Supervision	90 days jail & \$2000 fine & 15 years revoked & 90 days Continuous Alcohol Monitoring
DUI 0.15 (3 prior) or Refusal (3 prior)	Felony	1-20 years & 15 year revoked	120 days jail & \$2000 fine & 15 years revoked & 120 days Continuous Alcohol Monitoring
DUI 0.08 (4 or more prior)	Felony	2-20 years & 15 year revoked	180 days jail & \$2000 fine & 15 years revoked & 180 days Continuous Alcohol Monitoring
DUI 0.15 (4 or more prior) or Refusal (4 or more prior)	Felony	2-50 years & 15 years revoked	180 days jail & \$2000 fine & 15 years revoked & 180 days Continuous Alcohol Monitoring

Probation of first-time offenders allows an offender to avoid jail time. A probationary sentence typically involves a \$500 fine and a license suspension [at least 60 days], but the court can also order the offender to use an Ignition Interlock Device during the suspension period. Probation can also include conditions such as sobriety monitoring, treatment, and community service. A typical probationary period may last two years.

In addition to high BAC, the Nebraska Legislature has addressed some aggravating factors for some DUI cases including injury and death caused by a motor vehicle operator. Causing an injury or death while operating a vehicle while impaired may be filed as DUI with Injury or Motor Vehicle Homicide. These offenses carry prison time for convictions. DUI with Injury carries a possibility of up to five years in jail, a fine of up to \$10,000, and a license revocation for 60 days to 15 years. Causing a death as a first offender DUI can carry a sentence up to twenty years and repeat DUI offenders causing a death face up to 50 years and possible suspensions of licenses up to fifteen years.

Other factors may also occur with a DUI and create enhanced charges. These include having a suspended or revoked license due to a prior DUI, having a passenger under the age of 16 years, or for refusing a chemical test. These additional elements may create more incarceration time or enhanced penalties. Factors like Reckless Driving, Recklessly Endangering Another Person, Criminal Mischief, Possession of an Open Container, and “Hit and Run” are not enhancements in Nebraska.

### **Implied Consent**

Any person who accepts the privilege of operating a motor vehicle within Nebraska is deemed to have given his or her consent to submit to an approved breath, blood or urine test for the purpose of determining the alcohol or drug content of his or her blood if the person is lawfully arrested for DUI. Persons refusing may also be criminally prosecuted for refusing to take a breath test when requested. Repeat offenders face longer suspensions. The fact that a defendant refused to submit to a test can also be used in a DUI trial as evidence of guilt.

Nebraska law allows officers to seek and secure a warrant to draw blood for evidence from suspected impaired drivers. Law enforcement may also request a breath, blood or urine sample from any motorist that was involved in a crash for statistical purposes. Nebraska statutes do require mandatory testing for drivers involved in fatal crashes for statistical purposes but the results cannot be used in a criminal prosecution. If a test is needed to determine impairment in a vehicular homicide investigation, a test sample would need to be acquired with consent or a warrant, and the officer must have reasonable, articulable suspicion that impairment may be a factor in the causation of the crash.

Preliminary or Portable Breath Testing (PBT) can be used for DUI in Nebraska. It is not admissible in a trial but can be used to establish probable cause. If an operator blows 0.08 or higher BAC, they must be arrested in accordance with Nebraska law. Refusing to submit to a PBT is a misdemeanor and will result in arrest in Nebraska. Refusal can also lead to license suspension. Passive alcohol detection devices are allowed to be used by law enforcement personnel in Nebraska but are not widely utilized.

## **Minors**

Nebraska has a “zero tolerance” DUI law for minors (under 21 years of age). Minors driving a motor vehicle while impaired at a BAC level at or above 0.08 are subject to adult sanctions. Minors operating a vehicle at or above a BAC of 0.02 but below 0.08 are subject to a license suspension of 30 days and a possible alcohol education class. Subsequent charges include longer suspension periods and community service.

Other laws do exist in the campaign to fight impaired driving by minors. Nebraska law makes it a misdemeanor for people under 21 to sell, dispense, consume, or have alcohol in his or her possession. The penalties for underage drinking for a person over 18 but under 21 years of age are a possible jail term of no more than three months, a \$500 fine, or both fine and jail. If the minor is under 18 years of age, they will have a driver’s license suspension of thirty-days and may be required to attend alcohol education classes. Repeat offenses come with longer suspension periods.

There is a graduated driver’s license acquisition procedure for younger drivers in Nebraska. A person is eligible for a beginner’s permit at 15 years of age if they pass a written driving test. The beginner’s permit requires the new driver to be accompanied in the front seat by a licensed driver over the age of 21. After six months of driving, beginner’s permit drivers are allowed to apply for a second stage or intermediate license. To get a second stage license they must have completed 50 hours of behind the wheel

driving or a driver's education course. They also must pass a driver's test and be enrolled in school. During this second stage, younger drivers under 18 have restrictions between the hours of midnight and 6 a.m. They also have restrictions on passengers under the age of 19. After one year, if the youthful driver has not accumulated three points on their driving record and reaches age 17, they may acquire a full unrestricted license.

## **Other**

Nebraska has laws to criminalize operating a vehicle during a period of driver's license suspension, including DUI or Implied Consent refusal suspensions. Driving While License Suspended carries a possible jail term of no more than three months, a \$500 fine, or both fine and incarceration.

Seat belts are generally required for all drivers and passengers in Nebraska. However, seat belt laws are secondary, meaning drivers and front-seat passengers aged 18 and older can only be cited for not wearing a seat belt if they are first stopped for another traffic violation. The fine for a seat belt violation in Nebraska is \$25.

Sobriety Checkpoints are allowed in Nebraska. They must be conducted under strict guidelines as established through precedent cases of the United States Supreme Court and Nebraska courts.

There is an open container law in Nebraska and an open container violation is an infraction. A conviction will result in a fine of up to \$100 but no jail time. However, subsequent convictions can result in fines of up to \$500.

In Nebraska, keg registration laws require licensed retail sellers to record keg sales information and provide kegs with a unique identification number. Specifically, when a retailer sells a container with a liquid capacity of five gallons or more, they must record the date of sale, keg identification number, purchaser's name and address, and the purchaser's identification. The seller must also keep this record for at least six months.

Nebraska enforces DUI provisions on out-of-state drivers by recognizing convictions and suspensions from other states through the Interstate Driver's License Compact. The State also uses the Interstate Compact to enforce sentences imposed on out of state drivers who have violated DUI laws while in Nebraska. Although not a perfect system, this is consistent with how most states handle out of state persons.

Nebraska does statutorily impose dram shop liability against businesses and individuals licensed to sell, serve, or provide alcohol if the person they served was a minor and that minor causes damages, injuries or death while intoxicated. Nebraska law also allows social hosts who supply alcohol to a minor to be charged criminally and held liable for damages caused by the minor's intoxication. There are no dram shop or social host laws that apply when adults are served and subsequently cause damages, injuries, or death.

## **Recommendations**

- Enact a primary seat belt law.
- Amend the Open Container Law to increase the punishment and create an enhancement in the Driving Under the Influence law if operating impaired while possessing an open container.
- Enact a Dram Shop Law and Social Host Liability Law for those businesses or persons who serve to adults that cause damages, injuries or death while intoxicated

## **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**

Nebraska has an Impaired Driving Task Force (NIDTF) that was established in March 2017. It is established as an ad hoc group of key multidisciplinary highway safety

enforcement, business, health care, media, education, adjudication, and other highway safety advocates. The Nebraska Department of Transportation Highway Safety Office (HSO) Administrator has been designated as the official NIDTF Coordinator. NIDTF key stakeholder representatives are from the Nebraska Departments of: Transportation; Health & Human Services; and Motor Vehicles, plus the Court Administrator, the State Patrol, the Crime Commission, and Prosecution and Adjudication. Other key members include representatives from local law enforcement agencies, the Attorney General's Office, and Nebraska institutions of higher education. The NIDTF will hold meetings at least four times annually and is responsible for developing the *Impaired Driving Strategic Plan* (IDSP).

The NIDTF has designated four subcommittees: Education, responsible for identifying ways to improve programs aimed at education about the dangers of impaired driving; Laws, responsible for reviewing current laws, regulations and enforcement, and to make recommendations; Citation/Adjudication, responsible for reviewing citation/adjudication processes and to make recommendations; and Treatment/Rehabilitation, responsible for reviewing current strategies and to make recommendations. All recommendations are reported to the NIDTF for consideration.

The NIDTF works with the HSO in developing the State's IDSP; however, while the NIDTF reports having representatives from 19 different agencies, it often struggles to get half that number of people in attendance at a pre-scheduled meeting. There is little representation from municipal or county law enforcement on the NIDTF which means they will have little to no input into a plan they will be expected to execute.

The HSO seeks law enforcement support for designated impaired driving enforcement campaigns via their Law Enforcement Liaison (LEL). The LEL employed by the HSO at the time of this assessment is a former Nebraska State Patrol trooper who is employed as a part time employee. It is difficult for this single, part-time employee to cover the entire state and engage with many of the smaller agencies to seek their support for HSO projects and help them with grant applications and subsequent reporting requirements.

The HSO provides grant funding for law enforcement agencies to conduct high visibility enforcement and to help agencies acquire equipment associated with the detection and apprehension of impaired drivers and underage drinkers. They have provided funding for Preliminary Breath Test (PBT) devices, speed detection devices, in-car camera equipment, and Mobile Data Terminals. They have also provided up to 35 percent of the cost of evidential breath test instruments to help expand the availability of breath testing and help secure a timelier breath specimen. The HSO provides breath tubes for PBTs and evidential breath testing units, at no cost. If equipment is provided to a law enforcement agency based on problem identification, they must agree to participate in high visibility enforcement campaigns for two years.

The use of PBTs by law enforcement officers is permitted in Nebraska. The result of a PBT test is not considered evidential but may be used to help establish probable cause for an arrest. If a driver blows 0.08 or higher Breath Alcohol Concentration (BrAC) on a PBT test, they must be arrested in accordance with Nebraska law. Refusing to submit to a

PBT is a misdemeanor and will result in arrest. Refusal can also lead to a suspension of the driver's license.

Two different breath testing instruments are used in Nebraska for evidential tests; the DataMaster DMT and the Intoxilyzer 9000. All law enforcement officers are trained in the operation of one of these instruments and may run tests on subjects they arrest. Training is instrument specific so officers need to be trained and certified on the specific make of instrument they will use. Training is accomplished by way of online computer training and the completion of practical exercises that are observed by an officer already certified as an operator of the specific instrument make. A certification to administer breath tests on a specific make of instrument is issued by the Nebraska Department of Health and Human Services (DHHS) upon submission of all required training paperwork. The use of passive alcohol sensors is not prohibited, but they are not used by Nebraska law enforcement officers.

In addition to overseeing the breath alcohol testing program, the DHHS is responsible for testing blood specimens for the presence of alcohol. Costs for this testing are borne by the requesting agency. A blood specimen is only obtained when a driver is unable to provide a breath test because of injury or hospitalization. Urine testing is used to determine the presence of drugs in a driver's system and that testing is completed by the Nebraska State Patrol crime lab at no cost to the submitting agency. A urine specimen is subjected to a comprehensive drug screen with confirmation testing being completed for all drugs that screened positive and for any additional drugs that a Drug Recognition Expert (DRE) may have specified. The lab may screen for additional drugs as deemed appropriate.

If a DUI suspect refuses to submit to a requested evidential breath or urine test, an implied consent violation may be cited. Although permitted, seldom is a search warrant requested to require submission to a test, largely because of the time required to obtain a search warrant. Although the use of an electronic search warrant system has been shown to save considerable time, the use of electronic search warrants in Nebraska is not widespread nor formalized. In most cases a warrant must be prepared, notarized and transported in paper form to an available judicial officer for review and issuance. Some areas, by local agreement, may be able to fax or email a warrant to a judge who can electronically return it upon issuance, thereby saving a little time.

There is no mandate for conducting an autopsy of a deceased driver in Nebraska. Requests for autopsies must be submitted by a county attorney who serves as the county coroner. The autopsy is then performed by an independent provider and the county must bear the cost of the autopsy. This may influence whether an autopsy is requested, and may in turn affect whether toxicological results are available for a deceased driver.

All officers working grant funded selective alcohol enforcement overtime must be trained in Standardized Field Sobriety Testing (SFST). SFST training is provided to all law enforcement officers in a 24-hour class during the basic academy. SFST refresher training is offered on an as requested basis. Advanced Roadside Impaired Driving Enforcement (ARIDE) training is provided several times each year with a 77 percent increase in the number of students over the last three years. DRE classes have been held

only once each year with a declining number of students. As a result, the number of available DREs has declined by 20 percent since 2021 (87 to 69). Conversely, the number of DRE enforcement evaluations has increased by 29 percent from 2021 to 2024 (355 to 458).

#### Impaired Driver Training – IACP DECP Annual Reports

	2021	2022	2023	2024
SFST Classes	11	12	7	8
SFST Students	275	300	87	219
ARIDE Classes	4	5	5	6
ARIDE Students	45	50	50	80
DRE Classes	1	1	1	1
DRE Students	16	11	8	6
DRE Enf. Evals.	355	405	333	458

The HSO provides funding to support the DRE program in Nebraska. In addition to providing material for classes, the costs for out-of-state certification training (currently in Philadelphia, PA) are covered. Funding is also provided for a number of the most active DREs and DRE instructors to attend the annual International Association of Chiefs of Police, Impaired Driving and Traffic Safety Conference. Aside from that, and the offering of classes to help DREs meet recertification requirements, there appears to be no concerted effort to retain currently certified DREs.

Motor vehicle crashes are reported to the Nebraska Department of Transportation (NDOT). At least three different systems are used for reporting crashes, but they all feed directly to a central Crash Information Database. Although there is no mandate to report crashes electronically, 93 percent of them are reported in that manner. The remaining seven percent are filed on paper reports that must be manually entered by staff at the NDOT. Data from crash reports are generally available in the database within 30 days or less, enabling the use of very recent data for determining problematic areas for impaired driving. While traffic citation data can be helpful in identifying problematic locations, it does not appear as though this resource is easily accessible or widely used to direct impaired driving enforcement activities.

The HSO uses crash data to identify areas in the State where their programs and funding may have the greatest probability of reducing death and injury on roadways. For 2025 they identified 24 priority counties. These 24 counties cover the vast majority of Nebraska's population and locations of impaired driving related crashes. Agencies located in non-priority counties with a specific plan to address impaired driving may apply for and receive funding depending on what funds remain after fulfilling the needs of the priority counties. Grant applicants are directed to the HSO website for crash data to help them justify their application.

Special enforcement projects, particularly those designated by NHTSA, are to be high visibility enforcement projects. Additionally, federal and HSO guidelines specify that all projects and planned activities must be data driven. To satisfy these directives, law enforcement agencies need to assign an increased number of officers to work a designated limited geographic area to aggressively enforce traffic offenses. It appears that many law enforcement agencies in Nebraska will instead permit their personnel, when working HSO enforcement overtime, to patrol randomly when looking for impaired drivers with as little as one officer. That is neither highly visible nor directed.

To capture information about enforcement activities, the HSO requires any law enforcement agency working a grant funded project to submit an activity summary sheet. In addition to identifying the agency, this sheet captures information about any media coverage, the type of enforcement conducted, the number of personnel involved, the total hours worked, the total number of contacts, and 14 fields concerning various violations. The HSO then shares these enforcement results with their partners and the public on their Law Enforcement Mobilizations website (<http://dot.nebraska.gov/safety/hso/law-enforcement-resources/mobilizations/>). Unfortunately, at the time of this assessment in June 2025, the information on that website is not up to date and crash data post 2020 has not been fully validated.

An alcohol impaired driving offense in Nebraska is estimated to take from one to two hours; more in some areas where additional travel time is required for breath testing and incarceration. A DRE evaluation in a suspected drug impaired driving case can add an additional one to two hours and obtaining a search warrant for a chemical test can take up to an additional three hours.

The IDSP and the HSO require law enforcement agencies to provide pre- and post-enforcement media events, activities and notices when working grant funded enforcement. Evidence of these requirements having been satisfied must be provided to the HSO with reimbursement requests.

Law enforcement agencies throughout the State periodically conduct alcohol compliance checks to help prevent the sale of alcoholic beverages to persons under 21 years of age and to deter the overservice of alcohol to persons exhibiting sign of impairment. Funding to help with these projects is provided from both the DHHS and the HSO.

A driver subject to implied consent must obtain an ignition interlock device (IID) to be eligible for an ignition interlock permit. A driver is required to have an IID upon conviction of a DUI. The permit is clearly identifiable to law enforcement officers. It is less clear that law enforcement officers are able to determine if an IID is properly installed or is being used correctly. A representative of the DMV provides law enforcement officers with two hours of IID training while in the academy. There is no IID training provided to them after that point. A person whose license is revoked for non-compliance with IID requirements must pass the entire driver's license exam, written and driving, to get their license back when eligible.

## Recommendations

- Ensure all grant funded enforcement is conducted in accordance with Highway Safety Office directives to include being highly visible and directed.
- Increase the number of Advanced Roadside Impaired Driving Enforcement and Drug Evaluation and Classification classes.
- **Institute an electronic search warrant system.**
- Involve more county and municipal law enforcement personnel in the development of the *Impaired Driving Strategic Plan*.
- Ensure program and enforcement data provided to the public are kept current.
- **Increase the number of Law Enforcement Liaisons.**
- Require Ignition Interlock Device Program (IID) training to all law enforcement officers in basic officer training and continuing education to educate them on detecting drivers required to have IID and appropriate violations to charge for failure to comply with program requirements.

## 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>5</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; and*

---

<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.

- *Encourage prosecutors' participation in DWI Courts as a sentencing alternative for persistent DWI offenders.*

## **Status**

Prosecuting attorneys have a significant responsibility in the administration of criminal Driving Under the Influence (DUI) cases in all states including Nebraska. Misdemeanor DUI cases in Nebraska are generally filed in County Courts. County Courts are limited jurisdiction courts. There are 58 County Court Judges in 12 judicial districts. Most Aggravated (Felony) DUI cases are filed in District Courts. There are 56 District Court Judges spread over the 12 districts.

Prosecution in County and District Courts is generally handled by the local County Attorney's Office. There are 93 County Attorneys, one for each county. Each County Attorney may hire assistants as needed to handle casework and perform the functions of their respective Office. County Attorney prosecutor's offices range in size across the state depending on case load and population.

Prosecutors are all licensed attorneys. The responsibility of each prosecutor includes the preparation and presentation of criminal cases, including DUI cases. Cases are initiated by any of Nebraska's law enforcement agencies, but the County Attorneys have the final decision on whether to pursue a case. County Attorneys also have the responsibility to handle criminal case appeals.

The Nebraska Attorney General, or an Assistant Attorney General, also has authority to prosecute in any of the State's Courts. They will do so if a conflict exists and the local County Attorney cannot take part in the case for some ethical reason. A prosecutor from the Attorney General's office may also have a special expertise that suggests they should take part in the prosecution of certain cases. Nebraska's Traffic Safety Resource Prosecutor (TSRP) is an Assistant in the Attorney General's Office. The TSRP serves as a trial prosecutor in Nebraska and has an active caseload under the authority of the Attorney General.

The TSRP is funded by the Nebraska Department of Transportation Highway Safety Office. In addition to duties assigned by the Nebraska Attorney General, the TSRP acts as a liaison between prosecutors, the judiciary, law enforcement, and community groups. The TSRP also provides a variety of services, such as training for law enforcement, education for prosecutors, and preparation of publications. States, including Nebraska, have seen a significant positive impact on effectiveness of prosecutorial efforts through direct TSRP assistance and training.

There is a Nebraska prosecuting attorney's organization. It is the Nebraska County Attorney's Association (NECAA). It is a statewide non-partisan organization comprised of the elected County Attorneys and their staffs throughout Nebraska's 93 counties.

There are significant continued legal education requirements for prosecutors in Nebraska. In addition to ten hours of Nebraska State Bar required continuing legal education hours,

prosecutors are required to complete an extra ten hours by the Nebraska Crime Commission. However, education on impaired driving prosecution is not mandated. Though not required, there is education provided on the prosecution of DUI cases offered by the NECAA. This is done at the organization's two annual meetings. The TSRP is often called upon to speak at one or both of these events.

There may be prosecutors who specialize in DUI cases. It was reported that prosecution teams with special expertise, and who prosecute full time, have formed in some of the larger Nebraska counties. These teams are especially effective. However, this is not possible everywhere in Nebraska as many County Attorneys, who prosecute, are also called upon to spend their time handling a variety of different tasks. Specialization often produces skill and improved results in the area of impaired driving prosecution.

Nebraska's DUI prosecutors are also sometimes more inexperienced attorneys because there is turnover in most offices responsible for prosecution. Retention of prosecuting attorneys is difficult due to salaries and benefits being below what can be provided in private practice. In addition to turnover, prosecutors also move up in the County Attorney's Offices and handle cases considered more serious. The movement of more experienced litigators away from DUI cases can impact effectiveness of the prosecution of impaired driving cases.

Since the prosecution of DUI cases is done by prosecutors from varying office sizes and training levels, there is some concern regarding the skill of prosecution statewide. This should not be interpreted to say that a significant number of prosecutors are not dedicated, hardworking, and attempting to make a difference. However, obvious benefits in criminal prosecution, including impaired driving prosecutions, can be gained through efforts to bolster ability of all individuals performing this important function.

Some County Attorneys were reported to require blood and will not prosecute a DUI case on only a breath test. Others are reported to not prosecute breath test refusals unless a warrant is obtained and a forced test is also administered. While there can be differences expected in approach when 93 different offices are handling cases, these types of deviations from the norm can raise a concern about inconsistency in DUI prosecution Statewide.

### **Recommendations**

- Mandate impaired driving case handling education hours annually for all prosecutors with Driving Under the Influence case responsibility.
- Encourage the establishment of specialized prosecutors with expertise in Driving Under the Influence litigation in additional County Attorney's Offices.
- Improve salary and benefit packages for Assistant County Attorneys who prosecute Driving Under the Influence to assist in retention of qualified prosecutors.

## **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>6</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; and*

---

<sup>6</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.

- *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>7</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; and*
- *Incorporate into judicial education and outreach administration the position of Judicial Outreach Liaison as a judicial educator and resource on highway traffic safety issues including impaired driving, and as an agent to create more DWI Courts.*

## **Status**

### **Adjudication**

In 1970, the courts of Nebraska became unified and the court system was simplified. The Constitution of the State of Nebraska now distributes the judicial power of the State among the Supreme Court, Court of Appeals, District Courts, and County Courts. All State courts operate under the administrative direction of the Supreme Court. In addition to the courts created by the Constitution, the juvenile courts located in Douglas, Lancaster, and Sarpy Counties, and a statewide Workers' Compensation Court have been legislatively formed. All judges in Nebraska are appointed by the Governor. The Administrative Office of Courts and Probation handle the administrative functions of the Judicial Branch.

### **Case Management**

In Nebraska, misdemeanor Driving Under the Influence (DUI) cases are filed in County Courts. The County Courts are trial courts with specified limited jurisdiction. All small claims, probate, guardianship, conservatorship, adoption, most juvenile, and municipal

---

<sup>7</sup> Freeman-Wilson, Karen and Michael P. Wikosz, "Drug Court Publications Resource Guide, Fourth Edition." Alexandria, VA: National Drug Court Institute, 2002.

ordinance violation cases are filed in the County Courts. The County Courts have concurrent jurisdiction with the District Courts in some divorce cases and other civil cases involving \$57,000 or less. They also have concurrent jurisdiction with the District Court in misdemeanor criminal and traffic infraction cases, but nearly all of those cases are prosecuted in the County Courts. There are 58 County Judges in 12 judicial districts. Some districts have one county while some have up to 17 counties. County Court Judges serve an initial term of three years, followed by six-year terms after a retention election.

In Nebraska, there are also judicial administrators of County Courts called Clerk Magistrates. Clerk Magistrates are responsible for the administrative functions of the County Court offices but also have limited judicial responsibilities which may include accepting pleas in traffic and misdemeanor cases, collecting traffic fines, setting bail, accepting appearance bonds, and performing other judicial services. They are not considered judges.

District Courts are the general trial courts of the Nebraska State Unified Court System. District Courts handle more serious criminal and civil matters. Most Aggravated (Felony) DUI cases are filed in District Courts. There are 56 District Judges spread over the 12 State districts. District Courts also function as appellate courts and decide appeals from most County Court cases. When acting as an appellate court, a District Judge reviews the record of testimony and evidence from the County Court. The District Court may affirm, modify or set aside convictions from the County Courts.

All DUI trials, including misdemeanors, may be held before a jury unless waived. In some Nebraska cities, DUI first offenses are codified in city ordinances, which can limit a defendant's right to a jury trial. Municipal DUI ordinances may also have lower punishment ranges than State charges.

Appeal of District Court cases, including felony DUI convictions, go to the Court of Appeals. The Court of Appeals consists of six judges appointed by the Governor from lists submitted by Judicial Nominating Commissions. The Court of Appeals is divided into two panels consisting of three judges each. Once again, the Court of Appeals can affirm, modify, or set aside the decisions of the lower courts.

The Nebraska Supreme Court is the highest court in the Nebraska judicial system. The Supreme Court hears appeals from the Court of Appeals. On rare occasions, a case of significant importance may bypass the Court of Appeals and be heard by the Supreme Court. The Supreme Court consists of a Chief Justice and six Associate Justices. The Chief Justice and Associate Justices are appointed by the Governor. Supreme Court Justices must vote to hear a case appealed from the Court of Appeals or the Court of Appeals decision becomes final. Decisions at the Supreme Court are final unless challenged in U.S. Federal Courts.

Prosecutions in all Nebraska courts including DUI cases are the responsibility of the State's County Attorneys. There are 93 County Attorneys in Nebraska. County Attorney prosecutor's offices range in size across the state depending on case load and population. Prosecutors are all licensed attorneys.

## **Education**

All Judges must attend continuing legal education each year. To promote competency and professionalism, Nebraska judges have in-person seminars, computer-based training, and education through remote electronic means. All sitting judges must obtain a minimum of 10 hours each year including two hours of ethics. Five hours of the education must be done in person while attending a live seminar. No mandatory judicial training is required in the handling of traffic or DUI cases for any level of Nebraska courts.

Nebraska also requires clerk magistrates, probation officers, and official court reporters to earn a minimum of eight judicial branch education credits in each annual reporting period.

Education for Judges is provided or made available by the Office of Judicial Branch Education. The Office is designed to provide in-house programming for court staff, probation, and judges with guidance from the Nebraska Judicial Branch Education Advisory Committee and project leadership from each employee group within the Judicial Branch.

There are judges' organizations in Nebraska. Those include the Nebraska County Court Judges Association and the Nebraska District Courts Judges Association. Judges' associations allow judges to network, problem-solve, and share innovations across the state. Their goal is to educate one another on national, state, and local issues; and discuss ways to function within the Judicial Branch of government more efficiently. Both Nebraska judges' associations stage seminars annually to assist judges in meeting mandatory continuing legal education requirements. Quality education for judges is provided, and on some occasions, DUI case processing and evidence is offered.

The Nebraska Department of Transportation Highway Safety Office (HSO) has been working with the Office of Judicial Branch Education to assist in educational opportunities for judges in the area of impaired driving. They have offered technical and financial support for future training. The TSRP has also shown interest in assisting in judicial education. An educational opportunity that is lacking in Nebraska is a State sponsored seminar fully dedicated to impaired driving adjudication. No such conference is currently being staged. DUI adjudication is a significant amount of the caseload in many County Courts and some District Courts. In addition, driving while impaired by drugs is an emerging problem. It could be suggested that intensive training in these areas could be beneficial.

## **Specialized Courts**

There are currently specialized "problem solving" treatment courts in Nebraska. These programs include drug courts, family treatment courts, mental health courts, veterans' courts, and DUI courts. There are two operating DUI treatment courts in Nebraska. All Nebraska problem-solving courts adhere to established standards. Nebraska DUI, drug

and other problem-solving courts are governed by the Nebraska Supreme Court Committee on Problem-Solving Courts. Members of the Committee include representatives of courts, probation, law enforcement and the legal community along with judges, prosecutors and defense attorneys. Problem-solving courts reduce recidivism and increase community safety through a comprehensive and coordinated court response utilizing early assessment and intervention, individualized treatment, intensive community supervision, and consistent judicial oversight. Members of the judiciary are supportive of the concept and success has been shown in Nebraska, as well as nationwide.

## **Other**

Driving Under the Influence reduction and diversion programs are controversial in the area of DUI adjudication nationwide. Nebraska has a legal prohibition against deferral of DUI cases. There is some reduction of DUI cases in Nebraska but the practice does not appear to be overused. Prosecutors, and judges, often feel these reduction practices are in the interest of justice and are necessary due to the significant numbers of DUI cases, available time, limited jail space and court resources. Nevertheless, reductions should be kept to a minimum, monitored, and reasons for a reduction should be entered into the case record to prevent abuse. It was reported that at least one county does not allow plea bargaining of DUI cases.

Trial delays and docket management problems were not reported to be a serious problem in Nebraska. While some more complicated or serious cases may take a bit longer to bring to trial in more rural areas of the State, cases are still being disposed in a timely manner. These areas should always continue to be monitored and resources allocated to ensure effective prompt resolution of all cases, including impaired driving filings.

The Nebraska Supreme Court has shown support for treatment courts. Otherwise, evidence was not presented that the Court has exhibited significant interest in the efforts to curb impaired driving. It is considered important that a state's highest court and administrative leader provide leadership in the adjudication of DUI cases to assist in reducing impaired driving.

Nebraska does not have a State Judicial Outreach Liaison (JOL) to assist the judiciary. State JOLs function as teachers, writers, consultants, and subject matter experts to share the latest research and best practices on addressing judicial topics including impaired driving. The state JOLs in other states have been very effective and are strong advocates for legislative change, problem solving courts, and more DUI education. Nebraska could benefit from the leadership shown by a State JOL.

## **Recommendations**

- **Create an annual, mandatory judicial education requirement for trial judges in the adjudication of impaired driving cases.**

- Convene periodic conferences for County and District Judges on Impaired Driving case adjudication.
- **Create more Driving Under the Influence problem-solving treatment courts in more jurisdictions.**
- Select and support a State Judicial Outreach Liaison to assist the Judiciary in Driving Under the Influence case handling.

## **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>8</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*

---

<sup>8</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

*vehicle. Specific agencies within a State should be given responsibility and authority for oversight of the interlock program, including vendor selection, certification, and monitoring; review of data downloaded from the individual devices; and responsibility for administrative rules that guide sanctions for circumvention or other non-compliance with ignition interlock licensure. Licenses for drivers required to have ignition interlock devices installed on vehicles that they operate should be easily identifiable by law enforcement officers, either by virtue of a different colored background on the license or large print indicating that an ignition interlock device is required.*

## **Status**

The Nebraska Department of Motor Vehicles (NDMV) is responsible for all driver license processes from testing and issuance of credentials to suspension or revocation of a license. The current processing runs on a legacy platform and is in the process of being phased out for a system upgrade that will provide a robust capability for system edits and validation rules to ensure driver data system information is accurate and reliable.

## **Implied Consent**

The Nebraska Statutes include an implied consent statute and administrative licensing sanctions related to impaired driving offenses. The alcohol related offense of Driving Under the Influence (DUI) is defined as operating a motor vehicle under the influence of alcohol with a breath or blood alcohol concentration (BAC) of 0.08 or higher. The administrative sanctions for DUI vary based on the level of intoxication and on the driver's compliance with alcohol testing and arrest recidivism. There are both license and vehicle-related statutory penalties that apply to drivers arrested for impaired driving. This administrative process, known as Administrative License Revocation (ALR), is independent of the judicial process and associated criminal penalties for impaired driving. Separating processes allows for uniform application of administrative sanctions apart from any criminal proceedings. In Nebraska, underage driver impairment is statutorily defined as a BAC of 0.02 – 0.07 for persons under age 21 (known as a zero-tolerance law). Minors with a BAC of 0.08 or more are prosecuted according to the regular DUI statute.

The following sanctions will be imposed for persons under 21 years of age who fail or who refuse an alcohol test:

<u>Offense</u>	<u>Alcohol Concentration</u>	<u>Suspension Duration</u>
1 <sup>st</sup> offense	0.02+	3 months
2nd offense within 5 years	0.02+	Period determined by DMV
Any refusal	Refused	1 year
<u>Age 21 and over</u>		
1st Offense	0.08+	180 days
2nd within 15 years	0.08+	1 year

Any refusal

Refused

1 year

The only enhanced ALR period of suspension is for drivers who fail a subsequent breath test within the previous five years where the period of revocation is increased from six months to one year. All other ALR suspension periods are for one year. In addition to the ALR suspension there is a misdemeanor violation that can be charged for drivers who refuse to submit a breath test but the statute does not apply to blood or urine test refusals.

Commercial Driver License (CDL) holders are subject to the same sanctions listed above with two exceptions: there is no time limit for determining repeat offenses; and DUI is defined by statute as a BAC 0.04 or greater. Any impaired offense during a CDL holder's lifetime is counted in the sentencing algorithm.

Upon arrest the operator's driver license is seized by the arresting officer. The person has ten days to request an ALR appeal hearing from the Nebraska DMV Legal Division or the license revocation is imposed on the fifteenth day after the arrest. Pending the ALR appeal hearing, the driver is authorized to drive utilizing the implied consent notice form provided them at the time of the arrest. If the violation is dismissed at the ALR hearing, the full license privilege is reinstated. If the suspension is not appealed or is upheld by the hearing officer, the driver may apply for an Ignition Interlock Permit that is valid for the duration of the license revocation period.

The criteria for determining previous impaired driving offenses considers all DUI convictions including any DUI conviction reported from another state. Any impaired driving arrests made while awaiting an ALR hearing is pending will not be considered for the progressive sanctions. However, any subsequent arrest will constitute a separate offense.

### **Ignition Interlock Device**

A significant administrative sanction related to the alcohol impaired driving program in Nebraska is the Ignition Interlock Device (IID) Program. The Department of Motor Vehicles (DMV) administers the IID program authorizing approved IID vendors and monitoring program violations. Reported IID participant violations of program restrictions result in the extension of the offender's required participation time. Participation in the IID program is voluntary for a person whose driver's license is revoked for implied consent violations. However, participation is mandated as a result of a DUI conviction. It is estimated that approximately 4,000 licensees are currently participating in the IID program. However, it is unknown how many drivers are subject to IID requirements but are not participating in the program so the actual statewide IID compliance rate has not been provided. It is generally assumed that drivers will comply with IID program requirements because of their need for a valid driver license to participate in society but that has not always been realized as many individuals simply continue driving rather than go to the expense or trouble of complying with IID sanctions.

Court ordered periods of IID compliance based on the number of DUI convictions are:

First Offense	IID installation is required for at least six months
Second Offense	IID installation is required for at least one year
Third Offense	IID installation is required for at least five years
Fourth or Subsequent Offenses	IID must be installed for up to 15 years

Zero Tolerance Offenses:

Under age 21 - 1st Offense	IID must be installed for six months
Under age 21 - 2 <sup>nd</sup> Offense within 5 years	IID must be installed for one year

Ignition Interlock programs have been shown to be successful as a deterrent to impaired driving. It was reported that IID compliance requirements were relatively unknown to law enforcement and that appropriate charges were likely not being filed as a result of their ignorance of enforceable statutes. Additionally, IID restricted driver licenses are only issued to individuals after they have the IID installed in their vehicle. While the IID license document is clearly distinguishable it is only issued to people voluntarily participating in the program.

### **Continuous Alcohol Monitoring**

The State also requires continuous alcohol monitoring as a condition of probation for the third or more DUI convictions. Continuous alcohol monitoring as prescribed by state includes:

3 <sup>rd</sup> Conviction	Continuous monitoring for at least 60 days
4 <sup>th</sup> Conviction	Continuous monitoring for at least 90 days
5 <sup>th</sup> Conviction	Continuous monitoring for at least 180 days

Continuous alcohol monitoring compliance is monitored by probation officers as a condition of probation.

### **Vehicle Sanctions**

Vehicle sanctions are also imposed, specifically impoundment of all motor vehicles registered to a person convicted of a third or subsequent DUI.

### **Recommendations**

- Expand the application of the criminal penalty for refusal to submit an implied consent sample to include any requested sample including blood and urine testing.
- **Determine the true Ignition Interlock Device Program (IID) compliance of drivers statewide by analyzing the number of drivers revoked for Administrative License Revocation and those mandated to IID as a condition of probation to derive an actual compliance rate and evaluate the effectiveness of the program structure.**

- Require Ignition Interlock Device Program (IID) training to all law enforcement officers in basic officer training and continuing education to educate them on detecting drivers required to have IID and appropriate violations to charge for failure to comply with program requirements.

## 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 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 licenses using multiple identities.*

## **Status**

Nebraska has a Graduated Driver License (GDL) program consisting of four stages of licensure that is managed by the Nebraska Department of Motor Vehicles (DMV). A School Learner's Permit is an initial learner's permit utilized to practice driving to obtain a School Permit. The requirements and restrictions associated the issuance of a School Learner's Permit and School Permit are:

### **School Learner's Permit**

- At least 14 -15 years of age
- Must be accompanied by a licensed driver who is at least 21 years of age
- Valid for six months but can be renewed

- Must pass written and vision tests
- Minimum holding period is two months

#### School Permit

- At least 14 years and two months of age
- Held a School Learner's Permit for at least two months
- Driving alone to and from school over the most direct route or driving anytime when accompanied by a licensed driver who is at least 21 years of age
- Must have completed Driver Education or present documentation of 50 hours of lawful driving
- Must pass a driving skills test

A Learner's Permit can be obtained as early as 15 years of age. The requirements and restrictions associated with a Learner's Permit are:

#### Learner's Permit

- Must be 15 years of age
- Must be accompanied by a licensed driver who is at least 21 years of age
- Valid for six months but can be renewed
- Must pass written and vision test

A Provisional License can be obtained at age 16 and an Unrestricted license at age 17. Either a School Permit or a Learner's License can be used to qualify for a Provisional License. The requirements and restrictions associated with each stage are:

#### Provisional License

- At least 16 years of age
- Must have held a School Learner's Permit, School Permit or Learner's Permit in any combination for at least six months
- No driving from midnight to 6:00 a.m. unless to and from school activities or work
- No more than one passenger under 19 who is not a family member for the first six months
- Drive anytime with a licensed driver who is at least 21 years old
- Must have completed Driver Education or present documentation of 50 hours of lawful driving or held a School Permit

#### Unrestricted License

- Must be 17 years of age
- Must have held a Provisional Operator's Permit for one year and not have accumulated three or more driver sanction points in the past 12 months

Some requirements of the Nebraska GDL meet best practice recommendations, such as requiring an experienced adult driver to accompany those with a beginner's permit, restricting nighttime driving, and limiting passengers. However, there are program requirements that do not meet best practices recommendations. Nebraska age

requirements for the GDL are lower than recommended and there is no specific GDL requirement prohibiting or sanctioning cellular phone use while driving.

### **Responsible Server Training**

The Nebraska Liquor Control Commission (LCC) is providing voluntary responsible beverage server training throughout the State in addition to commercial courses offered by private companies. LCC responsible server training is provided on-line at no cost to the business or trainees. While mandatory server training is not mandated statewide certain municipalities are requiring it for sales in their respective jurisdictions. The LCC does, however, mandate responsible server training as a sanction for violations of serving an underage person or over-serving alcohol to an intoxicated person.

### **Fraudulent License Issuance Deterrence**

There are several programs and technologies to prevent or deter the issuance of fraudulent driver licenses or identification cards. Driver license issuance personnel are provided Fraudulent Document Recognition training to aid them in detecting altered or counterfeit source identity documents. Additionally, NDMV utilizes central issuance of licenses enabling license applicants to be validated through one-to-many facial image reviews to prior mailing the actual driver license or identification card, thereby preventing multiple identity credentials from being issued to an individual. Additionally, NDMV utilizes one-to-one facial image verification to ensure that applicants for renewal or duplicate licenses are the same person previously issued the license.

### **Recommendations**

- Evaluate GDL driver crash involvement statistics to determine if Nebraska age requirements for licensure should be increased.
- Evaluate GDL driver crash involvement to determine if hand held electronic devices should be restricted while operation a motor vehicle for inexperienced drivers.
- Mandate that all persons who sell or serve retail alcoholic beverages complete a State approved responsible beverage server training program.

## IV. Communication Program

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

### **Advisory**

*States should:*

- *Focus their publicity efforts on creating a perception of risk of detection, arrest, prosecution and punishment for impaired driving;*
- *Use clear, concise enforcement messages to increase public awareness of enforcement activities and criminal justice messages that focus on penalties and direct costs to offenders such as loss of license, towing, fines, court costs, lawyer fees, and insurance;*
- *Employ a communications strategy that principally focuses on increasing knowledge and awareness, changing attitudes and influencing and sustaining appropriate behavior;*
- *Develop a year-round, data-driven, strategic and tactical communication plan that supports the state's priority policies and programs such as alcohol's effects on driving and consequences of being caught driving impaired or above the state's zero tolerance limit;*
- *Implement a communication program that:*
  - *Uses messages that are coordinated with National campaigns and messages that are culturally relevant and linguistically appropriate;*
  - *Considers special emphasis during holiday periods and other high-risk times throughout the year, such as New Year's, 4th of July, Labor Day, Halloween, prom season and graduation;*
  - *Uses paid, earned and donated media coordinated with advertising, public affairs, news, and advocacy; and*
  - *Encourages communities, businesses and others to financially support and participate in communication efforts.*

- *Direct communication efforts at populations and geographic areas at highest risk or with emerging problems such as youth, young adults, repeat and high BAC offenders and drivers who use prescription or over-the-counter drugs that cause impairment;*
- *Use creativity to encourage earned media coverage, use of a variety of messages or “hooks” such as inviting reporters to “ride-along” with law enforcement officers, conducting “happy hour” checkpoints or observing under-cover liquor law enforcement operations, and use of social media;*
- *Monitor and evaluate the media efforts to measure public awareness and changes in attitudes and behavior; and*
- *Ensure that personnel who are responsible for communications management and media liaison are adequately trained in communication techniques that support impaired driving activities.*

## **Status**

The State creates a three-year performance-based *Highway Safety Plan* (HSP) that includes projects for communication and outreach. Grantees are encouraged to submit a communication plan with their grant application - whether that is portrayed as a calendar or business plan. The Nebraska *Impaired Driving Strategic Plan* (IDSP) encompasses a communication section. An independent stand-alone impaired driving communication plan does not exist.

The Nebraska Department of Transportation (NDOT) – Highway Safety Office (HSO) follows the National Highway Traffic Safety Administration (NHTSA) communications calendars for the impaired driving mobilizations and campaigns. Campaign themes have included *Buzzed Driving is Drunk Driving*, *Drive Sober or Get Pulled Over*, *"You Drink, You Drive, You Lose"* and *If You Feel Different You Drive Different*.

The predominant impaired driving communication approach is focused on High Visibility Enforcement (HVE) waves. On occasion the communication effort will cover items such as the potential of a license suspension, higher fines, fees, possible jail time, higher insurance costs, or an ignition interlock requirement if the materials are available from the [trafficsafetymarketing.gov](http://trafficsafetymarketing.gov) website. Social norming messages are not routinely used for:

- most drivers are not impaired,
- there are other drugs that impair beyond alcohol,
- zero tolerance for under aged drivers, and
- victim stories.

A few local community organizations have a very limited ability to create their own content in addition to using the [trafficsafetymarketing.gov](http://trafficsafetymarketing.gov) material.

The target audience for most of the impaired driving campaigns will be the high-risk groups, primarily males ages 18-34. The Nebraska Impaired Driving Task Force (NIDTF) has plans to work with the HSO and utilize sports marketing opportunities (baseball, football, basketball and hockey) to carryout messaging and promotion in target communities and statewide. Through partnerships developed with the NIDTF, the HSO will work with grantees, traffic safety partners, and NIDTF members to carryout alcohol impairment specific messaging in their news notes, newsletters, and social media platforms to increase education and awareness.

All law enforcement operation grants require, as a condition of the grant, that the grant recipient agency must hold a local news conference and/or issue a news release regarding the grant award and the related grant activity prior to the enforcement activity. In addition, they are required to issue a news release reporting the results of that specific enforcement operation. By reputation, the HSO is and will continue to be the primary traffic safety news media resource for the State. The HSO is recognized as the best source for impaired driving-related data information and to be able to direct media representatives to other additional sources.

There are multiple data sources on fatal crashes and a depth of data related to alcohol-and/or drug-use. The data are used in the HSP and the *Strategic Highway Safety Plan* (SHSP). However there doesn't appear to be a summary or media action report that shows how the choices for the impaired driving media message content, media used, target audiences, and geographic areas for distribution are based on data. The data for analysis can be crash data, citation, conviction, sanction, driver record, message recall, message saturation, and click-thru rates.

The NDOT Strategic Communications Office will track social media impaired driving messages through web analytics. This information is not used to determine future messaging content. The HSO does report the grant-supported media efforts in the *Annual Report*. NDOT has staff assigned to conduct media relations and public affairs. The NDOT public affairs staff do provide media relations but do not routinely cover highway safety items or topics.

There are no behavioral and communications objectives tied to the impaired driving communication efforts.

Impaired driving media platforms have included social media (paid advertising and standard posts) - Instagram, Facebook, and X - Billboards - Television / Streaming - Radio - Targeted Display / Geofencing ads - Public banners (such as local ball fields) - Press releases to local media. A combination of electronic, print and non-traditional methods: earned, paid, and social media to communicate with the public is also used. Media partners are big and small across the State including, but not limited to KETV, WOWT, KMTV, KLIN, OWH, and LJS.

There are multiple public and private organizations assisting the HSO in communicating on the dangers of impaired driving. These include grantees, law enforcement agencies, organizations, the Governor's Office, the Department of Health and Human Services, the

Department of Motor Vehicles, Teens in the Driver's Seat, Local Health Departments, Mary Lanning Healthcare, Four Corners Health Department, Panhandle Public Health District, AAA, and Project Extra Mile.

The Four Corners Health Department is mindful of health literacy. Press releases are written at a middle school reading level for easy understanding - whether English is the second language, education is limited, or learning is impaired in some other way. The Four Corners Health Department also strives to make sure any media is visually easy to read - plenty of white space, fewer words, including bullet points, easy to read fonts, etc. The Four Corners Health Department is also very mindful of low vision and color blindness. The Four Corners Health Department tries to make sure most media shared are available in English and Spanish, but also in Vietnamese, when possible, to reach their served populations. Members of the Four Corners Health Department media/marketing committee have health literacy training to help ensure information is available and understandable for all audiences. Four Corners Health Department also has members from different backgrounds to address cultural differences.

Individual organizations, such as the Four Corners Health Department, have reports on various message campaign reach and saturation, some with message recall surveys. It is unclear if the HSO, or the various mass media vendor(s) have surveys or metrics on the reach, recall, and impact of their impaired driving communication efforts. There is currently no research or data analysis that is used to measure the level of knowledge and awareness of the dangers of impaired driving particularly for the stated target audience of young male drivers.

For a small segment of the population there is a report that shows according to the *2022 Nebraska Young Adult Alcohol Survey*, past month alcohol use and binge drinking among 19-25 year-olds continues to decrease over time. Past year alcohol impaired driving continues to decrease over time from 30% in 2010 to 8.2% in 2022; past month driving after binge drinking also is decreasing from 8.1% in 2010 to 2.1% in 2022. When comparing the 2018 and 2021 *Nebraska Risk and Protective Factor Student Survey* data, the percent of students reporting having 5+ drinks of alcohol one or two times a week as having greater risk decreased. The percent of 10<sup>th</sup> and 12<sup>th</sup> graders who reported driving after drinking and riding in a vehicle with a driver who had been drinking decreased between 2018 and 2021, however among 8<sup>th</sup> graders, both behaviors increased.

## **Recommendations**

- Create a stand-alone impaired driving communication plan, calendar or outline of upcoming campaigns, that is shared with the impaired driving program partners.
- Conduct a message recall, saturation, opinion, and behavior survey.

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

### **Advisory**

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

*States should have a system for identifying, referring, and monitoring convicted impaired drivers who are at 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.*

#### **A1. Criminal Justice System**

##### ***Advisory***

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

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

##### **Status**

Nebraska Statute Section 60-6,197.08 requires that a person convicted of driving under the influence submit to an alcohol assessment by a licensed alcohol and drug counselor, as part of a pre-sentence evaluation. The person convicted of DUI pays for the assessment, as well as for any treatment and rehabilitation program that is specified by the judge as part of their sentence. Based on the results of the assessment, a judge may order that the offender attend an alcohol treatment program. There isn't a specific statistic available on the exact number of DUI offenders mandated to treatment and their completion rate. However, treatment compliance is a part of the sentence, implying a high expectation of completion.

Of the 35 problem-solving courts in Nebraska, only two are specifically for DUI offenses. There are also courts specializing in family treatment, juvenile treatment, veterans, mental health, re-entry from corrections, and young adults. In other states, existing treatment courts have been adapted to handle DUI cases, focusing on risk and need. Nebraska courts are encouraged to consider this possibility.

Lancaster County's DUI court specializes in high risk /high needs offenders, typically on their third or fourth offense. All offenders will be referred to treatment, intensive supervision, and remote testing. A pilot study looking back to 2021 showed an average 68% graduation rate. Over the last 12 months, that rate has risen to 86%, with only 3.4%

termination, and the remainder voluntarily withdrawn. The court has support in the community.

Existing programs in Nebraska tend to be in the eastern region of the state, and could be expanded into rural and frontier areas.

A Residential Substance Abuse Treatment (RSAT) program is available at four correctional facilities in Nebraska. The Nebraska State Penitentiary has a 100-bed RSAT unit for men; the Nebraska Correctional Center for Women has a 48-bed unit; the Omaha Correctional Center has 96 beds; and the Tecumseh State Correctional Facility has a 64-bed unit. All reportedly run at full capacity. These programs last a minimum of six months and are divided into three two-month phases. Assessment, the first phase, includes administration of the Addiction Severity Index the Texas Christian University Drug Screen, the Substance Abuse Subtle Screening Inventory, and the Static Risk Offender Needs Guide – Revised, which assesses substance use and risk. The second phase focuses on more individual goals or court mandates such as sex offender treatment. The third stage is centered on re-entry needs.

The programs offer groups in substance use education, therapy, and criminogenics, which includes individual traits, characteristics, problems, or situations that increase the likelihood of re-offending. The program is scheduled for 40 hours per week, with four groups and classes, in addition to an individual session. RSAT participants may also have jobs or extra duties within the prison, or may be working toward their GED or attending college or English as a Second Language courses. Staff receive regular training, including in the effective use of American Society of Addiction Medicine criteria and the stages of change model. All four of the programs use a Hazelden curriculum with supplements. The approach is grounded in cognitive behavioral therapy and motivational interviewing.

Entry to treatment is very quick, usually within a week. On felony DUI cases, most have engaged in some treatment prior to court. More time has elapsed, and they have had the benefit of counsel. In either case, enrollment in a 24/7 monitoring program can be a condition of bond prior to trial or conviction.

The State of Nebraska requires offenders who refuse or fail a BAC test and/or have their license revoked or suspended to complete recommended treatment and have a qualified professional determine they have met treatment goals before license reinstatement. This process is part of the Ignition Interlock Permit (IIP) program and other reinstatement requirements. In addition to treatment, other requirements for license reinstatement may include serving a waiting period, installing and maintaining an ignition interlock device, and in some cases surrendering their Nebraska driver's license. Someone with a felony-level (3rd+ DUI) may have their charges reduced if they can show that they are willing and capable of undergoing treatment, going to AA, and participating in a 24/7 program for a specified length of time. If they can do so, they are put on probation, usually for several years.

The Driver Risk Inventory (DRI) or the shorter DRI-II, is a widely used assessment tool in Nebraska, particularly for DUI offenders. It is a brief, easily administered and

computer-scored self-report questionnaire designed to help identify and classify DUI offenders based on their alcohol use, drug use, truthfulness, and driver risk. The DRI-II is used to assess the severity of alcohol and drug abuse and identify high-risk drivers. It can also help identify the individual's risk of recidivism and determine the appropriate level of treatment and intervention needed for the offender. Some treatment facilities in Nebraska use other assessment tools, such as the Adult Substance Use Survey (ASUS-R) which in addition to screening for alcohol and other drug use, helps identify related issues including risk for self-harm and impaired social functioning.

Legislative Bill 271 of 2021, the 24/7 Sobriety Program Act, provides for the creation of sobriety monitoring systems that may allow a person convicted of DUI to operate a motor vehicle if they are tested twice daily and shown to be free of alcohol or non-prescribed drugs. A 24/7 program is both an alternative to incarceration and a means of ensuring that a person granted bail will abstain from alcohol and drugs for a specified period of time, while being allowed the use of a personal (not a commercial) motor vehicle. A participating county's sheriff may administer the program, or designate an alternative provider. The Nebraska Impaired Driving Task Force assists counties interested in establishing a 24/7 program.

### **Recommendations**

- Create more Driving Under the Influence problem-solving treatment courts in more jurisdictions.
- Expand the use of other problem-solving courts to handle DUI cases throughout the state.

## **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; and*
- Designed to result in referral to assessment and treatment when warranted.*

### **Status**

In 2007, the American College of Surgeons Committee on Trauma implemented a requirement that Level I trauma centers must have a mechanism to identify patients who are problem drinkers and the capacity to provide an intervention for patients who screen positive. Screening and Brief Intervention (SBI) or Screening, Brief Intervention and Referral to Treatment (SBIRT) using Motivational Interviewing and other measures can identify trauma patients whose use of alcohol and/or other drugs may be chronic and rise to the level of referral to treatment.

Omaha has one Level I trauma center, and one Level 1/Pediatric Level II trauma center. There are Level II trauma centers in Lincoln, Kearney, and Scottsbluff. The ACS recommends that Level II trauma centers also provide SBI/SBIRT. Screening tools commonly used include the Alcohol Use Disorder Identification Test (AUDIT) or the AUDIT-C (concise) version.

Opinions vary on the inclusion of SBI as an adjunct to employment, except for persons holding specific licenses and/or certifications for their careers, such as registered nurses, certified teachers, or lawyers. In many cases the state entity that regulates those professional credentials requires monitoring programs, which may include SBI. Most of the entities that regulate and monitor these programs are state agencies, including the Department of Health and Human Service (DHHS), and the Department of Education. However, there is no formal system to coordinate these services into DUI services. Offering SBI through confidential Employee Assistance Programs would be useful.

Nebraska DHHS Title 177 Chapter 6 specifies the requirements for performing alcohol and drug testing in the workplace. While no permit is required to perform preliminary breath tests for alcohol content in the workplace, a Class B permit is required for the operator of a confirmatory breath sample, while a Class A permit is required to perform a chemical test to analyze a subject's blood for alcohol content by an approved laboratory method. The device(s) used must be approved by the National Highway Traffic Safety Administration (NHTSA). A positive result must be confirmed with a second breath sample or a blood sample. If the second sample is breath, the result must be within 20% of the original sample. A blood test may be performed in lieu of the second breath test; if so, it is considered the final result, regardless of whether it agrees with the original breath test.

As of 2008, NHTSA reported that Nebraska was one of 29 states that had an Alcohol Exclusion Law. These laws allow 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 can create a disincentive for healthcare facilities to identify alcohol involvement in injured drivers being treated in their facility. While it does not appear that such a law still exists, its absence does not indicate that some insurance policies have still have such an exclusion. There have been recent legislative actions that modify the application of this concept, particularly in individual health insurance policies, and potentially in other areas via the Liquor Control Act.

Nebraska's Revised Statutes 44-778 and 44-780 address basic coverage for the treatment of alcoholism, requiring it to be on terms no less favorable than those for physical illness, but statutes do not specifically prohibit alcohol exclusions in other contexts.

## **Recommendations**

- Promote the provision of Screening Brief Intervention and Referral to Treatment services at all primary healthcare facilities and through Employee Assistance Programs.
- Consider complete repeal of 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; and*
- Require that offenders, who either refused or failed a BAC test, and/or whose driver's license was revoked or suspended, complete recommended treatment, and that a qualified professional has determined the offender has met treatment goals before license reinstatement.*

### **Status**

The American Society on Addiction Medicine (ASAM) criteria are the most comprehensive guidelines set for placement, continued stay, and transfer/discharge of clients with addiction and co-occurring conditions. Nebraska treatment facilities, particularly those involved in residential substance use disorder (SUD) treatment, are expected to adhere to the ASAM guidelines or other nationally recognized SUD program standards. This is often mandated through state 1115 waivers and service definitions; these are federal waivers that allow states to modify Medicaid programs, often including provisions requiring treatment facilities to align with ASAM criteria or comparable standards. Nebraska treatment facilities, including those providing mental health and substance use disorder services, are primarily regulated by the Nebraska Department of Health and Human Services (DHHS). The DHHS Division of Public Health Licensure Unit specifically handles the licensing and regulation of these facilities.

The DHHS Division of Behavioral Health’s website offers links to local behavioral health, treatment and recovery resources simply by entering a zip code and indicating what services are being sought. The Nebraska Behavioral Health System offers a full continuum of care for persons with mental illness and substance use disorders, including crisis response, and inpatient, residential and outpatient care. Most programs accept insurance and Medicaid, and those without insurance may be eligible for Division of Behavioral Health funding. Nebraska services are trauma-informed, culturally and linguistically competent, and can treat people with complex needs. The Division works closely with Native American tribes and local service planning regions who contract with providers for an array of prevention, treatment and recovery supports. Adolescent substance abuse assessment, treatment, and rehabilitation services are available in Nebraska, although mostly in the eastern cities.

Persons seeking treatment in some parts of the state face barriers that include distance to services, and provider shortages. Treatment facilities have difficulty finding and hiring enough qualified staff, as many prefer the higher pay and flexibility of private practice. Online treatment does exist, but is inadequate for those needing intensive outpatient or residential treatment. People referred through corrections – the majority of residential treatment clients – have funding, and others unable to pay receive Medicaid funds or Region V Systems assistance. Still, reimbursement rates are fixed and have not increased in some time.

Nebraska is in the process of rolling out Certified Community Behavioral Health Clinics (CCBHC), which will offer around-the-clock crisis care to anyone needing mental health or substance use disorder assistance. Treatment representatives report sharing services with CCBHC, and utilizing the State’s opioid settlement funds to provide prevention and treatment services. The State promotes the ready availability of naloxone; in fact, there are now naloxone vending machines, making this life-saving drug more readily available.

Peer support by trained recovery coaches – people who are usually themselves in recovery – are a valuable adjunct to treatment. Not unlike the concept of having a “sponsor” in AA, these individuals connect with clients during treatment and remain available afterward to meet for coffee, attend a court hearing, or go to an AA or NA meeting.

## **Recommendations**

- None

## **VI. Program Evaluation and Data**

### **A. Evaluation**

#### ***Advisory***

*Each State should have access to and analyze reliable data sources for problem identification and program planning as well as to routinely evaluate impaired driving programs and activities in order to determine effectiveness. Development of a Strategic Highway Safety Plan and a Highway Safety Plan, are starting points for problem identification and evaluation efforts.*

*Problem identification requires quantifying the problem, determining the causes, and identifying available solutions. Strategies should be evaluated for their cost effectiveness and potential for reducing crash risk. Evaluations should include measurement of activities and outputs (process evaluation) as well as the impact of these activities (outcome evaluation). Evaluations are central to the State's traffic safety endeavors and provide a guide to future projects and evaluations.*

*Evaluations should:*

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

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

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

#### **Status**

The Nebraska Department of Transportation - Highway Safety Office (HSO) administers \$ 8.25 million in federal highway safety funds and of that amount approximately \$ 2.01 million is allocated to impaired driving programs. Funded project allocations are determined through a structured process for problem identification and requests for project funding from other agencies and groups. The problem identification process is used to create objectives for the *Highway Safety and Performance Plan* (HSPP), *Strategic Highway Safety Plan* (SHSP), and other guiding documents promoting traffic safety in the state.

HSO is divided into two programmatic areas consisting of program administration and accounting. The Programs Division is responsible for administration of highway safety grants including impaired driving program grants. The Accounting Division is responsible for receiving and distributing grant funds approved by program division managers.

Each year, the HSO conducts a problem identification analysis to determine where to prioritize the allocation of resources aimed at reducing serious injury and fatal crashes. Analyses are performed from data contained in the Fatality Analysis Reporting System (FARS) and are supplemented by state crash data related to injuries, and locations. Serious injury crashes are evaluated along with fatal crashes since serious injuries may have become a fatality if only a small characteristic of the crash or emergency response was different. Other datasets, such as citation data, are not factored into the analyses.

HSO funded project evaluations consist of grantees providing documentation and tracking of deliverables for each project demonstrating compliance with monitoring and auditing practices. Impaired driving-related law enforcement activity reporting consists of counts of arrests and citations issued during funded activity hours.

The HSO produces an annual report for the National Highway Traffic Safety Administration (NHTSA) and provides it to state and local partners. The report includes outcome results of funded projects that are primarily an analysis of serious injury and fatal crash rates.

The HSO works with the Nebraska Department of Transportation, Communications Office to distribute public information. Creative public information campaign materials are produced by a contract vendor, Red Thread. Additionally, Red Thread places ad buys for media campaigns and provides analytical evaluations of the scope and reach of advertising campaigns. HSO schedules media to coincide with highway safety emphasis projects. Media campaigns also utilize social media outlets to a large degree to reach the target audiences. Social media analytics are obtained to determine the extent of the number of views the messages receive.

HSO recently lost a long tenured director and a new director has been recently designated. It was observed that the program area directors may not have the institutional knowledge or the recognition of other people and resources associated with their program areas that the previous director possessed.

## **Recommendations**

- **Integrate other traffic record data, such as citation data, along with crash data determining the problem identification phase of project selections.**
- Ensure that program area directors are involved in contacts and provided resources to know safety partners within the State and to create collaborative communications and projects to improve impaired driver safety outcomes for the State.

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

### **Status**

Nebraska has an active Traffic Records Coordinating Committee (TRCC) that is a comprehensive, functional body of data system managers and stakeholders. The TRCC includes representation from all six core systems (crash, citation/adjudication, driver, vehicle, roadway, injury surveillance systems) which allows for access to and analysis of a wide range of data. The Nebraska Department of Transportation - Highway Safety Office (HSO) relies primarily on crash and fatality data for problem identification and program evaluation.

The Nebraska crash and citation information is largely processed by law enforcement utilizing the Traffic and Criminal Software (TRaCS) application. The Nebraska State Patrol and most other agencies rely on TRaCS as their agency case management system for entering citation and crash information and forwarding records to the crash database

and the Nebraska Crime Commission statewide citation repository. The City of Omaha Police Department and a few other agencies utilize other third-party vendor case management systems who provide citation and crash records to statewide databases.

TRaCS supports the capability to enter driver and vehicle information utilizing machine readable technology. Additionally, TRaCS obtains Geographic Information System (GIS) location information to populate location information on citation and crash reports. TRaCS contains edit and validation rules to minimize the occurrence of data entry errors on both citation and crash forms. TRaCS additionally, offers participating agencies the ability to geospatially view their citation and crash incidents on a mapping tool that can be utilized for analytics in determining where to direct enforcement efforts.

The Nebraska Crime Commission maintains the electronic citation (E-citation) database that contains all citation information throughout the state. E-citation information is either uploaded into the database or is manually entered by the respective agency's county attorney's office. The E-citation information is transmitted to the statewide trial case management system known as the Judicial User System To Increase Court Effectiveness (JUSTICE). JUSTICE is provided to all courts in the state by the Nebraska Judicial Branch. JUSTICE provides prosecutors and the courts case management capabilities and is utilized to record adjudication information. JUSTICE provides adjudication information to the Nebraska Department of Motor Vehicles to post convictions to the driver record.

The HSO maintains the Crash Information Database (CID) which is the repository of all state crash data. Approximately 93 percent of all crash reports are electronically submitted and the rest are entered manually. CID contains validation rules and edit checks to enhance data quality of the information. Manual review is required, however, to ensure that GIS information is accurate to the roadway basemap since TRaCS records the GIS location of the law enforcement officer when completing the report and may not be at the actual location of the crash.

The Nebraska Department of Motor Vehicles (NDMV) maintains the driver license history file, which includes the license status, any impaired driving convictions, and crash occurrences. Additionally, driver histories contain entries related to compliance with other alcohol related programs such as Ignition Interlock Device (IID) and any court mandated probationary compliance violations resulting in driver license status changes. NDMV participates in the State-to-State (S2S) driver history exchange program. S2S enables the NDMV to obtain the full driver history of new residents to the state who apply for a driver license and were licensed in another state. NDMV honors convictions from other states for determining repeat offender enhancements and driver improvement actions.

The Nebraska Department of Transportation (NDOT) maintains a roadway inventory database that provides GIS location information referenced to the state road system. The GIS reference is utilized to provide the accurate location of both crashes and citations. However, the GIS information reported on crashes is often inaccurate and must be edited and it is often not reported on citations.

NDOT has a statewide license to the American Association of State Highway and Transportation Officials analytical software, AASHTO SAFETY. The program provides interactive geospatial maps of crash information to enable traffic engineers to identify roadways or sections that have higher occurrences of crashes or more severe crashes and to determine if roadway engineering could help reduce crashes or their severity. AASHTO SAFETY is provided to state and local law enforcement as a real-time tool for evaluating crash information and targeting enforcement activities within their jurisdictions.

The Nebraska Department of Health and Human Services (DHHS) maintains statewide injury surveillance, hospital discharge, and emergency medical services databases that would not routinely be evaluated in determining the scope and impact of impaired driving within the state and its financial and emotional costs. However, DHHS and the HSO support the Crash Outcome Data Evaluation System (CODES) as a joint effort. CODES links and analyzes data from motor vehicle crashes to data from emergency medical services, hospitals, and death outcomes. Using linked data makes it possible to see the effects of crashes, in order to better inform traffic safety, public policy, and educational efforts.

There are at least four separate datasets of impaired driver toxicology information that are not assimilated to provide data that could indicate the median level of alcohol impairment across the state and provide some insight into the level of impaired driving resulting from substances other than alcohol. The CID and the FARS contain toxicology information resulting from traffic crashes but are incomplete due to the failure to receive all toxicology results. The Nebraska State Patrol has a toxicology database of urine test results run by their laboratory services and the DHHS performs living and post mortem blood testing for blood alcohol. The assimilation of these disparate datasets could provide a source of information to further determine the causes of the impaired driving problem in the State and help to refine strategies to mitigate it.

It should also be noted that there is no database of breath alcohol testing results that could be evaluated along with other toxicology data in determining the level of alcohol and impaired substances that contribute to the impaired driving problem within the state.

Another useful strategy the State could employ would be to create a “Place of Last Drink” database. It was reported that this information is known anecdotally by various officers and agencies, however, a statewide database could be used to indicate licensed alcohol providers who are overserving patrons or are selling to under age individuals and could provide law enforcement with definitive information to guide enhanced enforcement efforts.

While there are many traffic record and impaired driving related databases within the state most of them are not integrated or linked. It has been demonstrated that projects that utilize multiple datasets for analysis generate more meaningful results for developing effective countermeasures. A greater impact is seen when data results can be mapped graphically and overlayed. An example that could be realized would be locations of

serious and fatal crashes, locations of impaired driving violations, and locations of alcohol retail sellers. When these multiple data sets are displayed as multiple levels of information on GIS mapping tools, they can enable decision makers and law enforcement managers to develop effective action plans and direct enforcement activity specifically targeting a defined problem area.

### **Recommendations**

- **Create a statewide toxicology database incorporating the data from the existing toxicology datasets.**
- Utilize the Traffic Records Coordinating Committee to determine useful traffic and health datasets that could help refine problem identification processes that could be used in developing more effective impaired driving countermeasures.
- Implement recommendations from the Traffic Records Coordinating Committee using GIS data to enhance the mapping information of the impaired driving related data.
- **Capture place of last drink on citation forms and record in a statewide database.**

## **C. Driver Records Systems**

### ***Advisory***

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

*The driver license system should:*

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

### **Status**

The Nebraska Department of Motor Vehicles (NDMV) maintains all driver license and driver history information for state residents. All traffic convictions, including impaired driving offenses, are transmitted from the courts to the NDMV electronically and are posted to the driver record. However, court probation documents are received from the licensee and processed manually. Similarly, implied consent violation documentation is transmitted to the NDMV by mail from arresting officers and is processed manually.

The NDMV enforces driver license suspension and revocation actions based on conviction and compliance information received from law enforcement and the courts. The NDMV interfaces with the law enforcement and court data systems for exchange of information in near real-time. The availability of driver history information allows for accurate evaluation of drivers on the roadside and in the courtroom. However, the driving record only contains impaired driving conviction information and does not provide information regarding any previous impaired driving arrests that did not result in a conviction. Consequently, a multiple arrest offender could have their history of

previous arrests masked from the law enforcement, prosecutors and the courts and it would not be considered in dealing with the current charge. A masked history of intoxication incidents prevents courts and probation from potentially determining that a person should be referred for treatment or rehabilitation.

The driver data system complies with national standards and systems to exchange driver records and conviction information with other states and to reduce license fraud for both commercial and non-commercial drivers.

The Nebraska Crime Commission database facilitates citation conviction processing between law enforcement, courts, and the NDMV for entry into the driver record. Conviction information includes the type of offense, if treatment is required, and any court-imposed requirements. However, blood alcohol concentration information is not recorded on the driver history.

## **Recommendations**

- Develop a program for law enforcement officers to electronically report implied consent failure notification to the Nebraska Department of Motor Vehicles.
- Develop a program for court ordered driver license probation conditions to be electronically transmitted to the Department of Motor Vehicles to ensure probation restrictions are imposed.
- Provide for Driving Under the Influence arrest information to be included on the driver history for law enforcement and prosecutors to consider in processing arrests rather than providing only conviction information.

## NEBRASKA ON-SITE IMPAIRED DRIVING ASSESSMENT AGENDA

### DAY 1 June 9th

- 8:00– 9:00 a.m.      State Leadership Panel/Introduction**
- Greg McVey- Supervisor, NDOT Highway Safety Office  
Paul Letcher- Traffic Safety Specialist, NDOT Highway Safety Office  
Ashley Peck- Traffic Records Coordinator, NDOT Highway Safety Office  
Chrissy Stege- Accountant, NDOT Highway Safety Office  
Dustin Stewart- Traffic Safety Specialist, NDOT Highway Safety Office  
Eli Albracht- Project Manager intern, NDOT Highway Safety Office
- 9:00 – 9:45 a.m.      Screening, Intervention, Treatment and Rehabilitation**
- Dustin Stewart- Traffic Safety Specialist, NDOT Highway Safety Office
- 9:45 – 10:00 a.m.      BREAK**
- 10:00 – 11:00 a.m.      DUI Enforcement/Law Enforcement Executives**
- Lt. Kaleb Bruggeman- Superintendent, Nebraska State Patrol  
Chief Gary Young- Vice President, Chiefs of Police Association  
Sheriff Dustin Weitzel- Dodge County Sheriff's Office
- 11:00 a.m.-  
12:00 p.m.      Traffic Records Data/BAC Reporting**
- Ashley Pick- Traffic Records Coordinator, NDOT Highway Safety Office  
Don Butler P.E- Highway Safety Engineer, NDOT  
Kris Fornoff P.E.- Highway Safety Crash Analysis Engineer, NDOT  
Jan Voss- FARS Analyst, NDOT  
Celeste Laird- Lab Manager for Chemistry, NSP Crime Lab
- 12:00 – 1:00 p.m.      LUNCH/TEAM meeting**
- 1:00- 2:00 p.m.      Prevention/Advocacy to include Underage Drinking**
- Tracy Burmeister- Road Safety Advocate, NSC Nebraska  
Megan Hopkins- Project Director, Nebraska Collegiate Prevention Alliance  
Liene Topko- Policy & Research Coordinator, Project Extra Mile  
Officer Keith Lampert- Project Night Life, Omaha PD
- 2:00 – 2:15 p.m.      BREAK**

**2:15 – 3:00 p.m.      Media/Outreach Efforts**

Greg McVey- Supervisor, NDOT Highway Safety Office  
Ryley Egger- Nebraska DOT Strategic Communications Manager  
Liene Topko- Policy & Research Coordinator Project Extra Mile

**3:00-4:00 p.m.      Impaired Driving Law Enforcement Training**

Gene Boner- Deputy Director, Nebraska Law Enforcement Training Center  
Lt. Joe Milos- DRE/SFST Training Coordinator, Bellevue PD  
Dustin Stewart- DRE/DECP State Coordinator

**4:00 p.m.      Team meeting and report section writing**

**DAY 2 June 10th**

**8:00 – 9:00 a.m.      Impaired Driving Legislation**

Kenneth Lackey- Legislative Liaison, Nebraska DMV  
Avery Chism- Attorney, Legal Division, Nebraska DMV  
Shannon Nyhoff- Administrator, Nebraska Liquor Control Commission

**9:15 – 10:00 a.m.      Prevention/Treatment**

Jessie Case- Consumer Affairs, Division of Behavioral Health  
Savita Sidhu- Epidemiologist, CODES

**10:00– 10:15 a.m.      BREAK**

**10:15– 11:30 a.m.      DUI Enforcement**

Bruce Okamoto-Law Enforcement Liaison, NDOT Highway Safety Office  
Sgt. Sara Genoways- Alcohol Enforcement Team Coordinator, Lincoln PD  
Sgt. Taylor Samek- Patrol Division, York County Sheriff's Office  
Celeste Laird- Lab Manager for Chemistry, NSP Crime Lab

**11:45 a.m.  
– 1:15 p.m.      LUNCH/TEAM meeting**

**1:15– 2:15 p.m.      DUI Prosecution**

Ed Vierk- Nebraska Traffic Safety Resource Prosecutor

Lindsey Grove- Deputy County Attorney, Douglas County

**2:15-3:00 p.m.      Driver Licensing/IID Program**

Lisa Wolfe- Division Manager, Department of Motor Vehicles

Avery Chism- Attorney, Legal Division, Nebraska DMV

Ashley Peck- Traffic Records Coordinator, NDOT Highway Safety Office

**3:00-3:15 p.m.      BREAK**

**3:15– 4:15 p.m.      Adjudication of DUI Cases**

Judge Marcela Keim- Douglas County

Adam Jorgensen- Director, Nebraska State Problem-Solving Courts

Judge Alan Blankenship- Region 7 Judicial Outreach Liaison

Renee Faber- Probation Programs and Service Specialist

**4:15 p.m.      Team meeting and report section writing**

**DAY 3 June 11<sup>th</sup>**

**8:00– 9:00 a.m.      Screening, Intervention, Treatment and Rehabilitation**

Ed Thornbrugh, Executive Director, The Bridge

**9:00– 10:00 a.m.      Impaired Driving Prevention Advocacy Groups**

Dustin Stewart- Traffic Safety Specialist, NDOT Highway Safety Office

Liene Topko- Policy & Research Coordinator Project Extra Mile

Ashley Rowe- Program Director, MADD

**10:00- 10:15 a.m.      BREAK**

**10:15- 11:15 a.m.      State Leadership Panel Returns (Questions/Answers)**

**11:30 a.m.      Team meeting and Report section writing**

**DAY 4 June 12<sup>th</sup>**

**8:30 a.m. –**

**8:30 p.m.      Assessment Team Writes Consensus Report**

**DAY 5 June 13<sup>th</sup>**

**8:30– 10:00 a.m.      Assessment Team Presents Report to State**

## APPENDIX

### Assessment Questions

<b>Question:</b>	1. Is there a Driving While Impaired (DWI) Task Force or Commission?
<b>Evidence:</b>	Suggested evidence: Provide the Task Force/Commission charter, bylaws, membership roster.
<b>Section:</b>	Program Management and Strategic Planning - State and Tribal Task Forces or Commissions
<b>Level of Progress:</b>	Completed
<b>Status:</b>	The Nebraska Impaired Driving Task Force (NIDTF) was initially convened in April 2017 to discuss the impaired driving issues in the State, the challenges that need to be addressed, ongoing and planned initiatives, and potential new strategies for further consideration. The Task Force represents many agencies across all geographic areas of the State, including law enforcement, driver licensing, treatment, highway safety, research, advocacy, and non-profit groups whose missions include addressing impaired driving. The Nebraska Impaired Driving Strategic Plan was published by the Nebraska Impaired Driving Task Force on June 2, 2021, and June 24, 2024.
<b>Question:</b>	2. Does the Task Force/Commission lead the overall impaired driving program?
<b>Evidence:</b>	Suggested evidence: Identify the sections in the Task Force/Commission charter, bylaws, or minutes where this expectation is noted.
<b>Section:</b>	Program Management and Strategic Planning - State and Tribal Task Forces or Commissions
<b>Level of Progress:</b>	Completed
<b>Status:</b>	The mission of the Impaired Driving Strategic Plan is to reduce and prevent impaired driving fatalities and serious injury crashes. Impaired Driving Strategic Plan Priorities • Identify ways to improve programs aimed at educating of population about the dangers of impaired driving and aimed at preventing impaired driving. • Allocate resources (funding and staffing) in support of impaired driving programs. • Promote effective policies and best practices. • Review current laws, regulations, and enforcement (and driver licensing control). • Review adjudication processes and make suggestions. • Review current treatment/rehabilitation strategies and make suggestions. • Regain and maintain, over the long term, a low-range alcohol-impaired classification by continuing to reduce impaired driving fatalities.
<b>Question:</b>	3. Does the Task Force/Commission assist the SHSO in the management of the impaired driving program, project selection, and media efforts?
<b>Evidence:</b>	Suggested evidence: Identify the sections in the Task Force/Commission minutes or HSP development/planning description process where this activity is noted.
<b>Section:</b>	Program Management and Strategic Planning - State and Tribal Task Forces or Commissions
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	The Highway Safety Office will fund projects through a combination of federal Section 402 (State Highway Safety Program Grant) and Section 405[d] (Impaired Driving Countermeasure Grant), State, and other local funding sources. The Impaired Driving Task Force met on May 23, 2023, to discuss impaired driving issues in the State and to develop the Nebraska Impaired Driving Strategic Plan, which includes the projects to be funded. The membership subsequently approved

	the final version of the Plan on June 24, 2024. NIDTF does not engage in potential media and outreach efforts at this time. There is a potential to engage this body, but there is a struggle with attendance at subcommittee sessions (not an attendance issue at the main IDTF quarterly meetings). The HSO does request reviews of draft materials and messages by partner agencies (e.g., HHS) at times.
<b>Question:</b>	4. Does the Task Force/Commission have the authority to hold state agencies, local agencies, and non-profits accountable for the completion of tasks or initiatives?
<b>Evidence:</b>	Suggested evidence: Identify the sections in the Task Force/Commission charter, bylaws, or minutes or where this action is expected or has taken place.
<b>Section:</b>	Program Management and Strategic Planning - State and Tribal Task Forces or Commissions
<b>Level of Progress:</b>	Not Started
<b>Status:</b>	The charter does not appear to give the task force any authority to hold state agencies, local agencies, and non-profits accountable for the completion of tasks or initiatives. There is interest in the NIDTF taking on the role of a peer review/accountability of other state agencies, local agencies, and non-profits on programmatic initiatives.
<b>Question:</b>	5. Are there any long-term lingering issues that the Task Force/Commission has been frustrated with?
<b>Evidence:</b>	Suggested evidence: Identify the sections in the Task Force/Commission minutes or agendas where this is noted.
<b>Section:</b>	Program Management and Strategic Planning - State and Tribal Task Forces or Commissions
<b>Level of Progress:</b>	Underway
<b>Status:</b>	The biggest logistical issue is getting current members to attend meetings. The Task Force is also broken into sub-committees: Education, Laws, Citation/Adjudication, and Treatment/Rehab. The sub-committees should meet prior to our Task Force meetings so the NIDTF has something to discuss and work on. Getting 3 of the 4 sub-committees to meet is not easy. NIDTF has a subcommittee for policy and legislation. Partner organizations will report on impaired driving-related legislation that is under consideration. The HSO works through the NDOT Director's Office for anything related to legislative needs or requests.
<b>Question:</b>	6. Is impaired driving part of the Strategic Highway Safety Plan (SHSP) or Highway Safety Improvement Plan (HSIP)?
<b>Evidence:</b>	Suggested evidence: Identify the sections in the most recently adopted SHSP where impaired driving is recognized, including in the data analysis report.
<b>Section:</b>	Program Management and Strategic Planning - Strategic Planning
<b>Level of Progress:</b>	Completed
<b>Status:</b>	In the 2022-2026 Strategic Highway Safety Plan, the Critical Emphasis Areas for the 2022-2026 SHSP are: <ol style="list-style-type: none"> <li>1. Increasing Seat Belt Usage</li> <li>2. Reducing Roadway/Lane Departure Crashes</li> <li>3. Reducing Impaired Driving Crashes</li> <li>4. Reducing Intersection Crashes</li> <li>5. Reducing Young Driver Crashes</li> <li>6. Reducing Older Driver Crashes</li> </ol>

	<p>7. Reducing Non-Motorist Crashes</p> <p>Data is included in section 2.3:</p> <p>Impaired fatal, serious injury, and visible injury crashes decreased by 19% from 716 in 2016 to 582 in 2020.</p> <p>Alcohol-impaired driving arrests dropped by 27% from 7,426 in 2016 to 5,425 in 2020.</p> <p>Alcohol or drug impairment accounted for approximately 34% of all traffic fatalities during the five-year period.</p>
<b>Question:</b>	7. Is there an impaired driving Strategic Plan that has been developed by, or approved by, the Task Force/Commission and/or the SHSO?
<b>Evidence:</b>	Suggested evidence: Provide a copy of the impaired driving Strategic Plan and note where the Task Force/Commission and/or the SHSO were part of the development and/or approval of the document.
<b>Section:</b>	Program Management and Strategic Planning - Strategic Planning
<b>Level of Progress:</b>	Completed
<b>Status:</b>	The Nebraska Impaired Driving Strategic Plan was published by the Nebraska Impaired Driving Task Force on June 2, 2021 and June 24, 2024.
<b>Question:</b>	8. Are there high-priority short-term activities in the impaired driving Strategic Plan?
<b>Evidence:</b>	Suggested evidence: Identify the sections in the impaired driving Strategic Plan where short-term activities are covered.
<b>Section:</b>	Program Management and Strategic Planning - Strategic Planning
<b>Level of Progress:</b>	Completed
<b>Status:</b>	The activities are not categorized in short- and long-term categories for the Impaired Driving Strategic Plan (IDSP). The activities and priorities of the IDSP identify ways to improve programs aimed at educating the population about the dangers of impaired driving and aimed at preventing impaired driving. Allocate resources (funding and staffing) in support of impaired driving programs. Promote effective policies and best practices. Review current laws, regulations, and enforcement (and driver licensing control). Review adjudication processes and make suggestions. Review current treatment/rehabilitation strategies and make suggestions. Regain and maintain, over the long term, a low-range alcohol-impaired classification by continuing to reduce impaired driving fatalities.
<b>Question:</b>	9. Does the impaired driving Strategic Plan include a section for problem identification or data analysis?
<b>Evidence:</b>	Suggested evidence: Identify the sections in the impaired driving Strategic Plan where the data analysis is noted.
<b>Section:</b>	Program Management and Strategic Planning - Strategic Planning
<b>Level of Progress:</b>	Underway
<b>Status:</b>	The Impaired Driving Strategic Plan does include program data, which mentions problem identification. The IDSP also has a mission to reduce and prevent impaired driving fatalities and serious injury crashes. But a dedicated section to problem identification is not included. Data in the IDSP uses data from HSP and SHSP but depending on the timing, some of the data may overlap with the years being reported. The HSO is on point to make sure all of these documents are supporting each other and help alleviate any conflicts or gaps.

<b>Question:</b>	10. Does the SHSO have a process for selecting impaired driving projects?
<b>Evidence:</b>	Suggested evidence: Provide the steps the SHSO uses to select projects in the impaired driving program area. This could be a flowchart or text.
<b>Section:</b>	Program Management and Strategic Planning - Program Management
<b>Level of Progress:</b>	Completed
<b>Status:</b>	The process is in the 2024 Highway Safety Office (HSO) Program Management Manual under Chapter 3 - Project Development. The HSO solicits proposals and awards grants to fund projects designed to reduce the number of deaths and serious injuries resulting from traffic crashes. Grant contract proposals are submitted to the HSO by potential subrecipients following a prescribed process and deadlines. For successful applicants, the grant contract proposal becomes the grant application and final grant agreement. The HSO grant contract application process is comprised of three steps. During the month of February, grant contract application solicitation notices containing the issues to be addressed, including identified problems and targets, are published on the website by HSO and sent to public and non-profit organizations/agencies that will best be able to help attain the HSO targets. Potential subrecipients are asked to submit to HSO a grant contract application form containing a problem statement, a description of proposed activities, and a complete budget. It is emphasized that to be funded, projects must have a direct link to the HSO-identified problems and targets. The HSO staff reviews each application to verify that it addresses the identified problems and meets all of the application requirements, and reviews the budget component of each proposal. If necessary, the HSO staff works with the potential subrecipients to resolve any questions and develop a fully detailed and complete grant contract application prior to the HSO Staff team review. The HSO staff scores the proposals and resolves any remaining questions. The HSO Administrator then makes the final grant selection, determination, and approval. Statewide initiatives are "internal projects" that are created by HSO staff (e.g., media or training projects). The internal projects go through the same review and approval process as all other projects.
<b>Question:</b>	11. Does the SHSO have a project monitoring policy?
<b>Evidence:</b>	Suggested evidence: Provide a copy of the project monitoring policy, steps, and forms.
<b>Section:</b>	Program Management and Strategic Planning - Program Management
<b>Level of Progress:</b>	Completed
<b>Status:</b>	The monitoring policy can be found in the 2024 HSO Program Management Manual under Chapter 5 - Grant Administration and Management, Section 14 Monitoring. The On-site monitoring form is located in Appendix F. The HSO developed and follows a procedure to conduct a risk evaluation for each subrecipient receiving NHTSA funds prior to making the grant award. The outcome of the 2 CFR Part 200.331(b) requires that a pre-award risk assessment for each subrecipient must be used for purposes of determining the appropriate subrecipient monitoring, including level of risk, type and frequency, and possible corrective action or follow-up. Monitoring is done to maintain control of a project, detect problems, identify changes or training needs, provide data for planning, and evaluate and create an opportunity for HSO to provide technical assistance when needed. It is also a way to encourage accountability on behalf of the subrecipient. Monitoring requires forms to be completed for documentation and maintained in

	the file.
<b>Question:</b>	12. Does the SHSO have dedicated funding for the impaired driving program area?
<b>Evidence:</b>	Suggested evidence: Provide the SHSO funding for the past five years in the impaired driving program area, how much was actually spent by each project, and the current year project plans.
<b>Section:</b>	Program Management and Strategic Planning - Resources
<b>Level of Progress:</b>	Early Progress
<b>Status:</b>	The federally funded programs are included in the Annual Report for the most recent federal fiscal year. External funding is from DHHS, which is related to underage/over service compliance. The focus is on having the HSO's relationship with law enforcement and educational/outreach efforts. It isn't clear if these funds are federal or state. An example is Project Extra Mile.
<b>Question:</b>	13. Does the SHSO employ, or contract for, staff dedicated to the impaired driving program area?
<b>Evidence:</b>	Suggested evidence: Supply a copy of the SHSO organizational chart noting the impaired driving staff/contractor(s).
<b>Section:</b>	Program Management and Strategic Planning - Resources
<b>Level of Progress:</b>	Completed
<b>Status:</b>	The HSO employs four positions that work in the impaired driving program area. An additional org chart was provided with the position titles for the four positions.
<b>Question:</b>	14. Are the fines, fees, and penalties that are paid by impaired drivers used to support impaired driving countermeasures?
<b>Evidence:</b>	Suggested evidence: Provide a flowchart of how fines, fees, and penalties from impaired driving are allocated to government services that combat impaired driving.
<b>Section:</b>	Program Management and Strategic Planning - Resources
<b>Level of Progress:</b>	Not Started
<b>Status:</b>	The fines, fees, and penalties paid by impaired drivers are not used to support impaired driving countermeasures. Nothing in impaired driving fines/fees is currently coming back to support impaired driving countermeasures. Current process is for an oversight body (legislature for state, county commissions for county, and city council for cities) to determine where the general funding is allocated. Unsure if the Nebraska Legislative Assembly has earmarked fines, fees, or penalties to go toward the transportation topical areas that are related to the potential penalty. Potential examples are school zone citation fines, fees, and penalties going back to programs that support school zone safety. Or child safety seat citation fines, fees, and penalties going back to programs that support the purchase of child safety seats.
<b>Question:</b>	15. Does the SHSO use data sources for problem identification purposes?
<b>Evidence:</b>	Suggested evidence: Provide a list of the data sources used in problem identification for impaired driving.
<b>Section:</b>	Program Management and Strategic Planning - Data and Records
<b>Level of Progress:</b>	Underway
<b>Status:</b>	The problem identification process can be found in 2024 HSO Program Management Manual under Chapter 2, Section 5 – Identification of State and Local Problems (Data Analysis Procedure). The problem identification process

used by the HSO includes analysis of traffic safety data from established statewide sources. The statistics analyzed are historical data collected over time through a uniform process. These statistics include the following: • State traffic crash database - crash, vehicle, location, and person data. • Data on average daily traffic counts and vehicle miles traveled. • The Federal Fatality Analysis Reporting System (FARS). • Vehicle and Driver Information - the State's driver license, vehicle registration, and citation/conviction files. • Trauma Registry, injury data, Crash Outcome Data Evaluation System (CODES), Emergency Medical System (EMS), and hospital data. • Census and demographic data from the United States Census Bureau.

<b>Question:</b>	16. Does the SHSO use data sources for project selection?
<b>Evidence:</b>	Suggested evidence: Provide the grant selection process (list or flowchart) indicating where the data is used to determine the final list of projects that are funded for the upcoming HSP.
<b>Section:</b>	Program Management and Strategic Planning - Data and Records
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	The project selection process can be found in the 2024 HSO Program Management Manual under Chapter 4, Section 3 - Grant Selection Process. Grant contract proposal applications are first reviewed internally by the designated HSO staff. The determination of whether the application has the potential to impact traffic safety targets will be based on its ability to be innovative, implement evidence-based strategies, show a commitment to sustain and contribute to success, have measurable outcomes, and address the greatest demonstrable need/problem. The proposed strategy must be either an evidence-based strategy supported by research, or a demonstration project if a clear data-driven safety need has been identified or the project is supported with a strong evaluation plan that will allow the HSO to assess the effectiveness of the activity at its conclusion. Impairment is on the crash report form. Currently, the program does not use recidivism, treatment assessment levels, media market saturation, media message recall, public opinion surveys, and DRE stats.
<b>Question:</b>	17. Does the State implement enforcement programs to prevent sales or service of alcoholic beverages or marijuana (in states with recreational marijuana sales) to persons under the age of 21?
<b>Evidence:</b>	Suggested evidence: Provide program descriptions, materials, and implementation statistics.
<b>Section:</b>	Prevention - Responsible Alcohol Service
<b>Level of Progress:</b>	Completed
<b>Status:</b>	The State funds and partners with law enforcement and Project Extra Mile. Together, they do an excellent job of performing compliance checks. Their efforts have brought non-compliance rates down from over 40% to under 10%.
<b>Question:</b>	18. Do these enforcement strategies include conducting compliance checks and/or "shoulder tap" activities?
<b>Evidence:</b>	Suggested evidence: Provide program descriptions, materials, and implementation statistics.
<b>Section:</b>	Prevention - Responsible Alcohol Service
<b>Level of Progress:</b>	Completed
<b>Status:</b>	Compliance checks are regularly conducted across Nebraska. Shoulder taps are seldom used today, but were more common 20-30 years ago.

<b>Question:</b>	19. Is there support for the proper use of technology in retail establishments, particularly those catering to youth, to verify proper and recognize false identification?
<b>Evidence:</b>	Suggested evidence: Provide program descriptions, materials, and implementation statistics.
<b>Section:</b>	Prevention - Responsible Alcohol Service
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	The Nebraska Liquor Control Commission provides an Age Verification-Identification Checklist. Many retailers use ID scanners including cellphone apps. This could be promoted more, and requiring alcohol server training would be a huge help.
<b>Question:</b>	20. Does the State have and enforce alcohol beverage and marijuana (in states with recreational marijuana sales that allow on-premise use) control regulations to prevent over-service through such strategies as prohibiting service to visibly intoxicated patrons, restricting sales promotions (such as “happy hours”), limit hours of sale, and establishing conditions on the locations of establishments to limit impaired driving (e.g., zoning restrictions)?
<b>Evidence:</b>	Suggested evidence: Provide beverage/marijuana control legislation, policies, procedures, and enforcement statistics.
<b>Section:</b>	Prevention - Responsible Alcohol Service
<b>Level of Progress:</b>	Underway
<b>Status:</b>	The State has alcohol beverage control regulations to prevent over-service and restrict sales promotions, but enforcement appears to be limited. Happy Hours are permitted. Buy one, get one is prohibited, but bars find workarounds. Hours of sale are also set statewide, but can be extended locally. Zoning restrictions exist in some locations but are generally not utilized.
<b>Question:</b>	21. Does the State provide resources (including funds, staff, and training) to enforce alcohol beverage and marijuana (in states with recreational marijuana sales) control regulations?
<b>Evidence:</b>	Suggested evidence: Provide revenue distribution information for enforcement of sales, implementation manuals, and annual report with enforcement statistics.
<b>Section:</b>	Prevention - Responsible Alcohol Service
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	The NDOT/Highway Safety Office provides mini-grants for projects, education, enforcement, and training/conferences (e.g., the Annual Highway Safety Conference). Educational resources, such as media toolkits, are available through Drive Smart Nebraska. They share national resources from NHTSA and the National Safety Council. State statutes require the Nebraska State Patrol to have a liquor investigator in each troop area, but there is no authorized amount to support that requirement. The LCC provides some material resources and is rolling out alcohol server training.
<b>Question:</b>	22. Does the State ensure coordination among traditional State, county, municipal, and tribal law enforcement agencies to determine where impaired drivers had their last drink or last used marijuana and use this information to monitor compliance with regulations?
<b>Evidence:</b>	Suggested evidence: Provide descriptions of coordination efforts, officer reporting, implementation manuals, and annual reports with enforcement

	statistics.
<b>Section:</b>	Prevention - Responsible Alcohol Service
<b>Level of Progress:</b>	Not Started
<b>Status:</b>	No evidence is provided of coordination among jurisdictions regarding where impaired drivers had their last drink or last used marijuana, nor of any use of shared data to monitor compliance with regulations. A place of last drink investigation typically only happens if the prosecution requests it.
<b>Question:</b>	23. Does the State mandate or promote responsible alcohol and marijuana (in states with recreational marijuana sales) service programs, written policies, and training?
<b>Evidence:</b>	Suggested evidence: Provide State statute, description of approved programs, program manuals, and implementation statistics.
<b>Section:</b>	Prevention - Responsible Alcohol Service
<b>Level of Progress:</b>	Early Progress
<b>Status:</b>	Early progress only in that the LCC is creating an alcohol server training, and it can be mandated if a liquor outlet is sanctioned with a violation. Some municipalities require it. Several attempts to pass legislation mandating server training have failed.
<b>Question:</b>	24. Does the State require or promote alcohol and marijuana (in states with recreational marijuana sales) sales and service establishments to display educational information to discourage impaired driving and to actively promote designated driver or alternative transportation programs?
<b>Evidence:</b>	Suggested evidence: Provide State statutes, policies, and guidelines for promotional materials. Also, provide sample posters, signs, or materials.
<b>Section:</b>	Prevention - Responsible Alcohol Service
<b>Level of Progress:</b>	Not Started
<b>Status:</b>	The LCC provides signs to discourage underage service or pregnancy warnings, but it does not require signage or other educational information to discourage impaired driving and to actively promote designated driver or alternative transportation programs. There are educational programs, media, and incentives in some areas to promote sober rides, but that does not pertain to this question.
<b>Question:</b>	25. Does the State have statutes that hold commercial establishments and social hosts responsible for damages caused by a patron or guest who was served alcohol or marijuana when underage or when visibly intoxicated?
<b>Evidence:</b>	Suggested evidence: Provide State statutes and/or case law (often called the Dram Shop law).
<b>Section:</b>	Prevention - Responsible Alcohol Service
<b>Level of Progress:</b>	Underway
<b>Status:</b>	Nebraska has a Dram Shop / Social Host law with severe penalties, but it only applies to intoxicated minors.
<b>Question:</b>	26. Do these programs actively promote the use of designated drivers and safe ride programs, especially during high-risk times, such as holidays or special events, and are alternative transportation programs designed so that they do not enable or promote over-consumption by non-drivers as well as drivers?
<b>Evidence:</b>	Suggested evidence: Provide promotional materials.
<b>Section:</b>	Prevention - Community-Based Programs
<b>Level of Progress:</b>	Underway

<b>Status:</b>	While no signage discouraging DUI and promoting alternative transportation is required, there are some valuable partnerships between law enforcement, MADD, AAA, and some businesses to provide alternative transportation during peak holiday times. Efforts to provide rides are less frequent in rural areas, which leaves out much of the state. There are no programs to discourage over-serving at bars and restaurants.
<b>Question:</b>	27. Does the State encourage the formation of public and private partnerships to financially support these programs?
<b>Evidence:</b>	Suggested evidence: Provide examples of partnership documents and program materials.
<b>Section:</b>	Prevention - Community-Based Programs
<b>Level of Progress:</b>	Underway
<b>Status:</b>	The State provides mini-grants and other support to its partners in these efforts. Again, the geographic reach and general awareness of these measures are limited.
<b>Question:</b>	28. Does the State implement K-12 traffic safety education, with appropriate emphasis on underage drinking and alcohol and other drug-impaired driving, as part of a comprehensive health education program?
<b>Evidence:</b>	Suggested evidence: Provide State education policies, learning standards, or curriculum.
<b>Section:</b>	Prevention - Community-Based Programs
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	While the State does not have comprehensive health education standards, several good evidence-based prevention programs are in use in some Nebraska schools. MADD provides programs for all ages, including parents, and there are 23 schools implementing Teens in the Driver Seat, which has an impaired driving unit.
<b>Question:</b>	29. Has the State established and supported student organizations that promote traffic safety and responsible decisions and encourage statewide coordination among these groups?
<b>Evidence:</b>	Suggested evidence: Provide a list of organizations with their goals and sample activities.
<b>Section:</b>	Prevention - Community-Based Programs
<b>Level of Progress:</b>	Completed
<b>Status:</b>	The State has long-standing partnerships with the Department of Health and Human Services- Injury Prevention Program, and the Dept. of Education, for programming such as the Teens in the Driver Seat and the national FCCLA FACTS program. The Nebraska Community Collective brings together government, business, non-profits, and communities around safety issues, including distracted and impaired driving. The State supports Project Extra Mile's statewide efforts to build student involvement and leadership in DUI and substance misuse prevention.
<b>Question:</b>	30. Does the State provide training 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, responsible decisions, and identify students who may have used alcohol or other drugs (e.g., Drug Impairment Training for Education Professionals)?
<b>Evidence:</b>	Suggested evidence: Provide examples of programs with descriptions and materials.

<b>Section:</b>	Prevention - Community-Based Programs
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	DITEP training is just getting underway, but is being well-promoted by the State and enthusiastically received by school personnel.
<b>Question:</b>	31. Does the State 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?
<b>Evidence:</b>	Suggested evidence: Provide examples of programs with descriptions and materials.
<b>Section:</b>	Prevention - Community-Based Programs
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	State support for the Nebraska Collegiate Prevention Alliance is a significant motivator for campuses to form and commit to campus-community coalitions, which carry out environmental and other strategies to reduce binge drinking, drug abuse, and impaired driving among college students, and their effects on neighboring communities.
<b>Question:</b>	32. Does the State 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?
<b>Evidence:</b>	Suggested evidence: Provide examples of programs with descriptions and materials.
<b>Section:</b>	Prevention - Community-Based Programs
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	Health Department personnel work with colleges when called upon, and would like to take a more preventive role. NECPA receives funding from the state to do Brief Motivational Interviewing and the College Behavior Profile program, as well as a social norms program for incoming students.
<b>Question:</b>	33. Does the State 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?
<b>Evidence:</b>	Suggested evidence: Provide examples of programs with descriptions and materials.
<b>Section:</b>	Prevention - Community-Based Programs
<b>Level of Progress:</b>	Underway
<b>Status:</b>	Some health departments provide workplace health-promotion materials directly to worksites, while the HSO has downloadable information on its website. MADD receives funding to provide workplace DUI prevention programs. It would be beneficial for the State to work with its many partners to provide workplace screening and brief intervention through EAPs.
<b>Question:</b>	34. Does the State encourage and support community traffic safety coalitions or traffic safety programs, comprised of a wide variety of community members and leaders such as 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; faith-based, advocacy, and other community groups?
<b>Evidence:</b>	Suggested evidence: Provide a list of and descriptions of coalitions specific to impaired driving/traffic safety.
<b>Section:</b>	Prevention - Community-Based Programs
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	Both the Nebraska DOT-Highway Safety Office and the Division of Behavioral Health partner with Project Extra Mile to reduce and prevent impaired driving and other associated harms. Their reach is statewide, and they make an effort to engage all 12 SAMHSA-recommended sectors of the community in coalitions. The Highway Safety Office also provides support to the Nebraska Community Collective, a statewide coalition-building organization.

<b>Question:</b>	35. Does the State ensure that representatives of local traffic safety programs participate in existing alcohol, substance abuse, injury control, mental health, and other related coalitions, (e.g., Drug-Free Communities, SPF-SIG), to assure that impaired driving is a priority issue?
<b>Evidence:</b>	Suggested evidence: Provide a list of coalitions and examples of strategies specific to impaired driving/traffic safety.
<b>Section:</b>	Prevention - Community-Based Programs
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	The DHHS-DBH has a Regional Prevention Coordinator in each of the six Substance Abuse Prevention / Behavioral Health Regions of the State. These six Coordinators collectively oversee more than 60 community coalitions and other prevention and behavioral health-related organizations. As of 2020, 32 out of 93 counties had SPF-PFS funding. These coalitions should have representatives of traffic safety and/or law enforcement.

<b>Question:</b>	36. Does the State provide information and technical assistance to community coalitions and prevention programs, including data concerning the problem in the community and information identifying evidence-based underage drinking and impaired driving programs?
<b>Evidence:</b>	Suggested evidence: Provide examples of data and/or information sharing or technical assistance.
<b>Section:</b>	Prevention - Community-Based Programs
<b>Level of Progress:</b>	Completed
<b>Status:</b>	By requiring all communities to use the SPF model, and by providing effective statewide training and technical assistance in the use of the model, great progress is being achieved in reducing substance abuse and related health consequences across the state. There is a wealth of data available on the NDOT/HSO website. Grant advisors stay in close contact with their grantees to address specific issues stemming from available data. If at any time a question arises, NDOT/HSO staff is always available to discuss concerns and figure out an evidence-based solution.

<b>Question:</b>	37. Does the State encourage community coalitions and prevention programs to provide support for local law enforcement and prevention efforts aimed at reducing underage drinking and impaired driving?
<b>Evidence:</b>	Suggested evidence: Provide examples of collaborative efforts between local coalitions and the law enforcement community.
<b>Section:</b>	Prevention - Community-Based Programs
<b>Level of Progress:</b>	Completed

<b>Status:</b>	The Highway Safety Office and the Division of Behavioral Health encourage coalition support for law enforcement efforts to reduce underage drinking and impaired driving. Project Extra Mile supports these operations in many ways, including administrative support, data gathering, and media releases.
<b>Question:</b>	38. Does the State 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?
<b>Evidence:</b>	Suggested evidence: Provide examples of programs with sample materials.
<b>Section:</b>	Prevention - Community-Based Programs
<b>Level of Progress:</b>	Completed
<b>Status:</b>	The HSO provides several ways for professionals to serve as community spokespersons to educate the public about the consequences of underage drinking and impaired driving. Among the groups available are the Nebraska Highway Safety Advocates, the Drive Smart Nebraska Work Group, the Nebraska Child Passenger Safety Technicians, the Nebraska Community Collective, the National Safety Council, and the Nebraska Highway Safety Conference, as well as MADD NE and local health departments. The HSO also brings professionals as speakers and panelists to the annual Highway Safety Conference.
<b>Question:</b>	39. Are the statutes comprehensive and consistent with other criminal-level legislation so that they will effectively discourage impaired driving?
<b>Evidence:</b>	Suggested evidence: Copies of impaired driving statutes and regulations. Copies of cases that interpret or apply the impaired driving statutes and regulations, or, assurances that no such adjudication has occurred.
<b>Section:</b>	Criminal Justice System - Legislation
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	Documentation consisting of statutory language that the statutes are comprehensive and consistent with other criminal-level legislation so that they will effectively discourage impaired driving was provided. No response to any questions in this section was provided from any judge. Without caseload data and interpretive commentary it is difficult to determine that the statutes are being applied as their language would indicate. The statutes in the Nebraska Liquor Control Act do not address impaired driving.
<b>Question:</b>	40. Do the statutes clearly criminalize driving while impaired by alcohol or other drugs (whether illegal, prescription, or over-the-counter), and treat those offenses, regardless of the substance causing impairment, with similar consequences?
<b>Evidence:</b>	Suggested evidence: Copies of impaired driving statutes and regulations. Copies of cases that interpret or apply the impaired driving statutes and regulations, or, assurances that no such adjudication has occurred.
<b>Section:</b>	Criminal Justice System - Legislation
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	The information provided by the State indicates that Nebraska statutes clearly criminalize driving while impaired by alcohol or other drugs (whether illegal, prescription, or over-the-counter), and treat those offenses, regardless of the substance causing impairment, with similar consequences. It would be helpful for the state to provide the prosecution and adjudication data in support of the descriptive narrative to demonstrate the equal treatment of drugs and alcohol.

<b>Question:</b>	41. Does a statute clearly set a Blood Alcohol Concentration (BAC) limit of 0.08 percent, making it illegal per se to operate a vehicle at or above this level without having to prove impairment?
<b>Evidence:</b>	Suggested evidence: Copies of impaired driving statutes and regulations. Copies of cases that interpret or apply the impaired driving statutes and regulations, or, assurances that no such adjudication has occurred.
<b>Section:</b>	Criminal Justice System - Legislation
<b>Level of Progress:</b>	Completed
<b>Status:</b>	The statute quoted provides unequivocally that When a person has a concentration of eight-hundredths of one gram or more by weight of alcohol per one hundred milliliters of his or her blood; or (c) When such person has a concentration of eight-hundredths of one gram or more by weight of alcohol per two hundred ten liters of his or her breath. (2) Any person who operates or is in the actual physical control of any motor vehicle while in a condition described in subsection (1) of this section shall be guilty of a crime and upon conviction punished as provided in sections 60-6,197.02 to 60-6,197.08.
<b>Question:</b>	42. Is there Zero Tolerance for underage drivers, making it illegal per se for persons under age 21 to drive with any measurable amount of alcohol or other impairing substance?
<b>Evidence:</b>	Suggested evidence: Copies of underage impaired driving statutes and regulations. Copies of cases that interpret or apply the underage impaired driving statutes and regulations, or, assurances that no such adjudication has occurred.
<b>Section:</b>	Criminal Justice System - Legislation
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	The Statutory language provided states that it is "unlawful for any person under twenty-one years of age to operate or be in the actual physical control of any motor vehicle: (1) When such person has a concentration of two-hundredths of one gram or more by weight of alcohol per one hundred milliliters of his or her blood but less than the concentration prescribed under subdivision (1)(b) of section 60-6,196; or (2) When such person has a concentration of two-hundredths of one gram or more by weight of alcohol per two hundred ten liters of his or her breath but less than the concentration prescribed under subdivision (1)(c) of section 60-6,196. No mention is made of other impairing substances. This rating could be increased by addressing "other impairing substances." Also, it would be helpful to have copies of cases that interpret or apply the underage impaired driving statutes and regulations, or assurances that no such adjudication has occurred. Punishment could be more severe but the statute exists.
<b>Question:</b>	43. Are there enhanced penalties for poly-substance use as well as High BAC (e.g., 0.15 percent or greater)?
<b>Evidence:</b>	Suggested evidence: Copies of impaired driving statutes and regulations. Copies of cases that interpret or apply the impaired driving statutes and regulations, or, assurances that no such adjudication has occurred.
<b>Section:</b>	Criminal Justice System - Legislation
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	The Nebraska statutes provide enhanced penalties for HIGH BAC(e.g., 0.15 percent or greater) but nothing for poly-substance use. Data reflecting caseloads and application of the statute would be helpful to understand the application of the HIGH BAC statute.

Poly substance is hard to define statutorily.	
<b>Question:</b>	44. Are penalties increased and imposition of the increased penalties required for each subsequent offense of impaired driving?
<b>Evidence:</b>	Suggested evidence: Copies of impaired driving statutes and regulations. Copies of cases that interpret or apply the impaired driving statutes and regulations, or assurances that no such adjudication has occurred. Copy of the sentencing guidelines or matrix.
<b>Section:</b>	Criminal Justice System - Legislation
<b>Level of Progress:</b>	Completed
<b>Status:</b>	Nebraska statutes provide increased penalties and imposition of the increased penalties are required for each subsequent offense of impaired driving. The copy of the sentencing guidelines or matrix is helpful. To increase the rating, the state might provide the data for such cases and the suggested evidence of Copies of impaired driving statutes and regulations. Copies of cases that interpret or apply the impaired driving statutes and regulations, or assurances that no such adjudication has occurred.
<b>Question:</b>	45. Does a statute specify that a chemical test refusal that is treated with administrative sanctions is at least as strict as the state's highest impaired driving offense?
<b>Evidence:</b>	Suggested evidence: Copies of impaired driving statutes and regulations. Copies of cases that interpret or apply the impaired driving statutes and regulations, or, assurances that no such adjudication has occurred.
<b>Section:</b>	Criminal Justice System - Legislation
<b>Level of Progress:</b>	Completed
<b>Status:</b>	Neb. Rev. Stat. 60-6,197.03 treats a refusal of an evidentiary test the same as an aggravated DUI over .15. Refusal statutes are strong.
<b>Question:</b>	46. Does a statute define driving with a suspended or revoked license (DWS) due to impaired driving, vehicular homicide, or causing personal injury while driving impaired as separate offenses?
<b>Evidence:</b>	Suggested evidence: Copies of impaired driving statutes and regulations. Copies of cases that interpret or apply the impaired driving statutes and regulations, or, assurances that no such adjudication has occurred.
<b>Section:</b>	Criminal Justice System - Legislation
<b>Level of Progress:</b>	Completed
<b>Status:</b>	This rating may be increased with additional explanation and suggested evidence. The application of the statute would be better demonstrated by some caseload numbers. Statutes appear to exist.
<b>Question:</b>	47. Does the statute set out and mandate the imposition of additional penalties for the offenses of driving with a license suspended or revoked (DWS) for impaired driving, vehicular homicide, or causing personal injury while driving impaired?
<b>Evidence:</b>	Suggested evidence: Copies of impaired driving statutes and regulations. Copies of cases that interpret or apply the impaired driving statutes and regulations, or, assurances that no such adjudication has occurred.
<b>Section:</b>	Criminal Justice System - Legislation
<b>Level of Progress:</b>	Completed
<b>Status:</b>	The statutory evidence presented suggests that Nebraska mandates the imposition of additional penalties for the offenses of driving with a license suspended or

	<p>revoked (DWS) for impaired driving, vehicular homicide, or causing personal injury while driving impaired.</p> <p>Actual application of the statutes across the state is not addressed.</p>
<b>Question:</b>	48. Is there an "Open Container" statute that prohibits possession or consumption of any open alcoholic beverage in the passenger area of a motor vehicle while located on a public highway or right-of-way?
<b>Evidence:</b>	Suggested evidence: Copies of impaired driving statutes and regulations. Copies of cases that interpret or apply the impaired driving statutes and regulations, or, assurances that no such adjudication has occurred.
<b>Section:</b>	Criminal Justice System - Legislation
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	Nebraska has a qualifying statute for "Open Container" that prohibits possession or consumption of any open alcoholic beverage in the passenger area of a motor vehicle while located on a public highway or right-of-way. The extent of the prosecution and adjudication statute is unclear. Penalty could be more severe, and be an enhancement.
<b>Question:</b>	49. Does the State have Statutes that include those shown on the document titled "Question 49"?
<b>Evidence:</b>	Suggested evidence: Please complete the document titled "Question 49" and upload it along with copies of statutes and regulations highlighted for each offense and each penalty/sanction that applies.
<b>Section:</b>	Criminal Justice System - Legislation
<b>Level of Progress:</b>	Undetermined
<b>Status:</b>	No response is given by the State as it could not locate Question 49.
<b>Question:</b>	50. Are enhanced penalties set out and mandated 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?
<b>Evidence:</b>	Suggested evidence: Please complete the document titled "Question 50" and upload it along with copies of statutes and regulations highlighted for each offense and each penalty/sanction that applies.
<b>Section:</b>	Criminal Justice System - Legislation
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	Nebraska statutes set out enhanced penalties set out and mandated 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; vehicle impoundment, immobilization or forfeiture; and electronic monitoring; and imprisonment. It is not clear that the statute provides for license plate confiscation and intensive supervision.
<b>Question:</b>	51. Does the State or Territory have statutes that provide separate and distinct criminal penalties for alcohol- and drug-impaired driving to be applied individually or in combination to a single case?
<b>Evidence:</b>	Suggested evidence: Copies of impaired driving statutes and regulations or a

	Chief Justice Order. Copies of cases that interpret or apply the impaired driving statutes and regulations, or assurances that no such adjudication has occurred.
<b>Section:</b>	Criminal Justice System - Legislation
<b>Level of Progress:</b>	Undetermined
<b>Status:</b>	The intent of this section is not clear. One response is clear yes, the statutes provide separate and distinct criminal penalties for alcohol- and drug-impaired driving to be applied individually or in combination to a single case. However, avoiding double jeopardy, only one penalty/conviction can be obtained for each offense of drunk or drug impaired driving.
<b>Question:</b>	52. Do the statutes mandate assessment for alcohol or other drug abuse problems for all impaired driving offenders and, as appropriate, treatment, abstention from the use of alcohol and other drugs, and frequent monitoring?
<b>Evidence:</b>	Suggested evidence: Copies of impaired driving statutes and regulations. Copies of cases that interpret or apply the impaired driving statutes and regulations, or assurances that no such adjudication has occurred.
<b>Section:</b>	Criminal Justice System - Legislation
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	The statute does not appear to require a presentence evaluation. If a presentence evaluation is ordered, the statute requires "Any person who has been convicted of driving while intoxicated shall, during a presentence evaluation, submit to and participate in an alcohol assessment by a licensed alcohol and drug counselor. The alcohol assessment shall be paid for by the person convicted of driving while intoxicated. At the time of sentencing, the judge, having reviewed the assessment results, may then order the convicted person to follow through on the alcohol assessment results at the convicted person's expense in addition to any penalties deemed necessary." The State also notes that if a term of probation is imposed, Courts will generally Order drug and alcohol evaluations and treatment. Allowed, but to the extent probation terms are used is unclear.
<b>Question:</b>	53. What statutory provisions mandate the supervision of out-of-state offenders?
<b>Evidence:</b>	Suggested evidence: Copies of impaired driving statutes and regulations. Copies of cases that interpret or apply the impaired driving statutes and regulations, or assurances that no such adjudication has occurred.
<b>Section:</b>	Criminal Justice System - Legislation
<b>Level of Progress:</b>	Completed
<b>Status:</b>	The State has provided a copy of the statute (29-2640) authorizing and directing the Governor to execute an Interstate Compact for Adult Offender Supervision. The State has not provided the suggested evidence of Copies of impaired driving statutes and regulations, Copies of cases that interpret or apply the impaired driving statutes and regulations, or assurances that no such adjudication has occurred. Compact. Difficult to do more.
<b>Question:</b>	54. Does the state or territory have statutory requirements to use proven technology (e.g., ignition interlock device, electronic confinement, and monitoring) and the capability to produce reports on compliance both judicially and administratively?
<b>Evidence:</b>	Suggested evidence: Copies of impaired driving statutes and regulations. Copies of cases that interpret or apply the impaired driving statutes and regulations, or, assurances that no such adjudication has occurred.

<b>Section:</b>	Criminal Justice System - Legislation
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	<p>The State provides assurances that the Statute 60-6,211.05 is applied consistently in at least two of Nebraska's 93 counties. The State provided the statute that sets out orders imposing such terms, ignition interlock device; continuous alcohol monitoring device and abstention from alcohol use are authorized statewide.</p> <p>Nebraska has problem-solving court models include Adult Drug and DUI Courts, Veterans Treatment Courts, Reentry Courts, Juvenile Drug Courts, Young Adult Courts, Mental Health Courts, and Family Treatment Courts. No data and explanatory information are provided regarding the other counties and the Court's role in those courts. Some use but not clear on full use.</p>
<b>Question:</b>	55. Are periodic reports on offender compliance with administrative or judicially imposed sanctions required by statute?
<b>Evidence:</b>	Suggested evidence: Copies of statutes, regulations, or reports.
<b>Section:</b>	Criminal Justice System - Legislation
<b>Level of Progress:</b>	Undetermined
<b>Status:</b>	The relevant response from the State defers to Nebraska Probation on this question. Probation is part of the judicial branch in Nebraska.
<b>Question:</b>	56. Are there statutory provisions for driver license suspensions for persons under age 21 for any violation of law involving the use or possession of alcohol or illicit drugs?
<b>Evidence:</b>	Suggested evidence: Copies of impaired driving statutes and regulations. Copies of cases that interpret or apply the impaired driving statutes and regulations, or assurances that no such adjudication has occurred.
<b>Section:</b>	Criminal Justice System - Legislation
<b>Level of Progress:</b>	Underway
<b>Status:</b>	The responses to this question indicate that the state does not have statutory provisions for driver license suspensions for persons under age 21 for any violation of law involving the use or possession of alcohol or illicit drugs. Possession suspensions are only for under 18.
<b>Question:</b>	57. Are impaired driving cases a high priority for prosecution?
<b>Evidence:</b>	Suggested Evidence: Resolutions or other high-level statements from the prosecutors' professional association for that State or Territory. A State or Territory strategic plan adopted by a majority of the prosecutors of the State or Territory to prioritize the prosecution of impaired driving cases.
<b>Section:</b>	Criminal Justice System - Prosecution
<b>Level of Progress:</b>	Underway
<b>Status:</b>	The State response is that impaired driving cases are a high priority for prosecution in Douglas and Lancaster Counties. Difficult to determine based on in-person witnesses and the vast size of the state.
<b>Question:</b>	58. Who is responsible for prosecuting impaired driving cases and are there any "special prosecutors" who have authority to prosecute impaired driving cases?
<b>Evidence:</b>	Suggested Evidence: Provide a list of the impaired driving courses, seminars, or webcasts that are made available for prosecutors. Include an agenda and bios of presenters of training on impaired driving by the knowledgeable and experienced prosecutors of that jurisdiction.

<b>Section:</b>	Criminal Justice System - Prosecution
<b>Level of Progress:</b>	Completed
<b>Status:</b>	The information provided is limited to two of the 93 counties. The rating could be increased by providing information applicable to a larger part of the state. County Attorneys and AG.
<b>Question:</b>	59. Is the vigorous and consistent prosecution of impaired driving (including youthful offender) cases encouraged, particularly when they result in a fatality or injury, under both impaired driving and general criminal statutes?
<b>Evidence:</b>	Suggested Evidence: Recognition at the State or Territorial levels of prosecutors, including Tribal prosecutors, who are vigorously and consistently engaged in the prosecution of impaired driving cases. Such recognition could be modeled after the Lifesaver awards. A sign-on memo or statement by at least seventy five percent of the elected official (prosecuting attorney, state's attorney, or Attorney General) that they support the vigorous and consistent prosecution of impaired driving (including youthful offender) cases encouraged, particularly when they result in a fatality or injury, under both impaired driving and general criminal statutes.
<b>Section:</b>	Criminal Justice System - Prosecution
<b>Level of Progress:</b>	Underway
<b>Status:</b>	The State provides information indicating early progress in Lancaster and Douglas counties. This rating could be increased by providing the suggested evidence for the State as a whole such as recognition at the State or Territorial levels of prosecutors, including Tribal prosecutors, who are vigorously and consistently engaged in the prosecution of impaired driving cases. Such recognition could be modeled after the Lifesaver awards. A sign-on memo or statement by at least seventy five percent of the elected official (prosecuting attorney, state's attorney, or Attorney General) that they support the vigorous and consistent prosecution of impaired driving (including youthful offender) cases encouraged, particularly when they result in a fatality or injury, under both impaired driving and general criminal statutes.
<b>Question:</b>	60. What continuing educational requirements are there for prosecutors who handle impaired driving cases?
<b>Evidence:</b>	Suggested Evidence: Provide a list of the requirements for continuing education for prosecutors of impaired driving cases.
<b>Section:</b>	Criminal Justice System - Prosecution
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	The Nebraska continuing education requirements of 20 hour per year for prosecutors do not specifically include impaired driving. The general continuing education requirements are reported to the Nebraska Supreme Court and the Nebraska Crime Commission. 20 hours, which is significant. None mandatory on impaired driving.
<b>Question:</b>	61. What support organizations exist for judges and prosecutors who handle impaired driving cases and what do these organizations do to assist in the adjudication of impaired driving cases?
<b>Evidence:</b>	Suggested Evidence: Provide a list of the support organizations for prosecutors of impaired driving cases and how they support prosecutors.
<b>Section:</b>	Criminal Justice System - Prosecution
<b>Level of Progress:</b>	Completed

<b>Status:</b>	One county, Lancaster County, has support available for prosecutors. The sources of support listed are NHTSA for grants, MADD for victim services, and the Lincoln Police Department's victim services division. There appears to be nothing available for judges. All three groups appear to have good organizations.
<b>Question:</b>	62. Are there programs to retain qualified impaired driving prosecutors?
<b>Evidence:</b>	Suggested Evidence: Provide a list of the programs that are in place to support the prosecutors of impaired driving cases.
<b>Section:</b>	Criminal Justice System - Prosecution
<b>Level of Progress:</b>	Undetermined
<b>Status:</b>	Of the five respondents, two stated no programs were in place to retain qualified impaired driving prosecutors and the other three did not answer the question.
<b>Question:</b>	63. Does the State have Traffic Safety Resource Prosecutors, Law Enforcement Liaisons, and a Judicial Outreach Liaison?
<b>Evidence:</b>	Suggested Evidence: Provide a list of the Names of those holding these positions.
<b>Section:</b>	Criminal Justice System - Prosecution
<b>Level of Progress:</b>	Underway
<b>Status:</b>	Ed Vierk with the Nebraska Attorney General's Office is the TSRP for NE. Nebraska appears to not have a Judicial Outreach Officer.
<b>Question:</b>	64. Do the State Traffic Safety Resource Prosecutors, Law Enforcement Liaisons, and Judicial Outreach Liaisons help coordinate and deliver training and technical assistance to prosecutors handling impaired driving cases throughout the State?
<b>Evidence:</b>	Suggested Evidence: Provide specific details of trainings offered for the last two years by the TSRP, LELs, and JOL in the impaired driving program area.
<b>Section:</b>	Criminal Justice System - Prosecution
<b>Level of Progress:</b>	Underway
<b>Status:</b>	The TSRP, Ed Vierk, offers a new DUI prosecutor training and he sends out a yearly update to his extensive manual on prosecuting traffic crimes. No supporting documentation is provided and no mention is made of the Law Enforcement Liaisons, and Judicial Outreach Liaisons. TSRP, LEL part time and no JOL.
<b>Question:</b>	65. Have the prosecutors who handle impaired driving cases received evidence-based training, such as Standardized Field Sobriety Test (SFST), Drug Recognition Expert (DRE), and emerging technologies for the detection of alcohol and other drugs?
<b>Evidence:</b>	Suggested Evidence: Provide the training calendar for the previous two years that shows evidence-based training, such as in Standardized Field Sobriety Test (SFST), Drug Recognition Expert (DRE), and emerging technologies for the detection of alcohol and other drugs opportunities for prosecutors and include the number of participants enrolled in each training.
<b>Section:</b>	Criminal Justice System - Prosecution
<b>Level of Progress:</b>	Underway
<b>Status:</b>	Lancaster and Douglas Counties' prosecutors who handle impaired driving cases receive evidence-based training, such as Standardized Field Sobriety Test (SFST), Drug Recognition Expert (DRE), and emerging technologies for the detection of alcohol and other drugs. No information is available for the remainder of Nebraska.

<b>Question:</b>	66. Do Prosecutors seek dispositions that employ sentencing strategies for offenders who abuse impairing substances other than alcohol?
<b>Evidence:</b>	Suggested Evidence: Provide samples of dispositions that employ sentencing strategies for offenders who abuse substances other than alcohol.
<b>Section:</b>	Criminal Justice System - Prosecution
<b>Level of Progress:</b>	Undetermined
<b>Status:</b>	The information provided is unclear. Lancaster County states that "we do not negotiate the sentence of any defendant for any crime." Douglas County states that "Penalties are all the same in Nebraska for impaired driving by drugs or alcohol." Please provide the suggested evidence: samples of dispositions that employ sentencing strategies for offenders who abuse substances other than alcohol.
<b>Question:</b>	67. Do Prosecutors, including tribal prosecutors, participate in multi-disciplinary training with law enforcement personnel?
<b>Evidence:</b>	Suggested Evidence: Provide training logs that demonstrate the participation of the prosecutors in multi-disciplinary training with law enforcement personnel.
<b>Section:</b>	Criminal Justice System - Prosecution
<b>Level of Progress:</b>	Early Progress
<b>Status:</b>	Two counties, Lancaster and Douglas, report that their prosecutors participate in multi-disciplinary training with law enforcement personnel. No mention is made of tribal prosecutors. This rating may be improved by providing some suggested evidence, such as training logs that demonstrate the participation of the prosecutors in multi-disciplinary training with law enforcement personnel. Some of the prosecutors attend training with law enforcement. hard to tell beyond that.
<b>Question:</b>	68. Is there close cooperation between prosecutors, state toxicologists, and arresting law enforcement officers (such as the DRE)?
<b>Evidence:</b>	Suggested Evidence: Provide examples of the methods and results of close cooperation between prosecutors, state toxicologists, and arresting law enforcement officers (including the DRE).
<b>Section:</b>	Criminal Justice System - Prosecution
<b>Level of Progress:</b>	Early Progress
<b>Status:</b>	The efforts for close cooperation between prosecutors, state toxicologists, and arresting law enforcement officers (such as the DRE) are underway in Lancaster and Douglass Counties. However the rating for the state as a whole is limited to early progress because there is no information about the rest of the state. More detailed information for all 93 counties could increase this rating.
<b>Question:</b>	69. Is there close cooperation between prosecutors, state toxicologists, and arresting law enforcement officers with Tribes?
<b>Evidence:</b>	Suggested Evidence: Provide examples of the methods and results of close cooperation between prosecutors, state toxicologists, and arresting law enforcement officers (including the DRE).
<b>Section:</b>	Criminal Justice System - Prosecution
<b>Level of Progress:</b>	Undetermined
<b>Status:</b>	There was no response or evidence provided by the State.
<b>Question:</b>	70. Do strict policies on plea negotiations and deferrals in impaired driving cases require that plea negotiations to a lesser offense be made part of the record and

	count as a prior impaired driving offense established and adhered to as routine?
<b>Evidence:</b>	Suggested Evidence: Provide a copy of the impaired driving statute or ruling that prohibits plea negotiations to a lesser offense. Provide a copy of the statute or court rule setting out the 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 established and adhered to as routine.
<b>Section:</b>	Criminal Justice System - Prosecution
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	One county is reported, the Lancaster County Attorney's Office, as not negotiating sentences for defendants. The Lancaster County Attorney's Office does not allow plea agreements to a lesser charge of DUI unless the facts and circumstances warrant a reduction. If there is a plea agreement to a lesser charge, that plea agreement is done on the court record. Not sure if on record is made. Recommendation made in the report.
<b>Question:</b>	71. Is there a statewide repository for DWI information and statistics?
<b>Evidence:</b>	Suggested Evidence: Please provide the data in the "DWI Information and Statistics" form (saved in the document library as Question 71). You may enter the numbers here or fill out the form and upload it as an attachment for this question.
<b>Section:</b>	Criminal Justice System - Prosecution
<b>Level of Progress:</b>	Undetermined
<b>Status:</b>	All Nebraska law enforcement has access to Nebraska Criminal Justice Information System. It is unknown whether all prosecutors, judges, and probation have access to a statewide repository for DWI information and statistics, or even if such a repository exists.
<b>Question:</b>	72. What is the court structure for your state?
<b>Evidence:</b>	Suggested Evidence: Provide a copy of the court organizational structure starting with the State's Supreme Court. Include Tribal courts.
<b>Section:</b>	Criminal Justice System - Adjudication
<b>Level of Progress:</b>	Completed
<b>Status:</b>	Nebraska has County Courts (misd cases), District Courts (felony cases), and Appellate Courts for appeals - Nebraska Court of Appeals and Nebraska Supreme Court. No information is provided regarding the tribal and specialty courts.
<b>Question:</b>	73. Does the State have DWI Courts?
<b>Evidence:</b>	Suggested Evidence: Number of Jurisdictions.
<b>Section:</b>	Criminal Justice System - Adjudication
<b>Level of Progress:</b>	Underway
<b>Status:</b>	Nebraska appears to have two DUI courts.
<b>Question:</b>	74. Are DWI Courts accessible to all citizens within the State?
<b>Evidence:</b>	Suggested Evidence: Provide a list of the DWI Courts and the geographical locations of DWI courts as well as the availability of Tribal DWI courts.
<b>Section:</b>	Criminal Justice System - Adjudication
<b>Level of Progress:</b>	Early Progress
<b>Status:</b>	Access to Nebraska DUI Courts is limited by county of residence and or the jurisdiction where the offense occurred. This rating could be increased by providing the suggested Evidence such as a list of the DWI Courts and the

	geographical locations of DWI courts as well as the availability of Tribal DWI courts.
<b>Question:</b>	75. Do the DWI Courts in the state follow the 10 Guiding Principles for DWI Court in their operations?
<b>Evidence:</b>	Suggested Evidence: Share operations guides from DWI Courts.
<b>Section:</b>	Criminal Justice System - Adjudication
<b>Level of Progress:</b>	Completed
<b>Status:</b>	In one county, Lancaster County, All Rise assisted with the creation of the Lancaster County DUI court. The State reports the county just completed a multi-day in-house training with All Rise for all Lancaster County treatment courts. Please note the focus on DUI courts.
<b>Question:</b>	76. What courts handle pleas, trials and appeals of impaired driving cases?
<b>Evidence:</b>	Suggested Evidence: Provide a copy of the Highest Court's orders regarding assignment of impaired driving cases.
<b>Section:</b>	Criminal Justice System - Adjudication
<b>Level of Progress:</b>	Completed
<b>Status:</b>	A statewide list of courts, County and District Courts, was provided.
<b>Question:</b>	77. Does the highest court in the State or Territory take a leadership role in effective adjudication of impaired driving cases?
<b>Evidence:</b>	Suggested Evidence: Provide copies of the Highest Court's annual report to the legislature. Provide copies of any Highest Court's orders that are intended to support effective adjudication of impaired driving cases. Provide copies of opinions that promote effective adjudication of impaired driving cases.
<b>Section:</b>	Criminal Justice System - Adjudication
<b>Level of Progress:</b>	Early Progress
<b>Status:</b>	No evidence was presented, but there is support for treatment courts.
<b>Question:</b>	78. What are the qualifications of judges who handle impaired driving cases?
<b>Evidence:</b>	Suggested Evidence: Provide a copy of the Highest Court's orders regarding assignment of impaired driving cases to knowledgeable and experienced judges.
<b>Section:</b>	Criminal Justice System - Adjudication
<b>Level of Progress:</b>	Completed
<b>Status:</b>	Attorneys are selected by the qualifications commission and appointed by the Governor.
<b>Question:</b>	79. What continuing educational requirements are there for judges who handle impaired driving cases?
<b>Evidence:</b>	Suggested Evidence: Provide a list of the requirements for continuing education for judges of impaired driving cases.
<b>Section:</b>	Criminal Justice System - Adjudication
<b>Level of Progress:</b>	Underway
<b>Status:</b>	No information has been presented about the judges' education or management of the DUI caseload, 10 hours which could be considered low. None mandated on DUI.
<b>Question:</b>	80. What support organizations exist for judges who handle impaired driving cases and what do these organizations do to assist in the adjudication of impaired driving cases?

<b>Evidence:</b>	Suggested Evidence: Provide a list of the support organizations for judges of impaired driving cases and how they support judges.
<b>Section:</b>	Criminal Justice System - Adjudication
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	There appears to be no support organizations for judges who manage a caseload of impaired driving cases. Judges have an organization for County and District. No JOL provides education, two conferences, and collegial support.
<b>Question:</b>	81. Are impaired driving cases adjudicated in a timely manner?
<b>Evidence:</b>	Suggested Evidence: Describe how courts adjudicate impaired driving cases in a timely manner and effectively manage dockets brought before judges. Explain the expected timelines from arrest through adjudication.
<b>Section:</b>	Criminal Justice System - Adjudication
<b>Level of Progress:</b>	Completed
<b>Status:</b>	Nebraska has a speedy trial rule that applies to DUI cases. However, no data is presented to support that the rule is strictly adhered to. Testimony was timely prosecution.
<b>Question:</b>	82. Are the judges who handle criminal or administrative impaired driving cases receiving evidence-based education, covering the 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?
<b>Evidence:</b>	Suggested Evidence: Provide a list of the training or continuing legal education courses or workshops for judges who handle criminal or administrative impaired driving cases where the judges received evidence-based education, covering 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. Include the agendas showing presenters and expertise in the subject matter presented if possible.
<b>Section:</b>	Criminal Justice System - Adjudication
<b>Level of Progress:</b>	Undetermined
<b>Status:</b>	No information is submitted by the State about the judges receiving evidence-based education, covering the 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.
<b>Question:</b>	83. Are tribal judges included in the proffered training?
<b>Evidence:</b>	Suggested Evidence: Provide a list of the tribal courts that have participated in the training or continuing legal education for criminal or administrative impaired driving cases.
<b>Section:</b>	Criminal Justice System - Adjudication
<b>Level of Progress:</b>	Undetermined
<b>Status:</b>	No response was provided to support a rating.
<b>Question:</b>	84. Are court strategies used to reduce recidivism through evidence-based sentencing and close monitoring?
<b>Evidence:</b>	Suggested Evidence: List the courts that have adopted strategies to be used to reduce recidivism through effective sentencing and close monitoring and identify

	the strategies adopted by each court. Provide caseload impact numbers for each strategy adopted.
<b>Section:</b>	Criminal Justice System - Adjudication
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	The State provided no information for this rating. Judges testifying appeared to have a good grasp on sentencing, but it is hard to tell statewide.
<b>Question:</b>	85. Are both DWI and non-DWI courts utilizing screening and assessment tools specific to DWI offenses? (RANT, IDA, CARS)
<b>Evidence:</b>	Suggested Evidence: Provide a detailed description of the 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. Include the number of judges in the courts that hear the impaired driving cases, the number of cases filed and completed for the last two years, and the number of offenders who received drug or alcohol assessments. Provide documentation such as court orders and revocation citations to demonstrate whether effective and appropriate sentences were imposed on these offenders. Documentation of the number of offenders who were abstinent from alcohol and other drugs and who were closely monitored for compliance should also be included.
<b>Section:</b>	Criminal Justice System - Adjudication
<b>Level of Progress:</b>	Underway
<b>Status:</b>	Lancaster County uses RANT. Otherwise, no additional information is provided. The State could increase this rating by providing the suggested evidence such as a detailed description of the 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. Include the number of judges in the courts that hear the impaired driving cases, the number of cases filed and completed for the last two years, and the number of offenders who received drug or alcohol assessments. Provide documentation such as court orders and revocation citations to demonstrate whether effective and appropriate sentences were imposed on these offenders. Documentation of the number of offenders who were abstinent from alcohol and other drugs and who were closely monitored for compliance should also be included. However, this is tough to answer statewide.
<b>Question:</b>	86. Have ethical obstacles, such as ex parte or commitment communications been eliminated to allow the judges to participate more freely in DWI Court administration?
<b>Evidence:</b>	Suggested Evidence: Attach copies of the Judicial Code of Ethics and any disciplinary cases that demonstrate whether ethical obstacles, such as ex parte or commitment communications, have been eliminated to allow the judges to participate more freely in DWI Court administration.
<b>Section:</b>	Criminal Justice System - Adjudication
<b>Level of Progress:</b>	Underway
<b>Status:</b>	DUI Court is working, and treatment courts also may have barriers removed, but tough to tell completely.
<b>Question:</b>	87. Are there community supervision programs?
<b>Evidence:</b>	Suggested Evidence: Provide a list of the community supervision programs.

	Include their use of technology and the training on the technology such as IID and electronic confinement, to monitor and guide offender behavior and to produce periodic reports on offender compliance.
<b>Section:</b>	Criminal Justice System - Adjudication
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	Nebraska has a state probation system. Lancaster County is reported as having a 24/7 sobriety program, a pretrial release program, and pretrial diversion/problem solving programs that offer alcohol and drug testing and matrix model IOP. Lancaster County Community Corrections also supervises house arrest sentences and adult drug court. Lancaster County also utilizes GPS monitors and CAM (continuous alcohol monitors) and contracts with Vigilnet. The rating could be increased by providing suggested evidence about the rest of the state.
<b>Question:</b>	88. Does the court staff receive training for technology such as IID and electronic confinement, to monitor and guide offender behavior and produce periodic reports on offender compliance?
<b>Evidence:</b>	Suggested Evidence: Provide training rosters and agendas for the last two years for all court staff receiving the recommended training on technology such as IID and electronic confinement, to monitor and guide offender behavior and produce periodic reports on offender compliance.
<b>Section:</b>	Criminal Justice System - Adjudication
<b>Level of Progress:</b>	Undetermined
<b>Status:</b>	Eight hours of court personnel training are required. There was no evidence on what the hours are about.
<b>Question:</b>	89. Is there a State Judicial Outreach Liaison?
<b>Evidence:</b>	Suggested Evidence: Provide documentation that indicates the judicial experience of the Judicial Outreach Liaisons.
<b>Section:</b>	Criminal Justice System - Adjudication
<b>Level of Progress:</b>	Not Started
<b>Status:</b>	No information is provided by the State except that this rating is not applicable to the Nebraska Liquor Control Commission. There is no JOL.
<b>Question:</b>	90. Does the Judicial Outreach Liaison serve as a judicial educator and resource on highway traffic safety issues including impaired driving, as well as act as an agent to create more DWI Courts?
<b>Evidence:</b>	Suggested Evidence: Attach the reports from the Judicial Outreach Liaison for the last two years. The report should include the budget and demonstrate that the Liaison has been integrated into the judicial education and outreach administration. Include the position description of the judicial educator demonstrating that the liaison is utilized as a resource on highway traffic safety issues including impaired driving, and as an agent to create more DWI Courts.
<b>Section:</b>	Criminal Justice System - Adjudication
<b>Level of Progress:</b>	Not Started
<b>Status:</b>	The State has provided no information nor any of the suggested evidence. There is no JOL.
<b>Question:</b>	91. Does the State have a Graduated Driver Licensing (GDL) Program?
<b>Evidence:</b>	Suggested evidence: Describe each stage of licensing program. Include specific

	components and restrictions that are required or imposed at each stage of the program.
<b>Section:</b>	Criminal Justice System - Administrative Sanctions and Driver Licensing Programs
<b>Level of Progress:</b>	Completed
<b>Status:</b>	Nebraska has a Graduated License Program related to age and suitable driving restrictions to ensure that drivers are able to build competence in their driving skills. One of the restrictions is a zero tolerance policy for alcohol and other drugs.
<b>Question:</b>	92. Does the State have a program in place to prevent individuals from obtaining and using a fraudulently obtained, counterfeit, or Altered Driver license?
<b>Evidence:</b>	Suggested evidence: Describe the process by which the State ensures that individuals cannot obtain driver licenses with multiple identities.
<b>Section:</b>	Criminal Justice System - Administrative Sanctions and Driver Licensing Programs
<b>Level of Progress:</b>	Completed
<b>Status:</b>	Nebraska utilizes Fraudulent Document Recognition training and facial image verification technology to deter fraudulent license issuance.
<b>Question:</b>	93. Does the State provide training for alcoholic beverage sellers and servers to recognize fraudulent/altered IDs
<b>Evidence:</b>	Suggested evidence: Describe the nature, extent, and frequency of training provided to alcohol beverage retailers.
<b>Section:</b>	Criminal Justice System - Administrative Sanctions and Driver Licensing Programs
<b>Level of Progress:</b>	Underway
<b>Status:</b>	Nebraska encourages training for alcoholic beverage sellers and servers. It is unclear from the responses whether the training includes fraudulent/altered ID recognition. Additionally, they are developing an Alcohol Server Seller Training Course that will address fraudulent/altered ID recognition. It is reported that the Commission is working with the Legislature to mandate the training statewide to all persons involved in serving/selling alcoholic beverages.
<b>Question:</b>	94. Does the State suspend the driver license for alcohol or drug test refusal and is the period of suspension longer than that for a test failure?
<b>Evidence:</b>	Suggested evidence: Provide a copy of the statute or code
<b>Section:</b>	Criminal Justice System - Administrative Sanctions and Driver Licensing Programs
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	Nebraska driver licenses are revoked for either refusal or failure of an alcohol or drug test. However the revocation period is not longer for a test refusal than for a test failure.
<b>Question:</b>	95. Does the state have an all-offender ignition interlock law?
<b>Evidence:</b>	Suggested Evidence: 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.
<b>Section:</b>	Criminal Justice System - Administrative Sanctions and Driver Licensing Programs
<b>Level of Progress:</b>	Underway
<b>Status:</b>	Nebraska does have a statute for a court-ordered ignition interlock program or for voluntary participation in lieu of an ALR Hearing.
<b>Question:</b>	96. Is data and information provided to law enforcement executives and state and local government officials to help demonstrate the need for making impaired driving enforcement a priority?
<b>Evidence:</b>	Suggested Evidence: Provide examples of data and information provided to state and local government officials that demonstrate the need for making impaired driving enforcement a priority.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	Most crash reports are filed electronically, and crash data from them are available for analysis in 30 days or less. Annual reports are provided to law enforcement and government officials. More frequent data is available upon request to HSO. THE HSO LEL meets with law enforcement agency representatives to provide information and encourage them to participate in HSO projects. Traffic citation data is not as accessible as crash data and doesn't appear to be widely used to direct enforcement activity, unless simply by local knowledge. The leaders of some agencies do not seem to be emphasizing the importance of impaired driving enforcement, or traffic enforcement in general, for many different reasons.
<b>Question:</b>	97. Have law enforcement executives at the state, county, and local levels communicated the importance of impaired driving enforcement to their personnel?
<b>Evidence:</b>	Suggested Evidence: Provide examples of communication from state, county, and local law enforcement officials and associations that show an emphasis on impaired driving enforcement.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Underway
<b>Status:</b>	Most law enforcement agencies that receive highway safety office funding for impaired driving enforcement attempt to emphasize the importance of impaired driving enforcement to their personnel. It is less clear how much importance is placed on impaired driving enforcement by small agencies with less staffing. Many of the smaller departments do not receive funding from the highway safety office. Of the 93 counties in Nebraska, 24 have been identified as priority counties and receive the bulk of grant funding.
<b>Question:</b>	98. Are resources being requested by executives of law enforcement and State and local government to assist with impaired driving enforcement?
<b>Evidence:</b>	Suggested Evidence: Provide a list of agencies that are requesting resources (or are participating in SHSO grant programs) to assist with impaired driving enforcement.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Completed
<b>Status:</b>	In addition to funding enforcement overtime, the highway safety office has funded

	the purchase of various items to help with the identification and apprehension of impaired drivers. They have provided funding for Preliminary Breath Test (PBT) devices, speed detection devices, in-car camera equipment, and Mobile Data Terminals. They have also provided up to 35 percent of the cost of evidential breath test instruments to help expand the availability of breath testing and help secure a timelier breath specimen. The HSO provides breath tubes for PBTs and evidential breath testing units at no cost to the requesting agency.
<b>Question:</b>	99. Are law enforcement and government personnel at the state, county, municipal and tribal levels (where appropriate) involved in the development of the year-round impaired driving enforcement plan?
<b>Evidence:</b>	Suggested Evidence: Provide a list of personnel involved in the development of the year-round impaired driving enforcement plan and include their agency affiliation.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Underway
<b>Status:</b>	Nebraska has an Impaired Driving Task Force (NIDTF) that was established in March 2017. It is established as an ad hoc group of key multidisciplinary highway safety enforcement, business, health care, media, education, adjudication, and other highway safety advocates. The NIDTF is responsible for working with the Highway Safety Office to develop the State's Impaired Driving Strategic Plan; however, while the NIDTF reports having representatives from 19 different agencies, it often struggles to get half that number of people in attendance at a pre-scheduled meeting. There is little representation from municipal or county law enforcement on the NIDTF, which means they will have little to no input into a plan they will be expected to have a large role in executing.
<b>Question:</b>	100. Are law enforcement agencies at the state, county, municipal and tribal levels (where appropriate) involved in all periods of heightened impaired driving enforcement?
<b>Evidence:</b>	Suggested Evidence: Provide a list of agencies involved in each period of heightened impaired driving enforcement and specify the role that agency undertook, e.g., planning, oversight, enforcement, traffic control. Explain the role of the law enforcement personnel.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Underway
<b>Status:</b>	HSO grantees are required to participate in designated periods of heightened enforcement. Only 24 of the 93 counties in Nebraska have been identified as priority counties where most HSO resources are directed. These counties do, however, represent most of the population and impaired driving crashes. There are a number of small law enforcement agencies that do not participate in HSO designated enforcement periods.
<b>Question:</b>	101. Were the results of each period of heightened impaired driving enforcement communicated to the public, partners, and other stakeholders?
<b>Evidence:</b>	Suggested Evidence: Provide examples of communication distributed after a period of heightened impaired driving enforcement that inform the public, partners, and other stakeholders about the results of those enforcement efforts.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	Reporting of enforcement and activities during grant-funded projects is required

	of all grantees. This information is shared with highway safety partners and the public. Enforcement activity from HSO-designated high-visibility enforcement periods is shared on the HSO website, although the information is not always kept up to date.
<b>Question:</b>	102. Which agency(ies) is responsible for collecting, analyzing, and providing data used for problem identification?
<b>Evidence:</b>	Suggested Evidence: Provide an explanation of which agency is primarily responsible for the collection of vehicle crash data and impaired driving data.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Underway
<b>Status:</b>	Most motor vehicle crash reports are filed electronically. Crash report data is generally within the crash database within 30 days. Annual analytical reports are widely distributed with maps that show crash density. Other reports are available upon request. Some larger law enforcement agencies have their own analytical capabilities. There is no online source containing crash and citation data that can be easily queried.
<b>Question:</b>	103. Are SHSO grantees required to concentrate their enforcement efforts in the areas identified through the problem identification or is there any flexibility?
<b>Evidence:</b>	Suggested Evidence: Provide any written policy explaining how and where grantees are to concentrate their impaired driving enforcement efforts.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Not Started
<b>Status:</b>	Impaired driving crash locations are available to law enforcement agencies. Federal and Highway Safety Office (HSO) guidelines specify that all projects and planned activities must be data driven. Although the HSO requires all law enforcement grantees to submit activity summary sheets after each grant funded enforcement event, it appears that many law enforcement agencies in will instead permit their personnel, when working HSO enforcement overtime, to patrol randomly when looking for impaired drivers with as little as one officer.
<b>Question:</b>	104. Are there any hindrances to conducting sobriety checkpoints?
<b>Evidence:</b>	Suggested Evidence: Provide copies of any policies, procedures, opinions, or decisions that document hindrances including if checkpoints are illegal.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Not Started
<b>Status:</b>	Sobriety checkpoints are legal in Nebraska, but are seldom used. Saturation DUI patrols are the preferred method of patrol.
<b>Question:</b>	105. How many law enforcement agencies conduct sobriety checkpoints at least once a year?
<b>Evidence:</b>	Suggested Evidence: Provide data showing the number of law enforcement agencies that conduct sobriety checkpoints at least once a year and indicate the number of checkpoints each has conducted on a yearly basis.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Not Started
<b>Status:</b>	Seldom are sobriety checkpoints used by law enforcement agencies in Nebraska. The Nebraska State Patrol is the most likely agency to conduct checkpoints when they are conducted.

<b>Question:</b>	106. Is there a minimum amount of time that a sobriety checkpoint must be conducted for it to be considered a legally compliant checkpoint?
<b>Evidence:</b>	Suggested Evidence: Provide documentation that specifies the length of time a sobriety checkpoint must be conducted by legal standards or to qualify to Highway Safety Office funding.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Early Progress
<b>Status:</b>	Sobriety Checkpoints must be conducted under strict guidelines as established through precedent cases of the United States Supreme Court and Nebraska courts, but there is no statewide minimum time that a checkpoint must be conducted. Some agencies may specify a minimum time in their local checkpoint plans. At least one agency requires a checkpoint to be conducted for at least one hour.
<b>Question:</b>	107. Is there a minimum number of law enforcement personnel required for a saturation patrol?
<b>Evidence:</b>	Suggested Evidence: Provide documentation that specifies the minimum number of law enforcement personnel that must work a saturation patrol for it to qualify as a saturation patrol.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Not Started
<b>Status:</b>	While designated enforcement waves are supposed to be highly visible, there is no minimum number of law enforcement personnel required for a saturation patrol. It appears many agencies will conduct grant funded impaired driving enforcement activities with as little as one officer.
<b>Question:</b>	108. Are law enforcement agencies required to complete a minimum number of high visibility enforcement operations to meet SHSO grant funding criteria?
<b>Evidence:</b>	Suggested Evidence: Provide documentation that indicates any minimum number of high visibility enforcement operations to meet grant funding criteria.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Not Started
<b>Status:</b>	Law enforcement agencies receiving HSO grant funding are required to conduct enforcement activities during designated periods of time, including all high-visibility enforcement waves. Their participation is evaluated when considering future funding requests.
<b>Question:</b>	109. Are law enforcement agencies required to advertise high visibility enforcement operations prior to, during, and after each event?
<b>Evidence:</b>	Suggested Evidence: Provide documentation that demonstrates law enforcement agencies were made aware of the requirement and followed through.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Completed
<b>Status:</b>	The Impaired Driving Strategic Plan and the HSO require law enforcement agencies to provide pre- and post-enforcement media events, activities, and notices when working with grant-funded enforcement. Evidence of these requirements having been satisfied must be provided to the HSO with reimbursement requests.
<b>Question:</b>	110. Are data reported for each high visibility enforcement operation that shows

	the total number of drivers contacted during the operation.
<b>Evidence:</b>	Suggested Evidence: Provide data showing the number of drivers contacted during each high visibility enforcement operation.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Completed
<b>Status:</b>	To capture information about enforcement activities, the HSO requires any law enforcement agency working on a grant-funded project to submit an activity summary sheet. In addition to identifying the agency, this sheet captures information about any media coverage, the type of enforcement conducted, the number of personnel involved, the total hours worked, the total number of contacts, and 14 fields concerning various violations.
<b>Question:</b>	111. For each impaired driving high visibility enforcement campaign conducted as part of the SHSO program, are data collected and reported on the type of enforcement activity conducted, the number and type of participating law enforcement agencies, the number of drivers encountered, the number of impaired driving arrests made, and the number of other arrests made?
<b>Evidence:</b>	Suggested Evidence: Provide a list of impaired driving enforcement activities conducted including data for each of the five items above from the prior year.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	To capture information about enforcement activities, the HSO requires any law enforcement agency working a grant-funded project to submit an activity summary sheet. In addition to identifying the agency, this sheet captures information about any media coverage, the type of enforcement conducted, the number of personnel involved, the total hours worked, the total number of contacts, and 14 fields concerning various violations. The activity summary also identifies the agencies participating in the activity.
<b>Question:</b>	112. Is SHSO grant funding available to assist all law enforcement agencies in the acquisition of technology that will enhance law enforcement efforts to combat impaired driving?
<b>Evidence:</b>	Suggested Evidence: Provide details about grant funding that would provide for technological devices to law enforcement agencies to help with impaired driving enforcement.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Completed
<b>Status:</b>	The HSO provides grant funding for law enforcement agencies to conduct high-visibility enforcement and to help agencies acquire equipment associated with the detection and apprehension of impaired drivers and underage drinkers. They have provided funding for Preliminary Breath Test (PBT) devices, speed detection devices, in-car camera equipment, and Mobile Data Terminals. They have also provided up to 35 percent of the cost of evidential breath test instruments to help expand the availability of breath testing and help secure a timelier breath specimen. The HSO provides breath tubes for PBTs and evidential breath testing units at no cost. If equipment is provided to a law enforcement agency based on problem identification, they must agree to participate in high-visibility enforcement campaigns for two years.
<b>Question:</b>	113. Are the devices used in, or recommended for, impaired driving enforcement evaluated for efficacy?

<b>Evidence:</b>	Suggested Evidence: Provide documentation that shows what has been done to evaluate the efficacy of new technological devices used to support impaired driving enforcement.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Completed
<b>Status:</b>	The certification of evidential breath testing instruments and operators is administered by the Nebraska Department of Health and Human Services. Two different breath testing instruments are used in Nebraska for evidential tests; the DataMaster DMT and the Intoxilyzer 9000. Passive alcohol sensors were previously tested but are not currently being used by law enforcement.
<b>Question:</b>	114. Is SFST training a required minimum standard for law enforcement basic certification training?
<b>Evidence:</b>	Suggested Evidence: Provide documentation that lists the minimum standard for law enforcement impaired driving enforcement training.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Completed
<b>Status:</b>	SFST training is provided to all law enforcement officers in a 24-hour class during the basic academy. SFST refresher training is offered on an as requested basis. All officers working grant-funded selective alcohol enforcement overtime must be trained in Standardized Field Sobriety Testing (SFST).
<b>Question:</b>	115. Do SHSO funding requirements stipulate that any law enforcement officer working under grant funding must have SFST training at a minimum?
<b>Evidence:</b>	Suggested Evidence: Provide documentation indicating this requirement.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Completed
<b>Status:</b>	All officers working grant-funded selective alcohol enforcement overtime must be trained in Standardized Field Sobriety Testing (SFST).
<b>Question:</b>	116. Are impaired driving highway safety classes regularly offered, particularly SFST, SFST Refresher, ARIDE, DRE, emerging technologies, and media relations?
<b>Evidence:</b>	Suggested Evidence: Provide a list of impaired driving highway safety classes offered including information on the number of attendees for each class.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	SFST training is provided to all law enforcement officers in a 24-hour class during the basic academy. SFST refresher training is offered on an as requested basis. Advanced Roadside Impaired Driving Enforcement (ARIDE) training is provided several times each year, and at least one DRE class has been offered each year over the last four years, although the number of certified DREs has declined by 20 percent during that time.
<b>Question:</b>	117. Is there a screening process for acceptance into any of the SFST, ARIDE, DRE, emerging technologies, and media relations training classes?
<b>Evidence:</b>	Suggested Evidence: Provide documentation describing the screening process. Include examples.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Completed
<b>Status:</b>	SFST training is required as part of all basic academies. SFST training is a

	prerequisite of ARIDE training. DRE training has a prerequisite of ARIDE training, and applicants are further screened by DRE instructors.
<b>Question:</b>	118. Is the completion of an SFST refresher training a requirement for an officer to work an SHSO grant-funded program?
<b>Evidence:</b>	Suggested Evidence: Provide documentation that the DWI enforcement grants have this requirement.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Early Progress
<b>Status:</b>	The HSO does not require recent SFST refresher training, but it is required by some law enforcement agencies. The training is offered on an as requested basis.
<b>Question:</b>	119. Are ARIDE and DRE training classes available to law enforcement personnel each year?
<b>Evidence:</b>	Suggested Evidence: Provide a list of ARIDE and DRE classes that are offered each year for a least the last five years. Include the number of officers training, the type of agency the officer is employed by, and the number of officers who successfully complete the training.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Underway
<b>Status:</b>	ARIDE training is provided several times each year with a 77 percent increase in the number of students over the last three years. DRE classes have been held only once each year over the last four years.
<b>Question:</b>	120. Are there any drug-impaired driving identification classes offered other than ARIDE and DRE?
<b>Evidence:</b>	Suggested Evidence: Provide a list of any such classes and include the number of officers who attend the training.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Early Progress
<b>Status:</b>	DITEP training is offered in some locations, and there is a plan to increase the number of classes offered.
<b>Question:</b>	121. Have the ARIDE, DRE, and other drug-impaired driving classes yielded an increase in the number of drug-impaired driving arrests?
<b>Evidence:</b>	Suggested Evidence: Provide a five-year comparison of the number of drug-impaired driving arrests made.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Early Progress
<b>Status:</b>	At least one jurisdiction has seen an increase in the number of drug-impaired driving arrests because of having officers attend ARIDE training. The number of DRE enforcement evaluations has increased by 29 percent over the last three years.
<b>Question:</b>	122. Are specific efforts made each year to retain officers trained through the DRE program?
<b>Evidence:</b>	Suggested Evidence: Provide documentation describing efforts made to retain officers who attain certification through the DRE program.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Underway
<b>Status:</b>	The HSO provides funding to support the DRE program in Nebraska. In addition

	to providing material for classes, the costs for out-of-state certification training (currently in Philadelphia, PA) are covered. Funding is also provided for a number of the most active DREs and DRE instructors to attend the annual International Association of Chiefs of Police, Impaired Driving and Traffic Safety Conference. The HSO recognizes a DRE of the Year, a DRE Instructor of the Year, and DUI Prosecutor of the Year. Yearly DRE Update Training is offered where they bring in key note speakers from around the country. DREs are provided polo shirts and the state has gone to a DRE Tablet reporting system which has streamlined the evaluation and recertification processes in the state.
<b>Question:</b>	123. Are law enforcement officers trained to identify those drivers who are required to drive only vehicles with an ignition interlock installed, to identify when the ignition interlock device has been tampered with, disabled, or used improperly, and how to properly handle those cases where a violation is detected?
<b>Evidence:</b>	Suggested Evidence: Provide documentation showing the topics covered during any approved ignition interlock training provided to law enforcement officers.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Early Progress
<b>Status:</b>	A representative of the DMV provides law enforcement officers with two hours of IID training while in the academy. There is no IID training provided to them after that point. It is less clear that law enforcement officers are able to determine if an IID is properly installed or is being used correctly.
<b>Question:</b>	124. Have steps been taken to help expedite the arrest process for a DWI?
<b>Evidence:</b>	Suggested Evidence: Provide documentation describing all recent steps taken to expedite the arrest process of impaired drivers.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Early Progress
<b>Status:</b>	An alcohol impaired driving offense in Nebraska is estimated to take from one to two hours; more in some areas where additional travel time is required for breath testing and incarceration. A DRE evaluation in a suspected drug-impaired driving case can add an additional one to two hours and obtaining a search warrant for a chemical test can take up to an additional three hours. All law enforcement officers are trained in the operation of one of the two breath test instruments used in the State and may run tests on subjects they arrest. This removed the need for another breath test operator to respond to run the test. Obtaining a search warrant for a urine or blood test is permitted, but search warrants for that purpose are seldom requested because of the time it takes to get one. Although the use of an electronic search warrant system has been shown to save considerable time, the use of electronic search warrants in Nebraska is not widespread nor formalized. In most cases, a warrant must be prepared, notarized, and transported in paper form to an available judicial officer for review and issuance. Some areas, by local agreement, may be able to fax or email a warrant to a judge who can electronically return it upon issuance, thereby saving a little time.
<b>Question:</b>	125. Have steps been taken to help reduce the processing time of a suspect after an arrest is made?
<b>Evidence:</b>	Suggested Evidence: Describe what recent steps have been taken.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Not Started
<b>Status:</b>	An alcohol impaired driving offense in Nebraska is estimated to take from one to

two hours; more in some areas where additional travel time is required for breath testing and incarceration. A DRE evaluation in a suspected drug-impaired driving case can add an additional one to two hours and obtaining a search warrant for a chemical test can take up to an additional three hours. All law enforcement officers are trained in the operation of one of the two breath test instruments used in the State and may run tests on subjects they arrest. This removed the need for another breath test operator to respond to run the test. Obtaining a search warrant for a urine or blood test is permitted, but search warrants for that purpose are seldom requested because of the time it takes to get one. Although the use of an electronic search warrant system has been shown to save considerable time, the use of electronic search warrants in Nebraska is not widespread nor formalized. In most cases, a warrant must be prepared, notarized, and transported in paper form to an available judicial officer for review and issuance. Some areas, by local agreement, may be able to fax or email a warrant to a judge who can electronically return it upon issuance, thereby saving a little time.

<b>Question:</b>	126. Does each driver arrested for impaired driving have to be seen by a judicial officer before release?
<b>Evidence:</b>	Suggested Evidence: Provide any documentation of laws, policies, or procedures that address the need for a driver arrested for impaired driving to be seen by a judicial officer before being released from police custody.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Completed
<b>Status:</b>	There is no requirement for an impaired driver to be seen by a judicial officer before release.
<b>Question:</b>	127. Are data evaluated on a yearly basis to determine changes in the number of impaired driving-related fatalities, injuries, and crashes?
<b>Evidence:</b>	Suggested Evidence: Provide examples of yearly analysis of impaired driving-related vehicle crashes.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Underway
<b>Status:</b>	The HSO uses crash data to identify areas in the State where their programs and funding may have the greatest probability of reducing death and injury on roadways. Motor vehicle crashes are reported to the Nebraska Department of Transportation (NDOT). At least three different systems are used for reporting crashes, but they all feed directly to a central Crash Information Database. Although there is no mandate to report crashes electronically, 93 percent of them are reported in that manner. The remaining seven percent are filed on paper reports that must be manually entered by staff at the NDOT. Data from crash reports are generally available in the database within 30 days or less, enabling the use of very recent data for determining problematic areas for impaired driving. Annual crash analysis is conducted and reported to law enforcement agencies and other highway safety partners.
<b>Question:</b>	128. Are data evaluated on a multi-year basis to determine the long-term effectiveness of enforcement efforts?
<b>Evidence:</b>	Suggested Evidence: Provide examples of multi-year comparisons of crash data.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Completed
<b>Status:</b>	Reports from the HSO contain charts and graphs containing five or more years'

	worth of data for comparison.
<b>Question:</b>	129. Does the SHSO utilize Law Enforcement Liaisons to enhance law enforcement agency coordination in support of traffic safety activities?
<b>Evidence:</b>	Suggested Evidence: Provide an organizational chart or list that indicates the number of law enforcement liaisons employed and where they fall within the SHSO organizational structure.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	The HSO seeks law enforcement support for designated impaired driving enforcement campaigns via their Law Enforcement Liaison (LEL). The LEL employed by the HSO at the time of this assessment is a former Nebraska State Patrol trooper who is employed as a part-time employee. It is difficult for this single, part-time employee to cover the entire state and engage with many of the smaller agencies to seek their support for HSO projects and help them with grant applications and subsequent reporting requirements.
<b>Question:</b>	130. Are law enforcement liaisons evaluated on their effectiveness at enhancing law enforcement agency coordination in support of traffic safety activities and improving collaboration with local chapters of police groups and associations that represent state, county, municipal, and tribal law enforcement?
<b>Evidence:</b>	Suggested Evidence: Provide documentation showing the performance expectations used to evaluate a law enforcement liaison.
<b>Section:</b>	Criminal Justice System - Law Enforcement
<b>Level of Progress:</b>	Completed
<b>Status:</b>	The current law enforcement liaison is an employee of the HSO and undergoes employee evaluations in accordance with State guidelines.
<b>Question:</b>	131. Is there a communication plan for the impaired driving program area that support elements of a comprehensive impaired driving program beyond High Visibility Enforcement waves (e.g., license suspensions, higher fines, fees, possible jail time, higher insurance; ignition interlocks; social norming messages that most drivers are not impaired; other drugs that impair; zero tolerance for under aged drivers; victim stories; random testing programs)?
<b>Evidence:</b>	Suggested evidence: Identify the elements and actions of the communication plan and where these efforts support other activities planned for the impaired driving program.
<b>Section:</b>	Communication Program - Communication Plan
<b>Level of Progress:</b>	Underway
<b>Status:</b>	The state creates a three-year performance based Highway Safety Plan, including communications. Grantees are encouraged to submit a communication plan with their grant - whether that is a calendar or business plan. The Nebraska Impaired Driving Strategic Plan encompasses a communication plan (page 14). The NDOT-HSO also follows the NHTSA communications calendars for various mobilizations and campaigns. Law Enforcement agencies are required to publish mobilization results (page 15) and subgrantees have own policies re: media such as press releases, letters to the editor, social media. The predominant communication approach is focused on High Visibility Enforcement waves. On occasion the communications effort will cover items such as the potential of a license suspension, higher fines, fees, possible jail time, higher insurance costs, or an ignition interlock requirement if the materials are available from the

trafficsafetymarketing.gov website. There is minimal effort on social norming messages that most drivers are not impaired, highlighting that there are other drugs that impair beyond alcohol, zero tolerance for under aged drivers, and victim stories. A few local community organizations have a very limited ability to create their own content in addition to using the trafficsafetymarketing.gov material.

**Question:** 132. Does the communications plan consider impaired driving, underage drinking, and reducing the risk of injury, death, and resulting medical, legal, social, and other costs?

**Evidence:** Suggested evidence: Identify the areas in the communication plan where these specific topics are covered, including any activity in the prior three years.

**Section:** Communication Program - Communication Plan

**Level of Progress:** Underway

**Status:** The Nebraska Impaired Driving Task Force (NIDTF) will follow the NDOT-HSO media plan that has been proven effective in the past. NIDTF will utilize the FY22 Communication Campaign for this program area and the planned activities include using the national campaign materials for Buzzed Driving is Drunk Driving, Drive Sober or Get Pulled Over, "You Drink and Drive, You Lose" and If You Feel Different You Drive Different. These campaigns will be carried out using a combination of electronic, print and non-traditional media including but not limited to: earned, paid and social media reaching across the state. The target audience will be the high-risk group, primarily males ages 18-34. A strong focus on prevention and enforcement messaging will be utilized by NIDTF. The NIDTF will work with NDOT-HSO and utilize sports marketing opportunities (baseball, football, basketball and hockey) to carryout messaging and promotion in target communities and statewide. Through partnerships developed with the NIDTF, the NDOT-HSO will work with grantees, traffic safety partners, and NIDTF members to carryout alcohol specific messaging in their news notes, new letters and social media platforms to increase education and awareness regarding DUI/DUID related stories, trends and research. NIDTF, through NDOT-HSO, will provide mini-grant funding to partners (MADD, SADD, law enforcement, local health districts, and DHHS, Injury Prevention) to reduce the incidence of alcohol-Nebraska Impaired Driving Strategic Plan related motor vehicle crashes in target counties. Additional resources, for the NIDTF, for social media outreach include Drive Smart Nebraska online DUI/DUID toolkits, the local health districts, private and public partners, and concerned community members. In addition to all grantees, local agencies, and organizations, the NDOT-HSO will continue to utilize the Governor's Office, DHHS, DMV, NSP and other State agencies to assist with kick-off promotional efforts to draw attention to the national and Nebraska traffic safety mobilizations/initiatives. All law enforcement operation grants require, as a condition of the grant, that the grant recipient agency must hold a local news conference and/or issue a news release regarding the grant award and the related grant activity prior to the enforcement activity. In addition, they are required to issue a news release reporting the results of that specific enforcement operation. By reputation, the NDOT-HSO is and will continue to be the primary traffic safety news media resource for the state. The NDOT-HSO is recognized as the best source for impaired driving-related data information, and to be able to direct media representatives to other additional sources. The Project Extra Mile focuses their communications activities on underage drinking and reducing access to alcohol.

<b>Question:</b>	133. Are policy and program priorities for the current year (or next year) included in the communication plan?
<b>Evidence:</b>	Suggested evidence: Provide and highlight the sections where the policy and program priorities are covered in the impaired driving communications plan.
<b>Section:</b>	Communication Program - Communication Plan
<b>Level of Progress:</b>	Early Progress
<b>Status:</b>	An independent impaired driving communication plan does not exist. Communications is part of the Impaired Driving Strategic Plan and the triennial Highway Safety Plan. It would be beneficial for the HSO and partners to create a stand-alone impaired driving communication plan, calendar, or outline of upcoming campaigns. The plan would also help the NDOT Strategic Communications office.
<b>Question:</b>	134. Do the research and data help the SHSO to make decisions about the priorities in the impaired driving communications plan?
<b>Evidence:</b>	Suggested evidence: Identify the ways data and research enhance the priorities, selection of messages and audiences, in the impaired driving communications plan.
<b>Section:</b>	Communication Program - Communication Plan
<b>Level of Progress:</b>	Early Progress
<b>Status:</b>	There are multiple data sources on the status of fatal crashes and a depth of data related to alcohol- and/or drug-use. The data are used in the triennial Highway Safety Plan and the Strategic Highway Safety Plan. However there doesn't appear to be a summary or media action report that shows how the choices for the impaired driving media message content, mediums used, target audiences, and geographic areas for distribution are based on data. The data can be crash data, citation, conviction, sanction, driver record, message recall, message saturation, click-thru rates, and more. The NDOT Strategic Communications office will track their social media impaired driving media messages through analytics. This information is not used to determine future messaging content. The HSO does report the media efforts that were supported during the previous grant year in the Annual Report.
<b>Question:</b>	135. Does the impaired driving communications plan include behavioral and communications objectives?
<b>Evidence:</b>	Suggested evidence: Identify the sections where the behavioral and communications objectives of the impaired driving communications plan are noted.
<b>Section:</b>	Communication Program - Communication Plan
<b>Level of Progress:</b>	Not Started
<b>Status:</b>	It appears that there are various ways to track media outreach and exposure (although those reports have yet to be provided), however there isn't an executive level plan that clearly states the impaired driving media program has behavioral and communications objectives. There are no behavioral and communications objectives tied to the impaired driving communication efforts.
<b>Question:</b>	136. Does the impaired driving communications plan include core message platforms (social media, television, radio, billboard, etc.)?
<b>Evidence:</b>	Suggested evidence: List the platforms used the prior year (or upcoming year) for impaired driving communication.

<b>Section:</b>	Communication Program - Communication Plan
<b>Level of Progress:</b>	Completed
<b>Status:</b>	Impaired driving media platforms have included social media (paid advertising and standard posts) - Instagram, Facebook, and Twitter - Billboards - Television / Streaming - Radio - Targeted Display / Geofencing ads - Public banners (such as local ball fields) - Press releases to local media. A combination of electronic, print and non-traditional methods: earned, paid, and social media to communicate with the public is also used. Media partners are big and small across the state including, but not limited to KETV, WOWT, KMTV, KLIN, OWH, LJS, and many others.
<b>Question:</b>	137. Are the campaigns relevant and linguistically appropriate for your target audiences?
<b>Evidence:</b>	Suggested evidence: Show the target audiences, based on data and research, and how the messages are linguistically appropriate for those target audiences.
<b>Section:</b>	Communication Program - Communication Plan
<b>Level of Progress:</b>	Early Progress
<b>Status:</b>	Four Corners Health Department is mindful of health literacy. Press releases are written at a middle school reading level for easy understanding - whether English is the second language, education is limited, or learning is impaired in some other way. Four Corners Health Department also strives to make sure any media is visually easy to read - plenty of white space, fewer words, including bullet points, easy to read fonts, etc. Four Corners Health Department is also very mindful of low vision and color blindness. Four Corners Health Department tries to make sure most media shared are available in English and Spanish, but also in Vietnamese when possible, to reach the served populations. Members of the Four Corners Health Department media/marketing committee have health literacy training to help ensure information is available and understandable for all audiences. Four Corners Health Department also has members from different backgrounds to address cultural differences. Four Corners Health Department cover their area of the State. Other local community organizations will represent the HSO communications efforts with their local media outlets.
<b>Question:</b>	138. Have there been key alliances with private and public partners over the past couple of years?
<b>Evidence:</b>	Suggested evidence: List the partners that have been involved in the impaired driving messaging campaigns over the past few years. Provide a sample or link of the actual materials.
<b>Section:</b>	Communication Program - Communication Plan
<b>Level of Progress:</b>	Completed
<b>Status:</b>	There are multiple public and private organizations assisting the HSO in communicating on the dangers of impaired driving. This includes grantees, law enforcement agencies, organizations, the Governor's office, the Department of Health & Human Service, the Department of Motor Vehicles, Teens in the Driver's Seat, Local Health Departments, Mary Lanning Healthcare, Four Corners Health Department, Panhandle Public Health District, AAA, and Project Extra Mile at a minimum.
<b>Question:</b>	139. Does the communications effort include activities for advertising, media relations, and public affairs?
<b>Evidence:</b>	Suggested evidence: Identify communication materials or campaigns that fit in each type of outreach.

<b>Section:</b>	Communication Program - Communication Plan
<b>Level of Progress:</b>	Early Progress
<b>Status:</b>	There are multiple programs and outreach efforts underway that are provided by multiple organizations. It is unclear how the HSO classifies the current effort in to the categories of advertising, media relations, and public affairs. These three areas are not mass media campaigns. Advertising can be considered purchased placement of certain items in various publications, air waves, or social media. Media relations is purposeful interactions with firms providing media outlets or space. Public affairs is often a service provided by the host agency where the HSO is located, likely through a Communications Office. NDOT has staff assigned to conduct media relations and public affairs. The NDOT public affairs staff do provide media relations but do not routinely cover highway safety items or topics.
<b>Question:</b>	140. Do you evaluate the reach, recall, and impact of the communication efforts?
<b>Evidence:</b>	Suggested evidence: Share the research and data analysis that is used to measure the reach, recall, and impacts of the impaired driving communication.
<b>Section:</b>	Communication Program - Communication Plan
<b>Level of Progress:</b>	Early Progress
<b>Status:</b>	Individual organizations have reports on various message campaign reach and saturation, some with message recall surveys. It is unclear if the HSO, or the mass media vendor(s) have surveys or metrics on the reach, recall, and impact of the impaired driving communication efforts. For the HSO, there is no single mass media vendor(s). Grants are issued from the HSO to organizations in order to provide mass media messaging in their area of the state.
<b>Question:</b>	141. Do you see evidence of increasing knowledge and awareness about the dangers of impaired driving?
<b>Evidence:</b>	Suggested evidence: Share the research and data analysis that is used to measure the increased knowledge and awareness of the dangers of impaired driving.
<b>Section:</b>	Communication Program - Communications Strategy
<b>Level of Progress:</b>	Early Progress
<b>Status:</b>	For a small segment of the population there is a report that shows according to the 2022 Nebraska Young Adult Alcohol Survey, past month alcohol use and binge drinking among 19–25-year-olds continues to decrease over time. Past year alcohol impaired driving continues to decrease over time from 30.3% in 2010 to 8.2% in 2022; past month driving after binge drinking also is decreasing from 8.1% in 2010 to 2.1% in 2022. When comparing the 2018 and 2021 NRPFS data, the percent of students reporting having 5+ drinks of alcohol 1 or 2 times a week as having great risk decreased. The percent of 10th & 12th graders who reported driving after drinking and riding in a vehicle with a driver who had been drinking decreased between 2018 and 2021, however among 8th graders, both behaviors increased. Yes. The biggest evidence I can see is the changes in priority counties. Individual efforts of organizations and collaborative efforts have increased awareness. The support of the governor on this topic is hoped to bring some advancements in 2025. Nothing has been provided in Round 1 that shows evidence of increasing knowledge and awareness about the dangers of impaired driving on a statewide level and for the stated target audience of young male drivers. There is currently no research or data analysis that is used to measure the level of knowledge and awareness of the dangers of impaired driving particularly for the stated target audience of young male drivers.

<b>Question:</b>	142. Are there communication efforts that are influencing, changing and sustaining appropriate behavior?
<b>Evidence:</b>	Suggested evidence: Share the research and data analysis that is used to measure the ability of the messages to influence and sustain appropriate behavior regarding impaired driving.
<b>Section:</b>	Communication Program - Communications Strategy
<b>Level of Progress:</b>	Not Started
<b>Status:</b>	No evidence of communication efforts that are influencing, changing, and sustaining appropriate behavior has been presented so far. For the HSO, there is no research and data analysis that is used to measure the ability of the State's mass media and local level media messages to influence and sustain appropriate behavior regarding impaired driving.
<b>Question:</b>	143. Is data used to help determine the appropriate audiences and the messages designed for that select group?
<b>Evidence:</b>	Suggested evidence: Show the data that identifies target audiences and the expected messages that are linked to those specific audiences.
<b>Section:</b>	Communication Program - Traffic-Related Data and Market Research
<b>Level of Progress:</b>	Early Progress
<b>Status:</b>	The NDOT/HSO provides a wealth of data, even at the county level, which drives activities and efforts. Males aged 18-34 have been identified as the high-risk group; therefore, they are the target audience. Yet it is unclear how data is used to help determine if messages designed for that select group (males aged 18-34) are appropriate. There are no research, studies, or evaluation of potential media campaigns for impaired driving is done to ensure that the communications and outreach is appropriate for males aged 18-34.
<b>Question:</b>	144. Does the State ensure that all convicted impaired drivers are screened for alcohol or other substance abuse and dependency?
<b>Evidence:</b>	Supporting evidence: Provide State statutes and policies related to screening of DWI offenders. Also, provide statistics on system flow from arrest to screening, conviction, sentence, and intervention.
<b>Section:</b>	Alcohol and Other Drug Misuse: Screening, Assessment, Treatment and Rehabilitation - Screening and Assessment
<b>Level of Progress:</b>	Completed
<b>Status:</b>	State Statute mandates an assessment by a licensed alcohol and drug counselor for any person convicted of DUI. At sentencing, a judge may further mandate that the individual follow the recommendations of the evaluation.
<b>Question:</b>	145. Does the State require that impaired driving offenders' screening and assessment within the criminal justice system, are 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?
<b>Evidence:</b>	Supporting evidence: Provide State statutes, rules, and policies related to screening of DWI offenders highlighting who conducts the screening and assessment.
<b>Section:</b>	Alcohol and Other Drug Misuse: Screening, Assessment, Treatment and Rehabilitation - Screening and Assessment
<b>Level of Progress:</b>	Completed

<b>Status:</b>	Any person who has been convicted of driving while intoxicated shall, during a presentence evaluation, submit to and participate in an alcohol assessment by a licensed alcohol and drug counselor.
<b>Question:</b>	146. Does the State require that impaired driving offenders' screening and assessment within the criminal justice system, are 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?
<b>Evidence:</b>	Supporting evidence: Provide State statutes, rules, and policies related to screening of DWI offenders highlighting where the screening and assessment help to determine the selection of a treatment plan or program.
<b>Section:</b>	Alcohol and Other Drug Misuse: Screening, Assessment, Treatment and Rehabilitation - Screening and Assessment
<b>Level of Progress:</b>	Completed
<b>Status:</b>	Following mandatory screening, sentencing to treatment is at the discretion of the judge. In felony DUI cases, most have engaged in some treatment prior to court. Nebraska requires offenders who refuse or fail a BAC test and/or have their license revoked or suspended to complete recommended treatment and have a qualified professional determine they have met treatment goals before license reinstatement.
<b>Question:</b>	147. Does the State require that impaired driving offenders' screening and assessment within the criminal justice system, are 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?
<b>Evidence:</b>	Supporting evidence: Provide State statutes, rules, and policies related to screening of DWI offenders highlighting what criteria are used for the screening and assessment.
<b>Section:</b>	Alcohol and Other Drug Misuse: Screening, Assessment, Treatment and Rehabilitation - Screening and Assessment
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	The Driver Risk Inventory (DRI) or the shorter DRI-II, is a widely used standardized assessment tool in Nebraska, particularly for DUI offenders. Some treatment facilities in Nebraska use other assessment tools, such as the Adult Substance Use Survey (ASUS-R). It is not clear whether prior alcohol or drug-related arrests or convictions are included in assessments.
<b>Question:</b>	148. Does the State require that impaired driving offenders' screening and assessment within the criminal justice system, are appropriate for the offender's age and linguistic needs using specialized assessment instruments tailored to and validated for Impaired Driving?
<b>Evidence:</b>	Supporting evidence: Provide State statutes, rules, and policies related to screening of DWI offenders highlighting how the screening and assessment are age-appropriate and/or relevant.
<b>Section:</b>	Alcohol and Other Drug Misuse: Screening, Assessment, Treatment and Rehabilitation - Screening and Assessment
<b>Level of Progress:</b>	Underway
<b>Status:</b>	Screening, intervention, and treatment in Nebraska is required to be culturally competent, which implies that efforts are made to meet linguistic and cultural requirements. Youth/adolescent treatment does not appear to be widely available.

<b>Question:</b>	149. Does the State encourage and support screening (e.g., Screening and Brief Intervention (SBI) and referral) conducted by health care professionals, employers, and educators to determine whether drivers or potential drivers, (e.g., employees who drive, emergency department injury patients, students) have an alcohol or drug abuse problem and, as appropriate, briefly intervene or refer them for appropriate treatment?
<b>Evidence:</b>	Supporting evidence: Provide lists of healthcare facilities utilizing SBIRT and statistics on screenings and referrals. Provide descriptions of the use of SBIRT in other settings, (e.g., at DWI offender booking).
<b>Section:</b>	Alcohol and Other Drug Misuse: Screening, Assessment, Treatment and Rehabilitation - Screening and Assessment
<b>Level of Progress:</b>	Early Progress
<b>Status:</b>	Most Nebraska colleges offer screening and brief intervention, most often the BASICS program. As for other populations, it would depend on whether they are referred through law enforcement or self-referred for SBI through an employee assistance program. It is not known whether State support for EAP screening is available.
<b>Question:</b>	150. Does the State ensure that health care professionals, public health departments, and third-party payers, establish and maintain programs for persons referred to treatment through the criminal justice system, (e.g., impaired driving offenders) medical or health care professionals, and other sources?
<b>Evidence:</b>	Supporting evidence: Provide samples of how health care professionals, public health departments, and third-party payers, establish and maintain programs for persons referred through the criminal justice system.
<b>Section:</b>	Alcohol and Other Drug Misuse: Screening, Assessment, Treatment and Rehabilitation - Treatment and Rehabilitation
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	The State DOH, law enforcement, and judiciary ensure that all who come through the criminal justice system get access to screening and treatment. Medicaid is the most common third-party payor for this population, although other options are available if a person is unable to self-pay.
<b>Question:</b>	151. Do intervention programs 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?
<b>Evidence:</b>	Supporting evidence: Provide a list of tools used in treatment and rehabilitation to match with the diagnosis of a DWI client.
<b>Section:</b>	Alcohol and Other Drug Misuse: Screening, Assessment, Treatment and Rehabilitation - Treatment and Rehabilitation
<b>Level of Progress:</b>	Completed
<b>Status:</b>	All treatment facilities in Nebraska adhere to ASAM criteria for diagnosis and patient placement.
<b>Question:</b>	152. Do intervention programs provide assessment, treatment, and rehabilitation services designed specifically for youth?
<b>Evidence:</b>	Supporting evidence: Provide samples of age-based assessment, treatment, and rehabilitation services.
<b>Section:</b>	Alcohol and Other Drug Misuse: Screening, Assessment, Treatment and Rehabilitation - Treatment and Rehabilitation

<b>Level of Progress:</b>	Early Progress
<b>Status:</b>	There are a small number of youth treatment centers in Lincoln and Omaha. Outside of that area, such services are difficult to find.
<b>Question:</b>	153. Do intervention programs provide assessment, treatment, and rehabilitation services that are linguistically appropriate?
<b>Evidence:</b>	Supporting evidence: Provide samples of linguistically appropriate assessment, treatment, and rehabilitation services.
<b>Section:</b>	Alcohol and Other Drug Misuse: Screening, Assessment, Treatment and Rehabilitation - Treatment and Rehabilitation
<b>Level of Progress:</b>	Underway
<b>Status:</b>	All licensed treatment facilities in Nebraska are required to be culturally competent.
<b>Question:</b>	154. Do intervention programs ensure that based on an assessment, offenders that have been determined to have an alcohol or other-drug dependence, or abuse problem, begin appropriate treatment immediately after conviction?
<b>Evidence:</b>	Supporting evidence: Provide the timeline of when offenders first receive intervention and when treatment generally first starts.
<b>Section:</b>	Alcohol and Other Drug Misuse: Screening, Assessment, Treatment and Rehabilitation - Treatment and Rehabilitation
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	DUI offenders who have been convicted and found through assessment to have a substance misuse disorder are usually referred to treatment within a short time, if they have not already begun treatment prior to trial (as is often the case with felony DUI cases).
<b>Question:</b>	155. Does the State provide treatment and rehabilitation services that are in addition to, and not as a substitute for, license restrictions and other sanctions?
<b>Evidence:</b>	Supporting evidence: Provide State statutes, rules, or policies that describe treatment/intervention requirements for DWI offenders.
<b>Section:</b>	Alcohol and Other Drug Misuse: Screening, Assessment, Treatment and Rehabilitation - Treatment and Rehabilitation
<b>Level of Progress:</b>	Underway
<b>Status:</b>	When treatment is mandated, it is a requirement that the offender complete treatment as determined by a licensed drug and alcohol counselor before a driver's license is restored.
<b>Question:</b>	156. Does the State 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?
<b>Evidence:</b>	Supporting evidence: Provide State statutes, rules, or policies that describe treatment/intervention requirements for DWI offenders.
<b>Section:</b>	Alcohol and Other Drug Misuse: Screening, Assessment, Treatment and Rehabilitation - Treatment and Rehabilitation
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	The State requires that offenders who either refused or failed a BAC test complete recommended treatment, as determined by a certified drug and alcohol counselor, before license reinstatement.

<b>Question:</b>	157. Does the State promote and support dedicated DWI Treatment Courts and/or Drug Treatment Courts that provide services to convicted impaired drivers?
<b>Evidence:</b>	Supporting evidence: Provide a list of and description of DWI and/or Treatment Courts that provide services to DWI offenders.
<b>Section:</b>	Alcohol and Other Drug Misuse: Screening, Assessment, Treatment and Rehabilitation - Treatment and Rehabilitation
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	Of the 35 problem-solving courts in Nebraska, two are dedicated DUI courts. The others may deal with substance use disorder issues, but are not DUI-specific.
<b>Question:</b>	158. Does the State ensure that all convicted impaired drivers are monitored from the time of arrest through screening, referral, and completion of interventions?
<b>Evidence:</b>	Supporting evidence: Describe the state's monitoring system/practices to ensure that offenders complete required interventions and/or treatment.
<b>Section:</b>	Alcohol and Other Drug Misuse: Screening, Assessment, Treatment and Rehabilitation - Treatment and Rehabilitation
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	In Nebraska, there are several measures in place to monitor and manage convicted impaired drivers, including ignition interlock and CAM devices. The 24/7 monitoring program is another option. The level of monitoring and intervention can vary depending on the specific circumstances of each case and the discretion of the courts and probation authorities.
<b>Question:</b>	159. Does the State's Strategic Highway Safety Plan include impaired driving as an emphasis area?
<b>Evidence:</b>	Suggested Evidence: Provide a copy of the State's Strategic Highway Safety Plan. Identify the sections related to impaired driving.
<b>Section:</b>	Program Evaluation and Data - Evaluation
<b>Level of Progress:</b>	Completed
<b>Status:</b>	Nebraska's Strategic Highway Safety Plan includes impaired driving as an emphasis area.
<b>Question:</b>	160. Is statewide citation and adjudication data available to law enforcement and impaired driving program managers to support problem identification and program evaluation activities?
<b>Evidence:</b>	Suggested Evidence: Describe the process by which citation data is made available to highway safety program managers to support their problem identification and program evaluation efforts. Provide copies of the most recent data reports or queries provided to highway safety office program managers.
<b>Section:</b>	Program Evaluation and Data - Evaluation
<b>Level of Progress:</b>	Underway
<b>Status:</b>	The citation and conviction information is available for law enforcement and impaired driving program managers to support problem identification and program evaluation activities. However, this consists only of citations accepted for prosecution. Additionally, there is an e-citation database that could be referenced to determine a more complete analysis of the impaired driving cases cited.
<b>Question:</b>	161. Are impaired driving programs evaluated using traffic records or survey data?

<b>Evidence:</b>	Suggested Evidence: Provide recent reports or analysis demonstrating the use of driver surveys or other analysis using components of the traffic records system (crash, injury surveillance, driver, vehicle, citation/adjudication, roadway).
<b>Section:</b>	Program Evaluation and Data - Evaluation
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	Nebraska's impaired driving programs are evaluated using crash record analysis.
<b>Question:</b>	162. Does the State collect metrics related to communications efforts, such as social media campaigns, paid, and earned media?
<b>Evidence:</b>	Suggested Evidence: Briefly describe the metrics used to quantify the effectiveness of current impaired driving media campaigns (i.e., impressions, social media views, etc.).
<b>Section:</b>	Program Evaluation and Data - Evaluation
<b>Level of Progress:</b>	Underway
<b>Status:</b>	Each agency is responsible for communication efforts, and some social media impressions are monitored.
<b>Question:</b>	163. Is data from the crash system used to identify crash risk factors, specifically crashes that involve alcohol/drug impairment?
<b>Evidence:</b>	Suggested Evidence: Briefly describe the data elements included on the State's crash report that are used to quantify the nature and extent of impaired driving.
<b>Section:</b>	Program Evaluation and Data - Evaluation
<b>Level of Progress:</b>	Completed
<b>Status:</b>	Nebraska data from the crash system is used to identify crash risk factors including crashes that involve alcohol/drug impairment.
<b>Question:</b>	164. Is data from the crash system used to evaluate impaired driving countermeasure programs?
<b>Evidence:</b>	Suggested Evidence: Provide an example where crash data was used to develop an impaired driving countermeasure program within the State.
<b>Section:</b>	Program Evaluation and Data - Evaluation
<b>Level of Progress:</b>	Completed
<b>Status:</b>	Data from the crash system is used to evaluate impaired driving countermeasure programs.
<b>Question:</b>	165. Do impaired driving program managers have access to traffic records data and analytic resources for problem identification, priority setting, and program evaluation?
<b>Evidence:</b>	Suggested Evidence: Describe the process by which impaired driving program managers can access the State's traffic records data and analytical resources to support and evaluate their program activities.
<b>Section:</b>	Program Evaluation and Data - Evaluation
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	Most of the Nebraska traffic record data is available for problem identification, priority setting, and program evaluation.
<b>Question:</b>	166. Do decision-makers and the general public have access to resources for the use and analysis of impaired driving data?
<b>Evidence:</b>	Suggested Evidence: Briefly describe, or provide an example of, how the general public can access traffic records data systems to support impaired driving program activities.

<b>Section:</b>	Program Evaluation and Data - Evaluation
<b>Level of Progress:</b>	Underway
<b>Status:</b>	The responses indicate that crash data is readily available to the public and managers for decision making. Other data may be made available for a fee.
<b>Question:</b>	167. Can your State track the total number of citations/arrests for drug-impaired driving?
<b>Evidence:</b>	Suggested Evidence: Provide a frequency table illustrating the number of citations/arrests issued/made as the result of drug-impaired driving in the State.
<b>Section:</b>	Program Evaluation and Data - Evaluation
<b>Level of Progress:</b>	Completed
<b>Status:</b>	Nebraska has a statewide citation database and would be able to track how many citations were issued for drug impaired driving.
<b>Question:</b>	168. Are DRE evaluations uploaded to the national database?
<b>Evidence:</b>	Suggested Evidence: If available, provide a data dictionary for the State's DRE database or describe the data elements provided by the State to the National DRE database. Describe the process and timing of uploading DRE evaluations by the State to the National DRE database.
<b>Section:</b>	Program Evaluation and Data - Evaluation
<b>Level of Progress:</b>	Completed
<b>Status:</b>	All Nebraska DRE evaluations are uploaded to the national database.
<b>Question:</b>	169. Are evaluation metrics included as part of the State's impaired driving grant application?
<b>Evidence:</b>	Suggested Evidence: Provide a copy of the State's grant application for 402/405 funding or briefly describe the information collected as part of the grant application process.
<b>Section:</b>	Program Evaluation and Data - Evaluation
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	Evaluation metrics are included as part of the Nebraska's impaired driving grant applications. Most of the outcomes are quantitative and could be improved with an outcome effectiveness analysis as well.
<b>Question:</b>	170. Are performance measures used to determine the success of impaired driving grant activities for law enforcement and general grantees?
<b>Evidence:</b>	Suggested Evidence: Provide examples of metrics used to determine the success of funded grant activities.
<b>Section:</b>	Program Evaluation and Data - Evaluation
<b>Level of Progress:</b>	Completed
<b>Status:</b>	Performance measures are used to determine the success of impaired driving grant activities for law enforcement and general grantees.
<b>Question:</b>	171. Is statewide crash data consolidated into one unified and comprehensive database?
<b>Evidence:</b>	Suggested Evidence: Provide a data dictionary for the State's crash database.
<b>Section:</b>	Program Evaluation and Data - Data and Records
<b>Level of Progress:</b>	Completed
<b>Status:</b>	The Nebraska Department of Transportation maintains the statewide crash database.

<b>Question:</b>	172. Is the crash report data collected and reported electronically?
<b>Evidence:</b>	Suggested Evidence: Briefly describe how the data is collected and what percentage of the crash report data is submitted electronically by law enforcement agencies within the State.
<b>Section:</b>	Program Evaluation and Data - Data and Records
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	Approximately 90% of Nebraska crash reports are submitted electronically, the remainder are submitted as paper reports.
<b>Question:</b>	173. Are toxicology testing results included as part of the crash report and crash database?
<b>Evidence:</b>	Suggested Evidence: Provide a copy of the State's crash report and a frequency table showing the fields related to impairment, including toxicology test results. Highlight in the crash database dictionary where the toxicology data is noted.
<b>Section:</b>	Program Evaluation and Data - Data and Records
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	Toxicology testing results are included as a field in the crash report and crash database.
<b>Question:</b>	174. Is there a real-time interface between the crash and driver license systems?
<b>Evidence:</b>	Suggested Evidence: Describe the real-time capture of data from the driver license system to auto-populate fields on the police crash report.
<b>Section:</b>	Program Evaluation and Data - Data and Records
<b>Level of Progress:</b>	Not Started
<b>Status:</b>	driver information can be auto-populated to the police crash report for report completion but there is no interface between the crash and driver systems.
<b>Question:</b>	175. Is there a real-time interface between the crash and vehicle registration systems?
<b>Evidence:</b>	Suggested Evidence: Describe the real-time capture of data from the vehicle registration system to auto-populate fields on the police crash report.
<b>Section:</b>	Program Evaluation and Data - Data and Records
<b>Level of Progress:</b>	Not Started
<b>Status:</b>	Vehicle information can be auto-populated to the police crash report for report completion but there is no interface between the crash and driver systems.
<b>Question:</b>	176. Does the crash report collect and report GPS coordinates to allow the accurate location of impaired driving crashes?
<b>Evidence:</b>	Suggested Evidence: Provide a copy of the State's crash report and a frequency table showing the collection of GPS coordinates. Identify what percentage of GPS coordinates refer to locations outside of the State's borders.
<b>Section:</b>	Program Evaluation and Data - Data and Records
<b>Level of Progress:</b>	Underway
<b>Status:</b>	Crash reports have GPS coordinate fields, and the information can be auto-populated by officers via electronic reporting applications. It was reported that manual reports would likely not have GPR coordinate information completed.
<b>Question:</b>	177. Does the citation data collect and report GPS coordinates to allow the accurate location of impaired driving arrests?

<b>Evidence:</b>	Suggested Evidence: Provide a copy of the State's citation form and data dictionary. Provide a frequency table illustrating the completeness of the GPS coordinates in the citation data system.
<b>Section:</b>	Program Evaluation and Data - Data and Records
<b>Level of Progress:</b>	Underway
<b>Status:</b>	Citation reports have GPS coordinate fields, and the information can be auto-populated by officers via electronic reporting applications.
<b>Question:</b>	178. Do the State's crash report and database utilize MMUCC's five-point scale to identify injury severity?
<b>Evidence:</b>	Suggested Evidence: Provide a copy of the State's crash report along with the data dictionary which included the definitions used to quantify injury severity.
<b>Section:</b>	Program Evaluation and Data - Data and Records
<b>Level of Progress:</b>	Completed
<b>Status:</b>	Nebraska's crash report and database utilize MMUCC's five-point scale to identify injury severity.
<b>Question:</b>	179. Is licensing data available to support problem identification and program evaluation activities related to impaired driving?
<b>Evidence:</b>	Suggested Evidence: Provide a report or briefly describe how driver license data are used to describe the nature and extent of impaired driving in the State.
<b>Section:</b>	Program Evaluation and Data - Data and Records
<b>Level of Progress:</b>	Completed
<b>Status:</b>	Licensing and demographic data are available to support problem identification and program evaluation activities related to impaired driving.
<b>Question:</b>	180. Does that State's FARS unit have access to toxicology results for all fatally injured crash victims and non-fatally injured drivers involved in the crash?
<b>Evidence:</b>	Suggested Evidence: Briefly describe the process by which toxicology results are obtained by the State's FARS analyst for fatally injured motor vehicle crash victims and surviving drivers of crashes which resulted in the death of a motor vehicle operator, passenger, or pedestrian.
<b>Section:</b>	Program Evaluation and Data - Data and Records
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	Nebraska's FARS unit has access to toxicology results for all fatally injured crash victims and some non-fatally injured drivers involved in the crash.
<b>Question:</b>	181. Is impairment identified on pre-hospital data collection forms?
<b>Evidence:</b>	Suggested Evidence: Provide a copy of the EMS data dictionary and frequency tables of data elements related to impairment noting where impairment data is captured.
<b>Section:</b>	Program Evaluation and Data - Data and Records
<b>Level of Progress:</b>	Completed
<b>Status:</b>	Impairment is identified on pre-hospital data collection forms.
<b>Question:</b>	182. Is data from the crash system regularly used to prioritize law enforcement activity?
<b>Evidence:</b>	Suggested Evidence: Briefly describe how crash data is used by law enforcement agencies to plan and implement enforcement activities.
<b>Section:</b>	Program Evaluation and Data - Data and Records
<b>Level of Progress:</b>	Underway

<b>Status:</b>	Crash data can be utilized by law enforcement to prioritize law enforcement activity.
<b>Question:</b>	183. Are MMUCC data elements related to impaired driving included as part of the crash report?
<b>Evidence:</b>	Suggested Evidence: Provide a copy of the State's crash report.
<b>Section:</b>	Program Evaluation and Data - Data and Records
<b>Level of Progress:</b>	Completed
<b>Status:</b>	MMUCC data elements related to impaired driving are included as part of the Nebraska crash report.
<b>Question:</b>	184. Can your State identify alcohol vs. other drug citations/arrests or combinations?
<b>Evidence:</b>	Suggested Evidence: Briefly describe how the State differentiates between a driver impaired by alcohol, drugs, or a combination of both.
<b>Section:</b>	Program Evaluation and Data - Data and Records
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	Nebraska can identify alcohol vs. other drug citations/arrests.
<b>Question:</b>	185. Can your State track the adjudication of citations issued for drug-impaired driving Statewide?
<b>Evidence:</b>	Suggested Evidence: Briefly describe how citations and adjudications related to drug-impaired driving are tracked.
<b>Section:</b>	Program Evaluation and Data - Data and Records
<b>Level of Progress:</b>	Underway
<b>Status:</b>	Nebraska can track cases through to adjudication if there are no charges declined for prosecution or changes from the original charge. However, there are a couple of places to lose counts of LE actions: 1) a small agency arrest that does not get recorded on eCitation could be difficult to track; and 2: a case declined for prosecution or modified charge would be difficult to track.
<b>Question:</b>	186. Is statewide toxicology data collected in a single system?
<b>Evidence:</b>	Suggested Evidence: Briefly describe the process by which toxicology results are collected.
<b>Section:</b>	Program Evaluation and Data - Data and Records
<b>Level of Progress:</b>	Not Started
<b>Status:</b>	There is no statewide toxicology data collected in a single system.
<b>Question:</b>	187. Can the toxicology data be integrated into the State's traffic records database?
<b>Evidence:</b>	Suggested Evidence: Briefly describe the process by which toxicology results are integrated into the traffic records database.
<b>Section:</b>	Program Evaluation and Data - Data and Records
<b>Level of Progress:</b>	Underway
<b>Status:</b>	There are two state labs that perform toxicology testing. The Dept of Health lab analyzes blood for all drivers, including fatalities. The state crime lab performs urine testing results for drug-impaired driving. Results may be provided to law enforcement and reported to the crash database.
<b>Question:</b>	188. Is there a statewide database for emergency department data and is there a statewide database for hospital discharge data?

<b>Evidence:</b>	Suggested Evidence: Provide a data dictionary for the Statewide hospital databases in the State.
<b>Section:</b>	Program Evaluation and Data - Data and Records
<b>Level of Progress:</b>	Completed
<b>Status:</b>	Nebraska has a statewide database for emergency department data and a statewide database for hospital discharge data.

<b>Question:</b>	189. Do State trauma centers regularly test for a list of various drugs?
<b>Evidence:</b>	Suggested Evidence: Briefly describe the toxicology testing process for the State's trauma centers and provide a listing of drugs normally tested for and the medium used (i.e., blood, urine).
<b>Section:</b>	Program Evaluation and Data - Data and Records
<b>Level of Progress:</b>	Not Started
<b>Status:</b>	State trauma centers do not regularly test for a list of various drugs.

<b>Question:</b>	190. What are the testing rates for fatally injured drivers in alcohol/drug-impaired driving cases?
<b>Evidence:</b>	Suggested Evidence: Provide the FARS or NHTSA Fact Sheet for the testing results concerning impairment.
<b>Section:</b>	Program Evaluation and Data - Data and Records
<b>Level of Progress:</b>	Undetermined
<b>Status:</b>	Testing rates for fatally injured drivers in alcohol/drug-impaired driving cases is around 80%.

<b>Question:</b>	191. Does the driver license record contain electronic records of crashes, arrests, dispositions, driver licensing actions, and other sanctions of impaired driving offenders?
<b>Evidence:</b>	Suggested Evidence: Describe the contents of the driving record that is available to highway safety program managers in the State. If available, provide a data dictionary identifying data elements that can be used to identify impaired drivers.
<b>Section:</b>	Program Evaluation and Data - Driver Records System
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	Nebraska driver license record contain electronic records of crashes, dispositions, driver licensing actions, and other sanctions of impaired driving offenders. However, arrests are not recorded.

<b>Question:</b>	192. Are driving records purged of convictions after a certain period of time?
<b>Evidence:</b>	Suggested Evidence: Briefly describe the State's policy on purging driving records. Provide a copy of the policy or statute that describes how an individual's driving record may be purged.
<b>Section:</b>	Program Evaluation and Data - Driver Records System
<b>Level of Progress:</b>	Completed
<b>Status:</b>	Nebraska driving records are purged of convictions after a certain period of time. DUI convictions are maintained for 12 years. Other violations are purged after 5 years.

<b>Question:</b>	193. Does the State have an impaired driving tracking system that allows offenders to be tracked from arrest through disposition and sanctioning?
<b>Evidence:</b>	Suggested Evidence: Provide a brief description of the State's impaired driving tracking system that has the capability to follow an individual from arrest through the completion of sanction or treatment programs.

<b>Section:</b>	Program Evaluation and Data - Driver Records System
<b>Level of Progress:</b>	Underway
<b>Status:</b>	Nebraska does not have a DUI tracking system. However, there are disparate Court management and DMV systems that could provide a foundation for a DUI tracking system.
<b>Question:</b>	194. Are all driving violations related to impaired driving captured on the individual's driving record?
<b>Evidence:</b>	Suggested Evidence: Briefly describe the process by which a citation or arrest is added to an individual's driving record. Also describe how citations/arrests related to impaired driving that occur out-of-state are included on an individual's driving record.
<b>Section:</b>	Program Evaluation and Data - Driver Records System
<b>Level of Progress:</b>	Substantial Progress
<b>Status:</b>	Only DUI conviction information is recorded on a Nebraska driving record.
<b>Question:</b>	195. Do law enforcement officers have real-time access to driver license records and a history of citations/warnings that have been issued?
<b>Evidence:</b>	Suggested evidence: Briefly describe the process by which a law enforcement officer queries the driver license record/citation system during a traffic stop. Include a description of the types of information available to the officer during the stop.
<b>Section:</b>	Program Evaluation and Data - Driver Records System
<b>Level of Progress:</b>	Completed
<b>Status:</b>	Law enforcement officers have real-time access to driver license records and a history of citation convictions that have been issued. Officers can also query citations previously issued to a driver.
<b>Question:</b>	196. Is data related to arrests/convictions/sentencing of impaired driving arrests electronically transmitted between the location of offense and the defendant's home jurisdiction? (For example, state-to-state, state-to-tribal authorities, state-to-military).
<b>Evidence:</b>	Suggested evidence: Briefly describe the process by which adjudication and sentencing results are shared between governmental/sovereign agencies.
<b>Section:</b>	Program Evaluation and Data - Driver Records System
<b>Level of Progress:</b>	Completed
<b>Status:</b>	Data related to arrests/convictions/sentencing of impaired driving arrests is electronically transmitted between the location of offense and the defendant's home jurisdiction.

## **ASSESSMENT TEAM CREDENTIALS**

**Robert H. (Bob) Burroughs, Major (Retired)**  
**Texas Department of Public Safety**

Email: [robertburroughs1@att.net](mailto:robertburroughs1@att.net)

### **Summary of Experience**

Bob Burroughs has over 29 years of law enforcement experience including over 20 years of progressive management and executive level experience in highway safety, regulatory programs, and driver licensing programs. He has over nine (9) additional years providing consulting services in the motor vehicle programs.

Bob's transportation career began as a highway patrolman and driver licensing trooper. He progressed through the ranks and served in several highway safety program oversight positions covering motor carrier, vehicle safety inspection, driver licensing, and information technology programs. He was instrumental in automating roadside commercial motor vehicle inspections and traffic citations for the Texas DPS. He also served as a project sponsor for the Texas Crash Records Information System project and as an executive member of the Texas Traffic Records Coordinating Committee.

### **Professional Business Experience**

- Manager of the Motor Carrier Bureau responsible for statewide data management of Commercial Motor Vehicle Roadside Inspection data and oversight of the Motor Carrier Compliance Audit program of the Texas Department of Public Safety
- Program director for the statewide Vehicle Inspection Program responsible for program oversight and enforcement
- Highway Patrol Division record management and information technology manager responsible for integrating citation and disposition data as well as development and deployment of the Texas Highway Patrol In-Car computer program
- Directed the statewide Driver License Field Operations and the Internal Fraud Investigation Unit
- Directed the development of the Compliance and Enforcement Service for the newly formed Regulatory Services Division of the Department of Public Safety.

### **Consulting Business Experience**

- Worked with the Massachusetts Registry of Motor Vehicles documenting business processes for re-engineering revenue operations, citation processing, and driver sanctioning activities.

- Prepared response to Jamaica Department of Motor Vehicles' request for proposals to upgrade the driver licensing and vehicle title and registration programs.
- Work as a subcontractor assessing traffic record system interoperability within various States and United States Territories as a condition of their receiving federal highway funds for traffic record interoperability improvement programs.

### **Professional Societies and National Committees**

- Member of the Federal Motor Carrier Safety Administration, Commercial Driver License Advisory Group
- Member of the Federal Motor Carrier Safety Administration, Federal Negotiated Rulemaking Committee to Enhance Driver License and Identity Security Standards
- Past Regional Vice President of the Commercial Vehicle Safety Alliance
- Member of the Information Systems Committee of the Commercial Vehicle Safety Alliance
- Past International Chair of the Law Enforcement Committee of the American Association of Motor Vehicle Administrators
- Past International Chair of the Vehicle Safety Inspection Committee of the American Association of Motor Vehicle Administrators
- Past Region II Chair of the Law Enforcement Committee of the American Association of Motor Vehicle Administrators
- Past Region II Chair of the Vehicle Safety Inspection Committee of the American Association of Motor Vehicle Administrators

### **Education**

B.S., Criminal Justice, Wayland Baptist University

Graduate of the Bill Blackwood Law Enforcement Management Institute and the State of Texas Governor's Executive Management Development Program

**TROY E. COSTALES**

[Troy.costales@comcast.net](mailto:Troy.costales@comcast.net)

Mr. Costales was the state of Oregon's Transportation Safety Division Administrator and Governor's Highway Safety Representative from September 1997 until May 2021. During his time as the Governor's Representative, he worked for three different Governors. Troy has over 40 years of experience in Transportation Safety, including 24 years as the Administrator of the Division.

Mr. Costales was the 2011-2012 Chairman of the Governor's Highway Safety Association (GHSA). He also served on the: American Association of State Highway and Transportation Officials (AASHTO) – Standing Committee on Highway Safety, AASHTO's Strategic Highway Safety Plan initiative, NHTSA's Impaired Driving program management course writing team, Transportation Research Board's Transportation Safety Management Committee and the Naturalistic Driving Data project, International Association of Chiefs of Police - Drug Evaluation and Classification Program Technical Advisory Panel, plus many others. He was part of the faculty for the GHSA Executive Training Seminar for eighteen years.

Mr. Costales was a member and team lead for several driver education, occupant protection, bicycle/pedestrian, motorcycle safety, and impaired driving program assessments over the past thirty years.

In 2022 Troy was recognized as a DRE Ambassador by the International Association of Chiefs of Police DRE Section, the Kathryn J.R. Swanson Public Service Award from the GHSA, and special recognition by the Oregon ATV Advisory Committee of the Oregon Department of State Parks.

George Fox University  
*Bachelor of Science in Human Resource Management*

Portland State University  
*Master of Arts in Public Administration*

**Judge Robin D. Smith**  
[rds2000@prodigy.net](mailto:rds2000@prodigy.net)

Judge Robin D. Smith was the Presiding Judge of the City of Midland, Texas Municipal Court. He served in that position from 1984 until his retirement in 2015. He continued to serve the Court and hear cases as required until 2022. Prior to the 1984 appointment, he practiced law as a prosecutor for the City of Midland in 1982-83 and operated as a solo practitioner in 1983-84.

Judge Smith's educational accomplishments include a Bachelor's Degree in Economics and Psychology from Oklahoma State University and his Juris Doctorate from Texas Tech University. He has also received a *Professional Certificate in Judicial Development* for Special Court Trial Skills from the National Judicial College.

His professional Association work includes serving as Chair of the American Bar Association's National Conference of Specialized Court Judges in 1996-97. Also in 1997, Judge Smith was appointed by Chief Justice Tom Phillips to serve on the Texas Judicial Council where he served until 2001. He has been President of the Texas Municipal Courts Association (TMCA) twice in 1991-92 and 2008-09. He was Chair of the State Bar of Texas Municipal Judges Section in 1989-90 and 2013-2014. He also served on the Section's Council for many years. He served on the TMCA Board of Directors from 1986-1997 and again in 2001 to 2005 and 2006 to 2010. Most notably, Judge Smith served as the United States Department of Transportation National Highway Traffic Safety Administration Judicial Fellow from 2002-2004.

Among honors, the Texas Municipal Courts Association named Judge Smith *Judge of the Year* in June 1998 and the State Bar of Texas Municipal Judges Section presented Judge Smith with the *Michael J. O'Neal Outstanding Jurist Gavel Award* in 2002. In 2001, Judge Smith was presented the American Bar Association's National Conference of Specialized Court Judges' *Education Award*. Judge Smith also was recognized by the Texas Junior Chamber of Commerce as one of *Five Outstanding Young Texans* in 1994 and is a five-time winner of the *City of Midland Management Awards*. In 2007, he was selected to be a *Fellow of the Texas Bar Foundation*.

He has been a frequent speaker for several groups including the National Judicial College and the Texas Municipal Courts Education Center. In addition, he has spoken at judicial training seminars in numerous states. He is considered to have expertise in the areas of search and seizure, constitutional criminal procedure, traffic safety and juvenile law.

In addition to his activities and position at the Midland Municipal Court, he edited and published the *Texas Municipal Court - Justice Court News*. The publication had more than 800 monthly subscribers and was printed for more than thirty years.

Rob K. Levy, MS, CPP  
[rlmeadowood@frontier.com](mailto:rlmeadowood@frontier.com)  
<https://www.linkedin.com/pub/rob-levy-m-s/4a/216/341>

*Dedicated to collaborative work processes and high-quality, on-time deliverables.*

### **SUMMARY OF QUALIFICATIONS**

- A bridge-builder within and between organizations and the communities they serve.
- Outstanding ability to translate research into clear and engaging communications for a variety of audiences and end-users.
- Superior written and verbal communication skills.
- Experienced dialogue-based instructional and training designer and facilitator.
- A lifelong commitment to cross-cultural connection and understanding.

### **HIGHLIGHTS OF ACCOMPLISHMENTS**

#### **Technical Writing, Program Development and Evaluation:**

- Designed and delivered provider trainings and trainings of trainers in 25 states for a cognitive/behavioral skill-based substance abuse and violence prevention program.
- Worked with a team of psychologists and media specialists to create evidence-based, multi-media health education curricula.
- Designed and provided continuing education courses to health professionals.
- Implemented a school-based substance abuse prevention and intervention program.
- Brought medical research and provider/client experience to bear on the writing, scripting and development of an interactive, multi-media assessment for people with schizophrenia.
- Mentored teachers and trainers across the state of Vermont in facilitating peer skill practice.
- Facilitated school-based trainings and workshops on HIV prevention and other health topics.
- Translated medical and behavioral chronic disease management research into consumer communications for diverse populations.

#### **Community Health and Educational Consulting:**

- Provided evidence-based prevention education programs to K-12 students, including Screening, Brief Intervention and Referral to Treatment (SBIRT) with individual students.
- Provided seminars and trainings on substance abuse related topics to educators and community members, including Narcan opiate overdose prevention training.
- Provided training and technical assistance in community needs assessment, resource development, strategic planning and implementation of evidence-based substance abuse prevention policies and practices to community anti-drug coalitions in a 12-county region of New York State, with the goal of bringing about population-level change.
- Assisted with the writing of a successful federal Drug-Free Communities grant.
- Formed professional learning communities in underperforming urban schools to study and implement research-based models of authentic teaching, learning and assessment.
- Forged working partnerships between schools, parents and community resources.

### **PROFESSIONAL EXPERIENCE**

Council on Alcohol and Substance Abuse of Livingston County, New York <b>Prevention Education Specialist</b>	<b>2015 – Pres.</b>
Collaborative Care Interactive, Rochester, New York. <b>Product Developer</b>	<b>2013 - 2014</b>
National Council on Alcoholism and Drug Dependence of the Rochester Area, Prevention Resource Center, Rochester, New York. <b>Community Training Specialist</b>	<b>2009 - 2013</b>
ATLAS Learning Communities, Inc., Cambridge, Massachusetts. <b>School Reform Consultant – Site Developer</b>	<b>2005 - 2007</b>
Comprehensive Health Education Foundation, Seattle, Washington. <b>Lead Curriculum Developer</b>	<b>2003 - 2004</b>
National Health Promotion Associates, White Plains, New York. <b>Lead National Trainer</b>	<b>2000 - 2003</b>
Vermont State Department of Education. Montpelier, Vermont. <b>Comprehensive School Health Education Consultant</b>	<b>1997 - 2000</b>
Covalent Research Associates, Inc., Rochester, New York. <b>Manager of Content Development</b>	<b>1996 - 1997</b>
Wilson Magnet High School, Rochester, New York. <b>Teacher and Prevention Program Developer</b>	<b>1980 - 1996</b>

#### **EDUCATION AND PROFESSIONAL DEVELOPMENT**

**Credentialed Prevention Professional**, NYS OASAS, IC&RC

**Master of Science**, Community Health, University of Rochester School of Medicine & Dentistry.

**Bachelor of Arts**, Education and Health in American Society, University of Rochester.

**Dialogue Education Training**, Global Learning Partners, Montpelier, VT.

**Community Intervention Training**, Hazelden Foundation, Minneapolis, MN.

#### **AWARDS AND PRESENTATIONS**

- Magna cum Laude, High Honors in Interdisciplinary Studies, University of Rochester.
- University of Rochester Secondary Teacher of the Year.
- PRIS<sup>2</sup>M Teacher of the Year.
- Featured in:
  - *Washington Post* front-page story on working with at-risk students.
  - *Today Show* interview on involvement with Rochester City Schools reform efforts.
  - *USA Today* television show documentary segment on working with at-risk students.
- Presentation, American Public Health Association (APHA) National Convention, 2001:  
“*Prevention Education: Are Schools Ready?*”

**THOMAS WOODWARD**  
[twoodward1255@gmail.com](mailto:twoodward1255@gmail.com)

Thomas Woodward retired as a Lieutenant from the Maryland State Police on July 1, 2013, after a 36 year law enforcement career. At the time of his retirement Mr. Woodward was the Commander of the Maryland State Police, Hagerstown Barrack. He previously served as the Commander of the Chemical Test for Alcohol Unit, a staff officer for the Chief of the Field Operations Bureau, and as the Executive Officer for the Commander of the Transportation Safety Division. He served as the Maryland Drug Recognition Expert (DRE) Coordinator for nine years during this time. He returned to the Maryland State Police, in a civilian capacity, in January 2014 and was appointed by the Governor's Highway Safety Representative to again serve as the DRE Coordinator. He retired from that position on September 30, 2020.

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

Mr. Woodward was certified as a Drug Recognition Expert (DRE) in July 1991. He was certified as a DRE Instructor in April 1992 and received instruction as a DRE Course Manager in June 1995. He served as the DRE Coordinator for the state of Maryland for a combined total of 16 years.

Mr. Woodward was twice recognized by the Maryland Highway Safety Office for innovation in the development of traffic safety programs, and the Kevin Quinlan Memorial Award for his efforts to combat impaired driving and educate the public on the affects of impaired driving.

Working as a private consultant Mr. Woodward has assisted Johns Hopkins University School of Medicine with research projects related to drug impaired driving and has conducted highway safety program assessments for 23 states.

**EDUCATIONAL BACKGROUND**

Mr. Woodward received a Bachelors Degree in Organizational Leadership and Development from Wheeling Jesuit University in May 2005. He is also a graduate of the Northwestern University School of Police Staff and Command where he received the Franklin M. Kremel leadership award.