



FY 2017 Los Alamos County DWI Program Strategic Plan

Los Alamos DWI Planning Council

**Approved by the DWI Planning Council on February 8, 2017
Presented to County Council on February 14, 2017**

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INTRODUCTION

The Los Alamos County DWI Strategic Plan was developed by the Los Alamos County DWI Planning Council. The strategic planning process was facilitated over 3 separate sessions by Charlie Kalogeros-Chattan, Los Alamos County Community Services Director, in October, November and December, 2016. Each member participated in the process by providing their unique and diverse knowledge, skills, expertise, and experiences. The Strategic Plan covers a 3-year span from July 2017 – June 2020. The group completed and approved the Strategic Plan in February, 2017.

CURRENT STATEWIDE DWI GOALS

As part of the annual grant application process, the State develops goals related to DWI that each county takes into account when developing their strategic plan and grant budget request. The current long-term statewide goals are:

- Goal 1: Reduce binge drinking and underage drinking in New Mexico
- Goal 2: Reduce alcohol-related injury and death
- Goal 3: Reduce alcohol-related motor vehicle crashes and deaths

DWI PLANNING COUNCIL MISSION & OBJECTIVES

The mission of the Los Alamos County DWI Planning Council is to prevent and reduce the incidence of DWI, alcoholism, alcohol abuse, alcohol-related domestic violence and underage drinking in Los Alamos County.

The objectives of the Planning Council are as follows:

- To reduce the number of persons driving while under the influence of alcohol or drugs in the County and the State of New Mexico;
- To increase personal and community safety and awareness in matters related to DWI, alcohol dependency, and alcohol and substance abuse;
- To coordinate related efforts with those of other organizations and agencies;
- To support those charged with enforcing our laws and keeping the County safe; and
- To promote education regarding DWI and underage drinking.

DWI COMPONENTS/AREAS OF SERVICE

The DWI Grant Program Act and financial subsidy was passed in 1993. The 41st Legislature established the Local DWI program to fund new, innovative or model programs, services or activities designed to prevent or reduce the incidence of DWI, alcoholism or alcohol abuse; provide community-based programs, services or facilities for prevention; screening and treatment of alcoholism; and a broad range of approaches to prevention, education, screening, treatment or alternative sentencing, including programs that combine incarceration, treatment and aftercare.

NMSA 1978 provides statutory authority and guidelines for the Department of Finance Administration to allocate funding to local governments. Funding for the LDWI program are drawn from the state liquor excise tax. A grant and distribution support was made available to counties and municipalities and those who have established DWI Planning Councils are eligible to submit applications for funding. The following are the seven (7) component areas that DFA funds that are applicable in Los Alamos County:

PREVENTION

- Promoting the personal, physical and social well-being of individuals, families and communities to reinforce positive behaviors and healthy lifestyles.
- All prevention activities funded by LDWI must be related to preventing DWI and/or alcohol abuse. LDWI funds may be used to support the planning, implementation, and evaluation of such activities.
- Prevention activities funded with LDWI should be either evidence-based or promising activities. DWI programs must be able to document compliance with this requirement.
- The Division strongly recommends that a Certified Prevention Specialist provide supervision, oversight, and assistance in the planning process.

ENFORCEMENT

- Overtime for law enforcement officers to support sobriety checkpoints and saturation patrols, warrant roundups, and underage drinking activities.
- Some law enforcement equipment will be funded, but must be approved by LDWI prior to purchase.
- Programs are encouraged to first seek funding for law enforcement activities and equipment from other sources such as the Traffic Safety Division Community DWI (CDWI) or Operation Driving While Intoxicated (ODWI) programs, or the Law Enforcement Protection Fund administered by the Local Government Division.

SCREENING

- The structure of the screening program is a local decision and is established in conjunction with court systems, the Local DWI Council, the Board, and the Local DWI Coordinator.
- Screening programs should be designed in collaboration with the courts in the county (district, magistrate, metropolitan, and municipal) so that the screening program meets the needs of the courts and the highest percent possible of DWI offenders are screened (ideally between 95%-100% of those convicted).

TREATMENT

- Treatment is an array of individual, family, group or social program or activity alternatives directed to intervene and address DWI, alcohol problems, and alcohol dependence, alcoholism or alcohol abuse.
- Treatment seeks to reduce the consumption of alcohol, to support abstinence and recovery from drinking alcohol, and to improve physical health, family and social relationships, emotional health, well-being, and general life functioning.
- The competitive grant and distribution funding supports outpatient treatment services and jail based services that address alcohol abuse or alcohol dependence issues, as

related to DWI and the prevention of repeated DWI offenses for offenders with current DWI convictions.

COMPLIANCE MONITORING/TRACKING

- The compliance monitoring component is limited to providing services to those with alcohol related conditions of probation, unless fees collected exceed the amount of Program funds being used to operate the compliance monitoring program. Typical sanctions and/or conditions monitored might include:
 - Ignition Interlock installation & use
 - DWI School attendance and completion
 - Screening completion
 - Assessment(s) completion
 - Treatment attendance & completion
 - Victim Impact Panel, AA Meetings, etc. attendance & completion
 - Alcohol/drug use restrictions, such as “No booze, no bars”
 - Jail
 - Warrants issued
 - Fees paid
 - Drug Court attendance
 - Probation

COORDINATION, PLANNING AND EVALUATION

- The Coordination, Planning and Evaluation component is administered by a professional responsible for oversight of all local DWI program efforts:
 - Monitoring all activities
 - Budgeting, planning and funding requests
 - Development, maintenance and reporting of all reporting requirements
 - Evaluation of the grant project progress and impact
 - Submission of all required financial and program reports
 - Staffing the Local DWI Planning Council
 - Attending DWI Grant Council meetings

ALTERNATIVE SENTENCING

- Alternative sentencing provides the courts with sentencing alternatives to traditional incarceration, including electronic monitoring devices, alcohol monitoring devices, community custody, DWI drug courts, teen courts, and community service.
- LDWI funding may be used to support alternative adjudication programs such as DWI court and teen court. Teen court funding is limited to \$30,000 for the operation of teen courts. All DWI courts must follow AOC specialty court guidelines.

STRATEGIC PLAN PROCESS

The first day of the strategic planning retreat included time to set ground rules and review the purpose and objectives of the 3-session retreat. The facilitator set the larger context by reviewing the statewide DWI goals and the local mission and objectives.

Gaining an understanding of the broader context in which the Los Alamos Planning Council operates was a key element of the first session. State and local data was presented by Kelly Gallagher, PhD, Community Health Epidemiologist from the Department of Health, and Kirsten Bell, the Los Alamos DWI Program Coordinator. Reviewing health data, crash statistics, youth and community survey results, and DWI arrest trends helped to create a framework and foundation for the strategic plan.

During the second session, the group completed an internal assessment called Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis.

- Strengths = Strengths the community and the planning council have that will help achieve the mission and goals
- Opportunities = External conditions that will support the achievement of the mission and goals (i.e. opportunities to partner)
- Weaknesses = Weaknesses that the community and planning council have that will make it difficult to achieve the mission and goals
- Threats = External conditions that currently or potentially will make it difficult to achieve the mission and goals

In addition to the SWOT analysis, the group also spent time prioritizing the statewide goals and local objectives and selecting components to support the goals.

The focus of the final session was to mine and refine the SWOT results and develop a comprehensive list of activities to select and prioritize from in order to meet the identified gaps and needs. The detailed information presented during the retreat is included in Appendix A of this report.

PURPOSE: STRATEGIC PLANNING RETREAT

- To determine the local DWI Planning Council's funding priorities from among the State LDWI's goals and components, based on an assessment of Strengths, Weaknesses, Opportunities and Threats (SWOT), community trends and gaps.
- To develop activities in support of these priorities and in support of achieving the statewide LDWI goals.

GROUND RULES

- Cell phones on vibrate and face down
- Participate to the fullest of your ability -- community growth depends on the inclusion of every individual voice
- Listen actively -- respect others when they are talking
- When challenging one another refrain from personal attacks -- focus on ideas
- Be conscious of body language and nonverbal responses -- they can be as disrespectful as words (i.e. eye rolling, passing notes, etc.)
- Be succinct when stating your view or idea
- Stay focused on the activity at hand (we will make use of a Parking Lot)
- Try to put yourself in other people's shoes
- Each person agrees to own the decisions of the group's activities when we are done

SESSION II RESULTS

Who are our customers? (Per the data...)

In the first session, data was presented from multiple sources. This data outlined trends, behaviors, and statistics relating to DWI in our community. As part of this data, the group also reviewed DWI arrest and offender characteristics. The first activity in Session II was to use the data presented in Session I to brainstorm who our customers are as related to work/service provided by the DWI Planning Council. The group came up with the following list:

- Young Adult Males (20-35)
- Youth
- Offenders
- Health Care Facilities
- General Public
- The Driving Public
- Law Enforcement
- All DWI Offenders no matter where they live

SWOT Results

The facilitator described the SWOT Analysis process and split the large group into four smaller groups and assigned one of the four categories to each to brainstorm ideas.

STRENGTHS Strengths the community and the planning council have that will help achieve the mission and goals	
<ul style="list-style-type: none">• DWI Coordinator; strong Coordinator• Engaged Board; Active LDWI Council• Probation program; probation officer• LAPD (Monica)• Courts• Youth programs• Communication between community groups; community collaboration	<ul style="list-style-type: none">• Community programs• \$; Funding; County support/funding• Other community services such as ACT• Small, active community• Data shows comparatively low DWI• Concerned bartenders /Providers• Drivers' Ed Teacher Cooperation• Police DREs
WEAKNESSES Weaknesses that the community and planning council have that will make it difficult to achieve the mission and goals	
<ul style="list-style-type: none">• Lack of availability of treatment programs; lack of treatment• Naïve public• Lack of public/private transportation• Contributing to delinquency by supportive adults• Lack of collaboration among groups/regions	<ul style="list-style-type: none">• Lack of Board volunteering• Community perception• Lack of youth participation• Jail terms too short• Sentences too short• Receiving communications• Lack of MADD Chapter

OPPORTUNITIES External conditions that will support the achievement of the mission and goals	
<ul style="list-style-type: none"> • Hot alcohol sales • Judicial Candidate Forums/DA • ACT transit; transit • Council growth • Public education/awareness • Push tougher laws with newly elected candidates 	<ul style="list-style-type: none"> • LAPD presence & support • Local media • Businesses/drinking establishments • \$ (County); funding; tapping into economic conditions in Los Alamos County as a resource • JJAB, All DWI Council • Partner with the Lab
THREATS External conditions that currently or potentially will make it difficult to achieve the mission and goals	
<ul style="list-style-type: none"> • \$ (DFA); reduced funding; cut finding • State agency/lack of flexibility, rules • Businesses (lack of training) • # of alcohol establishments 	<ul style="list-style-type: none"> • Access to alcohol – teens • State Legislature • Weak laws/DAs/Judges

Prioritization of Statewide Goals

After completing the SWOT Analysis, each participant received two dots to stick next to what they believe are the top one or two goals for Los Alamos County.

- Goal 1: Reduce binge and underage drinking – **6 votes**
- Goal 2: Reduce alcohol-related death and injury (conceptualized by the group as reducing the chance of these by stopping it here in order to reduce it statewide) – **2 votes**
- Goal 3: Reduce alcohol-related motor vehicle crashes and deaths (conceptualized by the group as reducing the chance of these by stopping it here in order to reduce it statewide) – **6 votes**

Prioritization of Components for Statewide Goals

The large group was divided into three smaller groups to brainstorm and prioritize the top components for each statewide goal.

- Goal 1: Reduce binge and underage drinking
 - **Enforcement & Prevention (tied for top priority)**
 - Treatment
- Goal 2: Reduce alcohol-related death and injury
 - Prevention
 - Treatment
 - Compliance Monitoring/Tracking
- Goal 3: Reduce alcohol-related motor vehicle crashes and deaths
 - **Enforcement**
 - Compliance Monitoring/Tracking (funding automatically covered)
 - **Prevention**

SESSION III RESULTS

Identified Actions for DWI Planning Council Strategic Plan

Category/Activity	# Votes
Educate the public/create a presence	11
New:	
Monthly education via the media--write articles, etc.	
Network with local businesses to promote awareness	
Look at establishing a MADD Chapter	
Sticker Shock program and other parent education	
Create Facebook page	
Educate on County website	
Already Doing:	
Drivers' Ed Classes	
DWI Awareness Week: Proclamation & Tables/ LAMS & LAHS	
Health Fair Booth	
KRSN Interviews/PSAs	
Marketing with posters, banners, coasters	
Reel Deal PSAs	
Address the need for public transportation (fund the Buzz Bus)	9
Support LAPD in DWI Initiative	5
New:	
Solicit what support the DWI PC can provide	
Already Doing:	
Electronic monitoring	
Saturation patrols	
Develop partnership with the Lab (to secure/increase funds, services, awareness)	5
Investigate availability of treatment (look into why it's lacking & who can provide)	5
Continue Senior Appreciation Night (already doing; don't want to lose this)	4
Advocate for increased DWI sentencing (invite judges/attorneys to hear community needs)	4
Look for other funding sources (grants, ideas, community support)	3
Advocate for increase to state alcohol tax (increase portion that goes for DWI)	2
Encourage participation by the DWI Planning Council	2
Acknowledge efforts	
Determine what people are willing to do	
Determine what people want to do	
Recruit and cultivate new members with those interests	
Implement Designated Driver Program (bracelets, free soda)	2
Encourage collaboration (DWI PC members speak up at other meetings they attend)	1
Encourage youth participation (ask/request: Teen Court, Teen Center, Work Study)	1
Develop Hot Sales ordinance for the County	0
Align ourselves with neighbor counties & pueblos	0

LOS ALAMOS COUNTY DWI PROGRAM THREE-YEAR STRATEGIC PLAN

The following three-year Los Alamos County DWI Program Strategic Plan was developed by the Los Alamos County DWI Planning Council in response to the results of a community survey as well through a detailed discussion, brainstorming, and analysis of the gaps and needs in services related to the seven DWI Components: Prevention, Enforcement, Screening, Treatment, Compliance Monitoring/Tracking, Coordination/Planning/Evaluation, and Alternative Sentencing. Successful implementation of the strategic plan will result in increased support and implementation of current programs and activities, increased development of new and innovative strategies and services, and increased collaborative opportunities and initiatives. It will result in increased community awareness regarding DWI services and prevention activities with the ultimate end goal of ending DWI in Los Alamos County.

The following matrices outline the completed Strategic Plan. Goals, objectives, indicators, and strategies are identified for each priority within the three components. Timelines for each activity and desired outcomes are also defined in each matrix. The categories/activities with 4 or more votes were included. The remaining activities will be considered at a future time if resources permit as determined by the Planning Council.

FY16 LOS ALAMOS COUNTY DWI PROGRAM STRATEGIC PLAN:

Prevention through Education

Priority: Educate the Public / Create a Presence in the Community		
Objective: Increase the number of community members that understand the dangers and costs of DWI		
Indicator(s)/Measures: <ul style="list-style-type: none"> Tally sheet at events to record the number of visitors at each event/activity Results of a follow-up DWI community survey (timeline TBD) 		
Activities	Timeline	Desired Outcomes
1. Drivers' Ed Classes (present to every class each semester)	Continue in FY18	<ul style="list-style-type: none"> Increased number of prevention education events/activities for youth and the general community Increased attendance & participation at events/activities Increased presence in paper and electronic media (newspaper, social media, websites)
2. DWI Awareness Week: Proclamation & Tables/ LAMS & LAHS	Continue in FY18	
3. Health Fair Booth	Continue in FY18	
4. KRSN Interviews/PSAs	Continue in FY18	
5. Marketing with posters, banners, coasters	Continue in FY18	
6. Reel Deal PSAs	Continue in FY18	
7. Sticker Shock program and other parent education	Continue in FY18	
8. Monthly education via the media--write articles, etc.	Continue in FY18	
9. Alcohol True Stories: DVD Presentation at LAHS	Continue in FY18	
10. MADD – Power of Youth Program	Begin in FY18	
11. Network with local businesses to promote awareness	Begin in FY18	
12. Create Facebook page	Begin in FY18	
13. Educate on County website	Begin in FY18	

FY16 LOS ALAMOS COUNTY DWI PROGRAM STRATEGIC PLAN:

Prevention through Transportation

Priority: Address the need for public transportation		
Objective: Increase safe ride ("Buzz Bus") services provided throughout Los Alamos County		
Indicator(s)/Measures: <ul style="list-style-type: none">• Tally sheets on busses to track number of riders• Follow-up community survey		
Activities	Timeline	Desired Outcomes
1. Fund the "Buzz Bus" for various events and holidays	Continue in FY18	<ul style="list-style-type: none">• Increased number of safe ride services• Increased number of riders/event• Decreased number of DWI arrests

FY16 LOS ALAMOS COUNTY DWI PROGRAM STRATEGIC PLAN:

Enforcement through LAPD & Court Support

Priority: Support the Los Alamos Police Department and Court on DWI Initiatives		
Objective: Explore ways to support the Police Department on DWI initiatives		
Indicator(s)/Measures: <ul style="list-style-type: none">• Number of DWI initiatives including saturation patrols• Number of offenders with electronic monitoring		
Activities	Timeline	Desired Outcomes
1. Solicit support needs from the Los Alamos Police Department	Explore in FY18	<ul style="list-style-type: none">• Increase overall support to Police Department to assist with DWI enforcement programs
2. Continue providing funds to the Court for electronic monitoring	Continue in FY18	<ul style="list-style-type: none">• Continue and possibly increase the number of offenders with electronic monitoring
3. Provide funding for saturation patrols and/or check points	Continue in FY18	<ul style="list-style-type: none">• Reduce DWI by increasing the number of vehicle stops of potential drunk drivers

FY16 LOS ALAMOS COUNTY DWI PROGRAM STRATEGIC PLAN:

Prevention through Partnership with LANL

Priority: Develop a partnership with the Los Alamos National Laboratory		
Objective: Increase DWI awareness, secure/increase funds for programs & services		
Indicator(s)/Measures: <ul style="list-style-type: none">• Number of meetings with LANL contact(s)• Specific measurable results from interactions/partnership		
Activities	Timeline	Desired Outcomes
1. Invite LANL personnel to DWI Planning Council meeting(s)	Begin in FY18	<ul style="list-style-type: none">• Increased DWI awareness by LANL employees• LANL funding support for DWI programs and services
2. Solicit funding from LANL to support DWI Program Initiatives as outlined in the Strategic Plan	Explore in FY18	

FY16 LOS ALAMOS COUNTY DWI PROGRAM STRATEGIC PLAN:

Treatment through Diverse Resources

Priority: Investigate availability of treatment for DWI offenders in Los Alamos		
Objective: Review current treatment services available to DWI offenders and identify additional resources		
Indicator(s)/Measures: <ul style="list-style-type: none">• Number of treatment providers• Number of treatment services		
Activities	Timeline	Desired Outcomes
1. Develop a comprehensive list of treatment providers available to provide services to DWI offenders in Los Alamos	Explore in FY19	<ul style="list-style-type: none">• Increased number of treatment providers• Increased number of treatment services
2. Develop a strategy to ensure DWI offenders are aware of all treatment options including “wrap-around” services needed after court-ordered traditional treatment is completed	Explore in FY19	

FY16 LOS ALAMOS COUNTY DWI PROGRAM STRATEGIC PLAN:

Prevention through Safe Youth Activities

Priority: Continue providing funding to support Senior Appreciation Night		
Objective: Support the YMCA in providing a safe and alcohol-free activity on graduation night		
Indicator(s)/Measures: <ul style="list-style-type: none">• Number of seniors participating in the event• Number of teens involved in alcohol-related accidents and arrests on graduation night		
Activities	Timeline	Desired Outcomes
1. Provide funding to the YMCA to provide activities such as tipsy carts/drunken goggles for high school seniors on graduation night	Continue in FY18	<ul style="list-style-type: none">• Increased number of seniors participating in the event• Reduced number of teens involved in alcohol-related accidents and arrests on graduation night
2. As part the event, educate the seniors on the dangers and realities of DWI	Continue in FY18	

FY16 LOS ALAMOS COUNTY DWI PROGRAM STRATEGIC PLAN:

Enforcement through Increased DWI Sentencing

Priority: Advocate for increased DWI sentencing		
Objective: Increase DWI sentencing for convicted DWI offenders		
Indicator(s)/Measures: <ul style="list-style-type: none">• Level of sentencing for convicted DWI offenders• Number of repeat DWI offenders		
Activities	Timeline	Desired Outcomes
1. Invite judges and attorneys to hear community needs and concerns with regards to DWI sentencing	Explore in FY20	<ul style="list-style-type: none">• Increased sentencing for convicted DWI offenders• Decreased number of repeat DWI offenders

APPENDICES

A. Strategic Plan Retreat Slides

B. State and Local DWI & Alcohol Data

- NM DOH Summary Report
- Los Alamos DWI Offender Demographics
- NM DOT 2014 Community Report
- Los Alamos Arrests & Convictions
- Los Alamos DWI Distribution Budget & Spend
- Preliminary Treatment Evaluation Summary
- Los Alamos DWI Community Survey

C. Current Activities/Programs Supported by the Planning Council

STRATEGIC PLANNING RETREAT

DWI PLANNING COUNCIL
OCTOBER-DECEMBER 2016

1

PLANNING PROCESS

OCTOBER 13

- Retreat Purpose and Overview
- Setting the larger context
 - Review of statewide goals
 - Review of local mission & objectives
 - Review of state and local data

NOVEMBER 10 & DECEMBER 8

- Identification and articulation of gaps and trends
 - SWOT
- Prioritization of statewide goals & local objectives
- Selection of components to support goals & objectives
- Development and selection of activities to accomplish goals & objectives

2

GROUND RULES

- Stay focused on the activity at hand.
- Participate to the fullest of your ability -- community growth depends on the inclusion of every individual voice.
- Listen actively -- respect others when they are talking.
- When challenging one another refrain from personal attacks -- focus on ideas.
- Be conscious of body language and nonverbal responses -- they can be as disrespectful as words.
- Be succinct when stating your view or idea.
- Try to put yourself in other people's shoes.
- Each person agrees to own the decisions of the group's activities when we are done.

3

PURPOSE: STRATEGIC PLANNING RETREAT

- To determine the local DWI Planning Council's funding priorities
 - from among the State LDWI's goals and components,
 - based on an assessment of Strengths, Weaknesses, Opportunities and Threats (SWOT), community trends and gaps, and
- To develop activities in support of these priorities and in support of achieving the statewide LDWI goals.

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CURRENT STATEWIDE GOALS

- Goal 1: Reduce binge drinking and underage drinking in New Mexico
- Goal 2: Reduce alcohol-related injury and death
- Goal 3: Reduce alcohol-related motor vehicle crashes and deaths

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LOCAL MISSION

The mission of the Los Alamos County DWI planning Council is to prevent and reduce the incidence of DWI, alcoholism, alcohol abuse, alcohol-related domestic violence and underage drinking in Los Alamos County.

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LOCAL OBJECTIVES

- To reduce the number of persons driving while under the influence of alcohol or drugs in the County and the State of New Mexico;
- To increase personal and community safety and awareness in matters related to DWI, alcohol dependency, and alcohol and substance abuse;
- To coordinate related efforts with those of other organizations and agencies;
- To support those charged with enforcing our laws and keeping the County safe; and
- To promote education regarding DWI and underage drinking.

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STATE & LOCAL DATA

- NM Department of Health -- national, state and local data on alcohol use and abuse
- Demographics of local offenders
- Local arrest and conviction statistics
- Data to review to prepare for the SWOT:
 - Historical look at local DWI Grant spending
 - Summary chart of local programs and services
 - Preliminary summary of the evaluation of local treatment
 - DWI local Community Survey results

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Current status of alcohol-related morbidity and mortality, and drinking and driving trends: Los Alamos Co. versus New Mexico

Kelly Gallagher, PhD
Community Health Epidemiologist

Presented to:
Los Alamos DWI Council
October 13, 2016



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LOCAL DATA

Kirsten Bell, DWI Program Coordinator

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APPENDIX A

ATTACHMENT A

LARGE GROUP DISCUSSION

Who are our customers?

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NEXT TIME--SWOT

Strengths, **W**eaknesses, **O**pportunities, and **T**hreats (SWOT)

- **Strengths** = Strengths the community and the planning council have that will help achieve the mission and goals
- **Opportunities** = External conditions that will support the achievement of the mission and goals (i.e. opportunities to partner)
- **Weaknesses** = Weaknesses that the community and planning council have that will make it difficult to achieve the mission and goals
- **Threats** = External conditions that currently or potentially will make it difficult to achieve the mission and goals

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PLANNING PROCESS

OCTOBER 13

- Retreat Purpose and Overview
- Setting the larger context
 - Review of statewide goals
 - Review of local mission & objectives
 - Review of state and local data

NOVEMBER 10

- Who are the customers we are trying to serve?
- Identification and articulation of gaps and trends
 - SWOT
- Prioritization of statewide goals & local objectives
- Selection of components to support goals & objectives

DECEMBER 8

- Development and selection of activities to accomplish goals & objectives

GROUND RULES

- Cell phones on vibrate and face down
- Participate to the fullest of your ability -- community growth depends on the inclusion of every individual voice
- Listen actively -- respect others when they are talking
- When challenging one another refrain from personal attacks -- focus on ideas
- Be conscious of body language and nonverbal responses -- they can be as disrespectful as words (i.e. eye rolling, passing notes, etc.)
- Be succinct when stating your view or idea Stay focused on the activity at hand (we will make use of a Parking Lot)
- Try to put yourself in other people's shoes
- Each person agrees to own the decisions of the group's activities when we are done

LARGE GROUP DISCUSSION

Who are our customers?

SWOT: STRENGTHS, WEAKNESSES OPPORTUNITIES AND THREATS

Strengths, **W**eaknesses, **O**pportunities, and **T**hreats (SWOT)

- **Strengths** = Strengths the community and the planning council have that will help achieve the mission and goals
- **Opportunities** = External conditions that will support the achievement of the mission and goals (i.e. opportunities to partner)
- **Weaknesses** = Weaknesses that the community and planning council have that will make it difficult to achieve the mission and goals
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SWOT TEAMS

SWOT TEAM REPORT OUT

PRIORITIZING STATEWIDE GOALS

CURRENT STATEWIDE GOALS:

- Goal 1: Reduce binge drinking and underage drinking in New Mexico
- Goal 2: Reduce alcohol-related injury and death
- Goal 3: Reduce alcohol-related motor vehicle crashes and deaths

PRIORITIZING STATEWIDE GOALS

Use your dots to vote for what you believe are the top two goals, or to vote two times for your top goal

SELECTING COMPONENTS TO SUPPORT THE GOALS

Per LDWI Guidelines:

- Deciding on which components to fund is a local decision, and should be made through a gaps and needs analysis with input from the local DWI planning council, the Board, and any other stakeholders.
- The demographic profile of the DWI offender should also be considered, and programs and services should be targeted to the highest risk populations.
- The services and activities provided by the local DWI program should be complementary to other services being provided in the community, and not duplicative.
- Programs are encouraged to work closely with other programs and organizations in the community in order to maximize services and share resources.
- The local DWI program must provide services throughout the county to reach as many people as possible.

SELECTING COMPONENTS TO SUPPORT THE GOALS

PREVENTION

- Promoting the personal, physical and social well-being of individuals, families and communities to reinforce positive behaviors and healthy lifestyles.
- All prevention activities funded by LDWI must be related to preventing DWI and/or alcohol abuse. LDWI funds may be used to support the planning, implementation, and evaluation of such activities.
- Prevention activities funded with LDWI should be either evidence-based or promising activities. DWI programs must be able to document compliance with this requirement.
- The Division strongly recommends that a Certified Prevention Specialist provide supervision, oversight, and assistance in the planning process.

SELECTING COMPONENTS TO SUPPORT THE GOALS

ENFORCEMENT

- Overtime for law enforcement officers to support sobriety checkpoints and saturation patrols, warrant roundups, and underage drinking activities.
- Some law enforcement equipment will be funded, but must be approved by LDWI prior to purchase.
- Programs are encouraged to first seek funding for law enforcement activities and equipment from other sources such as the Traffic Safety Division Community DWI (CDWI) or Operation Driving While Intoxicated (ODWI) programs, or the Law Enforcement Protection Fund administered by the Local Government Division.

SELECTING COMPONENTS TO SUPPORT THE GOALS

SCREENING

- The structure of the screening program is a local decision and is established in conjunction with court systems, the Local DWI Council, the Board, and the Local DWI Coordinator.
- Screening programs should be designed in collaboration with the courts in the county (district, magistrate, metropolitan, and municipal) so that the screening program meets the needs of the courts and the highest percent possible of DWI offenders are screened (ideally between 95%-100% of those convicted).

SELECTING COMPONENTS TO SUPPORT THE GOALS

TREATMENT

- Treatment is an array of individual, family, group or social program or activity alternatives directed to intervene and address DWI, alcohol problems, and alcohol dependence, alcoholism or alcohol abuse.
- Treatment seeks to reduce the consumption of alcohol, to support abstinence and recovery from drinking alcohol, and to improve physical health, family and social relationships, emotional health, well-being, and general life functioning.
- The competitive grant and distribution funding supports outpatient treatment services and jail based services that address alcohol abuse or alcohol dependence issues, as related to DWI and the prevention of repeated DWI offenses for offenders with current DWI convictions.

SELECTING COMPONENTS TO SUPPORT THE GOALS

COMPLIANCE MONITORING/TRACKING

The compliance monitoring component is limited to providing services to those with alcohol related conditions of probation, unless fees collected exceed the amount of Program funds being used to operate the compliance monitoring program. Typical sanctions and/or conditions monitored might include:

- | | |
|--|--|
| • Ignition Interlock installation & use | • Alcohol/drug use restrictions, such as “No booze, no bars” |
| • DWI School attendance and completion | • Jail |
| • Screening completion | • Warrants issued |
| • Assessment(s) completion | • Fees paid |
| • Treatment attendance & completion | • Drug Court attendance |
| • Victim Impact Panel, AA Meetings, etc. attendance & completion | • Probation |

SELECTING COMPONENTS TO SUPPORT THE GOALS

COORDINATION, PLANNING AND EVALUATION

- The Coordination, Planning and Evaluation component is administered by a professional responsible for oversight of all local DWI program efforts
 - Monitoring all activities
 - Budgeting, planning and funding requests
 - Development, maintenance and reporting of all reporting requirements
 - Evaluation of the grant project progress and impact
 - Submission of all required financial and program reports
 - Staffing the Local DWI Planning Council
 - Attending DWI Grant Council meetings

SELECTING COMPONENTS TO SUPPORT THE GOALS

ALTERNATIVE SENTENCING

- Alternative sentencing provides the courts with sentencing alternatives to traditional incarceration, including electronic monitoring devices, alcohol monitoring devices, community custody, DWI drug courts, teen courts, and community service.
- LDWI funding may be used to support alternative adjudication programs such as DWI court and teen court. Teen court funding is limited to \$30,000 for the operation of teen courts. All DWI courts must follow AOC specialty court guidelines.

SELECTING COMPONENTS TO SUPPORT THE GOALS

- **Group 1:** Reduce binge and underage drinking
 - Carie, Bernadette, Joy, Morrie
- **Group 2:** Reduce alcohol-related injury and death
 - Kim, Diane, Abe, David
- **Group 3:** Reduce alcohol-related motor vehicle crashes and deaths
 - Linda, Monica, Dee, Juanita

SELECTING COMPONENTS TO SUPPORT THE GOALS

NEXT TIME:

Developing and selecting of activities to accomplish goals

PLANNING PROCESS

OCTOBER 13

- Retreat Purpose and Overview
- Setting the larger context
 - Review of statewide goals
 - Review of local mission & objectives
 - Review of state and local data

NOVEMBER 10

- Who are the customers we are trying to serve?
- Identification and articulation of gaps and trends
 - SWOT
- Prioritization of statewide goals & local objectives
- Selection of components to support goals & objectives

DECEMBER 8

- Development and selection of activities to accomplish goals & objectives

REVIEW OF PREVIOUS SESSION

- Who are our customers?
- Prioritization of Statewide DWI Goals
- SWOT Results
- Prioritization of selected components of each Statewide Goal

TODAY'S NEXT STEPS

- Identify activities by mining the SWOT
- Look at what's already currently being done
- Consider any other ideas for new activities
- Establish a rough timeline for performing the activities

MINING THE SWOT

- Group I: What Weaknesses could be turned into Opportunities?
- Group II: What Threats could be turned into Opportunities?
- Group III: What Opportunities are Opportunities that could be embraced?
- Each group to restate the identified opportunities as activities

REPORT OUT ON FINDINGS

WHAT'S MISSING FROM THE LISTS?

- What is already being done by the community or the Planning Council?
- Any other ideas for supportive activities that have not been captured?

TIMELINE

- Let's establish a rough timeline by sorting these into years 1, 2, 3 or on-going

NEXT STEP—JANUARY MEETING

- Kirsten will put it altogether in a list which shows activities in priority order in the year that they will be accomplished, based on the prioritization of goals and components.
- Planning Council to tweak and vote on a final version to be submitted with the next year's DWI grant application.



Los Alamos County DWI Planning Council

State & Local DWI & Alcohol Data

(Presented as part of 2016 Strategic Planning)



Data request for:

Kirsten Bell, Los Alamos County DWI Council

Prepared by:

Kelly Gwendolyn Gallagher, Ph.D., Community Health Epidemiologist
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Why is this important?

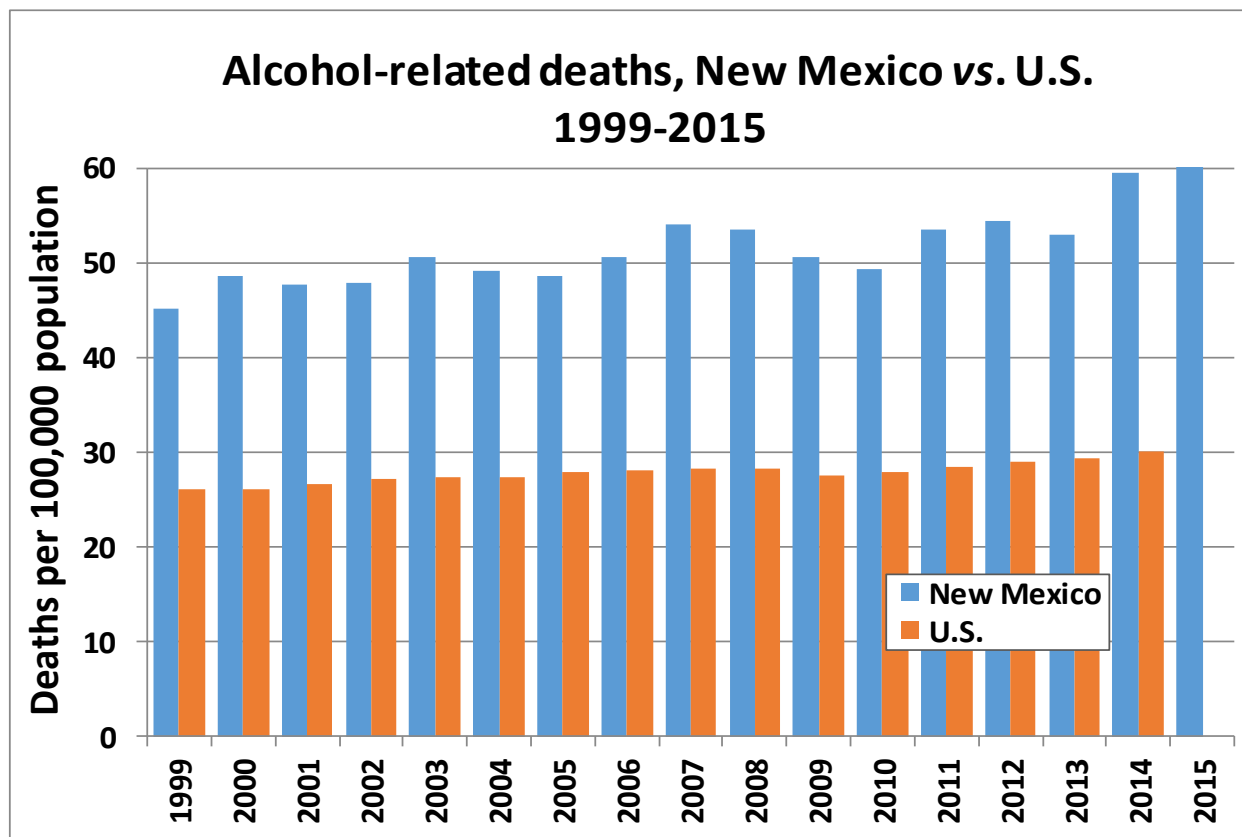
The consequences of excessive alcohol use are severe in New Mexico. New Mexico's total alcohol-related death rate has ranked 1st, 2nd, or 3rd in the U.S. since 1981; and 1st for the period 1997 through 2007 (the most recent year for which state comparison data are available). The negative consequences of excessive alcohol use in New Mexico are not limited to death, but also include: domestic violence, crime, poverty, and unemployment, as well as chronic liver disease, motor vehicle crash and other injuries, mental illness, and a variety of other medical problems.

According to the latest estimates from the Centers for Disease Control and Prevention, about 47% of homicides, 32% of falls injury deaths, 29% of drug overdose deaths, and 23% of suicide deaths are alcohol attributable. Likewise, alcohol consumption is the primary causal factor in roughly 46-49% of motor vehicle crash deaths among males aged 20-44, and in more than a third of motor vehicle crash deaths among females aged 20-44. Motor vehicle crashes are the leading cause of death for youth aged 15 to 20 years. In the United States, 12.8% of all fatal traffic crashes were alcohol-related, and 40% of these involved teens driving while drinking alcohol.

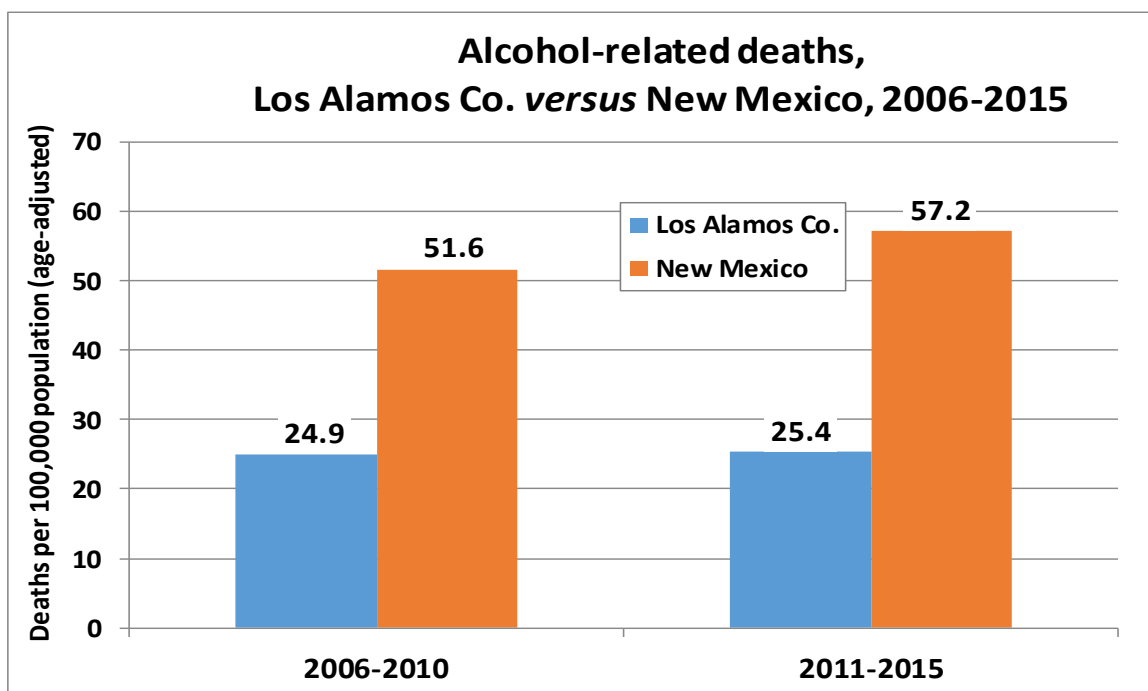
Adult drinking and driving is a precursor to alcohol-related motor vehicle crash injury and death. Any drinking and driving is dangerous (*i.e.*, associated with an elevated risk of crash and injury), but driving after binge drinking (which is defined as a level of drinking likely to lead to a 0.08 Blood Alcohol Concentration) is particularly risky. Unfortunately, binge drinkers are much more likely to report driving after drinking than non-binge drinkers. For example, in 2010, only 0.9% of the general population reported driving after drinking; but 6.2% of binge drinkers reported engaging in this risky behavior in the past 30 days, compared to only 0.6% of non-binge drinkers. Binge drinking is also associated with a wide range of other social problems, including domestic and sexual violence, crime, and risky sexual behavior. Binge drinking is the most common pattern of excessive drinking.

Alcohol-related chronic liver disease (AR-CLD) imposes a heavy burden of morbidity and mortality in New Mexico, and is the principal driver of New Mexico's consistently high alcohol-related chronic disease death rate. Over the past 30 years, New Mexico's AR-CLD rate has trended upward, while the national rate has decreased 20%. New Mexico has had the highest AR-CLD death rate in the U.S. for most of this period, including every year from 1999 through 2007 (the most recent year for which state comparison data is available). In 1993, AR-CLD surpassed alcohol-related motor vehicle crash death as the leading cause of alcohol-related death in New Mexico. Since 1997, New Mexico's death rate from AR-CLD has consistently been substantially higher than the death rate from alcohol-related motor vehicle crashes. Alcohol-related chronic liver disease is the leading cause of alcohol-related deaths in New Mexico, with a rate almost twice the second leading cause (fall injuries).

Alcohol-related death



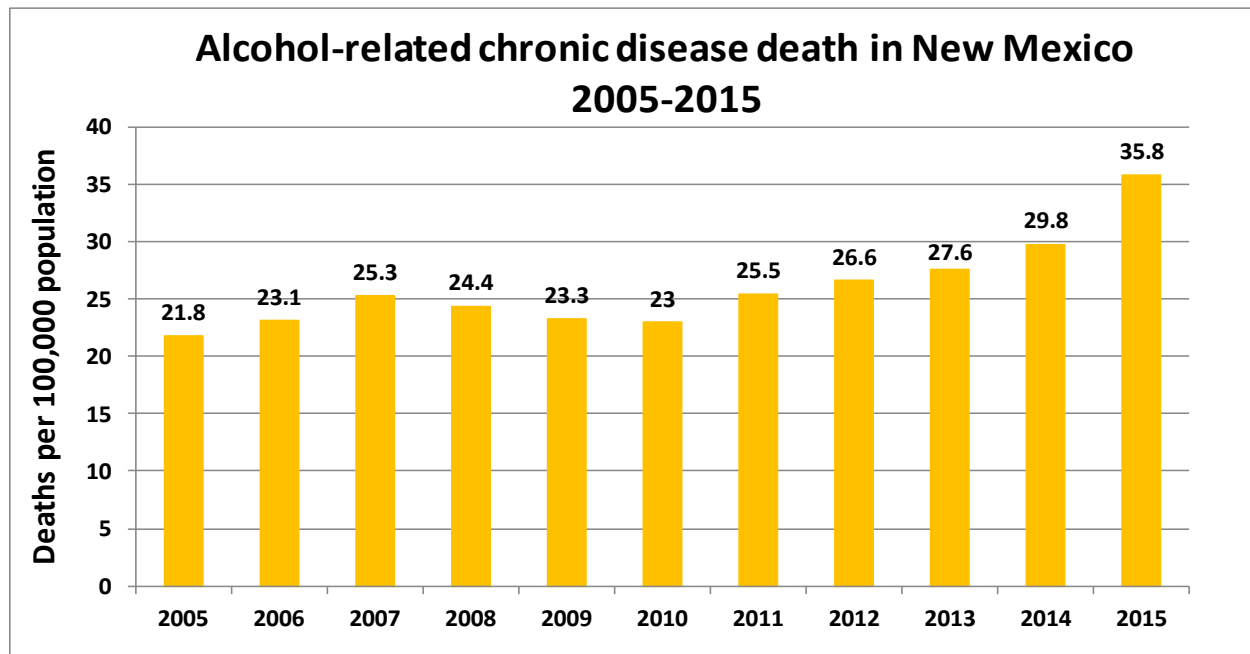
Interpretation: New Mexico's total alcohol-related death rate has consistently been nearly twice the national rate for the past two decades. After a slight decline in New Mexico's rate for 2013, the rate reached an all-time high of almost 66 deaths per 100,000 in 2015. The U.S. alcohol-related death rate decreased from 2008 until 2010, yet the rate has been increasing steadily since 2009.



Interpretation: For both 2006-2010 and 2011-2015 time frames, Los Alamos County has approximately half of New Mexico's total alcohol-related death rate.

Alcohol-related chronic disease death

The five leading causes of alcohol-related chronic disease death in New Mexico are: alcohol-related chronic liver disease, alcohol dependence, hypertension, alcohol abuse, and hemorrhagic stroke.

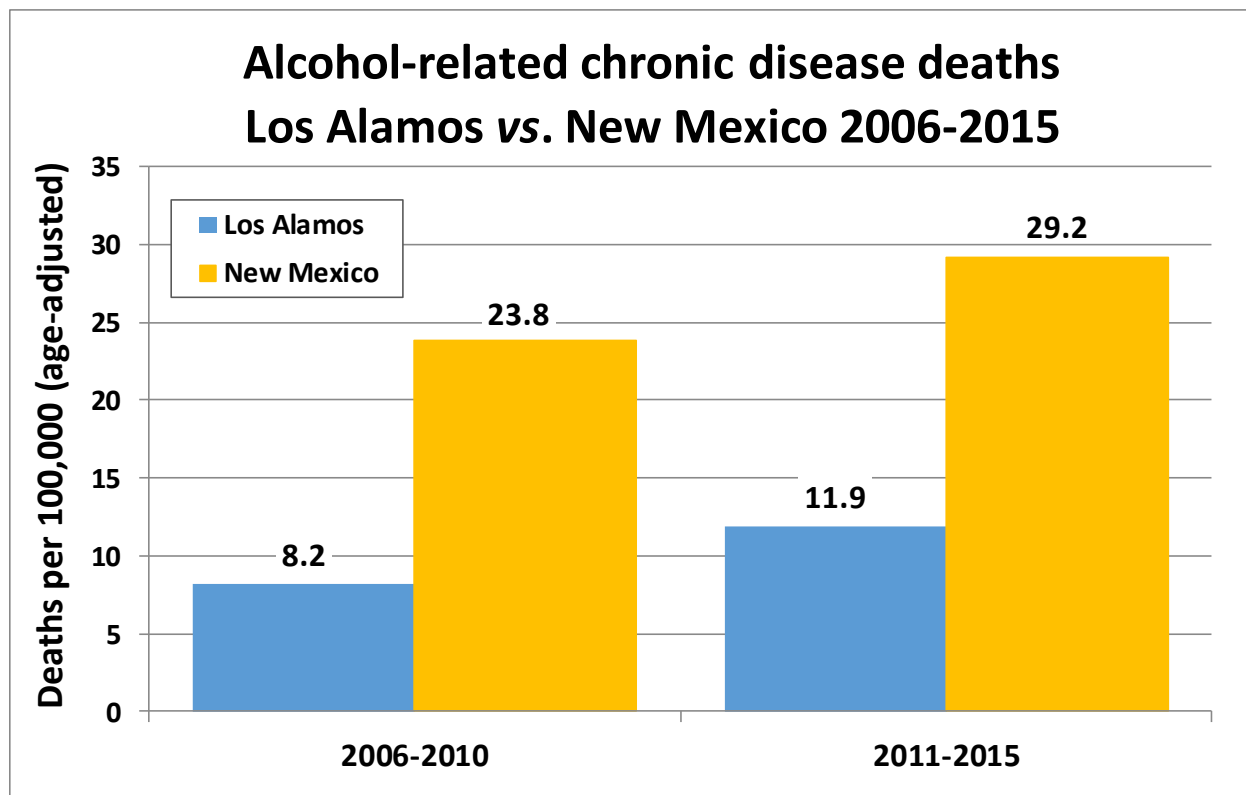


Interpretation: The chronic disease death rate for New Mexico has been increasing steadily since 2010. And, in 2015, the chronic disease death rate for New Mexico was the highest since 2005.

Alcohol-Related Chronic Disease Death Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2011-2015					
	Race / Ethnicity	5-24 years of age	25-64 years of age	65 years and older	Age- adjusted
Male	American Indian	3.7	173.4	200.3	122.8
	Asian	****	****	****	10.5
	Black	0	33.9	186.6	42.4
	Hispanic	****	75.3	95.5	53.5
	White	****	40.4	61	24.5
Female	American Indian	****	80.4	73.3	51
	Asian	****	****	****	****
	Black	****	11.7	****	7.2
	Hispanic	****	18.9	44.6	15.2
	White	****	22.6	22.6	14.6

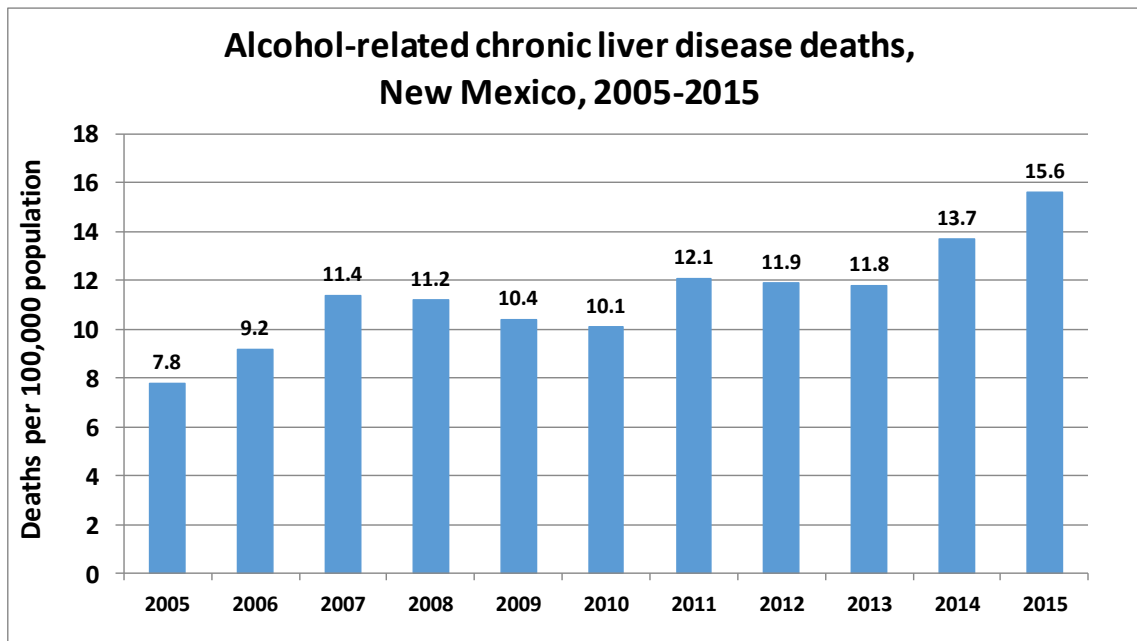
Interpretation: Notably, American Indian and Black males aged 65+ years of age have a relatively high rates (200.3 and 186.6 deaths per 100,000, respectively) of alcohol-related chronic disease death. Also, Hispanic males 65 and older as well as American Indian females 25-64 and 65 years and older have relatively high death rates. *Age-specific rates (e.g., ages 5-24) are per 100,000; all-ages rate is per 100,000, age-adjusted to the 2000 US standard population. ****Rates were very unstable due to counts less than five.

Alcohol-related chronic disease death – Los Alamos versus New Mexico



Interpretation: The alcohol-related chronic disease death rate for both Los Alamos and New Mexico increased from 2006-2010 to 2011-2015. Chronic heavy drinking (defined as drinking, on average, more than two drinks per day for men, and more than one drink per day for women) often is associated with alcoholism or alcohol dependence, and can cause or contribute to a number of diseases, including alcoholic liver cirrhosis. For the past 15 years, New Mexico's death rate from alcohol-related chronic disease has consistently been first or second in the nation, and 1.5 to 2 times the national rate.

Alcohol-Related Chronic Liver Disease Deaths

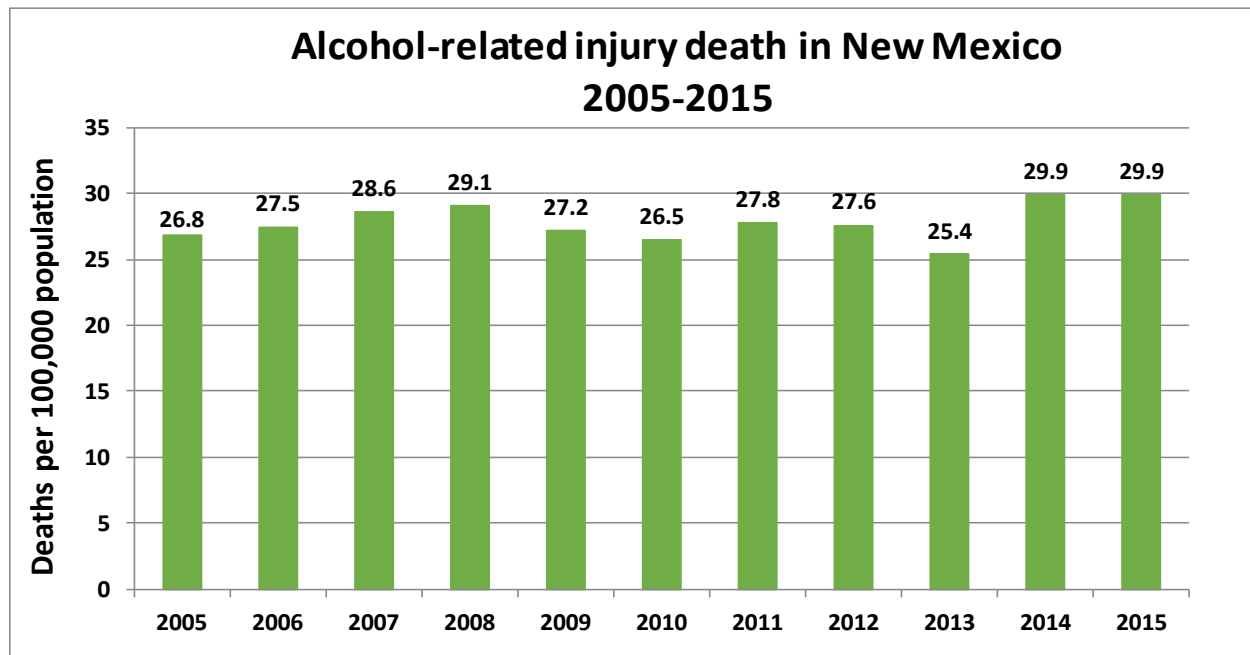


Interpretation: In 2014, the chronic liver disease death rate for New Mexico reached its highest level.

Alcohol-Related Chronic Liver Disease (CLD) Death Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2011-2015					
	Race and Ethnicity	5-24 years of age	25-64 years of age	65+	Age-adjusted
Male	American Indian	****	96.8	72.4	62.2
	Asian	****	****	****	****
	Black	****	****	****	12.7
	Hispanic	****	37.9	37.9	25.7
	White	****	16.6	16.4	8.7
Female	American Indian	****	49.2	32.5	29.7
	Asian	****	****	****	****
	Black	****	****	****	****
	Hispanic	****	10.5	8.7	6.1
	White	****	9.9	3.9	5.8

Interpretation: Notably, American Indian males in the 25-64 and 65 years and older age group have the highest rate of deaths due to alcohol-related chronic liver disease (96.8 and 72.4 deaths per 100,000, respectively). *Age-adjusted are adjusted to the 2000 US standard population. ****Rates were very unstable due to counts less than five.

Alcohol-Related Injury Deaths

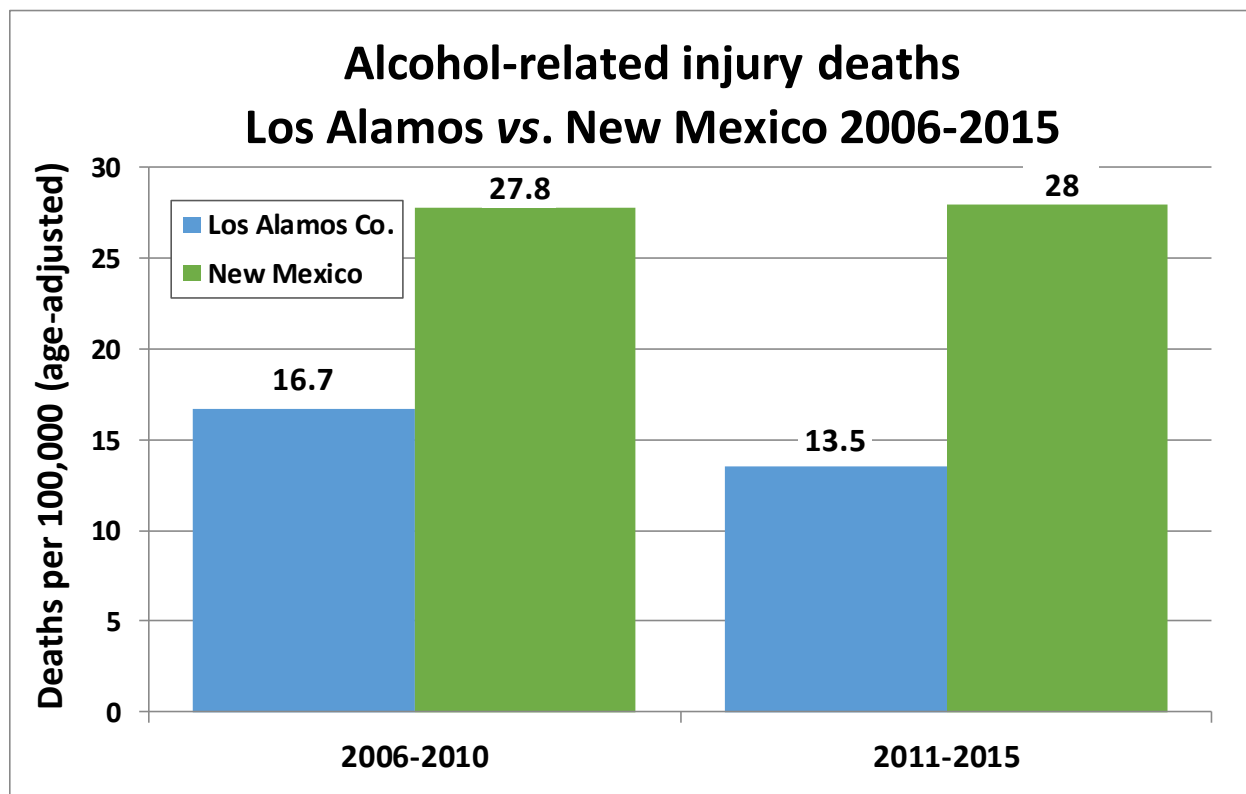


Interpretation: In 2014, the alcohol-related injury death rate for New Mexico reached its highest level since 2005. In 2015, this rate was unchanged relative to 2014.

Alcohol-Related Injury Death Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2011-2015					
	Race and Ethnicity	5-24 years of age	25-64 years of age	65 years and older	(Age-adjusted)
Male	American Indian	34.7	136.6	90.5	95.2
	Asian	***	29	****	19.8
	Black	23.6	53.6	74.3	45.2
	Hispanic	17	56.1	37	40.3
	White	16.3	36	54.6	31.1
Female	American Indian	15.2	24.1	22.9	20.7
	Asian	****	****	****	****
	Black	****	8.9	****	7.4
	Hispanic	5.9	14.9	34.7	14.2
	White	4.1	22.1	41	19.6

Interpretation: Notably, American Indian males aged 25-64 years of age have a relatively high rate (136.6 deaths per 100,000) of alcohol-related injury deaths, as does AI males 65 years and older. Also, white males and females 65 years and older have relatively high death rates, as do Hispanic males in the 25-64 years age category. *Age-specific rates (e.g., ages 5-24) are per 100,000; all-ages rate is per 100,000, age-adjusted to the 2000 US standard population. ****Rates were very unstable due to counts less than five.

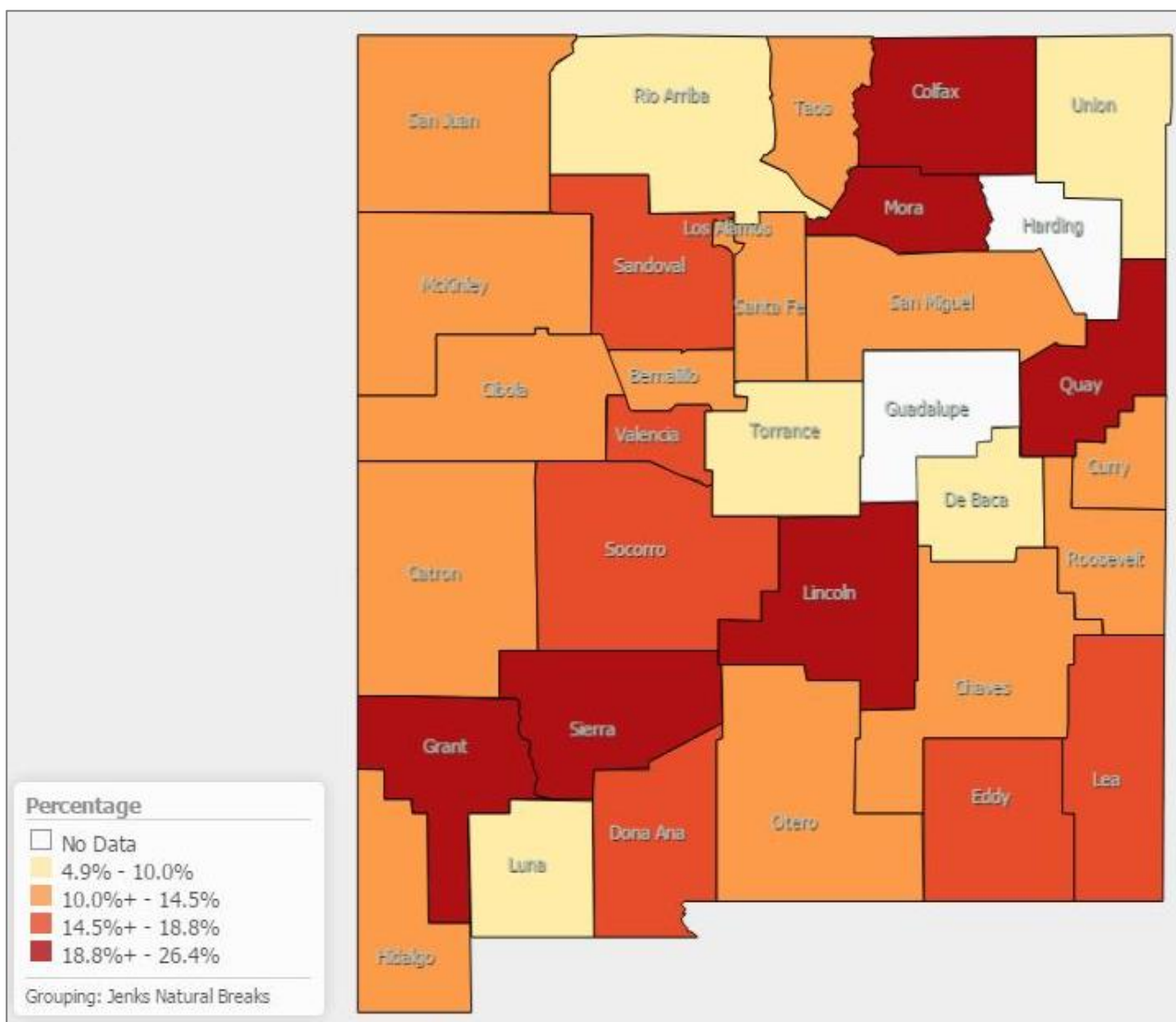
Alcohol-Related Injury Deaths – Los Alamos *versus* New Mexico



Interpretation: The alcohol-related injury death rates for both Los Alamos County and the state remained relatively constant from 2006-2010 to 2011-2015. And, for 2011-2015 the state rate was approximately double that of the Los Alamos County rate (28 deaths per 100,000 *versus* 13.5 deaths per 100,000, respectively).

Adult binge drinking (>4 for women, >5 for men)

According to the latest estimates from the Centers for Disease Control and Prevention, about 47% of homicides, 32% of falls injury deaths, 29% of drug overdose deaths, and 23% of suicide deaths are alcohol attributable. Likewise, alcohol consumption is the primary causal factor in roughly 46-49% of motor vehicle crash deaths among males aged 20-44, and in more than a third of motor vehicle crash deaths among females aged 20-44. Binge drinking is also associated with a wide range of other social problems, including domestic and sexual violence, crime, and risky sexual behavior. Binge drinking is the most common pattern of excessive drinking.



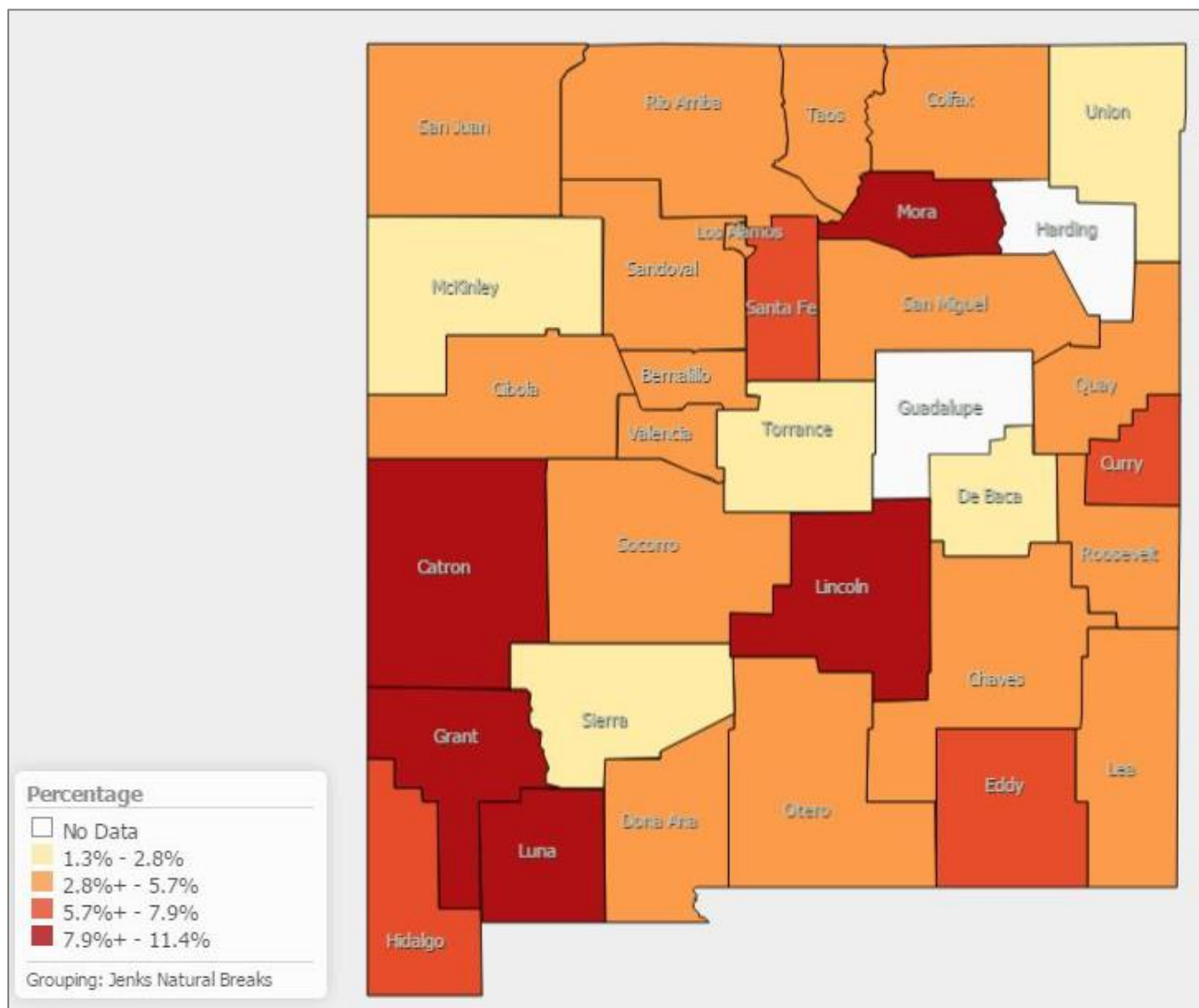
Interpretation: During 2013-2015, the binge drinking percentages were highest in Mora (26.4%), Quay (21.7%), Grant (21.5%), and Lincoln (21.2%) counties. The percentages were lowest in DeBaca (4.9%), Torrance (9.1%), and Union (9.8%) counties.

Question Wording:

"Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (for men, or 4 or more drinks for women) on an occasion?"

Chronic heavy drinking (>1 drink per day for women, >2 for men) among adults

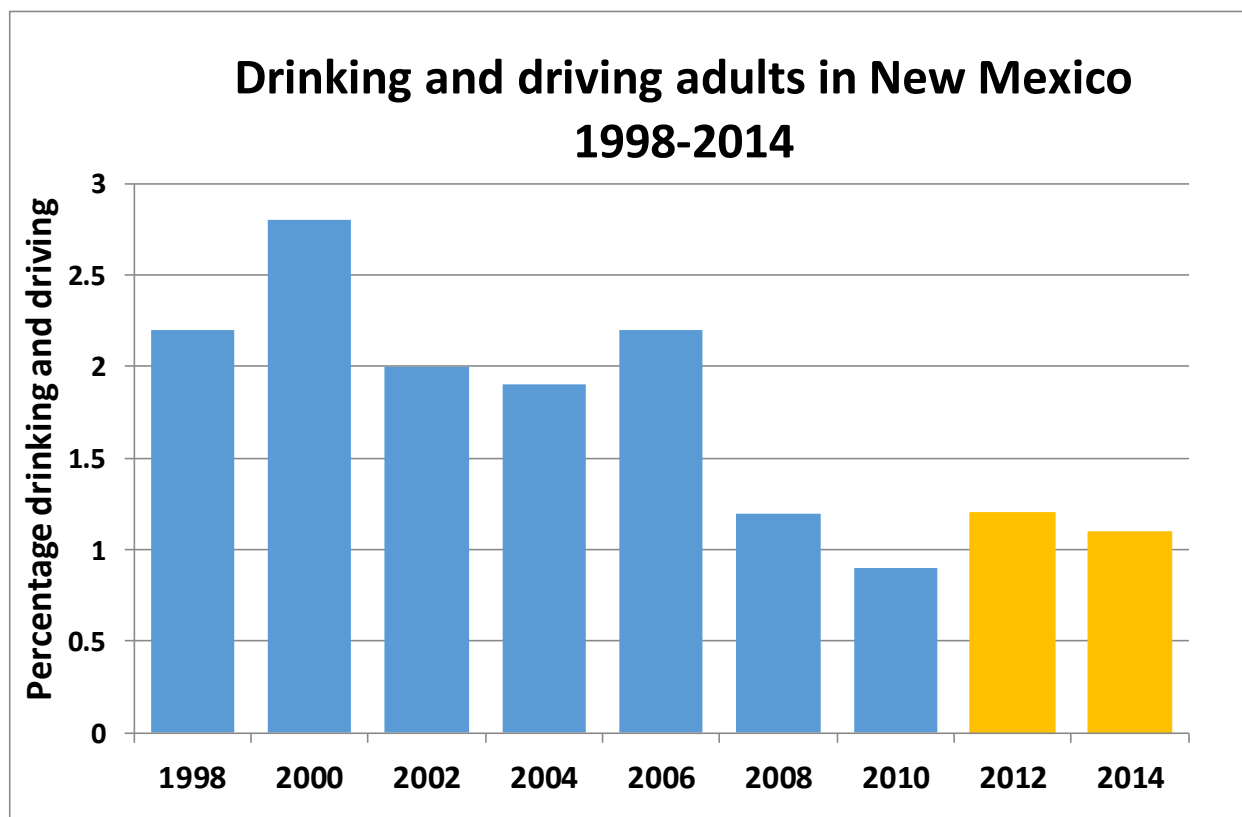
Heavy drinking is a pattern of excessive alcohol consumption that can lead to alcohol-related chronic disease and death. According to the latest estimates from the CDC, 100% of numerous chronic disease conditions (e.g., alcoholic liver disease, alcohol dependence syndrome), and a significant proportion of many other conditions (e.g., unspecified liver cirrhosis, pancreatitis) are alcohol-related. For each of these causes, it is chronic heavy drinking (as opposed to acute episodic, or binge drinking) that is considered primarily responsible for the incidence and progression of alcohol-related chronic disease. Heavy drinking is also associated with a wide range of other social problems, including alcoholism (also known as alcohol dependence), domestic violence and family disruption.



Interpretation: During 2013-2015, the heavy drinking percentages were highest in Mora (11.4%), Luna (9.2%), Lincoln (9.2%), and Catron (9.0%) counties. Almost 6% of Los Alamos County adults surveyed are heavy drinkers.

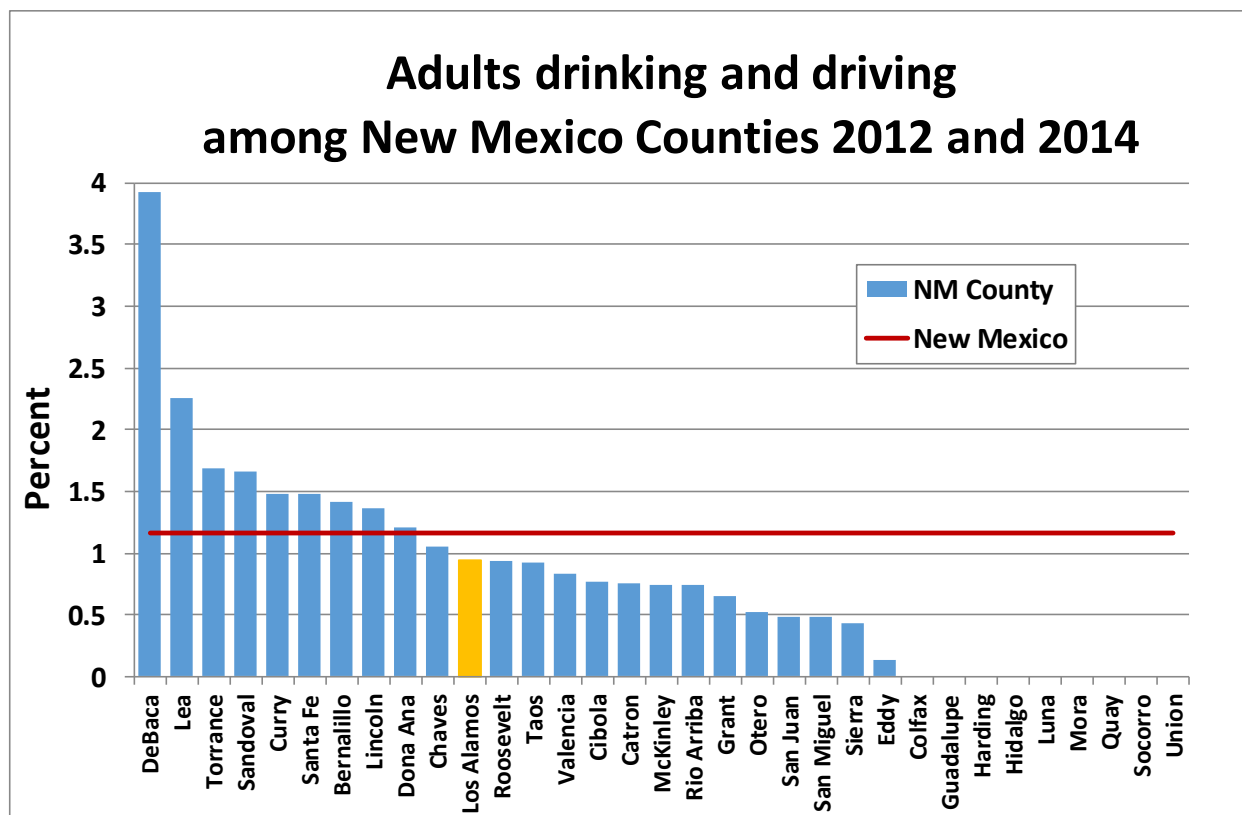
Drinking and Driving Among Adults

Adult drinking and driving is a precursor to alcohol-related motor vehicle crash injury and death. Any drinking and driving is dangerous (i.e., associated with an elevated risk of crash and injury), but driving after binge drinking (which is defined as a level of drinking likely to lead to a 0.08 BAC) is particularly risky. Unfortunately, binge drinkers are much more likely to report driving after drinking than non-binge drinkers. For example, in 2010, only 0.9% of the general population reported driving after drinking; but 6.2% of binge drinkers reported engaging in this risky behavior in the past 30 days, compared to only 0.6% of non-binge drinkers.



Interpretation: Overall, the drinking and driving rates for New Mexico adults have decreased steadily from 1998-2014. Of the 229 Los Alamos County adults surveyed in 2012 and 2014, less than five adults reported they drink and drove. *Note: The drinking and driving question is only asked in even years. Estimates for 2012 and forward should not be compared to earlier years.*

Drinking and Driving Among Adults – among New Mexico Counties, 2012 and 2014

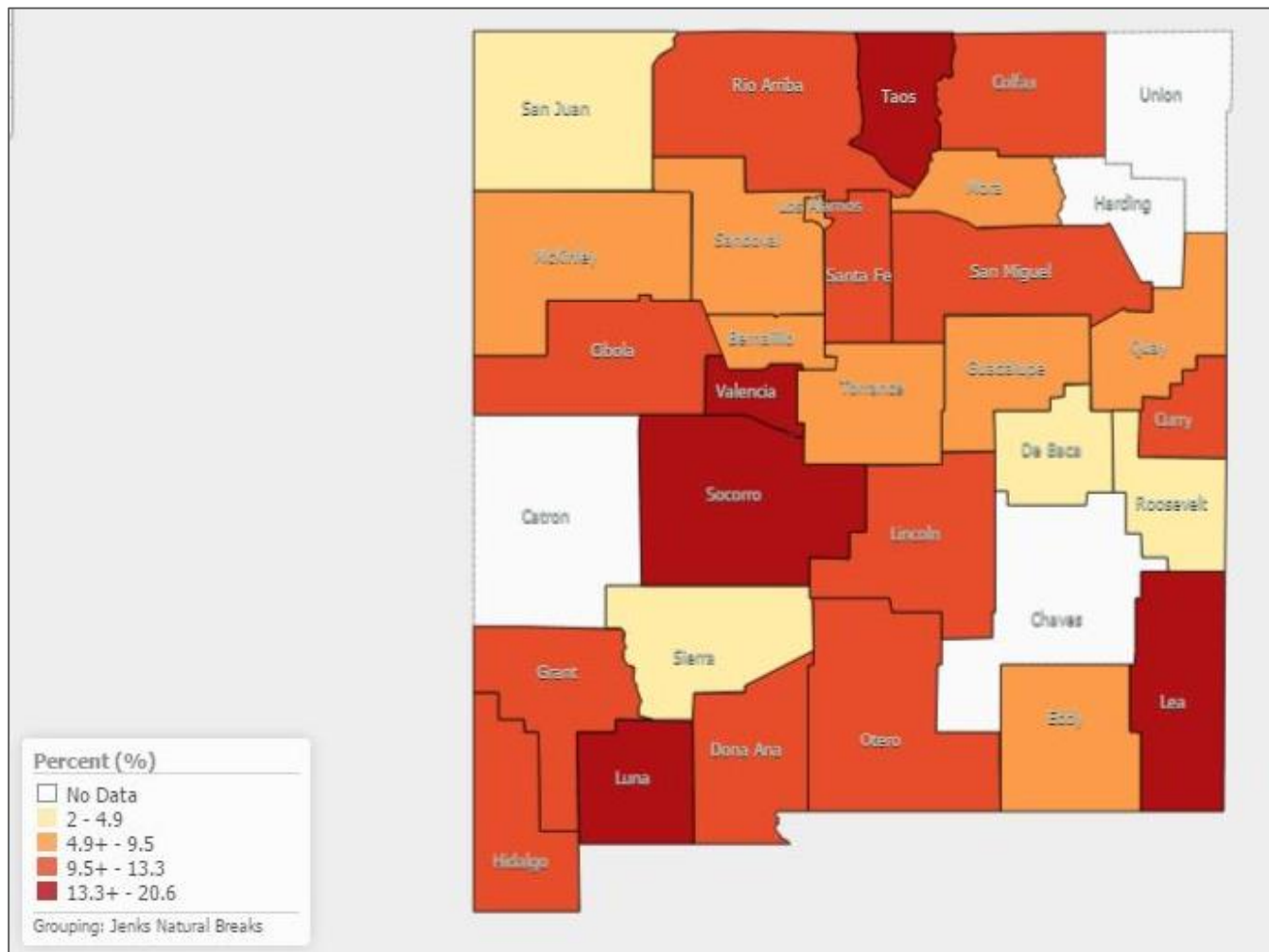


Interpretation: Drinking and driving rates among surveyed adults, by New Mexico county. Los Alamos County adults ranked 11th among New Mexico counties, with two of the 229 (0.95%) surveyed adults reporting they drove after drinking.

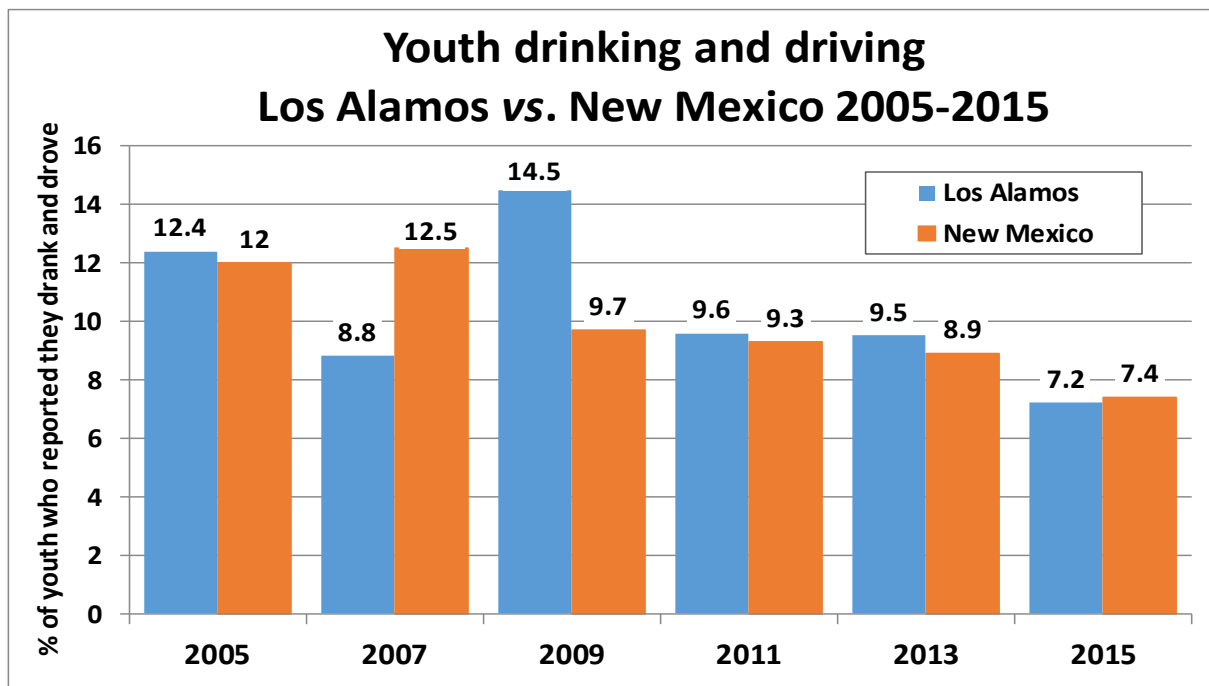
Drinking and Driving Among Youth – among New Mexico Counties

Alcohol use by young people is associated with injuries such as motor vehicle crashes, the leading cause of death among adolescents. Alcohol use at an early age is also associated with an increased risk of chronic liver disease and alcohol dependence later in life. In recent years, rates of current drinking, binge drinking, and drinking and driving have been decreasing among young people nationally and in New Mexico. While this is a hopeful sign for the future of New Mexico youth, in 2015 New Mexico high school students had the fourth highest rate of any state participating in the CDC's Youth Risk Behavior Survey (YRBS) for drinking alcohol before the age of 13.

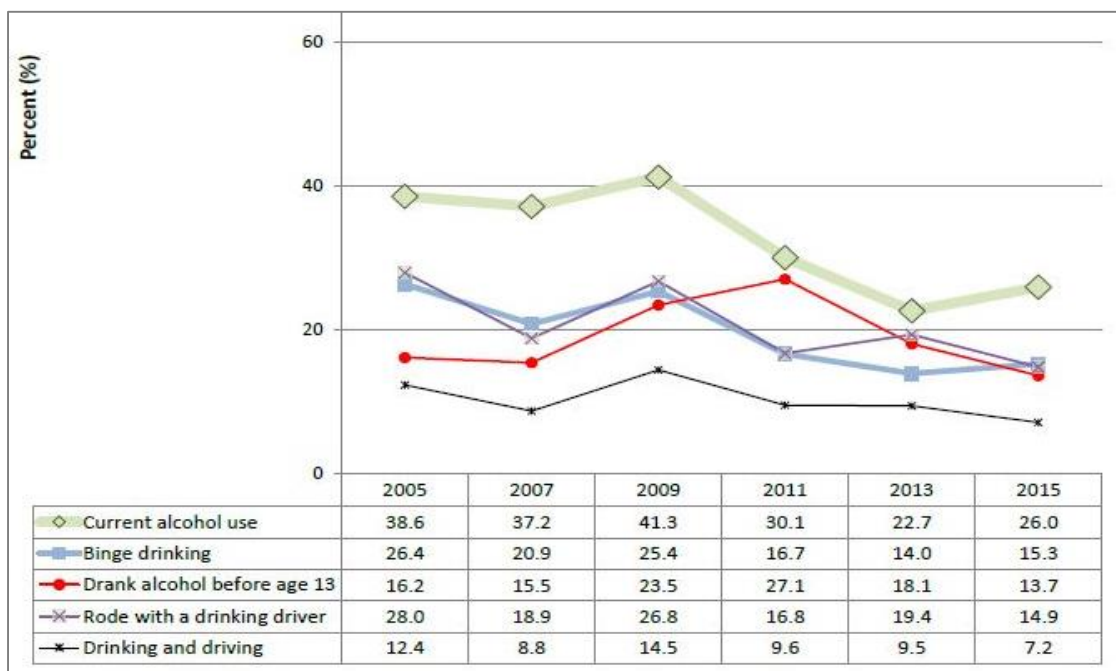
Drinking and driving (past 30 days) among youth (grades 9-12) by County, 2013



Interpretation: Quartile map of drinking and driving rates among surveyed youth (high schoolers), by New Mexico county. Definition: Youth drinking and driving is defined as a youth in grades 9-12 in a NM public school who reported driving a car or other vehicle when they had been drinking, in the past 30 days.



Interpretation: The percentage of drinking and driving among New Mexico high school students has been decreasing since 2007. With the exception of 2007 and 2015, there have been higher percentages of Los Alamos high school students reporting they drink and drove, relative to the state percentages. Notably, in 2009, the percentage of Los Alamos high school students reporting they drink and drove was 1.5 times higher than the state percentage.

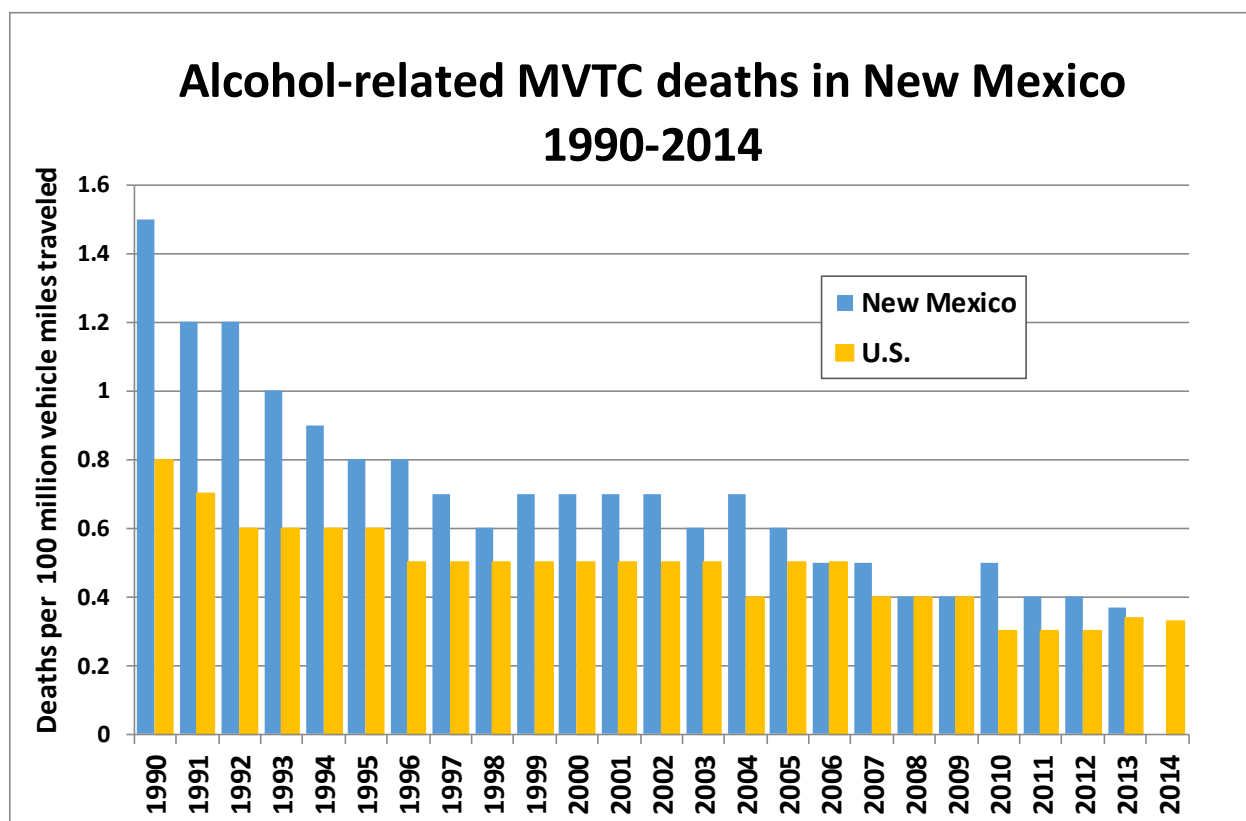


Interpretation: Although the percentage of underage drinking (current alcohol use) among Los Alamos High Schoolers decreased considerably from 38.6% in 2005 to 22.7% in 2013, the percentage increased again in 2015 (26%). Also, in 2013 binge drinking had declined to an all-time low since 2005 (14.0%) yet increased to 15.3% in 2015. Percentages for both drinking and driving indicators showed a second year of decline. Specifically, riding with a drinking driver decreased from 19.4% in 2013 to 14.9% in 2015. And, students reported having participated in drinking and driving decreased from 2013 (9.5%) to 2015 (7.2%). Lastly, in 2011, 27.1% of Los Alamos High School youth reported they had their first drink before the age of 13, yet this percentage dropped to 18.1% in 2013 and subsequently, to 13.7% in 2015.

Alcohol-related motor vehicle traffic crash (AR-MVTC) death

Alcohol-related motor vehicle traffic crash (AR-MVTC) death has historically been the leading cause of alcohol-related injury death. Nonetheless, AR-MVTC deaths provide a hopeful example of a substance-related health outcome that has been successfully reduced using a public health approach, both nationally and in New Mexico. New Mexico's alcohol-related motor vehicle traffic crash (AR-MVTC) death rate has decreased dramatically over the past 30 years.

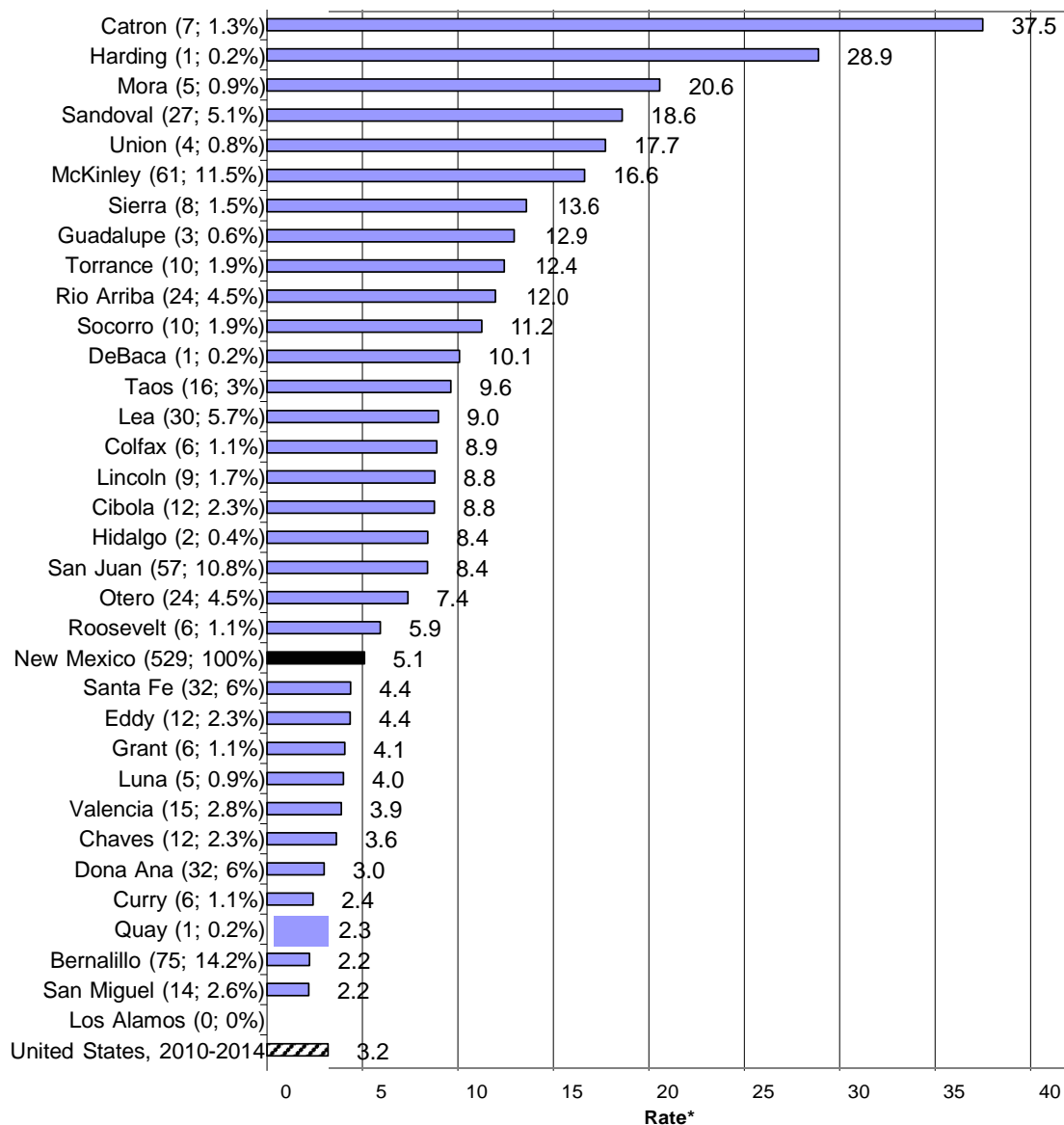
After substantial declines during the 1980's and 1990's, NM's rate stagnated for almost ten years. However, a comprehensive program to prevent driving while intoxicated (DWI), initiated in 2004, resulted in substantial rate declines, particularly during the period 2005-2008. Nonetheless, rate disparities remain: both male and female American Indians have elevated rates, especially among middle age males (age 25-64). From 1982-2010, in response to a wide range of policy and preventive interventions, New Mexico's alcohol-impaired motor vehicle traffic crash (AI-MVTC) fatality rate declined more dramatically than the U.S. rate, decreasing 83% and dropping New Mexico from first to tenth among states in AI-MVTC fatalities per 100,000 population. In terms of deaths per 100 million vehicle miles traveled (VMT), New Mexico's AI-MVTC fatality rate in 2013 (0.37) was one-sixth what it was in 1982 (2.4). Further, a comprehensive AR-MVTC prevention campaign in place from 2005-2009 was successful in reinitiating rate decreases that had been stalled since the late 1990s. From 2004 to 2013 New Mexico's AI-MVTC fatality rate per 100 million VMT dropped 44%. Rates increased slightly in 2014.



Interpretation: In terms of deaths per 100 million vehicle miles traveled (VMT), New Mexico's AI-MVTC fatality rate in 2012 (0.4) was one-sixth what it was in 1982 (2.4). Further, a comprehensive AR-MVTC prevention campaign from 2005-2009 was successful in reinitiating rate decreases that had been stalled since the late 1990s. *Note:* Alcohol-related motor vehicle traffic crash deaths estimated based on CDC ARDI alcohol-attributable fractions (BAC \geq 0.10)

Alcohol-related MVTC deaths – by New Mexico County, 2010-2014

County (# of deaths; % of statewide deaths)



Interpretation: Catron, Mora, Sandoval, McKinley, Rio Arriba, and San Juan counties have considerably high MVTC fatality counts and rates. McKinley and San Juan county rates are driven by the American Indian rates (data not shown). Although Harding County has the second highest rate of New Mexico's counties, the count is one, so this rate is very unstable. *Note:* All rates are crude per 100,000 population. The numerators (counts of deaths) are based on county of occurrence; the denominators (population) based on county of residence. Alcohol-impaired MVTC deaths are from FARS (highest driver BAC ≥ 0.08).

Data

Data Sources

- New Mexico Youth Risk and Resiliency Survey (YRRS), New Mexico Department of Health and Public Education Department, with technical assistance and support from the U.S. Centers for Disease Control and Prevention.
- Deaths: New Mexico New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health. Alcohol-related deaths for 1990-1998 were defined by underlying cause of death based on International Classification of Disease version 9 (ICD-9) codes; and alcohol-related deaths for 1999 and later were defined by underlying cause of death based on ICD-10 codes.
- New Mexico Behavioral Risk Factor Surveillance System (BRFSS), Injury and Behavioral Epidemiology Bureau, New Mexico Department of Health. Citation: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, with the New Mexico Department of Health. The survey is conducted using scientific telephone survey methods. Excluded are adults living in households without a landline telephone and those living in group quarters such as college dormitories, nursing homes, military barracks, and prisons. Results have been weighted to the adult population by age, gender and geographic area of residence. The denominator includes all survey respondents ages 18 years and older except those with missing, don't know and refused answers. If the query was limited to a particular sub-population-group, only those respondents are included in the denominator.
- Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program, http://bber.unm.edu/bber_research_demPop.html. The Bureau of Business and Economic Research (BBER) and the Geospatial and Population Studies (GPS) are both housed within the UNM Institute for Applied Research Services (IARS). Population estimate totals may vary due to rounding. These estimates are considered the most accurate estimates for the state of New Mexico and should match those found on the Bureau of Business and Economic Development website: www.unm.edu/~bber/demograp2.htm.
- 1990 - 1999 Population Estimates: Source for 1990 - 1999 Population Estimates: Centers for Disease Prevention and Control, National Center for Health Statistics, <http://www.cdc.gov/nchs/about/major/dvs/popbridge/datadoc.htm>. Population estimates for 1990-2010 were re-calculated after the release of the 2010 census, so they will not match earlier estimates from UNM BBER and GPS.
- Alcohol-impaired MVTC fatality rates: National Highway Traffic Safety Administration (NHTSA) Fatality Analysis Reporting System (FARS)

Data Notes

Alcohol-related death is defined as the total number of deaths attributed to alcohol per 100,000 population. The alcohol-related death rates reported here are based on definitions and alcohol-attributable fractions from the CDC's Alcohol-Related Disease Impact (ARDI) website (<http://apps.nccd.cdc.gov/ardi/Homepage.aspx>).

According to the CDC's ARDI website, there are 54 causes of death considered to be at least partially attributable to alcohol. These include 35 alcohol-related chronic diseases (e.g., liver cirrhosis, alcohol dependence); and 19 alcohol-related injuries (e.g., motor vehicle crashes, poisonings, falls, homicide, suicide).

Alcohol-related deaths are estimated by multiplying the total number of deaths in a cause-of-death category by the percent of deaths in that category that are considered to be caused by alcohol. This percent, the so-called alcohol attributable fraction (AAF), can vary from 100% for causes of death that are completely related to alcohol use (e.g., alcoholic liver disease, alcohol poisoning); to less than 100% for causes that are only sometimes related to alcohol use. For example, per CDC ARDI, the AAF for portal hypertension is 40%. This means that 40% of deaths from portal hypertension are considered to be caused by alcohol use. The AAF for homicide is 47% and for suicide is 23%. The AAF for alcohol-related motor vehicle crashes is age- and gender-specific, ranging from 49% for males ages 25-34 to 8% for females ages 65 and over. For more information on the AAFs used here see the CDC ARDI Methods webpage (<http://apps.nccd.cdc.gov/ardi/AboutARDIMethods.htm>).

Death Certificate Data

Death certificates in New Mexico are required to be filed by funeral directors. Funeral directors obtain demographic information from an informant, a close family member of the decedent. The cause of death is certified by the decedent's physician or the physician that attended the death. Accidental and suspicious deaths are certified by the Office of the Medical Investigator. Death certificate data go through extensive edits for completeness and consistency. The DOH Bureau of Vital Records and Health Statistics (BVRHS) does annual trainings for funeral directors and local registrars.

When death certificates are received the cause of death literals are keyed into software locally by the BVRHS, then sent to the National Center for Health Statistics (NCHS) where they are machine coded into ICD-10 cause-of-death codes. The NCHS returns the ICD-10 codes to BVRHS where the death records are updated.

Data Notes

Rates are age-adjusted to the 2000 US standard population. Alcohol-related deaths for 1990-1998 were defined by underlying cause of death based on International Classification of Disease version 9 (ICD-9) codes; and alcohol-related deaths for 1999 and later were defined by underlying cause of death based on International Classification of Disease version 10 (ICD-10) codes. It is a coding system maintained by the World Health Organization and the U.S. National Center for Health Statistics used to classify causes of death on death certificates and diagnoses, injury causes, and medical procedures for hospital and emergency department visits. These codes are updated every decade or so to account for advances in medical technology. The U.S. is currently using the 10th revision (ICD-10) to code causes of death. The 9th revision (ICD-9) is still used for hospital and emergency department visits.

Quartile Map

A "Quartile" map assigns areas to four groups. Each group includes the SAME NUMBER of areas. Group membership and map color are based on the rank order of area rates, from the lowest rate to the highest. The bottom 25% (bottom quartile) of areas has the lowest rates and is the lightest color, the next 25% has the second lowest rates, the next 25% has the second highest rates and the top 25% of areas has the highest rates. Areas with the darkest color have the highest rates. Percentile maps assign areas to different groups regardless of how close the rates actually are. In other words, just because two areas are in different groups doesn't necessarily mean that their rates are significantly different.

What Is Being Done? Evidence-based Practices

There is a large body of evidence on effective strategies to prevent excessive alcohol use and alcohol-related harm. In the past decade, this evidence base has been the subject of numerous systematic expert reviews to assess the quality and consistency of the evidence for particular strategies; and to make recommendations based on this evidence. These expert reviews have recently been summarized

by the NMDOH. The following list summarizes the evidence-based prevention strategies that are well-recommended by experts; and that could be more widely or completely implemented in New Mexico to reduce our alcohol-related problems:

<http://ibis.health.state.nm.us/docs/Evidence/EvidenceBasedExcessiveAlcoholUsePrevention.pdf>

Primary prevention attempts to stop a problem before it starts. In New Mexico, primary prevention of alcohol-related health problems has focused on regulating access to alcohol and altering the alcohol consumption behavior of high-risk populations. Regulatory efforts have included increasing the price of alcohol (shown to be effective in deterring alcohol use among adolescents), establishing a minimum legal drinking age, regulating the density of liquor outlets, and increasing penalties for buyers and servers of alcohol to minors. DWI-related law enforcement (e.g., sobriety checkpoints), when accompanied by media activity, can also be an important form of primary prevention, increasing the perceived risk of driving after drinking among the general population.

Secondary prevention efforts try to detect and treat emergent cases before they cause harm. Screening and brief interventions (SBI) for adults in primary care settings is an evidence-based intervention to address problem drinking before it causes serious harm. Implementing this intervention more broadly in New Mexico primary care settings could help reduce our serious burden of alcohol-related chronic disease and injury.

Tertiary prevention involves the treatment of individuals diagnosed with alcohol use disorders so they can recover to the highest possible level of health while minimizing the effects of the disease and preventing complications. According to the most recent estimates from the National Survey on Drug Use and Health (NSDUH, <http://oas.samhsa.gov/2k7/State/NewMexico.htm#Tabs>), roughly 130,000 New Mexicans report past-year alcohol dependence or abuse, indicating an acute need for treatment. However, fewer than one in ten people in need of treatment receives it.

Nationally, the most common reasons that people who need and seek treatment do not receive it are because: they have no health insurance and cannot afford the cost; they are concerned about the possible negative effect on their job; or they are not ready to stop using.

Available Services

Doctors, nurses and other health professionals should screen all adult patients and counsel those who drink too much to drink less. This is called alcohol screening and brief intervention (A-SBI). A-SBI can reduce how much alcohol a person drinks on an occasion by 25%.

A-SBI is recommended by the U.S. Preventive Services Task Force (USPSTF), the Community Preventive Services Task Force (Community Guide), the Centers for Disease Control and Prevention (CDC), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), Substance Abuse and Mental Health Services Administration (SAMHSA), and the World Health Organization (WHO).

For more information on A-SBI, please the CDC vital signs website: www.cdc.gov/vitalsigns/alcohol-screening-counseling/index.html

Demographic Report

Start date: 1/1/2010

End date: 8/31/2016

Demographics - DWI Offender Profile	Total
Total offenders screened	169
Average age of offenders	38
Percentage between the ages of 21 and 50	78%
Age range of highest % of offenders	36-50 (33%)
Percentage of male clients	74%
% White	55%
% African American	0%
% Hispanic	30%
% Native American	5%
% Multi-Racial/Other	0%
% that had 11 years or less of education	6%
% that had 12 years of education	44%
% that had an income less than \$10,000	42%
% that had an income between \$10,001 and \$20,000	22%
% that were not employed in the last year	31%
% that worked nine months or less during the last year	60%

Assessment Profile	Total
% that were categorized as having a severe problem	44%
% that were categorized as having an established problem	23%
% that were categorized as having no apparent alcohol problem	5%

Treatment History	Total
% that have no history of outpatient treatment	89%

Alcohol Abuse History	Total
% reported alcohol as drug used during lifetime	98%
% reported they first used alcohol monthly between ages 16-18	31%

2014 Community Report

Los Alamos



Produced for the New Mexico Department of Transportation,
Traffic Safety Division, Traffic Records Bureau,
Under Contract 5801 by the University of New Mexico,
Geospatial and Population Studies, Traffic Research Unit

Distributed in compliance with New Mexico Statute 66-7-214
as a reference source regarding New Mexico traffic crashes

For the purposes of this report, data are compiled by the University of New Mexico, Geospatial and Population Studies, Traffic Research Unit (TRU), on behalf of the New Mexico Department of Transportation (NMDOT). Data in this report may differ from that in other data sources, such as the Federal Fatality Analysis Reporting System (FARS), due to the timing of publications and rules for how data are compiled and maintained in Federal vs. State databases. If you have questions regarding this report, please contact the Traffic Safety Division at 505-827-0427.

<http://tru.unm.edu/Crash-Reports/Community-Reports/>

Definitions

Aggravated DWI – A driver arrested for 1) driving with a BAC of 0.16 or higher, 2) driving under the influence of alcohol or drugs and causing bodily injury to a human being as a result, or 3) driving under the influence of alcohol or drugs and refusing to submit to a BAC test at the time of arrest for DWI.

Alcohol-involved Crash – A crash for which the Uniform Crash Report indicated that 1) a DWI citation was issued, 2) alcohol was a contributing factor, or 3) a person in control of a vehicle (including a pedestrian or pedalcyclist) was suspected of being under the influence of alcohol.

Alcohol-involved Driver – A person in control of a vehicle who was cited for DWI or indicated on the Uniform Crash Report as being either suspected or determined by testing to be under the influence of alcohol. There can be multiple alcohol-involved drivers in a single alcohol-involved crash.

Crash – A reported incident on a public roadway involving one or more motor vehicles that resulted in death, personal injury, or at least \$500 in property damage. Crashes on private property (such as a parking lot) are not included.

DWI Arrest (Citation) – In this report, a DWI arrest (a.k.a. a DWI citation) is a driver arrested for either DWI or aggravated DWI. New Mexico's legal limit for presumption of driving while intoxicated (DWI) is 0.08 for non-commercial drivers older than 21 years of age, 0.04 for commercial vehicle drivers, and 0.02 for drivers younger than 21 years of age.

DWI Conviction – A driver convicted of driving under the intoxicating influence of alcohol, narcotics, or pathogenic drugs, including aggravated DWI.

Fatal Crash – A crash in which at least one person was killed. More than one person can be killed in a single fatal crash.

Fatalities – The number of people killed in a crash. The terms "killed" and "deaths" are synonymous with "fatalities." A fatality is crash-related if it occurs at the time of the crash or if the person(s) involved in the crash dies within 30 days.

Injury Crash – A reported crash in which at least one person was injured. Injury crashes involve at least one suspected serious injury (Class A), suspected minor injury (Class B), or possible injury (Class C). Fatal crashes are not included.

Missing Data – An indication that the applicable field on the UCR form was left blank or contained an invalid code. Starting with crashes that occurred in 2012, improvements in the identification of missing data in the NMDOT crash database led to an increase in the reported amount of missing data.

Pedalcyclist – A person riding a mechanism of transport that is powered solely by pedals (a.k.a. bicyclist).

Pedestrian – A person on foot, walking, running, jogging, hiking, sitting or lying down who is involved in a motor vehicle traffic crash.

Sources

Crash Data – New Mexico Department of Transportation, Traffic Safety Division, Traffic Records Bureau, Traffic Crash Database, as of the report date below. Crash data are compiled using NMDOT Uniform Crash Reports (UCR), submitted by law enforcement agencies in the state, for any incident on a public roadway involving one or more motor vehicles that resulted in death, injury, or at least \$500 in property damage. These reports are processed by the NMDOT Traffic Records Bureau and analyzed by the University of New Mexico, Geospatial and Population Studies, Traffic Research Unit (TRU).

DWI Citation Tracking System (CTS) – New Mexico Taxation and Revenue Department (NM TRD), Motor Vehicle Division (MVD), DWI Citation Tracking System (CTS), as of July 2015. Repeat offenders are identified by the combination of account key, arrest date, and citation number. County data are based upon the county where the arrest took place. City data are based upon the city where the offender resides.

Urban Areas – New Mexico Department of Transportation, Asset Management and Planning, 2010 U.S. Census Urbanized Area Boundaries, NMDOT-Adjusted, and U.S. Census Urban Clusters, August 21, 2013. In crashes before 2013, "urban" was defined as a town or city with a population of at least 2,500 people.

**Table 1: Total Crashes and Alcohol-involved Crashes by
Crash Severity in Los Alamos, 2005-2014**

Year	Total Crashes				Alcohol-involved Crashes			
	Fatal	Injury	Property Damage Only	Total	Fatal	Injury	Property Damage Only	Total
2005	2	77	207	286	1	10	7	18
2006	0	57	167	224	0	3	2	5
2007	1	63	150	214	1	8	3	12
2008	0	42	130	172	0	1	6	7
2009	1	57	141	199	0	3	6	9
2010	1	42	88	131	0	1	3	4
2011	1	31	90	122	0	3	3	6
2012	0	20	66	86	0	0	2	2
2013	0	12	47	59	0	1	2	3
2014	2	15	29	46	0	2	0	2

**Figure 1: Alcohol-involved Fatal and Injury Crashes Compared with
Non-alcohol-involved Fatal and Injury Crashes in Los Alamos, 2005-2014**

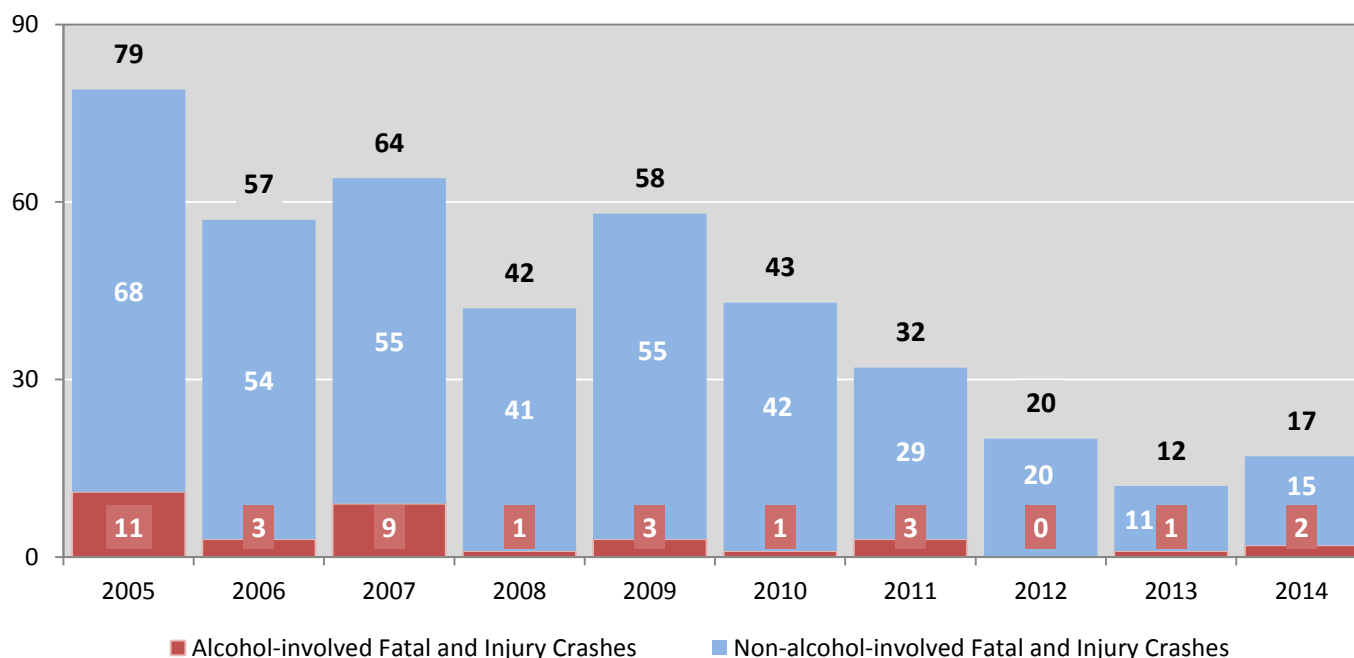


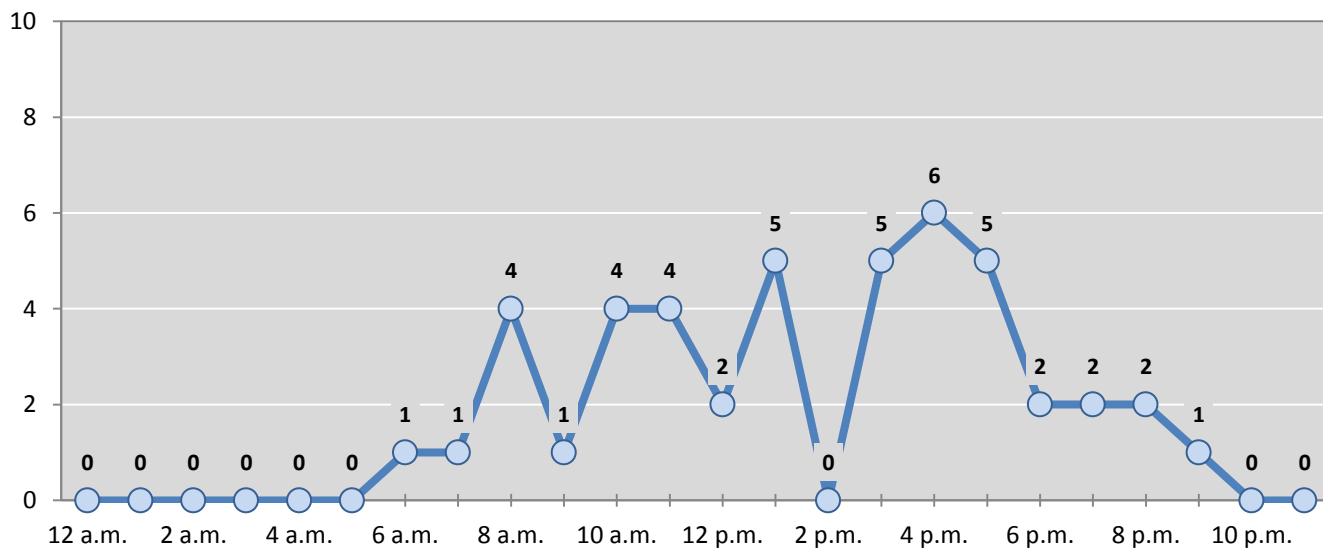
Table 2: Crashes by Month in Los Alamos, 2010-2014

Month	Crashes					5-Year Average
	2010	2011	2012	2013	2014	
January	20	19	7	8	8	12
February	24	13	9	3	4	11
March	9	10	10	3	11	9
April	9	16	5	2	5	7
May	6	13	4	1	5	6
June	3	11	13	10	0	7
July	13	10	8	8	6	9
August	12	13	7	4	6	8
September	13	10	6	5	0	7
October	7	7	17	10	0	8
November	8	0	0	5	1	3
December	7	0	0	0	0	1
Total Crashes	131	122	86	59	46	89

Table 3: Alcohol-involved Crashes by Month in Los Alamos, 2010-2014

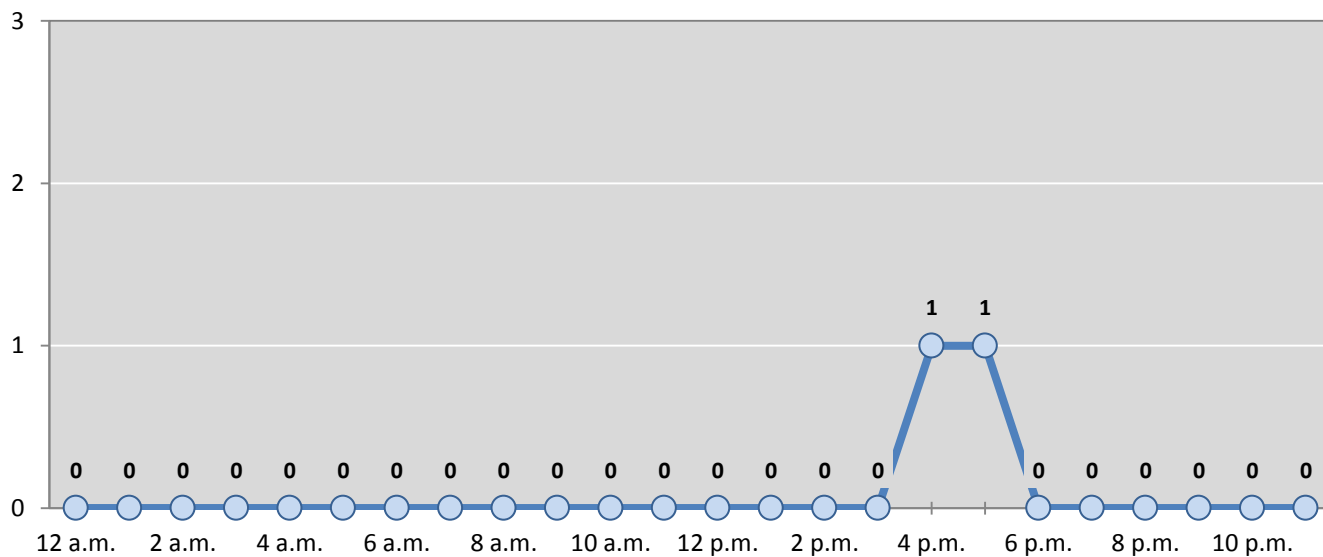
Month	Alcohol-involved Crashes					5-Year Average
	2010	2011	2012	2013	2014	
January	0	0	0	0	1	0
February	1	0	0	0	1	0
March	0	2	0	0	0	0
April	0	0	0	0	0	0
May	1	1	0	0	0	0
June	0	0	0	3	0	1
July	0	0	1	0	0	0
August	0	2	0	0	0	0
September	1	0	0	0	0	0
October	0	1	1	0	0	0
November	1	0	0	0	0	0
December	0	0	0	0	0	0
Total Crashes	4	6	2	3	2	3

Figure 2: Crashes by Hour in Los Alamos, 2014



* In 2014, Los Alamos had 1 crashes for which hour data were missing.

Figure 3: Alcohol-involved Crashes by Hour in Los Alamos, 2014



* In 2014, Los Alamos had 0 alcohol-involved crashes for which hour data were missing.

Table 4: Alcohol-involved Crashes by Weekday in Los Alamos, 2010-2014

Weekday	Alcohol-involved Crashes					5-Year Average
	2010	2011	2012	2013	2014	
Sunday	0	1	0	0	0	0
Monday	1	0	0	0	1	0
Tuesday	1	1	0	0	0	0
Wednesday	0	2	0	0	1	1
Thursday	1	0	0	0	0	0
Friday	0	1	2	2	0	1
Saturday	1	1	0	1	0	1
Total Crashes	4	6	2	3	2	3

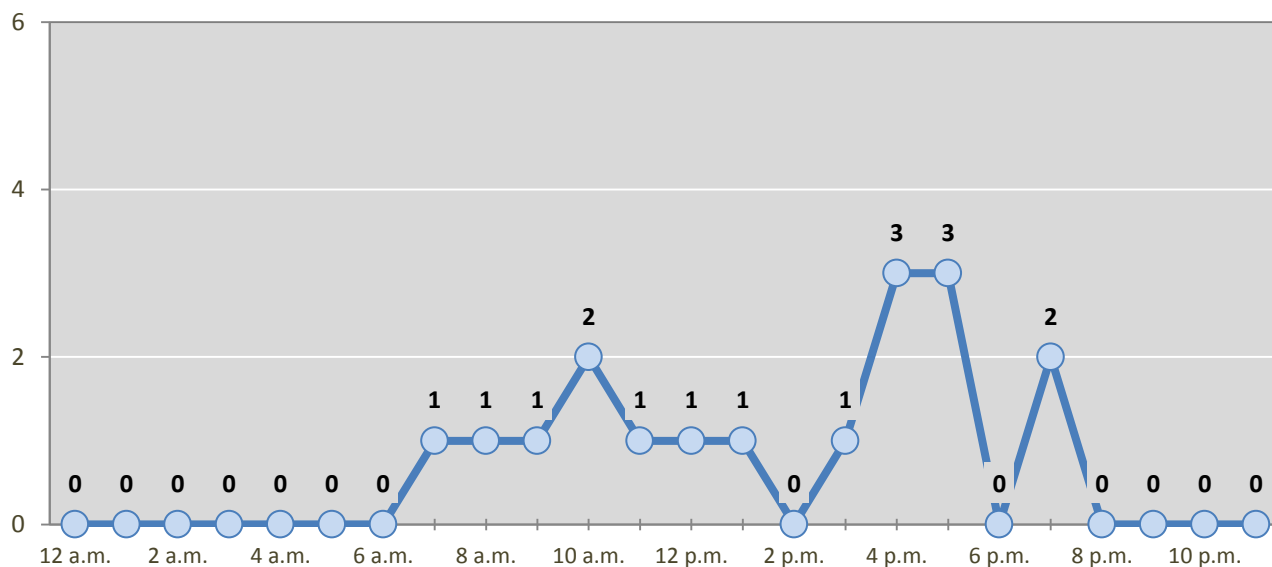
Table 5: Fatal and Injury Crashes by Weekday in Los Alamos, 2010-2014

Weekday	Fatal and Injury Crashes					5-Year Average
	2010	2011	2012	2013	2014	
Sunday	3	3	1	1	1	2
Monday	4	2	3	1	4	3
Tuesday	11	4	4	3	2	5
Wednesday	10	4	2	1	3	4
Thursday	4	5	4	3	3	4
Friday	8	8	6	3	2	5
Saturday	3	6	0	0	2	2
Total Crashes	43	32	20	12	17	25

Table 6: Pedestrian and Pedalcyclist Crashes by Weekday in Los Alamos, 2010-2014

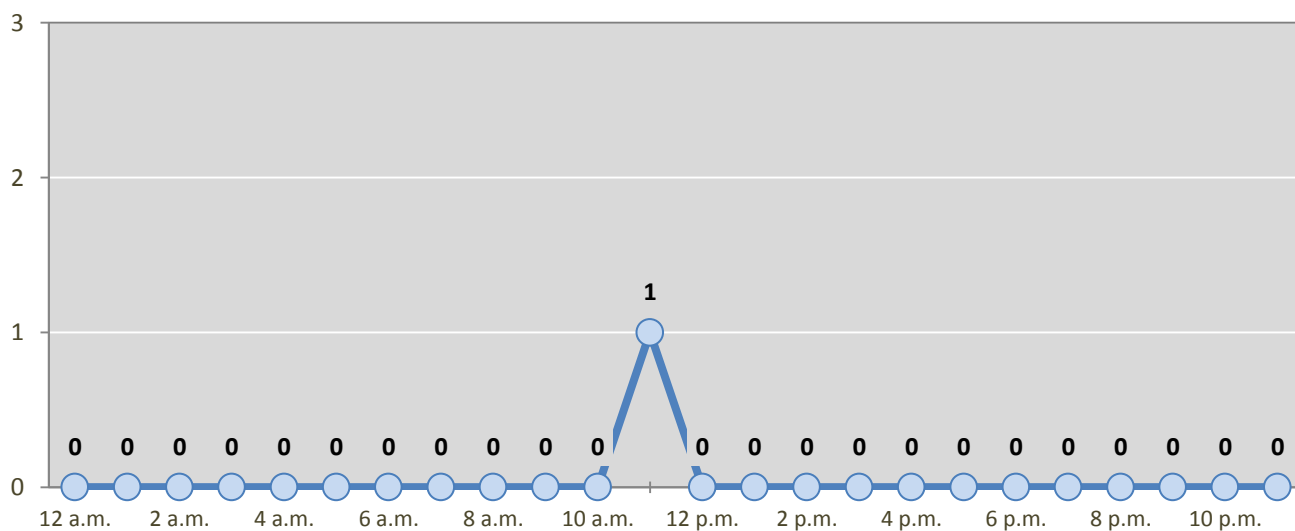
Weekday	Pedestrian and Pedalcyclist Crashes					5-Year Average
	2010	2011	2012	2013	2014	
Sunday	1	0	0	0	0	0
Monday	1	0	1	1	0	1
Tuesday	0	1	0	0	0	0
Wednesday	1	1	1	1	1	1
Thursday	0	0	1	1	0	0
Friday	0	1	1	0	0	0
Saturday	0	0	0	0	0	0
Total Crashes	3	3	4	3	1	3

Figure 4: Fatal and Injury Crashes by Hour in Los Alamos, 2014



* In 2014, Los Alamos had 0 crashes for which hour data were missing.

Figure 5: Pedestrian and Pedalcyclist Crashes by Hour in Los Alamos, 2014



* In 2014, Los Alamos had 0 crashes for which hour data were missing.

Table 7: Severity of Injuries to People in Crashes by Rural and Urban Location in Los Alamos, 2014

Urban and Rural Locations by Alcohol-involvement	People in Crashes by Severity of Injuries					Total People
	Fatalities (Class K)	Suspected Serious Injuries (Class A)	Suspected Minor Injuries (Class B)	Possible Injuries (Class C)	No Apparent Injuries (Class O)	
Total Alcohol-involved Crashes	0	0	0	3	1	4
Urban	0	0	0	2	0	2
Rural Non-Interstate	0	0	0	1	1	2
Rural Interstate	0	0	0	0	0	0
Total Crashes	2	0	6	19	86	113
Urban	1	0	3	15	78	97
Rural Non-Interstate	1	0	3	4	8	16
Rural Interstate	0	0	0	0	0	0
Percent Alcohol-involved	0%	0%	0%	16%	1%	4%

Table 8: Total Crashes by Roadway System and Crash Severity in Los Alamos, 2010-2014

Crash Severity by System	Crashes by Year					5-Year Average
	2010	2011	2012	2013	2014	
Total Rural Interstate	0	0	0	0	0	0
Fatal Crash	0	0	0	0	0	0
Injury Crash	0	0	0	0	0	0
Property Damage Only Crash	0	0	0	0	0	0
Total Rural Non-Interstate	0	0	0	15	8	5
Fatal Crash	0	0	0	0	1	0
Injury Crash	0	0	0	5	4	2
Property Damage Only Crash	0	0	0	10	3	3
Total Urban	131	122	86	44	38	84
Fatal Crash	1	1	0	0	1	1
Injury Crash	42	31	20	7	11	22
Property Damage Only Crash	88	90	66	37	26	61

Table 9: Total Crashes by Crash Classification in Los Alamos, 2010-2014

Crash Classification	Total Crashes by Year					5-Year Average
	2010	2011	2012	2013	2014	
Animal	3	8	3	4	8	5
Fixed Object	13	22	9	17	0	12
Other (Non-Collision)	1	2	1	2	1	1
Other (Object)	0	0	1	1	0	0
Other Vehicle	97	66	58	24	28	55
Overturn/Rollover	6	5	1	3	3	4
Parked Vehicle	8	16	3	2	3	6
Pedalcyclist	2	0	2	2	0	1
Pedestrian	1	3	2	1	1	2
Railroad Train	0	0	0	0	0	0
Rollover	0	0	0	0	0	0
Vehicle on Other Road	0	0	0	0	0	0
Missing Data	0	0	6	3	2	2
Total Crashes	131	122	86	59	46	89

Table 10: Vehicles in Crashes by Vehicle Type in Los Alamos, 2010-2014

Vehicle Type ¹	Vehicles in Crashes by Vehicle Type					5-Year Average
	2010	2011	2012	2013	2014	
Bus	5	2	1	0	0	2
Motorcycle	3	5	2	3	3	3
Passenger	127	104	87	45	39	80
Pedalcyclist	2	0	3	2	0	1
Pedestrian	1	3	1	1	1	1
Pickup	52	56	25	14	15	32
Semi	1	0	9	2	2	3
Van/SUV/4WD	47	42	27	20	20	31
Other Vehicle	5	4	2	3	0	3
Missing Data	5	0	4	6	1	3
Total Vehicles	248	216	161	96	81	160

¹ Pedestrians and pedalcyclists are counted as non-motorized vehicles, when involved in a crash with a motor vehicle. See Page 17 for data on drivers of non-motorized vehicles in crashes (i.e. pedestrians and pedalcyclists).

Table 11: Motor Vehicle Drivers in Crashes by Vehicle Type and Age Group in Los Alamos, 2014

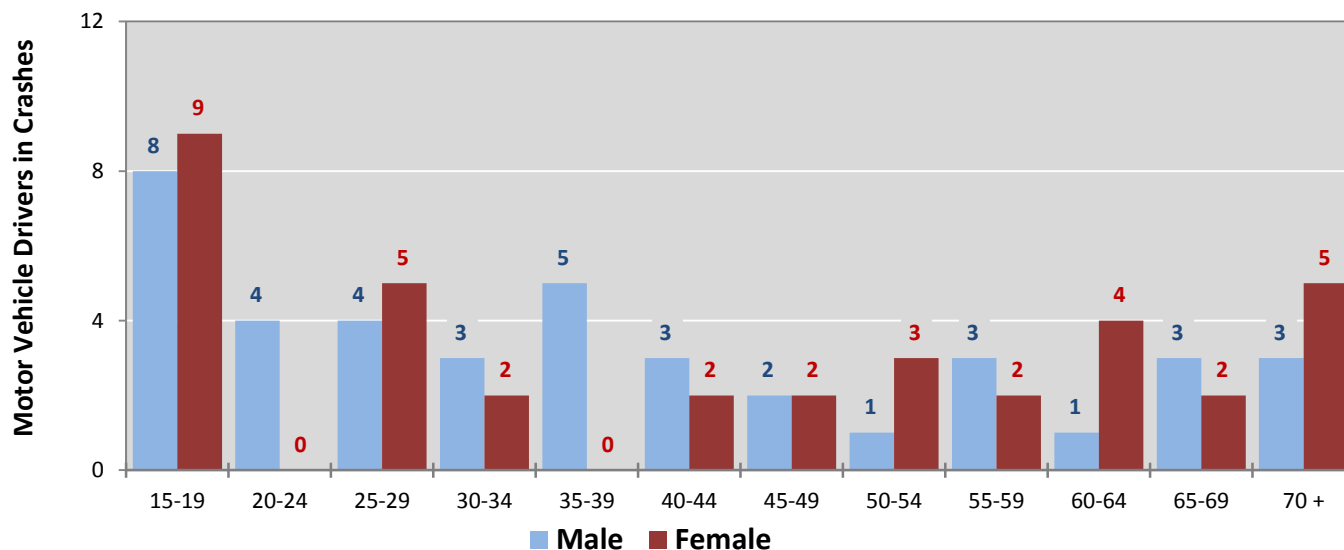
Age Groups	Motor Vehicle ¹ Drivers by Vehicle Type and Age Group								Total Drivers
	Bus	Motor-cycle	Passenger	Pickup	Semi	Van 4WD SUV	Other Vehicle	Missing Data	
15-19	0	0	10	5	0	2	0	0	17
20-24	0	0	3	0	1	0	0	0	4
25-29	0	0	3	2	0	3	0	1	9
30-34	0	1	1	1	0	2	0	0	5
35-39	0	1	2	0	0	2	0	0	5
40-44	0	0	0	3	0	2	0	0	5
45-49	0	0	1	2	1	0	0	0	4
50-54	0	0	1	1	0	2	0	0	4
55-59	0	0	3	0	0	2	0	0	5
60-64	0	0	4	0	0	1	0	0	5
65-69	0	1	2	0	0	2	0	0	5
70 +	0	0	7	0	0	1	0	0	8
Missing Data	0	0	2	1	0	1	0	0	4
Total Drivers	0	3	39	15	2	20	0	1	80

Table 12: Alcohol-involved Motor Vehicle Drivers in Crashes by Vehicle Type and Age Group in Los Alamos, 2014

Age Groups	Alcohol-involved Motor Vehicle ¹ Drivers by Vehicle Type and Age Group								Total Drivers
	Bus	Motor-cycle	Passenger	Pickup	Semi	Van 4WD SUV	Other Vehicle	Missing Data	
15-19	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0
25-29	0	0	1	0	0	0	0	0	1
30-34	0	0	1	0	0	0	0	0	1
35-39	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0	0	0
55-59	0	0	0	0	0	0	0	0	0
60-64	0	0	0	0	0	0	0	0	0
65-69	0	0	0	0	0	0	0	0	0
70 +	0	0	0	0	0	0	0	0	0
Missing Data	0	0	0	0	0	0	0	0	0
Total Drivers	0	0	2	0	0	0	0	0	2

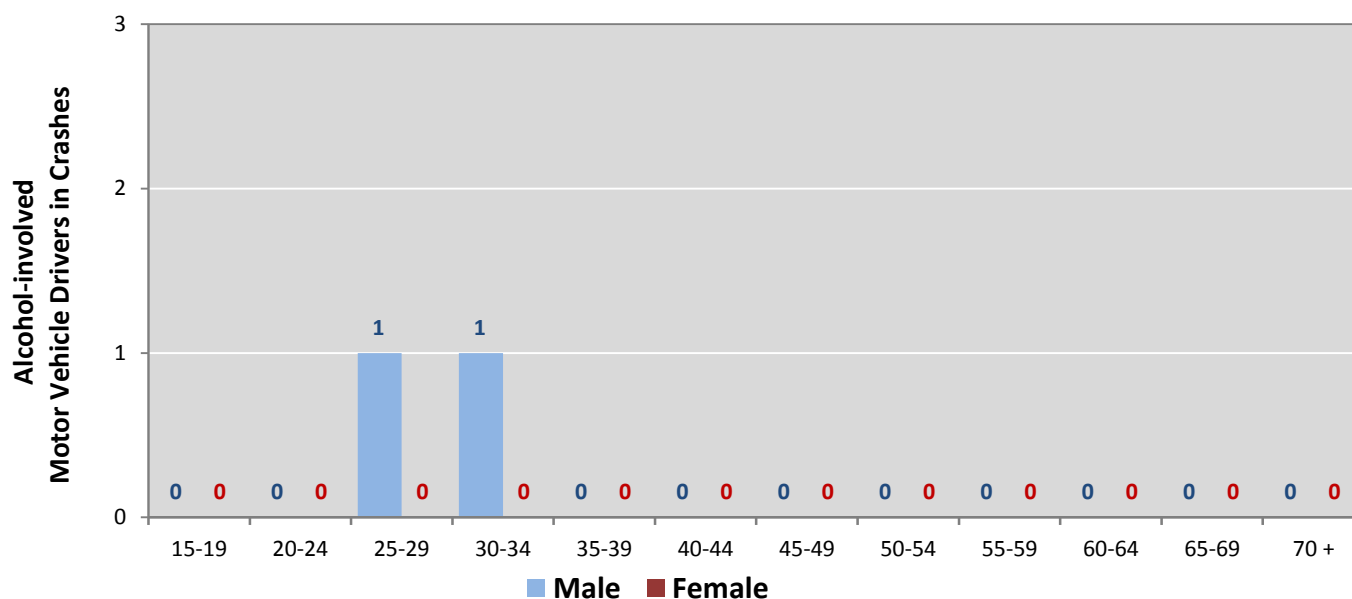
¹ See Page 17 for data on drivers of non-motorized vehicles in crashes (i.e. pedestrians and pedalcyclists).

Figure 6: Motor Vehicle Drivers in Crashes by Age Group and Sex in Los Alamos, 2014



* In 2014, Los Alamos had 4 drivers in crashes for which age or sex data were missing.

Figure 7: Alcohol-involved Motor Vehicle Drivers in Crashes by Age Group and Sex in Los Alamos, 2014



* In 2014, Los Alamos had 0 drivers in crashes for which age or sex data were missing.

**Table 13: Alcohol-involved Motor Vehicle Drivers Under 21
(Ages 15-20) in Crashes in Los Alamos, 2010-2014**

Age ¹	Year					5-Year Total
	2010	2011	2012	2013	2014	
15	0	0	0	0	0	0
16	0	0	0	0	0	0
17	0	0	0	0	0	0
18	0	0	0	0	0	0
19	0	0	0	0	0	0
20	0	0	0	0	0	0
Total Drivers	0	0	0	0	0	0

**Table 14: Motor Vehicle Drivers Under 21 (Ages 15-20) in Crashes
by Age, Sex and Alcohol-involvement in Los Alamos, 2014**

Age ¹	Total Drivers				Alcohol-involved Drivers			
	Sex		Total Drivers	Percent of Total	Sex		Total Drivers	Percent of Total
	Male	Female			Male	Female		
15	0	1	1	6%	0	0	0	0%
16	1	2	3	17%	0	0	0	0%
17	2	3	5	28%	0	0	0	0%
18	3	2	5	28%	0	0	0	0%
19	2	1	3	17%	0	0	0	0%
20	1	0	1	6%	0	0	0	0%
Total Drivers	9	9	18	100%	0	0	0	0%

¹ For analysis of drivers under age 21, when the driver age or sex are not identified on the crash report (typically hit-and-run drivers), the driver data are considered unreliable and are excluded from the analysis.

**Table 15: Frequency of Contributing Factors in Crashes
by Crash Severity in Los Alamos , 2014**

Contributing Factors	Frequency of Contributing Factor ¹ by Crash Severity			
	Frequency in Fatal Crashes	Frequency in Injury Crashes	Frequency in Property Damage Only Crashes	Frequency in All Crashes
Human	3	22	27	52
Driver Inattention	2	10	13	25
Failed to Yield Right of Way	0	3	3	6
Improper Backing	1	0	3	4
Excessive Speed	0	2	1	3
Made Improper Turn	0	1	2	3
Disregarded Traffic Signal	0	1	1	2
Following Too Closely	0	0	2	2
Other Improper Driving	0	1	1	2
Alcohol Involved	0	2	0	2
Avoid No Contact - Other	0	0	1	1
Drove Left Of Center	0	1	0	1
Improper Overtaking	0	1	0	1
Avoid No Contact - Vehicle	0	0	0	0
Cell Phone	0	0	0	0
Driverless Moving Vehicle	0	0	0	0
Failed to Yield to Emergency Vehicle	0	0	0	0
Failed to Yield to Police Vehicle	0	0	0	0
High Speed Pursuit	0	0	0	0
Improper Lane Change	0	0	0	0
Passed Stop Sign	0	0	0	0
Pedestrian Error	0	0	0	0
Speed Too Fast for Conditions	0	0	0	0
Texting	0	0	0	0
Drug Involved	0	0	0	0
Vehicle Skidded Before Brake	0	0	0	0
Vehicle	0	0	1	1
Other Mechanical Defect	0	0	1	1
Defective Steering	0	0	0	0
Defective Tires	0	0	0	0
Inadequate Brakes	0	0	0	0
Environment	0	0	0	0
Low Visibility Due to Smoke	0	0	0	0
Road Defect	0	0	0	0
Traffic Control Not Functioning	0	0	0	0
Other	0	11	25	36
None	0	11	23	34
Other - No Driver Error	0	0	2	2

¹ Multiple contributing factors may be reported for any vehicle in a crash.

Table 16: People in Crashes by Crash Classification and Severity of Injuries in Los Alamos, 2014

Crash Classification	People in Crashes by Severity of Injuries					Total People
	Fatalities (Class K)	Suspected Serious Injuries (Class A)	Suspected Minor Injuries (Class B)	Possible Injuries (Class C)	No Apparent Injuries (Class O)	
Animal	0	0	1	1	11	13
Fixed Object	0	0	0	0	0	0
Other (Non-Collision)	0	0	0	1	1	2
Other (Object)	0	0	0	0	0	0
Other Vehicle	0	0	2	15	61	78
Overturn/Rollover	1	0	3	1	0	5
Parked Vehicle	0	0	0	1	6	7
Pedalcyclist	0	0	0	0	0	0
Pedestrian	1	0	0	0	2	3
Railroad Train	0	0	0	0	0	0
Rollover	0	0	0	0	0	0
Vehicle on Other Road	0	0	0	0	0	0
Missing Data	0	0	0	0	5	5
Total People	2	0	6	19	86	113

**Table 17: Killed or Injured Unbelted People in Crashes
by Sex and Age Group in Los Alamos, 2014**

Age Groups	Unbelted People Killed or Injured ^{1,2}				Total People
	Male	Percent of Male	Female	Percent of Female	
0-4	0	0%	0	0%	0
5-9	0	0%	0	0%	0
10-14	0	0%	0	0%	0
15-19	0	0%	0	0%	0
20-24	0	0%	0	0%	0
25-29	0	0%	0	0%	0
30-34	0	0%	0	0%	0
35-39	0	0%	0	0%	0
40-44	0	0%	0	0%	0
45-49	0	0%	0	0%	0
50-54	0	0%	0	0%	0
55-59	0	0%	0	0%	0
60-64	0	0%	0	0%	0
65-69	0	0%	0	0%	0
70 +	0	0%	0	0%	0
Missing Data	0	0%	0	0%	0
Total People	0	0%	0	0%	0

¹ People injured are in one of three categories: suspected serious injury, suspected minor injury, or possible injury.

² Excludes people in or on buses, heavy trucks, motorcycles, or ATVs.

**Figure 8: Seatbelt Use by People in Crashes with Fatal or
Suspected Serious Injuries in Los Alamos, 2010-2014**

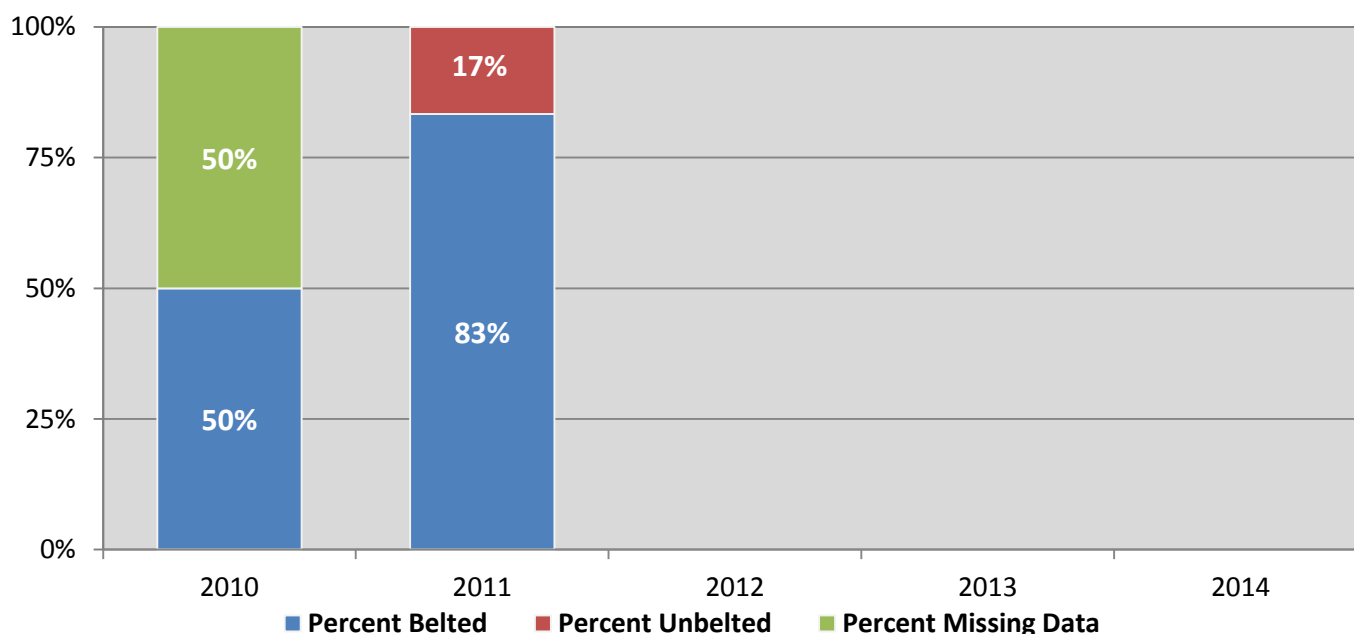
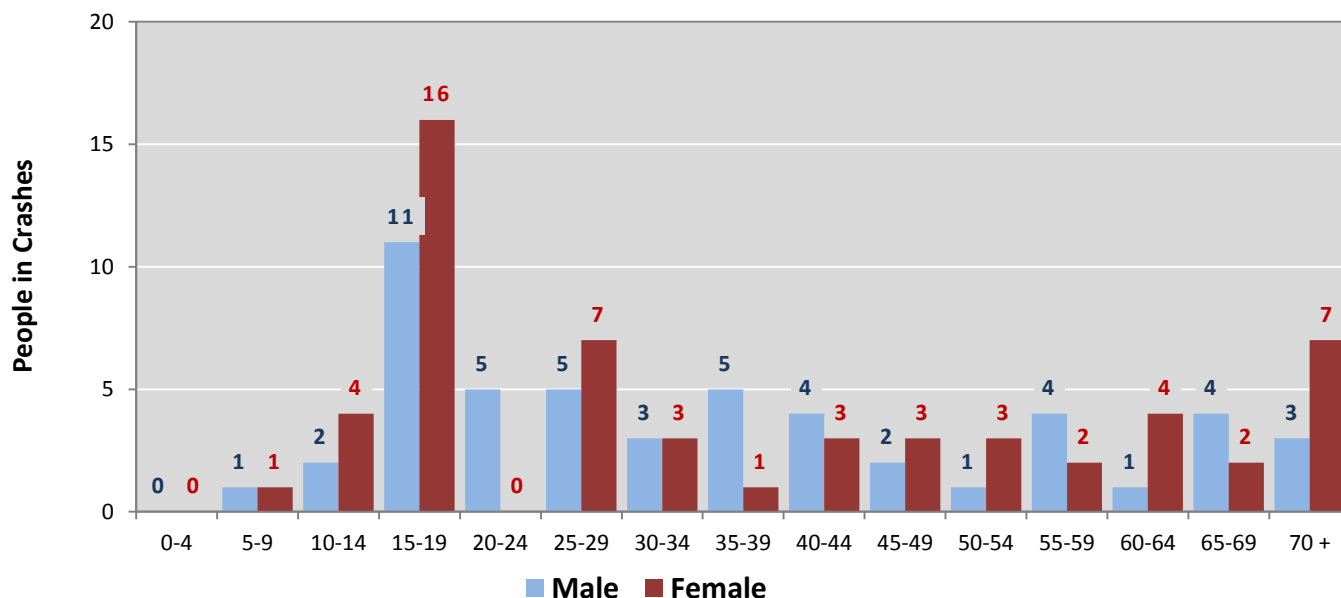
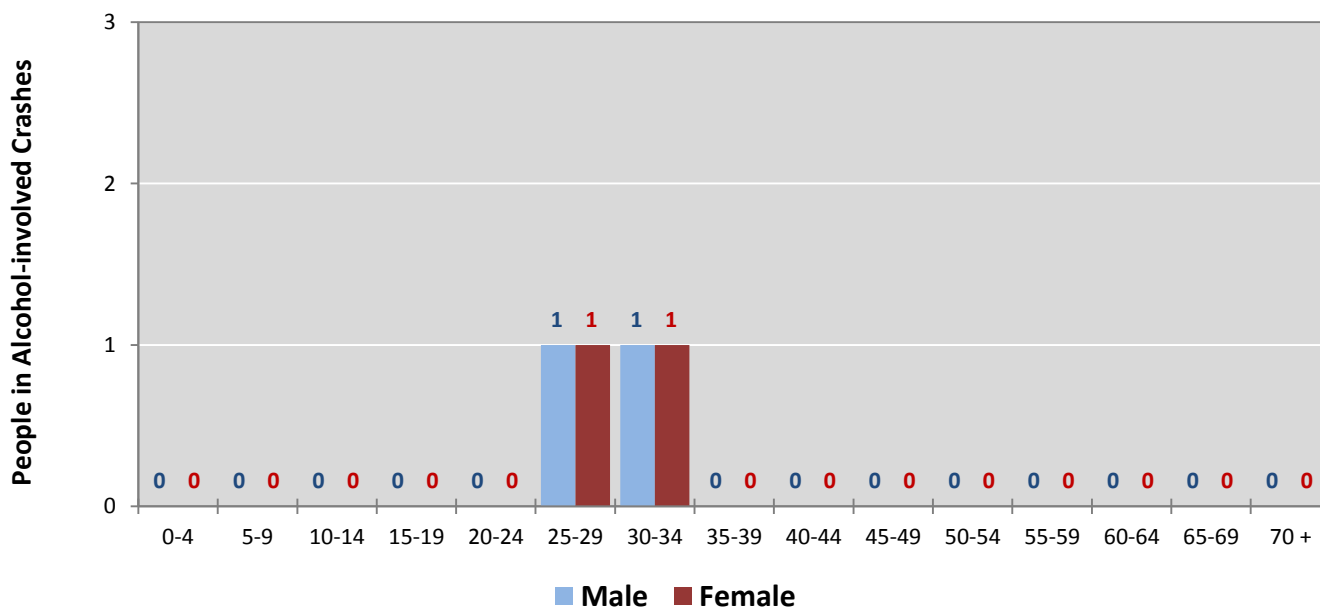


Figure 9: People in Crashes by Age Group and Sex in Los Alamos, 2014



* In 2014, Los Alamos had 6 people in crashes for which age or sex data were missing.

Figure 10: People in Alcohol-involved Crashes by Age Group and Sex in Los Alamos, 2014



* In 2014, Los Alamos had 0 people in alcohol-involved crashes for which age or sex data were missing.

**Table 18: Pedestrians and Pedalcyclists in Crashes
by Age Group in Los Alamos, 2010-2014**

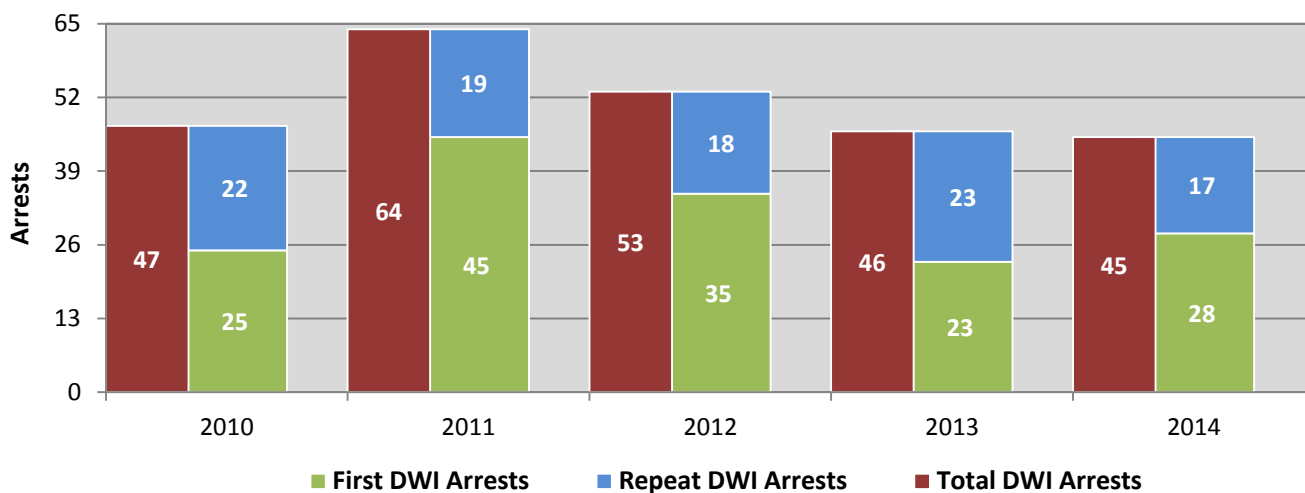
Age Groups	Pedestrians and Pedalcyclists ¹ in Crashes					5-Year Total People
	2010	2011	2012	2013	2014	
0-4	0	0	0	0	0	0
5-9	0	1	0	0	0	1
10-14	0	1	1	0	0	2
15-19	0	1	1	0	0	2
20-24	0	0	0	0	0	0
25-29	0	0	0	0	0	0
30-34	0	0	0	0	0	0
35-39	0	0	0	0	0	0
40-44	0	0	0	0	0	0
45-49	1	0	0	0	0	1
50-54	0	0	1	0	0	1
55-59	1	0	1	2	0	4
60-64	1	0	0	0	0	1
65-69	0	0	0	0	0	0
70 +	0	0	0	0	1	1
Missing Data	0	0	0	1	0	1
Total People	3	3	4	3	1	14

**Table 19: Pedestrians and Pedalcyclists in Crashes by Alcohol Involvement
and Severity of Injuries in Los Alamos, 2014**

Alcohol Involvement	Pedestrians and Pedalcyclists ¹ in Crashes					Total People
	Fatalities (Class K)	Suspected Serious Injuries (Class A)	Suspected Minor Injuries (Class B)	Possible Injuries (Class C)	No Apparent Injury (Class O)	
Total Pedalcyclists	0	0	0	0	0	0
Involved	0	0	0	0	0	0
Not Involved	0	0	0	0	0	0
Total Pedestrians	1	0	0	0	0	1
Involved	0	0	0	0	0	0
Not Involved	1	0	0	0	0	1
Total People	1	0	0	0	0	1

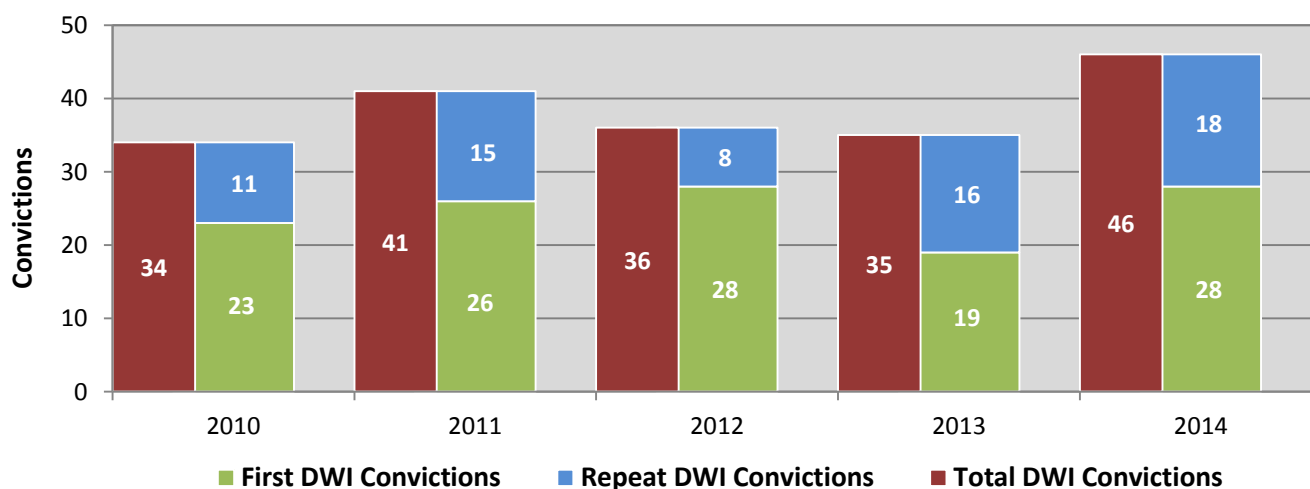
¹ Pedestrians and pedalcyclists are counted as non-motorized vehicles, when involved in a crash with a motor vehicle.

Figure 11: DWI Arrests in Los Alamos Showing First and Repeat DWI Arrests, 2010-2014



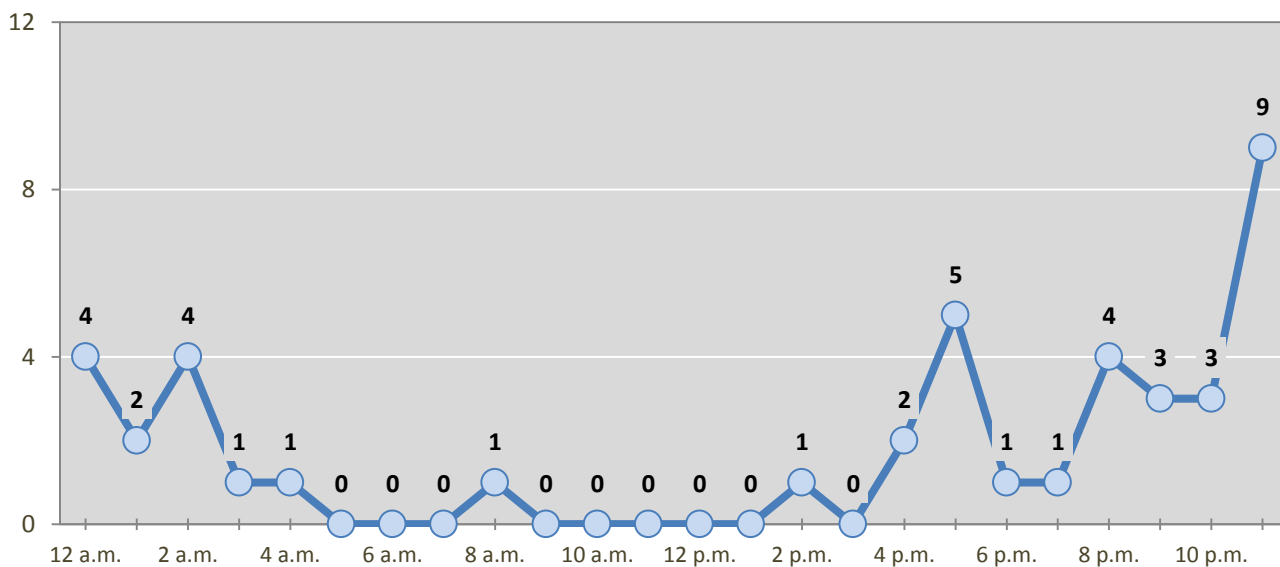
*Values are based upon the year of the arrest.

Figure 12: DWI Convictions in Los Alamos Showing First and Repeat DWI Convictions, 2010-2014



*Values are based upon the year of the conviction.

Figure 13: DWI Arrests in Los Alamos, 2014



* In 2014, Los Alamos had 3 arrests for which hour data were missing.

Table 20: DWI Arrests by Weekday in Los Alamos, 2010-2014

Weekday	Year					5-Year Average
	2010	2011	2012	2013	2014	
Sunday	7	12	13	8	10	10
Monday	4	4	7	1	8	5
Tuesday	5	8	6	3	3	5
Wednesday	4	6	8	5	1	5
Thursday	4	3	4	6	8	5
Friday	12	12	4	15	7	10
Saturday	11	19	11	8	8	11
Total Crashes	47	64	53	46	45	51

Table 21: Driver First DWI Arrests by Age Group in Los Alamos, 2010-2014

Age Groups	Driver First DWI Arrests ¹				
	2010	2011	2012	2013	2014
15-19	2	0	2	1	4
20-24	9	15	10	4	7
25-29	2	9	3	6	7
30-34	2	4	2	1	2
35-39	1	1	4	1	4
40-44	1	2	2	4	0
45-49	5	7	4	1	1
50-54	2	6	3	4	1
55-59	0	1	4	1	1
60-64	0	0	1	0	0
65-69	0	0	0	0	1
70 +	1	0	0	0	0
Missing Data	0	0	0	0	0
Total Drivers	25	45	35	23	28

¹ Values are based upon the year of the arrest.

Table 22: Driver Repeat DWI Arrests by Age Group in Los Alamos, 2010-2014

Age Groups	Driver Repeat DWI Arrests ¹				
	2010	2011	2012	2013	2014
15-19	0	0	1	0	0
20-24	4	2	2	1	2
25-29	7	5	4	3	5
30-34	0	3	2	5	3
35-39	0	1	2	3	0
40-44	2	1	0	4	1
45-49	3	2	1	0	2
50-54	4	4	4	3	2
55-59	0	0	1	3	0
60-64	0	1	1	0	2
65-69	1	0	0	0	0
70 +	1	0	0	1	0
Missing Data	0	0	0	0	0
Total Drivers	22	19	18	23	17

¹ Values are based upon the year of the arrest.

Table 23: Driver First DWI Convictions by Age Group in Los Alamos, 2010-2014

Age Groups	Driver First DWI Convictions ¹				
	2010	2011	2012	2013	2014
15-19	1	0	1	0	2
20-24	7	5	10	6	8
25-29	6	6	3	4	7
30-34	2	3	2	0	2
35-39	0	2	0	2	3
40-44	1	1	2	2	3
45-49	3	6	3	2	0
50-54	2	2	3	3	1
55-59	0	1	3	0	1
60-64	1	0	1	0	0
65-69	0	0	0	0	0
70 +	0	0	0	0	1
Missing Data	0	0	0	0	0
Total Drivers	23	26	28	19	28

¹ Values are based upon the year of the conviction.

Table 24: Driver Repeat DWI Convictions by Age Group in Los Alamos, 2010-2014

Age Groups	Driver Repeat DWI Convictions ¹				
	2010	2011	2012	2013	2014
15-19	0	0	0	0	0
20-24	1	2	2	0	0
25-29	3	1	3	2	5
30-34	0	2	1	3	3
35-39	0	1	0	4	1
40-44	1	3	0	1	3
45-49	3	1	0	0	0
50-54	1	5	2	2	5
55-59	0	0	0	4	0
60-64	1	0	0	0	1
65-69	1	0	0	0	0
70 +	0	0	0	0	0
Missing Data	0	0	0	0	0
Total Drivers	11	15	8	16	18

¹ Values are based upon the year of the conviction.

Table 25: Court Disposition of DWI Arrests for Los Alamos and the State, 2014

Court Disposition of DWI Arrest ¹	Los Alamos	Statewide Totals	Percent of Statewide
Total DWI Arrests	45	10,826	0.4%
DWI Arrests Resulting in Convictions	33	5,604	0.6%
DWI Arrests Resulting in Dismissals ²	5	2,479	0.2%
DWI Arrests Awaiting Disposition	7	2,743	0.3%

¹ These are the number of DWI arrests in 2014 and whether the case resulted in a conviction or dismissal, or is still awaiting court disposition, as reported in the NM MVD Citation Tracking System (CTS) as of July 2015.

² For this table, a very small number of "not guilty" rulings may be included in the category Dismissals.

Table 26: Average Number of Days from Date of DWI Arrest to Date of Court Disposition in Los Alamos and the State, 2014

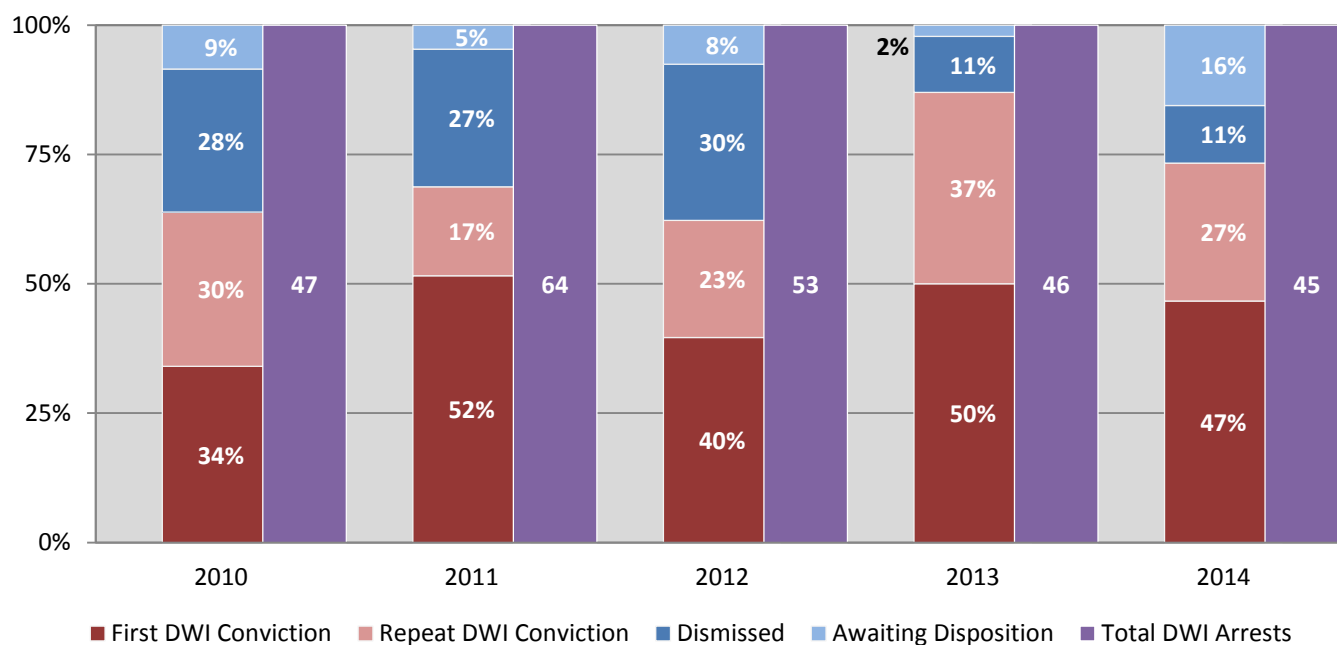
Court Disposition	Average Number of Days		Deviation from Statewide Average
	Los Alamos	Statewide	
DWI Conviction	124	137	-13
DWI Dismissal	158	159	-2

Table 27: Court Disposition of DWI Arrests in Los Alamos, 2010-2014

Year of DWI Arrest ¹	Court Disposition				Total DWI Arrests
	First DWI Conviction	Repeat DWI Conviction	Dismissed	Awaiting Disposition	
2010	16	14	13	4	47
2011	33	11	17	3	64
2012	21	12	16	4	53
2013	23	17	5	1	46
2014	21	12	5	7	45

¹ Values are based upon the year of the arrest.

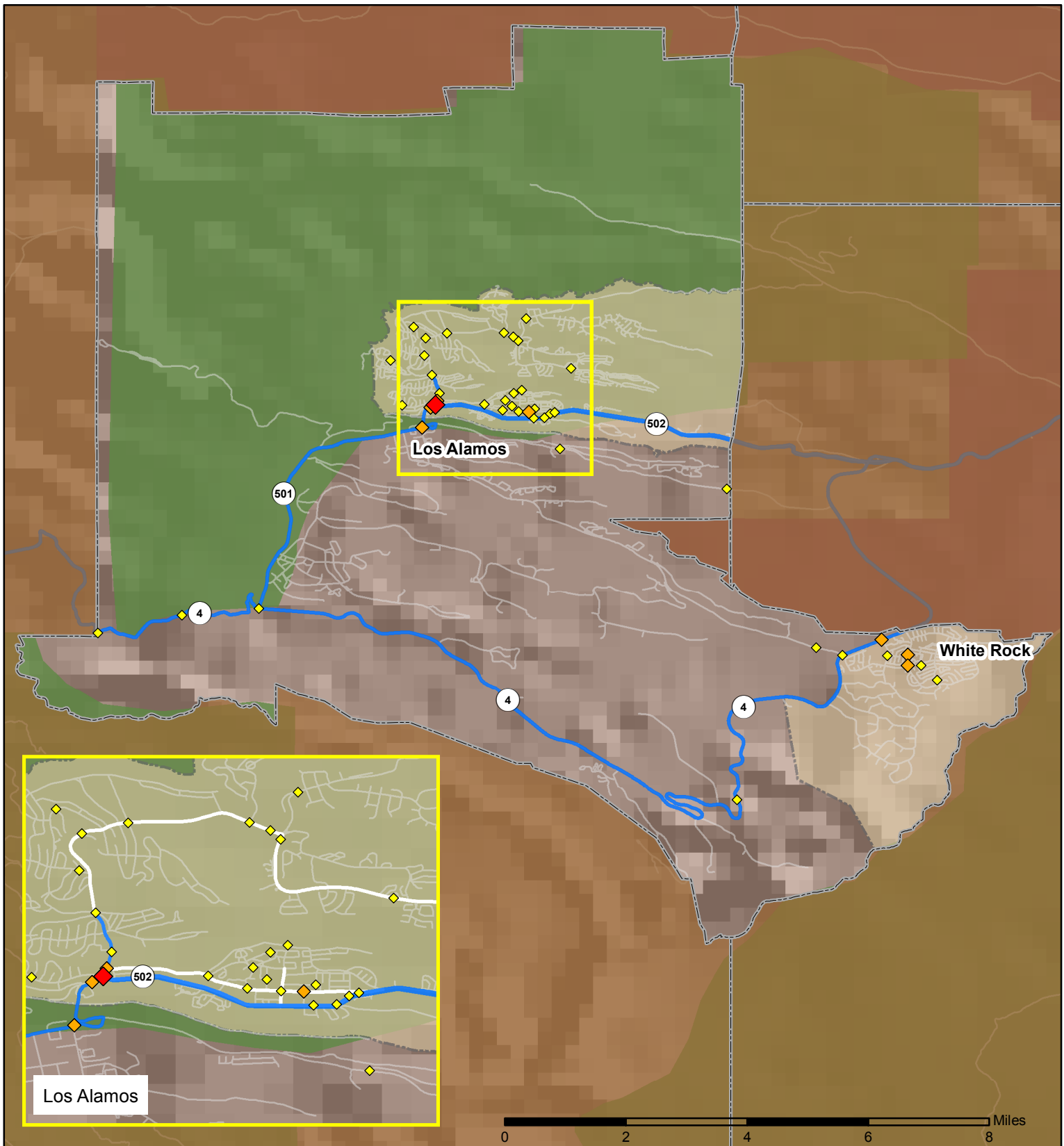
Figure 14: Court Dispositions by Percentage of DWI Arrests in Los Alamos, 2010-2014



*Table 27 contains the values used to calculate percentages shown in Figure 14.

Crashes in Los Alamos County, New Mexico, 2014

Map created by the Traffic Research Unit, Geospatial & Population Studies at UNM



Legend



- Forest & Wildlife Areas
- Reservations & Pueblos
- County Boundaries
- City Boundaries
- Interstate Highways
- U.S. Highways
- State Highways
- Streets & Roadways

APPENDIX B
ATTACHMENT A

Crashes 2014

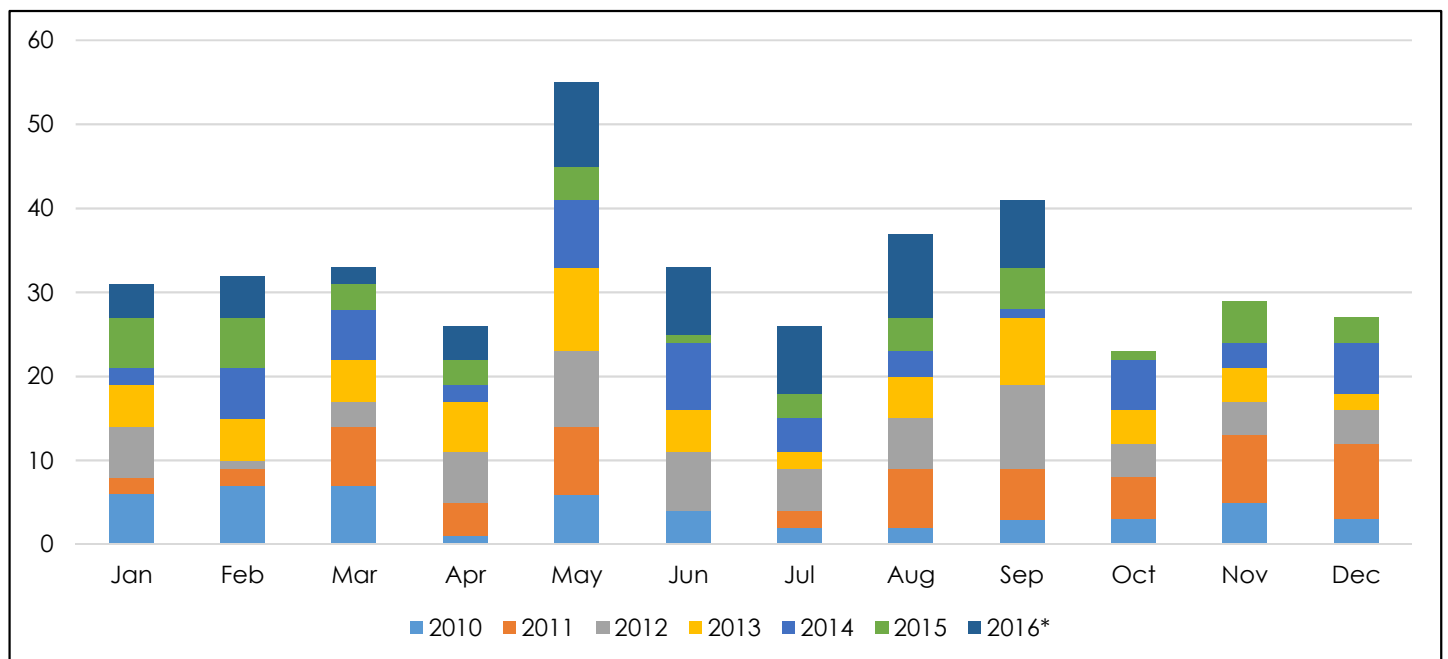
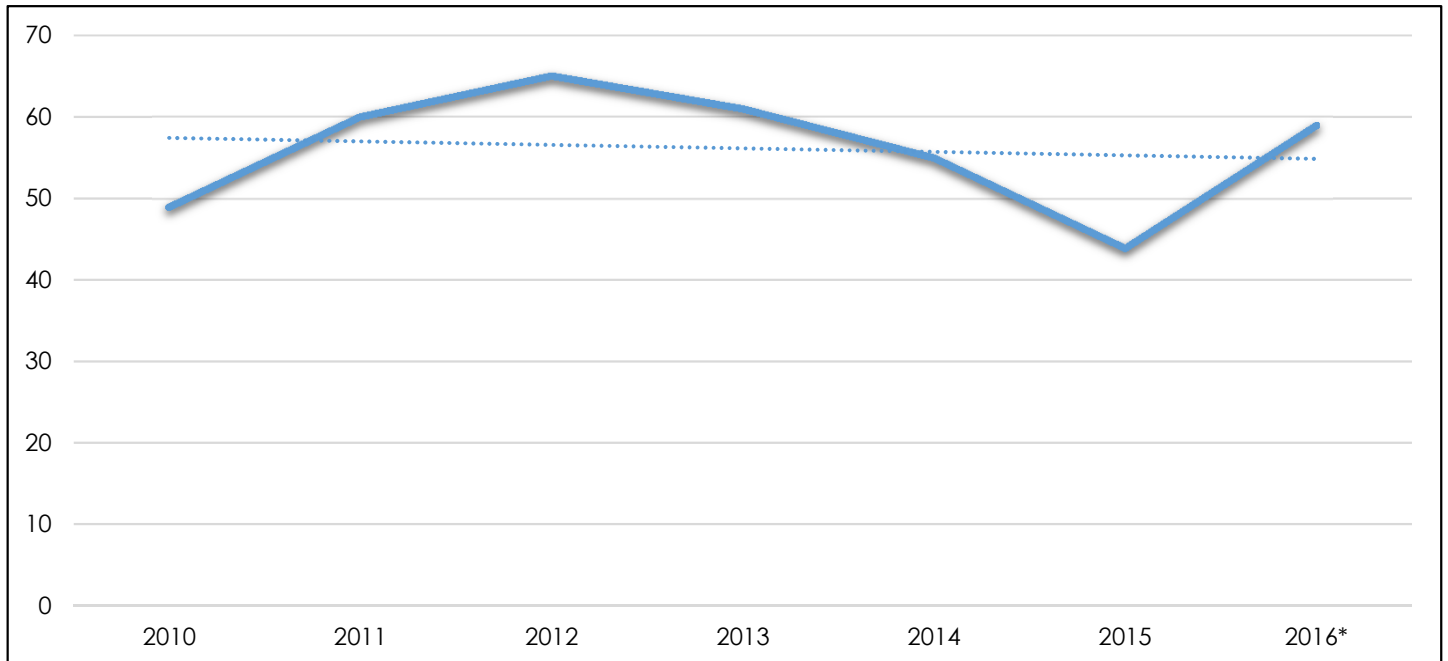
- 1 Crash
- 2 Crashes
- 3 Crashes

Data Source: NMDOT Crash File 2014
<http://tru.unm.edu> CO#5801 tru@unm.edu

LOS ALAMOS DWI ARRESTS

Source: Los Alamos Police Department

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2010	6	7	7	1	6	4	2	2	3	3	5	3	49
2011	2	2	7	4	8	0	2	7	6	5	8	9	60
2012	6	1	3	6	9	7	5	6	10	4	4	4	65
2013	5	5	5	6	10	5	2	5	8	4	4	2	61
2014	2	6	6	2	8	8	4	3	1	6	3	6	55
2015	6	6	3	3	4	1	3	4	5	1	5	3	44
2016*	4	5	2	4	10	8	8	10	8				59
Total	31	32	33	26	55	33	26	37	41	23	29	27	393



* 2016 data through September

DWI DISTRIBUTION BUDGET VS. SPEND FY2010 - FY2017

Budget by Component

Fiscal Year	Prevention	Enforcement	Screening	Treatment	Compl. Mtr./Track	Coord/Plan & Eval	Alt. Sentencing	Total Budget
2010	\$ 19,020	\$ 3,000	\$ 330	\$ 20,950	\$ 17,500	\$ 200	\$ -	\$ 61,000
2011	\$ 17,541	\$ 4,400	\$ -	\$ 21,830	\$ 19,915	\$ 92	\$ -	\$ 63,778
2012	\$ 25,169	\$ 1,295	\$ 495	\$ 19,954	\$ 14,083	\$ 392	\$ -	\$ 61,388
2013	\$ 18,377	\$ 1,715	\$ 500	\$ 22,908	\$ 17,500	\$ 500	\$ -	\$ 61,500
2014	\$ 16,912	\$ 1,680	\$ 500	\$ 22,908	\$ 17,500	\$ 500	\$ 3,000	\$ 63,000
2015	\$ 16,942	\$ 1,715	\$ 500	\$ 20,908	\$ 17,500	\$ 4,435	\$ 2,000	\$ 64,000
2016	\$ 29,891	\$ 1,115	\$ 1,632	\$ 14,601	\$ 18,860	\$ 4,505	\$ 5,396	\$ 76,000
2017	\$ 37,161	\$ 1,115	\$ 2,121	\$ 7,744	\$ 18,873	\$ 5,368	\$ 4,618	\$ 77,000

Spend by Component

Fiscal Year	Prevention	Enforcement	Screening	Treatment	Compl. Mtr./Track	Coord/Plan & Eval	Alt. Sentencing	Total Spend	Remaining
2010	\$ 8,782	\$ -	\$ -	\$ 17,275	\$ 18,900	\$ -	\$ -	\$ 44,957	\$ 16,043
2011	\$ 14,619	\$ 4,400	\$ -	\$ 21,830	\$ 19,915	\$ 92	\$ -	\$ 60,856	\$ 2,922
2012	\$ 25,039	\$ 1,057	\$ 495	\$ 18,864	\$ 14,083	\$ 100	\$ -	\$ 59,638	\$ 1,751
2013	\$ 14,056	\$ 1,638	\$ 300	\$ 12,750	\$ 18,615	\$ -	\$ -	\$ 47,358	\$ 14,142
2014	\$ 14,146	\$ -	\$ 600	\$ -	\$ 18,615	\$ 48	\$ -	\$ 33,409	\$ 29,591
2015	\$ 9,954	\$ 1,315	\$ 750	\$ 4,365	\$ 21,537	\$ 4,728	\$ -	\$ 42,648	\$ 21,352
2016	\$ 22,367	\$ 483	\$ 1,592	\$ 12,949	\$ 20,158	\$ 5,761	\$ 5,406	\$ 68,717	\$ 7,283
2017*	\$ 6,258	\$ -	\$ 61	\$ 240	\$ 6,452	\$ 538	\$ 301	\$ 13,851	\$ 63,149

* Spending through 8/31/16

Budget by Expense Category

Fiscal Year	Personnel	Benefits	Travel	Supplies	Operating Costs	Contractual Services	Minor Equipment	Total Budget
2010	\$ 14,070	\$ 4,830	\$ 600	\$ 330	\$ 11,010	\$ 29,160	\$ 1,000	\$ 61,000
2011	\$ 16,437	\$ 4,830	\$ 92	\$ 527	\$ 7,814	\$ 31,557	\$ 2,521	\$ 63,778
2012	\$ 11,353	\$ 4,025	\$ 392	\$ 858	\$ 1,357	\$ 43,402	\$ -	\$ 61,388
2013	\$ 13,785	\$ 4,830	\$ 1,100	\$ 500	\$ 1,000	\$ 23,548	\$ 16,737	\$ 61,500
2014	\$ 12,070	\$ 4,830	\$ 1,100	\$ 1,162	\$ 6,330	\$ 36,908	\$ 600	\$ 63,000
2015	\$ 27,746	\$ 11,504	\$ 800	\$ 1,700	\$ 2,250	\$ 20,000	\$ -	\$ 64,000
2016	\$ 32,474	\$ 15,291	\$ 175	\$ 850	\$ 12,375	\$ 14,835	\$ -	\$ 76,000
2017	\$ 32,747	\$ 13,316	\$ 1,000	\$ 4,250	\$ 8,687	\$ 17,000		\$ 77,000

Spend by Expense Category

Fiscal Year	Personnel	Benefits	Travel	Supplies	Operating Costs	Contractual Services	Minor Equipment	Total Spend	Remaining
2010	\$ 14,070	\$ 4,830	\$ -	\$ -	\$ 60	\$ 12,176	\$ 13,822	\$ 44,957	\$ 16,043
2011	\$ 16,437	\$ 4,830	\$ 92	\$ 527	\$ 11,617	\$ 24,832	\$ 2,521	\$ 60,856	\$ 2,922
2012	\$ 11,115	\$ 4,025	\$ 100	\$ 858	\$ -	\$ 43,539	\$ -	\$ 59,638	\$ 1,751
2013	\$ 15,423	\$ 4,830	\$ -	\$ 300	\$ -	\$ 26,806	\$ -	\$ 47,358	\$ 14,142
2014	\$ 14,880	\$ 5,236	\$ 48	\$ -	\$ 600	\$ 12,161	\$ 484	\$ 33,409	\$ 29,591
2015	\$ 23,238	\$ 14,719	\$ 508	\$ 2,188	\$ 1,075	\$ 921	\$ -	\$ 42,648	\$ 21,352
2016	\$ 30,917	\$ 16,568	\$ 278	\$ 1,510	\$ 5,055	\$ 14,389	\$ -	\$ 68,717	\$ 7,283
2017*	\$ 6,738	\$ 4,501	\$ -	\$ 792	\$ 1,820	\$ -	\$ -	\$ 13,851	\$ 63,149

* Spending through 8/31/16

Los Alamos County Preliminary Treatment Evaluation Summary September 2016

About Los Alamos County Local DWI Program

Population 17,785 (2014 U.S. Census Estimate) Of the 11,913 people arrested for DWI Statewide in 2014, 58% were first-time DWI arrests. In Los Alamos County, there were 50 people arrested for DWI, of which 54% were first-time DWI arrests. Statewide there were 165 alcohol involved fatalities in 2014, of which 9 or 5% involved teen drivers. In Los Alamos County, there were no alcohol involved fatalities.

About the Los Alamos County Local DWI Evaluation

Evaluated outpatient treatment program through competent providers, using evidence-based treatment protocols that results in the treatment of at least 16 individuals with a 75% successful completion rate.

Strategy: Evaluated the referral to treatment services per Court ordered sanctions and compliance requirements. Offenders, who have been ordered by the Court to treatment are given a resource list of local providers to choose from by the Probation Department. The Offender chooses and enrolls with one of the treatment providers; is assessed for appropriate level of care; and, enrolled in treatment. Compliance is monitored by the Probation Department. All of the treatment providers use evidence-based treatment modalities

Key Outcomes:

The DWI Program discovered, and initiated actions to correct, three elements within the program's operation. The first was the need for a common assessment tool to uniformly assign offenders to appropriate levels of care, and to provide a common database for assessing outcomes. A second issue to emerge was a lack of transparency in reporting outcomes of offenders as a result of treatment. No data was being collected regarding treatment completion rates or post-treatment success. Subsequently, as a topic of the fidelity check of the most frequently used treatment provider, LAFC, it was agreed that LAFC would expand its data collection and reporting system to address the transparency and outcome needs of the Local DWI Program. Finally, the need for better communication between the DWI Program, Adult Probation, the Courts and treatment providers was recognized. Of the 48 IOP clients who were enrolled in treatment from 7/1/2014 to 6/30/2015, 15 re-offended. This represents a 31.2% recidivism rate. There were 23 offenders enrolled in treatment from 7/1/2015 to 6/30/2016. Four of these offenders were re-arrested, representing a recidivism rate of 17%. There was a 14.2% reduction in the recidivism rate between 2015 and 2016. The impact of treatment on the individual remains relatively constant with a relapse rate of approximately two-thirds of offenders during the course of their probation between 2015-2016. The impact of treatment to the community is improving with a reduction in recidivism by offenders from 48% to 33%. This reduction is mirrored by the recidivism rate for offenders who were re-arrested for DWI in 2015 (13.9%) and 2016 (10.8%).

Next Steps:

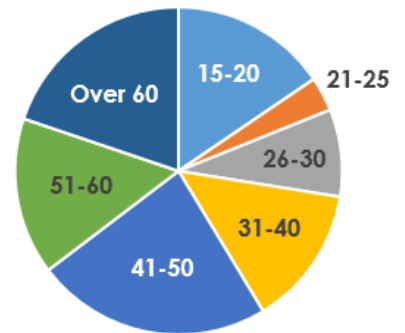
1. Complete, document, and utilize the findings of the current strategic planning process;
2. Implement and maintain a centralized assessment component; with access to data and information collected in that process;
3. Conduct fidelity checks on treatment providers with six-month follow-up to gauge progress towards recommendations developed in that process; Expand the fidelity check to include a representative sample of other treatment providers that serve the DWI Program participants;
4. Design, construct and maintain an outcomes data collection and management capability for evaluation and quality improvement purposes that includes all of the treatment providers, whether under contract to the DWI Program or not; and,
5. Develop an inter-agency/organization management information system that can track offenders from assessment, through treatment and post-treatment for the purposes of transparency and outcomes data collection. This information system should include, at a minimum, the DWI Program, Adult Probation Office, the Courts, and Treatment Providers.

DWI AWARENESS & PREVENTION IN LOS ALAMOS COUNTY 2016 COMMUNITY SURVEY RESULTS

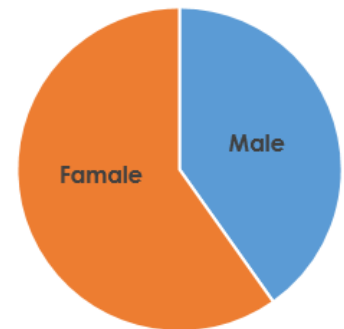
Date: June 29 – August 5, 2016

Total Responses: 117

	%	Count
1. How old are you?		
<input type="checkbox"/> 15-20	15.5%	18
<input type="checkbox"/> 21-25	3.4%	4
<input type="checkbox"/> 26-30	8.6%	10
<input type="checkbox"/> 31-40	13.8%	16
<input type="checkbox"/> 41-50	23.3%	27
<input type="checkbox"/> 51-60	15.5%	18
<input type="checkbox"/> Over 60	19.8%	23



2. Are you:		
<input type="checkbox"/> Male	40.2%	47
<input type="checkbox"/> Female	59.8%	70



3. Do you live in Los Alamos County?		
<input type="checkbox"/> Yes	93.2%	109
<input type="checkbox"/> No	6.8%	8



4. If so, how many years have you lived here?

Average: **16.46 years**

5. Are you aware of any of the following Los Alamos DWI Planning participated/sponsored events and programs? (Check all that apply)

<input type="checkbox"/> Senior Appreciation Night	72.7%	72
<input type="checkbox"/> Los Alamos Health Fair	64.6%	64
<input type="checkbox"/> Reel Deal Movie Theater DWI PSA Ads	54.5%	54
<input type="checkbox"/> LAPD Saturation Patrols	52.5%	52
<input type="checkbox"/> DWI Awareness Week	35.4%	35
<input type="checkbox"/> Healthy Relationships Class & Teen Support Groups at the Teen Center	24.2%	24
<input type="checkbox"/> Driver's Ed DWI Prevention Presentations	23.2%	23
<input type="checkbox"/> Underage Drinking Prevention Month MADD "Power of Parents" Class	16.2%	16
<input type="checkbox"/> Youth Prevention classes such as "Alcohol True Stories"	10.1%	10

6. In which of the following areas should more DWI grant funding be spent based on your perception of community need? (rank in priority order)

Average priorities over 117 responses

1. Prevention
2. Treatment
3. Enforcement
4. Alternative Sentencing
5. Don't Know/No Preference

7. If local bars offered a Designated Driver Program (i.e. providing free non-alcoholic beverages), would you take advantage of this and wear a bracelet indicating that you are the Designated Driver?

<input type="checkbox"/> Yes	69.2%	81
<input type="checkbox"/> No	12.0%	14
<input type="checkbox"/> I don't know	18.8%	22



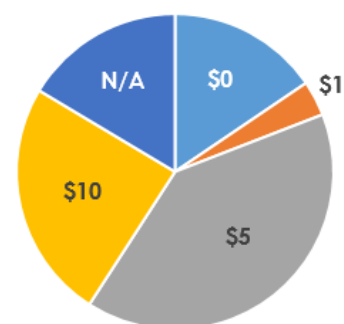
8. Would you or someone you know take advantage of a county subsidized safe ride program from local restaurants that serve alcohol/alcohol establishments to your home on Thursday, Friday, & Saturday nights?

<input type="checkbox"/> Yes	68.1%	79
<input type="checkbox"/> No	13.8%	16
<input type="checkbox"/> I don't know	18.1%	21



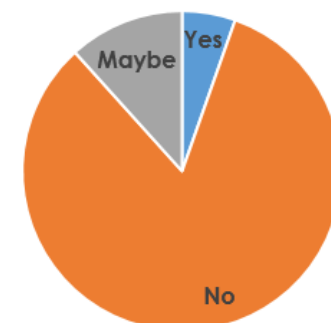
9. If so, what amount would you be willing to pay for this service?

<input type="checkbox"/> \$0 – donation only	15.5%	17
<input type="checkbox"/> \$1	3.6%	4
<input type="checkbox"/> \$5	40.0%	44
<input type="checkbox"/> \$10	24.5%	27
<input type="checkbox"/> N/A	16.4%	18



10. Would you be interested in serving on the DWI Planning Council?

<input type="checkbox"/> Yes	5.4%	6
<input type="checkbox"/> No	82.9%	92
<input type="checkbox"/> Maybe	11.7%	13



11. If so, please provide your contact information

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mcolgan5@gmail.com

Timothy J. Haight, haight1@gmail.com, (830) 263-4444

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12. Are there any programs or strategies from other communities that you are aware of that you think would work well in Los Alamos? If so, please describe.

An effective on-call taxi program at a reasonable cost.

Atomic City Transit's holiday ride service USED to work, but no longer does. On New Year's Eve, they only had one bus running, and when I called at ~ midnight to request a ride home, they informed me that the schedule was full, and I would have to have called days before to get a ride home! Please devote more \$ to adequately funding ACT's holiday bus service.

Display cars that have been in fatal DWI accidents. Jail multiple DWI offenders and confiscate their cars.

The Atomic City Transit holiday bus service USED to work, but it no longer does. I tried to use the service on New Year's Eve, but they only had one bus running, and when I called at midnight to request a ride home, I was told that the schedule was full, and I would have needed to call 2 days earlier to get a ride home! PLEASE restore funding to ACT so they can adequately support buses on holidays. Having bus service nights and weekends would help, too!

Park a totaled car (from a DWI incident) at a popular spot, or entry point reminding folks of the impacts. Invite survivors of DWI accidents (drivers or passengers or victims) to share their story in a public forum. Get alcohol retailers on board with their OWN efforts. Collecting keys, offering rides, etc. Make a star out of them. Also make a star out of friend who didn't let another friend drive under the influence. Have free breathalyzers available at drinking establishments or other public events. For folks to test, but to also see how easy it is to blow 0.08.

I feel the county should do whatever it can to encourage ride hailing services like Uber in town, not only to benefit DWI prevention but also those without personal vehicles. Even a simple article in the LA Daily Post that explains Uber and asking for drivers might go a long way. There are basically no options for a taxi service on the weekend nights and Uber rides are not consistently in town yet. Some sort of service needs to be provided even if it's just a county bus at the peak hours of the weekend nights. People are going to drink and if they do not have ride options, some will unfortunately drink and drive.

Help residents especially teens better coping and resiliency skills to deal with stress in order to have less self-medicating with alcohol and drugs

Need cabs or some way to call for a ride. Past midnight too!

Perhaps check with the Santa Fe Prevention Alliance Underage Drinking Subcommittee

Santa Fe offers the \$1 taxi program. When I lived in Santa Fe I would carry the cards for the \$1 taxi and handed out quite a few and called for some when I encountered people too drunk to drive while out in Santa Fe. Friends and I have used this service in the past too. Having ride options would greatly reduce drunk driving in LA.

Stop selling alcohol everywhere. Instead of people driving with multiple DWI charges, take their automobile away from them after their second or third DWI and sell it at a public auction.

Does Los Alamos even have a taxi service? Would the taxi be paid for if the ride was from Pojoaque or Santa Fe or Espanola? Uber is popular with young people for rides. If the county could authorize an Uber ride home that may be used more than an official taxi service. FYI, another issue is how to get your vehicle the next day if you leave it at a bar or restaurant ... so a two-part ride is needed, home and back again within 48hrs ... maybe a voucher for return ride?

The idea of a safe ride program is a great one. The possibility of expanding it to cover not only local restaurants, but the entire county, is worth considering. Many people drink at parties here in Los Alamos. If such individuals would have the option of calling a safe ride program, more DWIs could be prevented.

Free ride home seems to work the best. Large functions where alcohol is being served, should provide free (donation only) ride homes. People are going to drink and some to excess, all the programs in the world will not stop this behavior because as the person drinks more, they do not remember the slogans, programs etc. Get them home without them driving.

Prevention for youth starting in 4th grade and ramping up in middle school and high school

Alcohol free activities for teens and young adults (separate).

I think that it would be more beneficial for mental support and services for families who have a loved one who is dealing with abuse issues. JJAB is the only resource, and it works for very specific and limited cases, but even then mental health care that can deal with PTSD and some of the causes for these types of issues is almost impossible to find.

While I am not aware of this strategy being used elsewhere, ride certificates or reduced fare certificates for taxicab/Uber/Lyft is another option.

I don't know of any programs. I think maybe buying a punch card for let's say 5 rides home for \$20 (anywhere in LACo) and sell them to those that know they have a drinking problem or their family & friends.

Take the car away from first time offenders.

Free taxi program for people, especially during events like NYE.

Make sure senior appreciation night is all night long, not just until 2 or 3 am. That just puts teens on the road then with nothing to do but drink.

Utilize Uber more in LA, or have the county provide a similar service for people that travel between locations in both Los Alamos and white rock

Well there should be talkers about their experiences with drinking and driving but the person has to have a sad story that would change you to not do something like they were drinking and driving and they did not know to hit the brakes and they killed their son but it can't be someone on the screen it has to be someone in person it worked for a person that did it at a middle school and the crowd was in tears and then they started to go down the other path than he did

I'm not aware of many programs or strategies that assist others in communities other than this.

Uber rides

Social Norms: A program shedding light on the fact that there are less people under the influence than society may think.

I lived in flagstaff and worked as a bartender all throughout college. I noticed that many times the reason people insisted on driving drunk (even though there were plenty of cheap cab companies) was because they did not want to leave their car downtown. One of the best solutions was a company that had collapsible motor bikes that could fit in the trunk of vehicles, this way the intoxicated patron and their car gets home safe.

13. Additional comments?

Too many people truly have problems with alcohol. Kids may HEAR the right message, but few SEE it. We need to focus on educating the public about the dangers of overuse and how easily people end up with addictions.

Years ago Los Alamos had a taxi service which worked just fine. It was driven out of business because the police were not making enough DWI arrests. Now, did that make sense, or what? I knew the owner personally.

I imagine the largest slice of DWI violators are visitors vs residents, so ensure that message is sent to hosts and those passing through.

I believe we have very good laws here in New Mexico. All we need to do now is to get the judicial branch of our government to adjudicate the cases and give the time for the crime! Instead of the mandatory minimum sentence on an aggravated or repeat offender DWI, give a maximum sentence. What is it in the law for if the judges are not going to use it?

Thank you for all your hard work!

I feel having an affordable cheap drunk bus/taxi in town would greatly cut down on drunk driving. Having this service and pushing it with bar tenders and the public as a safe guilt free alternative would be very beneficial.

Stop slapping wrists and get tough on DWI offenders. As it stands, they know the penalty is a joke so there's nearly no consequence for the crime.

I think in Los Alamos where people can lose their LANL clearance for DWI, the County could use that as a deterrent. Increase patrols and let people know, "You drink & drive, you lose your clearance."

We have at least two relatively new drinking holes in Los Alamos that do not serve any type of food because they don't have a food service license. This encourages people to drink without the benefit of food to offset the alcohol consumption. I strongly believe this should not be allowed to continue. I know people can carry in food, but that isn't always thought of ahead of time. Not being allowed to even serve peanuts or pretzels on the bar by the establishment, risks over consumption. We've done it to ourselves by having ill-advised rules in place that limit serving prepackaged nuts, chips, etc. free of charge if necessary with the purchase of a drink.

DWI rate in Los Alamos County is less than 1/3 the statewide rate. Perhaps we should return the funds to the state for use where more urgently needed.

It would be immensely helpful if a taxi/ride service were present in Los Alamos (either paid or free) that could provide transport for intoxicated individuals. There was one case I am aware of where an individual tried a new alcoholic beverage and had an adverse reaction and the effects lasted over five hours. As the bar was closing, this person had to call family members late at night for a pick up due to the odd affects that particular alcoholic beverage had on them. Everyone is different and will react to various alcoholic beverages differently. They may believe they are in control at the time, but there will always be unknown variables. A taxi/ride service would be helpful not only for DWI safety concerns, but also for those odd instances where the highly improbable occurs.

DWI is well below average in this county. Emphasis should be placed on educating students and newcomers to the county. Is this the best way to be spending our tax dollars given the current amount of debt?

I rarely drink outside the home, so I would not normally need any type of ride service. I am often the "designated driver" by default since I don't drink usually outside of the home. I work for the county in community services department. Perhaps a ride service for inebriated customers at county facilities would be a good idea. However, it would not be a regular, established need and I'm not sure how you would approach someone to offer them this service. Good Luck.

Target the pre-school and elementary age population. Hire counselors to bring in programs to address underlying issues...e.g. anxiety/conflict avoidance. Instruct teachers in how to incorporate practice of age-appropriate tools in the classroom, and these could include non-violent communication skills. There's plenty of stress from kindergarten

on...so take advantage of the many teachable moments. Maybe the next generation of teenager/adults will have better coping skills.

Thanks for your work...promote it more.

Since this is so focused on alcohol as the only issue, I believe the questionnaire is continuing to ignore the larger issue.... teens and the 18-22 year olds using OTHER drugs, selling other drugs and supporting the families when they learn this is going on. Access to treatment centers, or even someone who can help identify what CAN be done.

I recently read the article in the LA Daily Post regarding the DWI Council's request for public feedback concerning the recently received DWI grant funds. I am a recent transplant to Los Alamos and am also an attorney. I prosecuted many DWI offenses and have seen everything from the mundane to the bizarre. Like many of you, who are moved to serve on the DWI council, I have seen families torn apart from DWI related fatalities. Thank you for your time and effort to serve the public on this council. While I do agree with the long standing consensus that DWI training and education is important, we can make an immediate impact reducing intoxicated drivers on the roads through the use of a taxicab type service.

I'm certain I am not the first to notice that Los Alamos does not currently possess an alternative way for bar patrons to get home after having a few drinks. Whether it be a taxi or "Uber" type care service, this town needs it. One would think that with so many people dependent upon a security clearance to work at the Lab that our community could support a small taxi service or persons willing to sign up to be an Uber driver. A quick check notes that there are no active taxi companies in Los Alamos and presently there is not one Uber vehicle active in our area. Buses operate until 7pm, which isn't conducive to persons that grab a drink at traditional bar hours, which run much later. Again, while education and training are important, an immediate impact is made if viable transportation alternatives are presented to the public. Designated drivers are a good tool but given that many people here are new and without a broad base of friends, a taxi or car service alternative works best. One can go out alone and still return home without needing to operate a vehicle. I see many vehicles at our local establishments and wager that many would pay the small fee of ~\$10 to get home. Another alternative is that perhaps the county could expand the bus service to include an after-hours taxi/van service on days such as Thurs-Sun. While this alternative may require voter input, we should consider the long term methods to remove intoxicated drivers from our roads as well.

Finally, let me be clear that the lack of alternative transportation most certainly doesn't excuse driving while intoxicated. However, I imagine that many citizens would avail themselves to its use if it were available and it may result in increased business for local establishments. Others I've spoken with in this community echo that same sentiment and believe it is high time to explore options. Surely, we can continue to police our streets aggressively and catch those in the act but what we ultimately want is prevention. Policing is a deterrent but doesn't prevent the act. Prevention comes first.

Respectfully,

Timothy J. Haight, Esq.

I thought DWI was improving in New Mexico as a whole. I thought actual driving deaths were down. What are the actual statistics of all of New Mexico?

Too many DWI arrests in Los Alamos County overall. Signifies a serious problem even here, let alone the entire state.

There are just too many DWI arrests in Los Alamos County, offer from folks who do not live in Los Alamos, but not always. The state also has far too many DWIs. The Governor's recent decision to find and bring to trial people who have skipped is commendable.

The introductory matter to this topic conveniently ignores the decrease in ARDs in 2015. Not that it matters because this is not an Alcohol Related Death Planning Council but a DWI Planning Council and those are two different things entirely. Given that the preparation for this survey is both polemic and probably incompetent, and that Los Alamos County's Alcohol Related Death Rate is well below New Mexico averages and somewhat below national averages, and since nobody seems to see fit to indicate where LA County stands vis a vis DWI rates, it would be reasonable to disband this Planning Council and see if it is possible to defer the funds to a county that actually needs the money, or at least understands their mandate and how to explain it.

Run Atomic City Transit for Thu, Fri, Sat nights or use ACT drivers for fare based safe ride services.

I think these funds should go towards a safe ride home for teens only.

I am a junior student in Los Alamos High School and I am currently (attempting to) leading the student body towards the XQ Superschool Project. I think I would be a great voice to help better our community

Well the thing is the parents should make the kids drive when they think they are going to have a drink and if you don't have a driver then don't go out and drink stay home because that is a way that you get a DWI and it is safer to be at your home then anywhere to drink alcohol because then you don't get in fights or other things but also it is easy to get a DWI.

Activity/Program/Class	Target Age Group	Component	State Goal
Restorative Justice Program	Youth offenders, victims & community	Alt Sentencing	1
Shoulder Taps	Adult	Enforcement	1
Council for Boys & Young Men	Boys 5/6 grade	Prevention	1
Family Resource Advocate	Elementary school	Prevention	1
Girls Circle	Girls 5/6 grade	Prevention	1
Natural Helpers	Elementary school	Prevention	1
Parenting with Love & Logic	Elementary school	Prevention	1
We Help Ourselves (WHO)	1st, 3rd, 5th grades	Prevention	1
Council for Boys & Young Men	Boys 7/8 grade	Prevention	1
Girls Circle	Girls 7/8 grade	Prevention	1
Natural Helpers	Middle School	Prevention	1
We Help Ourselves (WHO)	8th grade	Prevention	1
Bully Prevention Hotline	Mid/High school	Prevention	1
Youth Resource Advocate	Mid/High school	Prevention	1
Arts and Leadership for Young Women	Girls--9-12 grade	Prevention	1
Diversity through Art	High school	Prevention	1
Healthy Relationships	Teens	Prevention	1
Mentoring (identified as gap by JJAB)	Youth	Prevention	1
Saturday School	High school	Prevention	1
Parenting with Love & Logic	Parents of teens	Prevention	1
Sticker Shock	All	Prevention	1
Teen Court	Teens	Alt Sentencing	1,3
Delinquency & Substance Abuse Diversion	Youth & family of youth	Alt Sentencing	1,3
Party Patrol	Teen	Enforcement	1,3
5th Quarter	High school	Prevention	1,3
Alcohol True Stories	Teens	Prevention	1,3
Captain's Table	High school	Prevention	1,3
Council for Boys & Young Men	Boys--9-12 grade	Prevention	1,3
Driver's Ed. Classes	High school	Prevention	1,3
DWI Awareness Tables & LAMS/LAHS	Youth	Prevention	1,3
Every 15 Minutes	Teens	Prevention	1,3
Girls Circle	Girls--9-12 grade	Prevention	1,3
Listening post	High school	Prevention	1,3
Natural Helpers	High school	Prevention	1,3
Power of Youth (MADD)	Teens	Prevention	1,3
Safe Homecoming	High school	Prevention	1,3
Safe Prom	High school	Prevention	1,3
Sr. Appreciation Night	High school	Prevention	1,3
Assets in Action	Youth/adult	Prevention	1,3
Breaking Bad Habits	Youth/adult	Prevention	1,3
Reach & Rise Mentoring Program	Elementary, mid & high school	Prevention	1,3
Families in Action	Parents & youth	Prevention	1,3
Power of Parents (MADD)	Parents of teens	Prevention	1,3
Youth Resiliency	At-risk youth & family	Prevention	1,3
DWI Awareness Week Proclamation	All	Prevention	1,3
Health Fair	All	Prevention	1,3
KRSN PSAs	All	Prevention	1,3
Marketing - coasters, posters, banners	All	Prevention	1,3
Reel Deal PSAs	All	Prevention	1,3
Electronic Monitoring	Adult	Compliance	3
DWI Checkpoint	Teen & Adult	Enforcement	3
Saturation Patrols	Adult	Enforcement	3
Buzz Buss (Safe Ride)	All	Prevention	3