

**RECOMMENDATIONS FOR GUIDELINE AREA 5A
DIAGNOSIS AND SCREENING
(** Priority Recommendations)**

1. DEVELOP/PROVIDE SCREENING MECHANISM FOR DUI OFFENDERS

- ** Connecticut should implement pre-sentence screening for all drivers arrested for DUI. CT93
- ** All DWI offenders should receive a screening and evaluation for alcohol and substance abuse. First offenders should participate in screening as part of the DWI Education Program, which should be mandatory. TX
- ** Minnesota should revise, renew or replace the DWI Clinic programs to provide first offenders an educational and motivational intervention including a screening and referral component. MN95
- ** Enact housekeeping legislation that requires the consistent use of a screening instrument approved by the Traffic Safety Bureau and the Department of Health, Division of Public Health, Office of Epidemiology. NM
- ** Develop and implement a comprehensive, standardized screening mechanism for all DUI/DWI offenders. TN
- Enact legislation to subject all licensed drivers to screening requirements upon conviction for DWI. NM
- Screen all drivers convicted of DUI, first or subsequent offense, to determine need for treatment and/or rehabilitation. OH
- The courts should require pre-sentence screening and assessment for first offenders in coordination with the Drinking Driver Program. CA
- All drivers eligible for any level of the Substance Abuse Traffic Offender Program should be screened and referred to the appropriate level of treatment. MO
- Legislation should be enacted to require mandatory screening for all people convicted of DWI. The screening method should consider the differing needs and resources of rural, urban, and tribal communities. NM91
- Assure that all convicted impaired drivers complete screening and assessment within 30 days of conviction. RI
- Assess all those convicted of an alcohol-related driving offense prior to sentencing. OK
- Legislation should be enacted to require mandatory assessments for all individuals convicted of DWI/DUI or who receive PBJ. MD91
- Develop a screening and referral system for problem DWI drivers. TX
- Expand capacity for regional and rural ease of access to diagnosis and screening professionals. MN03
- The Arizona DHS should actively identify and develop additional agencies qualified to provide DUI screening and treatment services. AZ

2. APPROPRIATE SCREENING BASED ON INDIVIDUAL NEEDS (youth, repeat offender, etc.)

- Provide judges with screening results and recommendations for appropriate treatment in all DUI/DWI cases prior to sentencing. TN
- Courts should be encouraged and assisted in developing offender screening and assessment programs that allow consideration of individuals' intervention needs in sentencing. CA
- Use screening instruments designed for youthful offenders when assessing young people. OK
- To assure that all "problem drinker drivers" receive appropriate treatment and intervention services in conjunction with punitive sanction, second and subsequent offenders should be screened and assessed prior to sentencing. CA
- Second offenders should be required to attend the DWI Intervention Program. Screening and referral should be a major component of this program. TX
- Within the screening process, assessment criteria should be developed to identify people with drug problems other than alcohol. NM91

3. EVALUATE DIAGNOSIS AND SCREENING PROGRAMS

- ** Ensure that the judicial system and/or other appropriate bodies annually review and evaluate the performance of their employees and contractors involved in DUI assessment and treatment. IN01
- ** Conduct an outcome evaluation of DERP, including screening, referral, education, and treatment components. DE
- ** Conduct a comprehensive evaluation of the Driver Intervention Program to determine efficiency and effectiveness. OH
- ** Conduct additional research on the use of the Project CRASH School Evaluation data by critical parties such as Judges, Courts, the DMV, and the Department of Public Safety, among others. Is appropriate and maximum use being made of these data that are available for purposes such as: (1) placing the most effective sanctions on offenders in order to reduce recidivism; (2) modifying existing treatment approaches as necessary in order to improve treatment outcomes; and (3) developing reasonable plans for future treatment services for those offenders who will require such services? VT
- Conduct additional research on the aggregate data available from the Project CRASH School in order to determine how the intake evaluation process might be improved and/or streamlined. VT
- Evaluate the current screening system for DUI offenders and specific treatment programs for Level 1 DUI offenders. AZ

**RECOMMENDATIONS FOR GUIDELINE AREA 5B
TREATMENT AND REHABILITATION
(** Priority Recommendation)**

1. TREATMENT PROGRAM FUNDING

- ** Fund and/or otherwise expand the availability of alcohol and other drug treatment services for people who are charged with and/or convicted of impaired-driving offenses. IN01
- ** Provide for the requisite budget increases to allow the local ASAP office to expand the size of its probationary function and staff. AK
- ** Increase the collection percentage for the ASAP to 85%. AK
- ** The legislature should amend the current alcohol beverage excise tax and dedicate new revenues to support treatment and other programs directed at multiple offenders. MN95
- Designate a part of the reinstatement fee to provide probation services to District Courts in areas unable to fund the cost of such services. MI
- Increase the fees charged for intervention services to give the programs revenue to increase services and to move towards self-sufficiency. AK
- The Department of Health and Social Services should review treatment fee structure to assure availability of treatment services for indigent people. AK
- The offender should be required to pay more of the cost of treatment and probation services. MI
- A portion of the alcohol beverage tax should be dedicated to underwriting the costs of treatment of convicted DUI offenders not otherwise reimbursed. WV93
- Enact legislation to continue the Local Liquor Excise Tax Act and enable other interested counties to implement this tax. NM91

2. REQUIRE TREATMENT

- ** Increase sanctions to require treatment for first offenders if it is indicated by the assessment process. MT94
- ** Strengthen sanctions to require withholding of drivers license until required treatment is completed for all DUI and per se offense. MT94
- ** Require those offenders with a substance abuse problem obtain the recommended treatment. OK

3. MANDATORY SUBSTANCE ABUSE ASSESSMENTS

- ** Substance abuse assessments should be mandatory for all DUI offenders. Each assessment should be performed by a certified substance abuse counselor, and should include specific recommendations for treatment, if indicated. The individual DUI offender should bear all costs of assessment and treatment. GA

- GOHS should work with one or more trauma centers to develop and implement a pilot program that routinely tests severely injured trauma patients for alcohol and offers substance abuse assessment and treatment services for patients whose tests are positive. GA
- West Virginia should develop and implement policies and programs which constitute a system by which all drivers convicted of DUI will receive screening, evaluation, referral and treatment services as indicated. WV93
- ASAP programs should be made mandatory for all people convicted of driving while impaired. VA

4. OFFENDER ACCESS TO TREATMENT/EDUCATION PROGRAMS

- ** All correctional facilities to which DUI offenders are sentenced should have alcohol and substance abuse screening, intervention, and treatment programs available. CT93
- ** The State should assure access to the most appropriate treatments services for DUI offenders based on clinical evaluation. This might involve legislative changes to allow services to incarcerated offenders who do not require residential treatment as well as residential or structured outpatient treatment for first offenders when indicated. TN
- ** Develop a plan for assuring that all citizens of Maryland who have impaired-driving offenses and need treatment have access to the level of care they require. MD
- ** Fund and/or otherwise expand the availability of alcohol and other drug treatment services for people who are charged with and/or convicted of impaired-driving offenses. IN01
- ** Investigate the current and potential role of drug courts in managing DUI offenders and assuring access to timely and intensive treatment. RI
- Develop substance abuse programs to be used in conjunction with incarceration of people in jails and prisons. AK
- Minnesota should revise, renew or replace the DWI Clinic programs to provide first offenders an educational and motivational intervention including a screening and referral component. MN95
- The Drinking Driver Program should continue to be the primary statewide program to provide alcohol- and other drug-impaired-driving education, to most DUI offenders. CA
- The Georgia Department of Corrections system of substance abuse services should be used to guide the development of a system of substance abuse assessment and treatment for DUI offenders. The system of substance abuse assessment and treatment for DUI offenders should become an integral component of the Regional Substance Abuse Planning process. GA
- A variety of substance abuse treatment programs should be offered throughout the state, and DUI offenders in need of treatment services should be matched to programs with the greatest likelihood of treatment success for that offender. Innovative and effective programs such as the Conditional

Discharge Program in Columbus, Georgia, should be replicated with ongoing evaluation to assess long-term effectiveness. GA

- Develop a screening, referral, and treatment system for problem DWI drivers. TX
- Enact legislation to establish a statewide treatment program for court-ordered DWI offenders. This program will be entirely funded by user fees, with a sliding scale based on ability to pay. NM91
- Encourage the judiciary to refer DWI offenders for screening and referral to treatment at facilities closest to their residence, including Native American community. NM91
- DHHR should expand the capacity of the Safety and Treatment Program to meet current and future demand and assure rapid entry for all convicted drivers. WV93

5. STANDARDS FOR TREATMENT/ASSESSMENT PERSONNEL

- ** Consider passing a law to license alcohol and drug counselors and/or at least to establish minimum standards for those clinical professionals who conduct assessments or evaluations of people who are convicted of impaired-driving offenses. IN01
- ** Mandate that assessments and evaluations of impaired drivers be conducted by Licensed Alcohol and Drug Counselors and/or other treatment professionals who have both specialized training and certification in the alcohol and other drug area from their own professional treatment disciplines. IN01
- ** Complete the letter of agreement for licensure and certification of people approved to perform assessment and evaluation for people charged with impaired-driving offenses and implement the agreement immediately. MI
- Establish better training requirements and training for court assessors. An assessment fee could be levied to finance the costs of providing good and reliable assessments for the courts. MD
- Establish more rigorous standards and qualifications for treatment professionals who conduct DWI assessments, and consider the possibility of moving from a voluntary certification system to a mandatory State licensing system for alcohol and drug treatment professionals. NC
- Mandate that individuals who perform assessments should either not be allowed to recommend treatment in any program in which they have a fiduciary interest or other potential conflict, or at least require that they disclose any such potential conflict and be required to provide information on at least three different treatment providers. IN01
- Wherever possible, discourage service providers from referring DWI clients to their own programs. NM91
- Implementation of the agreement must continue the process that allows probation officers to make the initial assessment. Current probation officers now trained should be "grandfathered" as qualified. MI

6. APPROPRIATE TREATMENT RECOMMENDATIONS

- ** Those people receiving an administrative license revocation for refusing the chemical test should be required to be screened and to attend, at a minimum, the educational component of the safety and treatment program. WV
- Wisconsin should provide for greater sentencing flexibility to help assure compliance with prescribed treatment and rehabilitation. WI93
- Participants identified as problem drinkers or substance abusers in either the DWI Education or Intervention Program should be referred to appropriate treatment. Driver re-licensing and completion of probation should be contingent upon compliance with treatment. TX
- Use a panel of licensing and substance abuse professionals to recommend licensing actions for alcohol related offenders with more than one suspension for an impaired-driving offense. OK
- The DWI assessment and treatment program should include a mechanism by which offenders assigned to the ADET and subsequently found to have a substance abuse problem, can be required to complete a higher level of treatment. NC95
- Drivers in any level of the SATOP program should be referred to a higher or lower level of the program if information or behavior subsequent to program entry indicates a need for a different level of intervention. MO
- Investigate the feasibility of using a longer and more intensive assessment process for people sent to education programs who are later suspected by staff as having a more severe substance abuse problem and in need of additional treatment. MD91
- Drivers in 12- or 20-hour seminars who demonstrate problem behaviors, or for whom additional information becomes available, should be referred to a more appropriate level of treatment. ND

7. OFFENDER ASSESSMENT

- ** Provide the assessor with a copy of the offender's driving history and BAC level at the time of arrest. OK
- The 120-day early-release statute should be revised to require an assessment of all offenders prior to the end of the 120-day period and to require a report to the court on which to make a decision regarding early release and assignment to supervised probation. MO
- An evaluation should be provided at the end of the treatment or education required by the courts to the Secretary of State that indicates whether the offender has control of their substance abuse problem before re-licensure. MI
- ADP should develop a minimal, standardized assessment procedure for first offenders in the Drinking Driver Program. CA
- Adopt a standard procedure for performing assessments and require it to be used by everyone involved in the assessment process. MI

8. SUBSTANCE ABUSE ASSESSMENT PROCESS

- ** Review the process to determine which misdemeanors are prioritized for entrance into the jails. AK
- ** The substance abuse assessment process should be licensed or accredited by HDOH ADAD. HI
- ** Consideration should be given to the use of pre-sentence assessments and sentences to probation with meaningful sanctions assigned for noncompliance with recommended treatment. NC95
- ** Substance abuse assessment and treatment services should be a part of, not a substitute for, sanctions. Specifically, defendants should not be permitted to plead *nolo contendere* in return for agreeing to attend an assessment and treatment program. GA
- Both revised statutes and administrative code should be revised to insure that the substance abuse assessment process is overseen by the correct regulatory body. HI
- An examination should be made of the impact of having the same agency conduct the screening and assessment to determine that self-interest is not a factor. WV

9. TREATMENT/ASSESSMENT PROGRAM CRITERIA

- ** All substance abuse assessments should have standard criteria, which would include access to the criminal record, the blood alcohol level, and an evaluation of the defendants' clinical tolerance. HI
- ** Adopt "Proposed ADAA COMAR Revisions" to strengthen its standards to provide more meaningful guidance to the courts and all those working to prevent additional drinking and driving. At a minimum, the assessor should have access to court files, driving history, psychosocial history, and should have an understanding of mental health issues and instability. The courts need screening results that are reliable with accompanying recommendations for appropriate treatment in all cases prior to sentencing. MD
- Use American Society of Addiction Medicine criteria in determining level of treatment provided. OK
- The American Society of Addictive Medicine criteria should be used in rendering diagnosis and recommendations for alternative sentencing. HI
- Propose legislation to require the development/implementation of a standard alcohol education curriculum that all licensed or designated providers must use as the minimum acceptable. MI
- Consideration should be given to developing more uniform criteria for classifying a person as a "problem." MD91
- DHSS should develop and implement clear criteria for completion of the required program and recommendation of license reinstatement. WI93
- Determine the effectiveness of the various Intensive Supervision Programs eligibility criteria and develop minimum standards for all ISPs. WI

- Assessment criteria should be developed to better identify people with drug problems other than alcohol. MD91
- DHHR and Behavioral Health Treatment Centers should develop and implement clear criteria for completion of the required program and recommendation of license reinstatement. WV93

10. CLIENT/REFERRAL TRACKING SYSTEMS

- ** The Arizona DHS, in cooperation with courts, the Arizona DOT and MVD should develop a data system capable of tracking DUI referrals. AZ
- ** Develop and implement a DUI tracking system to include accurate assessment of all convicted impaired drivers' status in terms of completion of treatment recommendations. OH
- ** Establish a closed-loop system requiring successful completion of VASAP prior to license reinstatement. VA
- ** Develop and implement a DUI client tracking system. MT
- ** Design and institute a comprehensive statewide tracking and monitoring system for all people convicted of DWI offenses to ensure not only that timely assessments are conducted, but also that relevant and necessary information is shared at least among the judicial, motor vehicle licensing, enforcement and treatment systems. NC
- ** Develop and implement a DUI client tracking system. MT
- ** A convicted-driver monitoring and compliance system should be developed to facilitate and track the progress of drivers through the process of evaluation, intervention, treatment, and license reinstatement. ND
- ** When the substance abuse assessment recommends treatment, offenders should not be permitted to drive unless they receives treatment and can show that the substance abuse disorder is under control. The court system should monitor compliance with treatment recommendations. Evidence of control should be submitted to the court, and the licensing authority should not reinstate the driver's license until it receives this information from the court system.
- Information related to assessment results and treatment recommendations should be included in a computerized monitoring information system to be used by DHR and DMV to track offenders and monitor program performance. NC95
- Develop a statewide offender tracking system similar to that used by the Central State Institute for Addictions. IL
- A single agency should be responsible for tracking and monitoring offenders through the Assessment, Course and Treatment system. MT