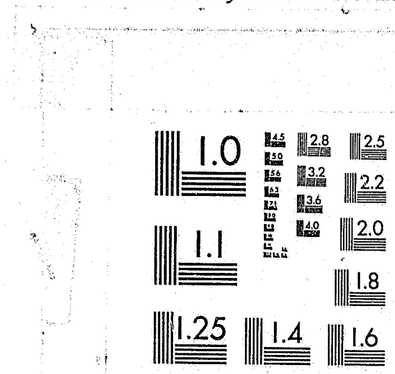

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STATE OF LOUISIANA

DEPARTMENT OF HEALTH AND HUMAN RESOURCES

OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE

Guidelines for DWI Programs

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FOREWORD

The 1982 State Legislature enacted major changes in the statutes dealing with Driving While Intoxicated. In doing so the Legislature recognized the gravity of the problem both in Louisiana and nationwide and was clearly responsive to the demands of the people. This legislation took into account the need of the general public to be protected, as well as the individual need of the abusing citizen for care and treatment for disorders over which they had no control, or lost control. The state judiciary was given clear options which are in the best interest of all; incarceration for the recalcitrant, treatment for the treatable, education for the uninformed social user.

In response to this legislation, the Office of Mental Health and Substance Abuse has undertaken to develop a model guide for programs being called upon by the courts to provide an alternative to incarceration. It is our philosophy that the vast majority of those individuals caught up in the criminal justice system for DWI can be successfully treated and returned to productive life in society.

This guide is therefore intended to assist programs to deal effectively with court-referred DWI-charged or adjudicated clients, and to assure uniformity of programming throughout the state. It is not intended as the only acceptable model. Moreover, it is recognized that some programs have developed effective alternatives, and some may not be able to develop as comprehensive a model as contained herein. OMHSA facilities will, however, implement as many aspects of this model as resources permit.

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STATE OF LOUISIANA

DEPARTMENT OF HEALTH AND HUMAN RESOURCES

OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE

GUIDELINES FOR DWI PROGRAMS

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I. THE PROBLEM

Driving under the influence of alcohol/drugs has recently emerged as a primary social problem. Variously described as the "carnage" or "slaughter" on our highways, the human and material costs of the drinking driver, in whose hands the automobile becomes a lethal weapon, are appalling. Each year, intoxicated drivers are blamed for at least half of this country's 50,000 highway fatalities, an estimated 800,000 crashes, 750,000 serious injuries, and around $5 billion in economic losses.

Louisiana contributes its share to these grim totals. Comprehensive statstics are not available, but incomplete data suggest that the problem is more acute here. Louisiana ranks second among states in the number of traffic deaths per 100 million miles driven. In 1981, this state recorded 1,200 fatalities and 800,000 injuries in automobile accidents, and it is estimated that 50% of these were alcohol-related. The serious dimensions of the driving while intoxicated (DWI) problem in Louisiana are suggested by partial statistics which show almost 30,000 DWI arrests in 1981 (See Appendix 1: Statewide DWI Arrests). If it is true, as most knowledgeable sources contend, that for every DWI arrest, 500 to 2,000 go undetected, there were at least 15 million incidences of drunken driving on our highways that year.

Such clear and present danger--often intruding directly and tragically upon friends and relatives of the victims of drunk drivers--has sparked in Louisiana a grass roots movement to get and keep the chemically impaired driver off of our roads. New groups, most notably Mothers

Against Drunk Driving (MADD), have joined existing organizations to bring forcefully to the public's attention the magnitude of the problem and to propose ways to ameliorate it.

Growing public pressure has prompted elected and appointed officials to reexamine current methods for dealing with the intoxicated driver. The Governor appointed a special task force to study the problem and to make recommendations. At the same time, citizens' groups lobbied vigorously on behalf of stiffer legal sanctions. As a result, the 1982 Regular Session of the Legislature approved and the Governor signed several new laws on DWI (Figure 1 on page 4 is a distillation and comparison of the "old" and "new" laws; the text of the new legislation is included in Appendix II).

The main thrust of public service announcements to herald the new laws seem to be: "drunk drivers will go to jail, so be careful!" Indeed, the revised statutes do mandate a jail sentence, even for first offenders. But they also provide for suspension of incarceration if the defendant participates in community service work and <u>both</u> substance abuse and driver improvement programs. Moreover, the new laws do somewhat limit judicial authority in sentencing but they leave intact prosecutorial discretion. Plea bargaining and reduction of charges thus remain possible. Finally, it will be difficult to impose widespread incarceration when the state's jails are overcrowded and under population limits imposed by the U.S. District Court.

This realistic tempering of punitive sanctions, however, need not diminish the beneficial impact of the new laws. While the threat or imposition

of a jail term may deter social drinkers from driving again under the influence, it is not likely to change the behavior of problem drinkers or alcoholics. They belong in treatment, and the recently enacted legislation does make participation in a substance abuse program mandatory for those whose jail terms are shortened or suspended. The unique case finding ability of the criminal justice system, in fact, affords treatment programs a great opportunity for early intervention.

Yet this very positive aspect of the legal changes poses serious problems of implementation for the existing substance abuse treatment system. At the very least, referrals from the courts to treatment should increase. As the statutory revisions were not accompanied by expanded funding to enhance treatment capabilities, this potentially large influx of new patients must be managed within the framework of existing resources. It is therefore essential that the Office of Mental Health and Substance Abuse (OMHSA) develop a sufficient and uniform approach to meeting our enlarged treatment responsibilities. These guidelines are intended to assist <u>all</u> of our staff and facilities toward that end.

Most of the material presented here will concern the "drinking driver." However, as workers in the field of substance abuse treatment know, a significant number of DWI referrals, especially youthful ones, will be polydrug abusers. The problems posed by the person who is apprehended driving under the influence of drugs (other than or in addition to alcohol) are fraught with complexity and have not been adequately addressed. In the future these guidelines will be revised to include such problems.

DWI LEGISLATION

Figure 1

OLD LAW (to 12/31/82)	NEW LAW (01/01/83
1st Conviction Fine of $100 - $500 + (may) 30 days - 6 months in jail or treatment at substance abuse facility	Fine of $100 - $500 + 10 days - 6 months in jail, may be suspended only if: • offender is placed on probation with minimum condition of 2 days in jail and participation in substance abuse* and driver improvement programs, or • probation with minimum condition of four 8-hour days of community service and participation in substance abuse and driver improvement programs.
2nd Conviction Fine of $125 - $500 + 125 days - 6 months in jail (Provides that jail sentence may be suspended if court orders treatment)	Fine of $300 - $500 30 days - 6 months in jail, suspended only if: • probation with minimum condition of 15 days in jail and participation in substance abuse and driver improvement programs, or, • probation with minimum of thirty 8-hour days of community service and participation in substance abuse and driver improvement programs.
3rd Conviction Fine of not more than $1,000 + 1 - 5 years imprisonment	Fine of not more than $1,000 + 1 - 5 years imprisonment, at least six months of which is without benefit of probation, parole or suspension. • If portion is imposed with benefit of probation, parole or suspension, court shall require participation in substance abuse and/or driver improve-programs.
4th Conviction 10 - 30 years imprisonment	No change

Other new laws provide for suspension of driver's license for 60 days upon first DWI conviction, stiffer penalties for driving under suspension, notification of owner if vehicle is involved in DWI offense.

*New law requires that court-approved substance abuse programs shall include screening to determine applicable and appropriate treatment.

II. PAST LESSONS AND PRESENT IMPERATIVES

During the 1970's, The National Highway Traffic Safety Administration (NHTSA) funded Alcohol Safety Action Projects (ASAP) to demonstrate the efficacy of a systems approach to dealing with the DWI problem. The ASAP effort has been studied extensively, and a review of this literature should preceed present and future attempts to address this issue. For our purposes, a detailed review of all ASAP findings is not necessary; but some general conclusions about the projects and specific recommendations regarding the rehabilitation component will be helpful in avoiding replication of ineffective DWI countermeasures.

ASAP did demonstrate the effectiveness of a coordinated and integrated health/legal approach to processing problem drinkers into rehabilitation programs. It was also found that such an approach requires an "extreme degree of cooperation" among the highway safety, criminal justice, and health care delivery systems. And the ASAP experience showed that such integrated programs can be operated at a small price to the public if the offending driver bears the cost (through court-ordered fines/payments) of legal and rehabilitative sanctions.

Preliminary ASAP findings on rehabilitation are directly germane and deserve some elaboration. The following chart displays conclusions for different groups of clients who were exposed to education programs:

CLIENT GROUP	CONCLUSIONS
All Drinking-Drivers (DD) (Social and Problem Drinkers)	• Education programs can change DD's knowledge of alcohol related problems and possibly their attitudes toward drinking and driving. • Education has little or no demonstrated overall effect in reducing arrests or crashes.
Social Drinkers (SD)	• SD's entering education programs had significantly lower rearrest rates than SD's not referred. • The kind of school to which SD's are referred makes little difference--home study may be as effective as formal classroom instructions in preventing future arrests and/or accidents.
Problem Drinkers (PD)	• PD's as a whole are not helped by educational programs. • PD's entering lecture-type DWI schools had worse rearrest rates than those entering smaller, more interactive type programs. • Schools with lecture format may be harmful for problem drinkers.

Most ASAP literature classifies drinking drivers into three categories:

- Social Drinker: does not use alcohol to solve problem; 1-2 drinks per sitting; drinks only occasionally, before dinner, at parties, or on weekends.

- Borderline Problem Drinker: drinking leads to problems with police, family, etc.; has developed a psychological dependence on alcohol; 2 - 4 drinks per sitting; drinks two or more times per week.

- Problem Drinker: shows signs of physical addiction; wants or needs a drink at certain times; has experienced blackouts; job, marital, or family problems directly related to alcohol abuse; 4 - 5 drinks per sitting; drinks regularly (3-4 times per week, every weekend and days off).

In a typical jurisdiction, 35 - 40% of DWI arrestees will be social drinkers, and 60-65% will be Borderline or Problem Drinkers.

From various studies and research, the NHTSA makes these observations about the overall rehabilitation efforts of ASAP:

- There is some evidence that rehabilitation through education positively affects rearrests but has little or no impact in reducing crashes.
- Education only results in fewer rearrests for social drinkers but not for problem drinkers.
- Outcomes for SD's are not significantly affected by the kind of program but results for PD's are.
- PD's do better in non-lecture, small group settings--large, lecture-type courses may have a negative effect on PD's.
- PD's respond best to comprehensive therapy programs of long duration, especially if Antabuse is included with systematic followup.
- Early and accurate diagnosis of the extent of the drinking problem is essential in making appropriate referrals.

- Persons referred and monitored by the courts tend to attend and remain in treatment programs for the duration of court control, manifesting positive changes in attitude and behavior during that period (repetition in the above section is included for emphasis; the danger of redundancy is recognized).

The overriding general implication of the ASAP experience for OMHSA's role in addressing the DWI problem is that the other components in the system (enforcement, prosecutors, judiciary) will look to OMHSA for assistance in the form of providing part or all of the rehabilitation efforts to supplement (not replace) legal sanctions. The full impact of recent legislation may not be apparent for several months. But some attempt should be made to forecast, however tenuously, how and to what degree the changes will affect existing treatment programs.

A very rough estimate is that approximately 53% of DWI arrestees are actually convicted of that offense. Using 1981 arrest data, that would mean that around 16,000 DWI offenders would be sentenced under the new laws. Assuming arbitrarily (with no data base) that 50% of those will pay a fine and go to jail, that leaves approximately 8,000 referrals to substance abuse programs. About 3,000 of those, however, would require only education, and 5,000 would be potential clients for treatment at OMHSA facilities, contract agencies, or private providers.

This projection, of course, does not take into account certain variables which could increase all of those numbers. For example, MADD has promised to monitor prosecutors and judges in imposing stiffer sanctions; this activity

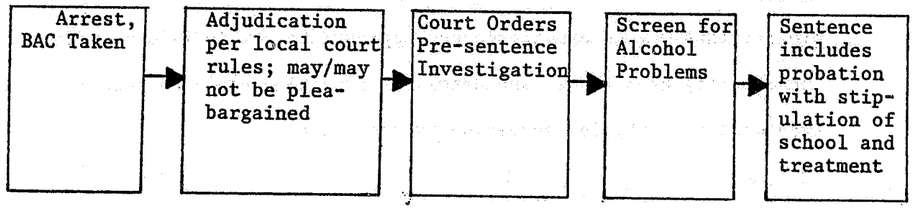
could result in a greatly enlarged conviction percentage. Also, the new law refers to court-approved substance abuse programs and specifies that such programs "shall include a screening procedure to determine the portions of the program that may be applicable and appropriate for individual offenders." Consequently even those candidates for education could be referred to a treatment facility for screening by the courts.

Ideally, courts would have their own screening capacity. The district courts have available the services of state probation and parole agents. Some large city courts have their own probation departments, and others can rely on court-related alcohol safety programs to screen offenders. But where courts do not have that capability, OMHSA may well be required to perform this service (Remember, the new law mandates that court-approved substance abuse programs screen offenders for appropriate treatment).

III. SCREENING

Because of the potentially large numbers involved, the screening concept as defined by ASAP should be adopted: "Collect the least amount of information necessary for quickly sorting offenders into drinking types." To derive full deterrent benefit from the new, harsher legal sanctions, screening should probably occur at the presentence phase of processing through the criminal justice system (pretrial diversion for DWI offenders might well be regarded as "letting them off the hook" or allowing them to escape the consequences of their action).

Diagrammatically this is how the process looks:



According to ASAP classifications, the Social and Problem Drinker are most easily identified while the Borderline Problem Drinker is least easily pinpointed.

NHTSA's definition of a Problem Drinker is an individual characterized by:

- diagnosis as an alcoholic by a competent medical or treatment facility, or
- self-admission of alcoholism or problem drinking, or
- two or more of the following:
  - a record of one or more prior alcohol-related arrests;
  - a Blood Alcohol Concentration (BAC) of .15 percent or more at the time of arrest;
  - a record of previous alcohol-related contacts with medical, social, or community agencies;
  - reports of marital, employment, or social problems related to alcohol;
  - diagnosis as a problem drinker on the basis of approved, structured, written diagnostic interview instrument.

Several different kinds of screening instruments have been used in DWI programs. However, only one, formally called Court Procedures for Identifying Problem Drinkers (CPIPD) and informally referred to as Mortimer-Filkins (after two of its authors), has been extensively tested and is considered reliable and acceptably valid. The CPIPD consists of both a questionnaire and a structured interview, and the combined score is utilized to identify types of drinkers. It is also easy to administer. The questionnaire takes 10-15 minutes and can be given to groups. The interview requires 15-20 minutes and must be individually administered.

Its use is highly recommended. CPIPD score plus presence or absence of prior DWI arrests and BAC at time of apprehension are very accurate criteria for classifying kinds of drinkers. Where OMHSA is required to do initial screening, the CPIPD should be utilized; where other agencies perform this function, they should be encouraged to use Mortimer-Filkins, and OMHSA staff should be prepared to provide technical assistance. Use of this instrument can be easily learned through self-study. OMHSA Area Directors and Regional Managers have copies of the Manual and Scoring Keys.

In any case, the courts (or other referring agency) must be encouraged to furnish OMHSA with as much information as possible for each referral. The quantity of information will vary, but at a minimum our facilities should receive documentation of each referral's present and past involvement with the criminal justice system (e.g. arrest report for instant offense, "rap

sheet" or record of past arrests/convictions); in return, OMHSA must be prepared to report promptly to the courts diagnostic findings and progress in treatment. A specific delineation of screening and reporting procedures is included below in Section V.

IV. EDUCATION PROGRAMS FOR NON-PROBLEM DRINKERS

As an alternative to incarceration, the new laws require *inter alia* participation in substance abuse *and* driver improvement programs. Clearly OMHSA should *not* become involved in teaching driver improvement courses for DWI offenders. Some courts, however, may ask us to provide alcohol-specific educational instruction for certain clients, and the judges can certainly approve this as a "driver improvement program." We should, wherever possible, encourage other agencies, particularly those with formal ties to the courts, to conduct alcohol safety courses. If that is not feasible, our staff could offer a short term program *only* to social drinkers. Problem drinkers should *not* be placed in large lecture-type educational programs.

The National Highway Traffic Safety Administration's publication, *Results of National Alcohol Safety Projects*, asserts that "at present it is not possible to recommend a model curriculum" but that some advice and guidance on alcohol safety schools can be offered:

- Communities should have two types of safety schools: a brief, lecture oriented one for social drinkers and a longer, interaction type for problem drinkers with no more than 12 participants (to editorialize, this "school" should be group psychotherapy).
- Clients should pay for these courses.
- The course instructor does not have to be a substance abuse treatment or criminal justice professional--his/her basic qualification should be the ability to deal effectively with people.
- The curriculum of these schools should include:
  - Alcohol/drugs as a risk factor, including impairment of driving skills and attitudes, BAC and degrees of impairment.
  - Alcohol/drugs as a health issue, with emphasis on physiological, psychological and social effects of chemical use/abuse.
  - Alcohol/drugs as a legal issue, which would stress legal consequences of use/abuse and court expectations.
  - How to avoid driving while impaired.
- Clients' attendance must be monitored, and they must be sober at all sessions.
- The school should not be isolated from the criminal justice system; regular and sufficient communications channels should be maintained.

Many of OMHSA's substance abuse clinics have videotape equipment and tapes which can form the core of any alcohol safety education program. Films and tapes can be shared with (or provided for) mental health centers. State Office can provide lists of available titles.

For social drinkers, a five-week, two hours per session course should be sufficient. The following topics could serve as a course outline:

1. Introduction to the Program (including pre-test)
   The Physical/Psychological Effects of Drugs/Alcohol.
2. Effects, continued.
3. Alcohol/Drugs and Driving.
4. The Legal Effects of Drugs/Alcohol.
5. Personal Decisions and Plans for Drugs/Alcohol (including post-test).

An individual counseling session with each participant might constitute an eleventh hour in which both the counselor and client can evaluate the effects of the education course and discuss the need for further services. The education program should not be easy: homework (especially reading) should be assigned, active participation encouraged, and examinations given. If your clinic/center is requested to provide alcohol/drug safety instruction, you might want to explore the possibility of recruiting a good volunteer for that purpose.

This section is by no means intended to belittle programs which are strictly educational. But it does seek to convey unequivocally that such courses do <u>not</u> constitute treatment, that they are <u>inappropriate</u> for problem drinkers, and that different educational modes (including correspondence courses) produce the same effects for social drinkers.

V. <u>TREATMENT</u>

<u>Philosophy and Purpose</u>

The potential for a large influx of new referrals necessitates that <u>all</u> OMHSA facilities be involved in the screening and treatment of DWI offenders. Mental health centers, substance abuse clinics, and combined facilities must all contribute to assure delivery of the most effective services possible, differentiated on the basis of sound evaluation, referral, and clinical treatment of these clients. Treatment for chemically impaired drivers, as for all other clients, should enable them to confront their level of use/abuse of mind altering chemicals.

Some treatment facilities currently operate one program for "first offenders" and another for "second offenders." <u>This practice should be discontinued immediately</u>. An apparent first offender may have one or more prior arrests (or even past convictions in another jurisdiction) for DWI or other alcohol-related charges. This kind of client's problems with alcohol differ greatly from the social drinker with no history of chemical abuse. Yet another distinct category is a first offender with a clean record but very high BAC at the time of arrest. These divergent types of alcohol/drug users require distinctly different case management. In other words, the level of difficulty with the usage of alcohol and/or other drugs and not the number of contacts with the criminal justice sytem should determine the degree of intervention. It would be a foolish squandering of scarce resources to require a social drinker to attend a six-month or longer treatment program. Priority for available slots in OMHSA programs should be reserved for problem drinkers/drug users.

This Office's Region VII Substance Abuse Clinics have developed a comprehensive, responsible, and manageable approach to treating referrals from the criminal justice system, especially DWI offenders. The Region VII program is chosen as a model, which may or may not be immediately applicable in other Regions. But as many of its procedures as is possible should be replicated in other clinics/centers, and future planning should be based upon full implementation.

The model program is grounded in the assumption that persons whose lives have been adversely affected by alcohol and/or drugs must, at a minimum, be provided the opportunity to assess the impact of this negative experience. This can only be achieved in a drug free state of sufficient duration to allow acquisition of objective data concerning chemical usage, to explore alternatives to further dependency, to appreciate the consequences of continued or substitute use, and to consider developing drug free life styles. In support of these purposes, the model program is designed to use medically effective techniques of urine screening for drugs and physician prescribed and managed alcohol antagonist (Antabuse) during a portion or all of the treatment regimens.

Policies and Procedures

The goals of OMHSA's Criminal Justice (CJ)/DWI programs are:

- to interfere with clients' use of mood altering substances;
- to educate patients regarding substance abuse;
- to enable participants to reassess their choices about use/non-use; and

- to motivate them to cease reliance and/or dependence on mood altering substances.

To obtain desired results, in the context of requirements of the new laws as well as limitations of staff, space and time, OMHSA procedures for managing DWI/CJ cases should include:

- Screening
- Admission to tiered DWI/CJ Group
- Treatment (six or twelve months duration)
- Individual Treatment
- Inpatient Care
- Fees
- Discharge
- Readmission

The remainder of this section will address each of these considerations.

A. Screening

Referrals of DWI cases may come to substance abuse programs from the court, probation and parole offices, or other court-approved intermediary. These agencies should utilize Criminal Justice System/Substance Abuse Treatment Form 1 (CJS/SAT-1). This form is already utilized by many State Probation and Parole Offices.

Upon receipt of the referral, a DWI/CJ Referral Receipt Form (CJS/SAT-1A) will be completed by OMHSA clerk accepting the referral and scheduling the admission interview.

The admission interview will be scheduled allowing sufficient time to permit the collection of background information required on the CJS/SAT-1A. These two forms are included in Appendix III.

Admission interviews will be conducted in groups on a regularly scheduled basis by each clinic at intervals suited to the level of referrals from criminal justice agencies. In our larger, urban clinics, the groups probably will be required on a weekly basis. Smaller outreach clinics may find a once a month schedule satisfactory. During the admission interview groups, all participants will complete the self administered Personal Information Form and the Alcohol Stages Index (Appendix IV).

On the basis of data gathered on the CJS/SAT-1A, the personal history, and the Alcohol Stages Index, the participants will be assigned one of the following classifications and scheduled for an appropriate program or further screening:

- Those persons with a BAC of less than .15% and no prior arrests for any alcohol/drug related offense and other indication of a severe drinking problem will be counseled regarding the availability of alcohol/substance abuse recovery programs. The probation and parole office and/or court having jurisdiction over such cases shall be notified of the recommendations that the individual should be required

to complete a court-approved driver education course, but that no further treatment appears to be indicated based upon the findings of the clinic screening and history processes. Exceptions will be made for those in above category who admit to abuse of other substances or have a positive drug screen.

- Persons with a BAC greater than .16% and no prior alcohol/drug related arrests, or persons with no prior alcohol/drug related arrests for whom the BAC is unavailable will be scheduled for an individual interview at which time the Mortimer-Filkins questionnaire will be administered. As mentioned earlier, OMHSA Area Directors and Regional Managers have copies of the Mortimer-Filkins Manual and Scoring Keys. There are no restrictions on its reproduction and usage (obviously, distribution of scoring keys should be tightly controlled). In all cases in which the Mortimer-Filkins is employed, efforts will be made to corroborate the findings through contact with significant others.

Treatment plan development for persons evaluated through use of the Mortimer-Filkins instrument will be managed as follows:

- CPIPD questionnaire scores below 16 without other indications of problems with beverage alcohol

will produce a recommendation that no further treatment is indicated and the case will be closed following procedures outlined above.

- For Mortimer-Filkins questionnaire scores between 16 and 24, participation in the clinic's 6-month treatment program (see below), or an equivalent community program, will be suggested.

- Questionnaire scores of 24 and above will require enrollment for at least six months in the clinic's treatment program with re-evaluation at that time regarding the need for extension of treatment. The recommendation for re-evaluation shall be made a part of any referrals to equivalent community programs.

Persons with one or more prior alcohol/drug related arrests will be referred to the clinic's 12 month program or to an equivalent program in the community.

In chart format, the alternatives at the conclusion of the group admission interview are as follows:

Client Profile	Disposition/Action
• BAC $\leq$ .15%, no prior arrests, no evidence of alcohol problem.	• Counseled and dismissed, letter to referring agency (or referral to alcohol safety school); case closed.
• BAC $\geq$ .15%, no prior arrests, alcohol problems.	• Schedule individual interview and administer Mortimer-Filkins; corroborate findings through contact with significant others.
• Mortimer-Filkins score $\leq$ 16.	• Counseled and dismissed; letter to referring agency (or referral) to alcohol safety school; case closed.
• Mortimer-Filkins score of 16-24.	• Place in ongoing six-month treatment troup (Tier 1) or equivalent in community.
• Mortimer-Filkins score $\geq$ 24.	• Place in ongoing Tier 1 program with re-evaluation for further treatment at end of six months.
• One or more prior alcohol or drug related arrests.	• Place in twelve-month (Tier 2) program (or equivalent).

All cases are subject to referral to other clinic services, including individual, family, or marital counseling, and/or inpatient care as indicated. Individualized treatment plans shall be prepared in each case and shall be approved by a clinic physician.

B. Admission to Tiered DWI/CJ Group Treatment Program

Region VII Substance Abuse Clinics employ a tiered group treatment program for DWI and other criminal justice referred alcohol/drug related offenders. As indicated above, screening history and other evaluations are employed in an effort to screen "out" the social drinker and to assign the most appropriate program for the person with a drinking problem. The screening system is utilized to differentiate as well as possible the persons with serious and dangerous drinking habitualization vis-à-vis the chronic alcoholics and to provide the least restrictive but nonetheless effective opportunity to modify drinking/driving habits, if not lifestyles.

It is important to note that people in the last three categories on the above chart are exhibiting clear symptoms of alcohol dependence. Knowing that dependency is not established through casual and occasional temperate use of a substance but is chronic in nature, only a relatively longer term of intervention will be effective in ameliorating this condition.

Once the DWI/CJ case is evaluated and a determination made regarding the length of participation, the following procedures will apply:

- A special Authorization and Contract for DWI/CJ Substance Abuse Program (Appendix V, DWI/CJ A/C-1) will be executed by each person entering the DWI/CJ Tiered Substance Abuse Program. This authorization and contract will include the following provisions:
  - beginning and ending dates of participation in the program;
  - agreement concerning physician's appointments';
  - Antabuse agreement;
  - agreement to remain alcohol and drug free and/or to undertake supervised Antabuse or enter inpatient program;
  - urine drug screen agreement;
  - consequences for late arrival for group meetings and/or for missed meetings;
  - agreement to attend open AA and/or NA meetings.

- An appointment will be made for the patient to be seen by the clinic physician for a medical evaluation. As part of this procedure, a baseline urine drug screen will be run for each individual, including a THC screen.

- Patients will be counseled regarding the effectiveness of Antabuse and urine screens, which again, are intended to assure drug-free participation in the treatment and education program. The requirement for abstinence from all of these substances must be made clear

to all participants. To attempt to deal with clients in a meaningful way if they are presenting for treatment and learning in an altered state is impossible. The utilization of Antabuse and urine screens across the board tends to eliminate the difficult and inefficient chore of working through each individual's particular denial system and unique defense for continued use of these chemicals before meaningful treatment and education can begin. Chemotherapy and drug screens thus promote the effectiveness of the program in reaching persons once they have achieved a "dry" and "clean" state and are able to relate to the agenda.

- Persons in the 12-month tiered treatment program who have complied with all conditions of their contracts for a period of at least 6 months and who demonstrate insight into their drug/alcohol use, may be considered for a modified treatment plan which includes:
  - A minimum of two weekly AA or NA meetings;
  - At least one monthly clinic meeting with their previous group; and
  - No fewer than one urine screen per month or continued Antabuse monitoring.

- These provisions may continue for the duration of the contract period (up to 6 months) as long as the client maintains satisfactory participation and progress.

- Substance Abuse Treatment Report to Criminal Justice System (CJS/SAT-2, Appendix III) normally will be used to make reports to probation and parole offices, monthly or when changes occur.

C. Individual Treatment

Usually all DWI/CJ case activities are conducted in groups. Individual treatment for specific periods of time and at specific intervals may be indicated in the following instances:

- When the individual requests such service: in all such cases the efficacy of utilizing individual treatment versus group treatment will be determined by the counselor in consultation with the counselor's supervisor.
- When the counselor feels individual treatment is indicated: Such a decision may be appropriate for mentally ill or extremely disruptive and hostile patients. In all such cases the counselor shall consult with the supervisor, and schedules will be established according to the need of the individual.
- Individual contacts and/or interviews may be necessary if the patient is unable to achieve and/or maintain abstinence with or without Antabuse. Such contacts for additional urine yields and/or supervised Antabuse ingestion shall be scheduled as needed and made part of the individual treatment plan.

D. Inpatient Care

DWI/CJ referred persons who are admitted to the 6 or 12 month tiered programs and are in need of inpatient care shall be considered for referral to an inpatient program in the community. Such cases may include but are not limited to the following:

- Clients may request such care. These cases will be screened to assure that there is a need for inpatient care and that the local program best meets such need. The admission criteria established by OMHSA shall apply for our facilities.
- Persons who are unable to achieve and/or maintain an alcohol free state of sufficient duration to begin Antabuse therapy; or persons unable to initiate an alcohol free state for whom Antabuse is contraindicated.
- Individuals who are unable to achieve a drug free state due to habituation/dependence/addiction to drugs other than alcohol.

In all cases of referrals to inpatient care, the referring clinic counselor shall assure that complete pertinent case materials are delivered to the receiving facility on or before the date of admission.

When someone is referred to a DHHR inpatient unit, the referring clinic counselor shall continue to maintain contact with the patient and shall participate in discharge planning to ensure that the patient returns to the clinic for aftercare and completion of the contract for DWI/CJ Tiered Treatment.

Finally, all referrals to inpatient care shall be reported to the probation and parole office and/or court having jurisdiction over the case.

E. Fees

Fees charged for services provided by OMHSA facilities are established by law, and are based on the individual's gross income and dependency status.

- Fees for screening interviews will be charged based on the maximum amount for the individual's gross income.
- Fees for urine screens will be: $7.50 for THC and $4.00 for regular services.

F. Discharge

OMHSA staff must work closely with DWI/CJ referred patients in fulfilling the conditions of the Authorization and Treatment Contract. Some persons may have difficulty in achieving an alcohol/drug free state; others may have problems meeting the requirement of regular clinic and AA/NA meeting attendance.

- In every case, close evaluation of the patient's participation in all aspects of the program from the point of admission will be critical to potential for success. Deviations from the specific requirements of the program shall be discussed with the patients (or conveyed by letter if they are not available for face-to-face contact).
- Modifications of the treatment plan to include individual, marital, family and/or inpatient care will be

offered as alternatives to avoid the consequences of an unsatisfactory participation discharge and return to the criminal justice system.

Normally there will be two kinds of discharges:

- Regular discharge: patients admitted to DWI/CJ programs shall be considered for regular discharge when they have completed the specified terms and conditions of treatment designated in their contracts (6 months or 12 months). When the term of the contract is completed successfully, the patient will be informed of his/her successful completion, and the probation and parole office and/or court having jurisdiction over the case shall be notified by letter or CJS/SAT-2 form. The case will then be closed unless the patient requests continued services.
- Unsatisfactory discharge: patients who violate any condition of their contracts shall be counseled regarding their unsatisfactory participation as indicated above. Failure to resolve their participation problems through additional counseling and special treatment plan alternatives will result in their discharge for unsatisfactory participation. The probation and parole office and/or court shall be notified in writing of such dismissal.

G. Readmissions

Some persons discharged from DWI/CJ programs and returned to court for possible revocation of probation have been ordered by the court to return to the Region VII program for continuation of treatment.

Due to current statewide problems of correctional facility overcrowding and the possibility of larger numbers of DWI related convictions, referrals for readmission may increase in number.

Consequently, evaluate such readmissions carefully and develop an individualized Authorization and Treatment Contract with maximum safeguards against the patient's continued substance use and escalated guidelines and requirements for satisfactory program participation. Generally this case situation will require additional services and supervision if any aspect of the program is to be effective.

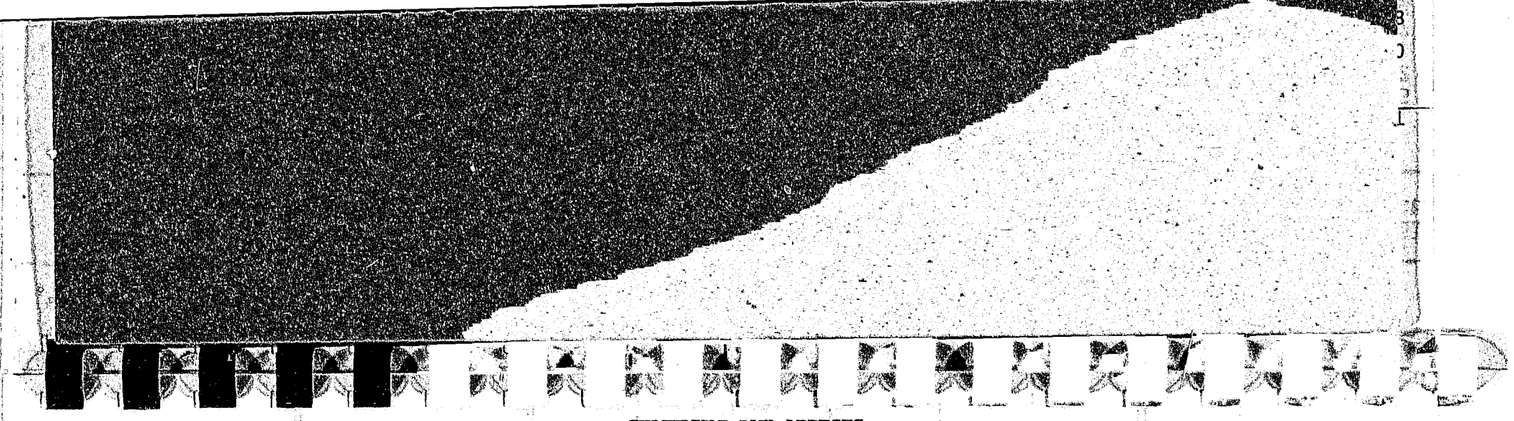
APPENDIX I

STATEWIDE DWI ARRESTS

STATEWIDE DWI ARRESTS

SP=State Police CP/S=City Police/Sheriffs

Region/Parish	1980 Population	1979 SP	1979 CP/S	1979 Total Arrests	1980 SP	1980 CP/S	1980 Total Arrests	1981 SP	1981 CP/S	1981 Total Arrests
I										
Orleans	556,913	5	2290	2295	4	2012	2016	4	1977	1981
Jefferson	450,600	442	1944	2386	840	1858	2698	439	1651	2090
Plaquemines	26,035	16	-	16	49	-	49	17	-	17
St. Bernard	63,700	26	-	26	45	-	45	60	-	60
St. Tammany	109,868	-0-	-	-	-0-	-	-	-0-	568	568
TOTALS	1,207,116	489	4234	4723	938	3870	4808	520	4196	4716
II										
Ascension	51,514	262	-	262	364	-	364	201	-	201
East Baton Rouge	368,468	593	2172?	2765	1202	1873?	3075	970	2172?	3142
East Feliciana	18,813	30	-	30	44	-	44	35	-	35
Iberville	31,978	63	-	63	105	-	105	61	-	61
Livingston	58,106	222	-	222	373	-	373	277	-	277
Pointe Coupee	24,092	39	-	39	70	-	70	54	-	54
St. Helena	9,894	26	-	26	28	-	28	12	-	12
Tangipahoa	79,008	272	-	272	297	-	297	268	-	268
Washington	44,433	57	45	102	56	28	84	56	43	99
West Baton Rouge	18,917	506	-	506	748	-	748	482	-	482
West Feliciana	13,563	30	-	30	36	-	36	24	-	24
TOTALS	718,786	2100	2217	4317	3323	1901	5224	2440	2215	4655



STATEWIDE DWI ARRESTS

SP=State Police CP/S=City Police/Sheriffs

Region/Parish	1980 Population	1979 SP	1979 CP/S	1979 Total Arrests	1980 SP	1980 CP/S	1980 Total Arrests	1981 SP	1981 CP/S	1981 Total Arrests
III										
Assumption	22,069	68	212	280	95	231	326	119	274	393
Lafourche	82,443	223	412	635	474	274	748	473	383	856
St. Charles	37,430	217	444	661	396	443	839	58	380	438
St. James	21,463	18	149	167	27	164	191	17	188	205
St. John	31,932	58	115	173	39	126	165	26	137	163
Terrebonne	94,733	375	977	1352	564	1061	1625	402	1074	1476
TOTALS	290,070	959	2309	3268	1595	2299	3894	1095	2436	3531
IV										
Acadia	56,572	140	162	302	380	273	653	393	445	838
Evangeline	33,358	177	178	355	347	449	796	206	379	585
Iberia	63,767	122	-	122	0	-	-	220	241	461
Lafayette	148,320	498	1214	1712	674	1214?	1888?	448	1214?	1662?
St. Landry	84,128	640	229	869	1118	285	1403	624	321	945
St. Martin	40,072	105	-	105	4	-	4	199	-	199
St. Mary	64,521	293	351	644	120	397	517	362	427	789
Vermilion	48,412	145	-	145	200	-	200	137	-	137
TOTALS	539,150	2120	2134	4254	2843	2618	5461	2589	3027	5616

STATEWIDE DWI ARRESTS

SP=State Police CP/S=City Police/Sheriffs

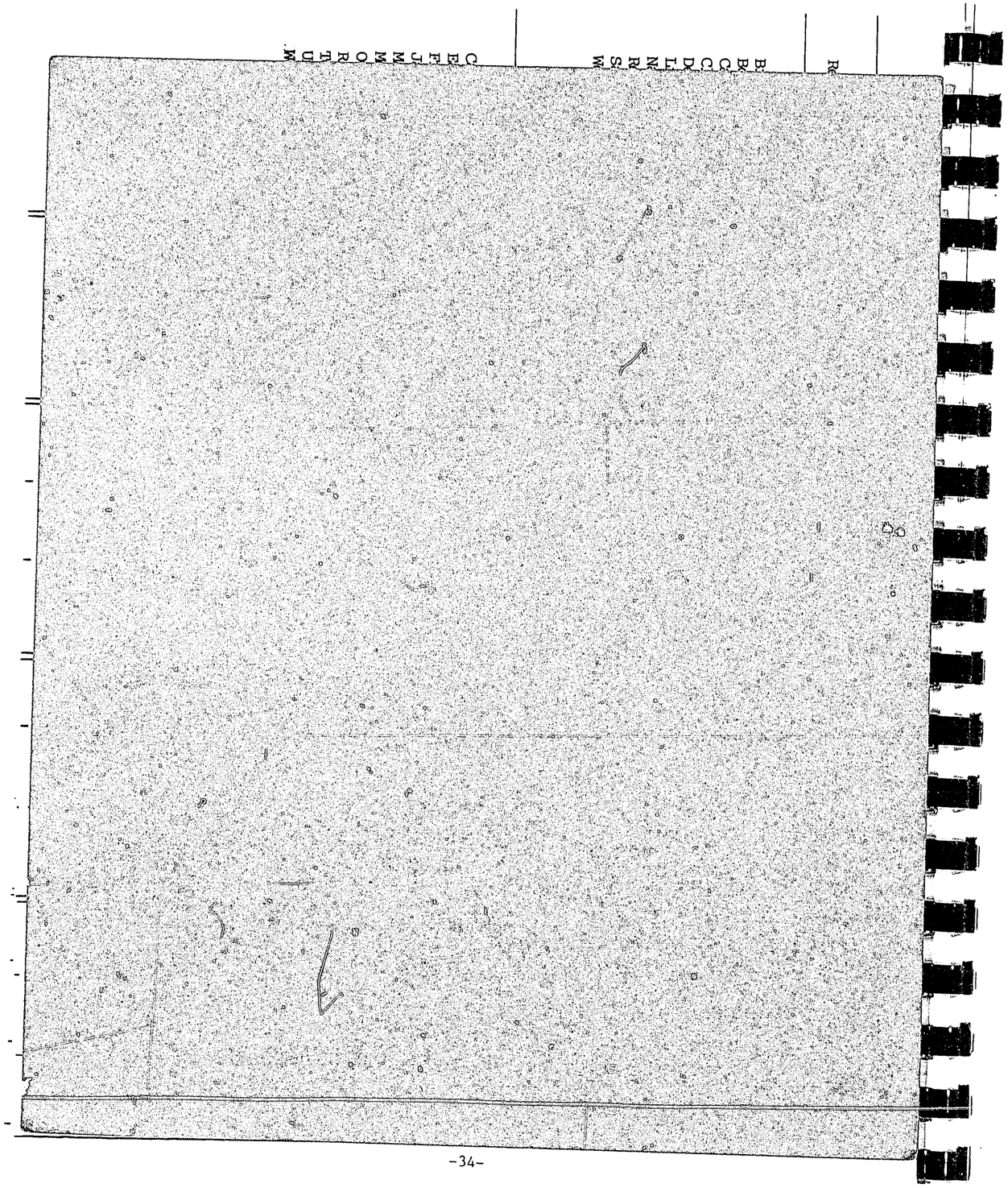
Region/Parish	1980 Population	1979 SP	1979 CP/S	1979 Total Arrests	1980 SP	1980 CP/S	1980 Total Arrests	1981 SP	1981 CP/S	1981 Total Arrests
V										
Allen	21,639	26	83	109	30	59	89	31	78	109
Beauregard	29,647	37	65	102	50	59	109	46	61	107
Calcasieu	168,697	361	689	1050	715	732	1447	559	631	1190
Cameron	9,254	23	-	23	38	-	38	10	-	10
Jeff Davis	32,089	46	23	69	108	25	133	60	50	110
Totals	261,326	493	860	1353	941	875	1816	706	820	1526
VI										
Avoyelles	41,683	100	52+	152	134	136	270	113	205	318
Catahoula	12,232	16	66	82	51	84	135	44	88	132
Concordia	22,881	78	106	184	225	110	335	161	116	277
Grant	16,746	28	77	105	37	79	116	29	103	132
LaSalle	16,753	30	112	142	65	118	183	57	135	192
Rapides	134,341	417	229	646	803	238	1041	541	251	792
Vernon	15,058	461	532	993	1243	457	1700	322	446	768
Winn	17,239	18	99	117	31	106	137	26	124	150
TOTALS	276,933	1148	1273	2421	2589	1328	3917	1293	1468	2761

[redacted]

STATEWIDE DWI ARRESTS

SP=State Police CP/S=City Police/Sheriffs

Region/Parish	1980 Population	1979 SP	1979 CP/S	1979 Total Arrests	1980 SP	1980 CP/S	1980 Total Arrests	1981 SP	1981 CP/S	1981 Total Arrests
VII										
Bienville	16,379	29	-	-	57	-	-	73	42+	-
Bossier	80,906	241	608	849	403	577	980	359	616	975
Caddo	252,036	183	1090	1273	389	1099	1488	211	1031	1242
Claiborne	17,133	49	-	-	175	-	-	86	-	-
DeSoto	24,575	48	375	423	159	450	609	107	500	607
Lincoln	39,763	153	129	282	188	118	306	157	232	389
Natchitoches	39,243	132	104	236	126	115	241	84	195	279
Red River	10,341	34	31	65	87	50	137	129	72	201
Sabine	25,229	61	92	153	106	99	205	69	118	187
Webster	43,402	76	47	123	149	54	203	109	42	151
TOTALS	549,007	1006	2476	3404	1839	2562	4169	1384	2848	4031
VIII										
Caldwell	10,728	74	92	166	118	100	218	62	136	198
East Carroll	11,799	39	55	94	57	54	111	42	66	108
Franklin	24,106	55	133	188	93	102	105	114	216	330
Jackson	16,841	69	142	211	111	217	328	65	217	282
Madison	14,965	58	75	133	119	93	212	52	70	122
Morehouse	33,760	63	184	247	156	262	418	88	197	285
Ouachita	137,475	359	939	1298	628	859	1487	409	1064	1473
Richland	22,096	46	52	98	99	53	152	73	52	125
Tensas	8,482	14	29	43	34	47	81	21	36	57
Union	20,879	20	93	113	165	161	326	17	83	100
West Carroll	12,778	25	29	54	54	27	81	40	27	67
TOTALS	313,909	822	1823	2645	1634	1975	3519	983	2164	3147
TOTALS STATEWIDE				26,385			32,808			29,983



APPENDIX II

1982 REVISIONS IN DWI LAWS

ACT No. 14

AN ACT

To amend and reenact R.S. 14:98(B), (C), (D), and to enact a new Subsection (G), relative to the crime of operating a vehicle while intoxicated, to provide for certain penalties, and otherwise to provide with respect thereto.

Be it enacted by the Legislature of Louisiana:
Section 1. R.S. 14:98(B), (C), and (D) are hereby amended and reenacted, and Subsection (G) is hereby enacted, to read as follows:

§98. Operating a vehicle while intoxicated.

B. On a first conviction, the offender shall be fined not less than one hundred twenty-five dollars nor more than five hundred dollars and imprisoned for not less than ten days nor more than six months. Imposition or execution of sentence shall not be suspended unless:

(1) The offender is placed on probation with a minimum condition that he serve two days in jail and participate in a court-approved substance abuse program and participate in a court-approved driver improvement program; or

(2) The offender is placed on probation with a minimum condition that he perform four eight-hour days of court-approved community service activities, participate in a court-approved substance abuse program and participate in a court-approved driver improvement program.

C. On a second conviction, regardless of whether the second offense occurred before or after the first conviction, the offender shall be fined not less than three hundred dollars and not more than five hundred dollars and imprisoned for not less than thirty days nor more than six months. Imposition or execution of sentence shall not be suspended unless:

(1) The offender is placed on probation with a minimum condition that he serve fifteen days in jail and participate in a court-approved substance abuse program and participate in a court-approved driver improvement program; or

(2) The offender is placed on probation with a minimum condition that he perform thirty eight-hour days of court-approved community service activities and participate in a court-approved substance abuse program and participate in a court-approved driver improvement program.

D. On a third conviction, regardless of whether the offense occurred before or after an earlier conviction, the offender shall be imprisoned with or without hard labor for not less than one year nor more than five years, and may be fined not more than one thousand dollars. At least six months of the sentence of imprisonment imposed shall be without benefit of probation, parole or suspension of sentence. If a portion of the sentence is imposed with benefit of probation, parole, or suspension of sentence, the court shall require the offender to participate in a court-approved substance abuse program and/or participate in a court-approved driver improvement program.

G. Court-approved substance abuse programs provided for in Subsections (B) and (C) shall include a screening procedure to determine the portions of the program which may be applicable and appropriate for individual offenders.

Section 2. This Act shall become effective on January 1, 1983.

ACT No. 294

AN ACT

To enact R.S. 32:411(E) relative to arrest for operating a vehicle while intoxicated or under the influence of central nervous system stimulants, hallucinogenic drugs or barbituarates, narcotic drugs, marijuana, morphine, or cocaine; to require the owner of the vehicle involved in the offense, if he is not the person arrested, to be notified of such person's arrest; and otherwise to provide with respect thereto.

Be enacted by the Legislature of Louisiana:

Section 1. R.S. 32:411(E) is hereby enacted to read as follows:

§411. Deposit of license in lieu of security upon arrest; receipt; licensee to have license or receipt in immediate possession, notification to vehicle owner.

E. When a person is arrested or issued a summons for a violation of R.S. 14:98 or R.S. 14:98.1, the arresting officer shall determine whether the person is the owner of the vehicle used. If the person is not the owner, the arresting officer, his agency of employment, or the Department of Public Safety shall take all reasonable measures to identify and locate the registered owner and notify him of the arrest or summons. Such notification may be oral or written. A record shall be kept of whether or not such notification was given.

ACT No. 556

AN ACT

To enact R.S. 32:415 (C) and (D), relative to the crime of operating a vehicle during the period of suspension, revocation or cancellation of a license, to provide certain penalities, and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 32:415 (C) and (D) are hereby enacted to read as follows:

§415. Operating vehicle while license is suspended; offenses in other states, record of offenses given other states.

(C) Whoever violates the provisions of Subsection A herein shall be punished in accordance with Section 427 of this Chapter.

(D) If the court finds that the defendant violated Subsection A at the time of conduct resulting in a conviction for a second or subsequent offense violation of R.S. 14:98, the offender shall be fined not less than three hundred dollars nor more than five hundred dollars and imprisoned for not less than seven days nor more than six months. At least seven days of such imprisonment shall be without benefit of probation, parole or suspension of sentence and shall be consecutive to any sentence imposed for the violation of R.S. 14:98.

ACT No. 822

AN ACT

To amend and reenact R.S. 32:414(A) and R.S. 32:415.1(A)(1), and to repeal R.S. 32:896(C) and (E), relative to suspension of license and restricted driving privileges after first offense of operating a vehicle while intoxicated or under the influence of narcotic drugs or stimulants; to require suspension of the license upon first offense; to authorize the Department of Public Safety or the court to grant restricted driving privileges upon the first suspension only; and otherwise to provide with respect thereto.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 32:414(A) is hereby amended and reenacted to read as follows:

§414. Suspension, revocation, and cancellation of licenses; judicial review.

A. The department shall suspend the license of any person for a period of sixty days upon receiving, from any district, city, or municipal court having traffic jurisdiction, or from any federal court or magistrate having traffic jurisdiction within the territorial limits of the state, satisfactory evidence of the conviction or of the entry of a plea of guilty or nolo contendere and sentence thereupon or of the forfeiture of bail of any such person charged with the first offense for operating a motor vehicle while under the influence of beverages of high alcoholic content, of low alcoholic content, of narcotic drugs, or of central nervous system stimulants. The department shall promptly investigate an allegation made by such licensee that the suspension of his driving privileges will deprive him or his family of the necessities of life, or will prevent him from earning a livelihood. If the department so finds it may reinstate the license of such licensee; however, such suspension and reinstatement shall be considered as a first suspension and grant of restricted driving privileges of the licensee shall be restricted as provided in R.S. 32:415.1 for a period of sixty days from the date of conviction or the entry of a plea of guilty or nolo contendere and sentence thereupon or of the forfeiture of bail. Notice of said restriction shall be attached to the license.

Section 2. R.S. 32:415.1(A)(1) is hereby amended and reenacted to read as follows:

§415.1. Economic hardship appeal of driver's license suspension.

A. (1) Upon suspension, revocation, or cancellation of a person's drivers license for the first time only as provided for under R.S. 32:414 and R.S. 32:415 said person, after initial notice from the department, shall have the right to file a petition in the district court of the parish in which the applicant is domiciled alleging that revocation of his driving privileges will deprive him or his family of the necessities of life or will prevent him from earning a livelihood. The district courts vested with jurisdiction to set the matter for contradictory hearing in open court upon ten days written notice to the department, and thereupon to determine whether the allegations of hardship have merit. Upon determination by the court that

the lack of a license would deprive the person or his family of the necessities of life, the court may order that the person be granted, by the department, a restricted license to enable the person to continue to support his family. The restrictions of said license shall be determined by the court and shall include the following:

(a) Licensee shall only be permitted to operate a motor vehicle on such streets as would enable him to earn his livelihood.

(b) Such operation is restricted to such times during which he is involved in earning a livelihood.

(c) During the period of suspension, licensee shall be responsible for applying to the court in the event that earning his livelihood necessitates a change in the original restrictions proposed by the court.

(d) Any other restrictions that the court determines to be necessary and proper.

Section 3. R.S. 32:896 (C) and (E) are hereby repealed in their entirety.

APPENDIX III

CRIMINAL JUSTICE/SUBSTANCE ABUSE TREATMENT

REFERRAL AND REPORTING FORMS

the lack of a license would deprive the person or his family of the necessities of life, the court may order that the person be granted, by the department, a restricted license to enable the person to continue to support his family. The restrictions of said license shall be determined by the court and shall include the following:

(a) Licensee shall only be permitted to operate a motor vehicle on such streets as would enable him to earn his livelihood.

(b) Such operation is restricted to such times during which he is involved in earning a livelihood.

(c) During the period of suspension, licensee shall be responsible for applying to the court in the event that earning his livelihood necessitates a change in the original restrictions proposed by the court.

(d) Any other restrictions that the court determines to be necessary and proper.

Section 3. R.S. 32:896 (C) and (E) are hereby repealed in their entirety.

APPENDIX III

CRIMINAL JUSTICE/SUBSTANCE ABUSE TREATMENT

REFERRAL AND REPORTING FORMS

CJS/SAT-1
6-79

CRIMINAL JUSTICE REFERRAL AND
AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION
SUBSTANCE ABUSE TREATMENT PROGRAMS-RESTRICTED COMMUNICATION

This referral is made as result of: _____Court Order; _____Condition of probation/parole; _____Voluntary Agreement; _____Other(specify):_____.

I, _____, do hereby authorize the_____
(Client)
_____ to disclose to _____
(Substance Abuse Program)
_____ all information reasonably necessary
(Criminal Justice Agency)
to accomplish the stated purpose including: date of entrance to program, attendance records, urine testing results, type/frequency/effectiveness of therapy, general adjustment to program, rules/contracts, type and dosage of medication, response to treatment, test results, date of and reason for withdrawal/dismissal from program, amd program notes.

Disclosure is to be made for the purpose of enabling above referenced criminal justice agency to evaluate my compliance with my _____arrest, _____pending sentence, _____sentence, _____other(specify)_____. My authorization is limited to release of information relevant to this stated purpose.

I understand that I am to call or report to, within five (5) working days, the
_____, located at_____
(Substance Abuse Treatment Program)
_____, telephone number_____,
to make an appointment for an admissions interview.

I am aware that my substance abuse treatment records are protected under Federal and State confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations/laws. I understand that I may revoke this consent at any timeexcept to the extent that action has been taken in reliance on it. I also understand that if I have been released from confinement, or on probation or parole on the condition that I participate in a substance abuse program, I cannot revoke this consent until there has been a formal termination of such status. In any event this consent will expire sixty (60) days after it has been given or when there is a substantial change in my status, whichever is later. I understand that a substantial change in my status occurs if: (1) I have been arrested, when I am formally charged or unconditionally released; (2) I have been formally charged, when the charges have been dismissed or when my trial has begun; (3) I have been brought to trial, when I have been either acquited or sentenced; (4) If I have been sentenced, when I execute fully my sentence.

Witness' Signature _____ Client's Signature _____

Title _____ Date of Signature _____

If client is under age or has a guardian appointed, this release is to be co-signed by the client's parent, guardian, or tutor with the consent of the minor client.

Original: Substance Abuse Program
Copies: Client
CJ Agency Record

Parent, Guardian, or Tutor _____

CJS/SAT-1A

DWI REFERRAL RECEIPT

NAME: _____

REFERRED BY: _____ DATE OF REFERRAL: _____
(Court, Probation/Parole Office)

CURRENT OFFENSE _____ DATE OF OFFENSE: _____
(DWI 1st, 2nd or more)

ARRESTED BY: _____ . A contact with
(State, parish, municipal police)

arresting agency reveals: BAC: Taken _____ Reading _____.
Not Taken _____

*Prior arrests/convictions: _____

_____

_____

_____

Information provided by: _____

_____

_____

Information recorded by: _____

Client scheduled for group admission interview on _____

*Number information received on prior or convictions and identify source of information on each prior arrest or conviction. Prior arrests for any reason will be recorded. Alcohol related offenses shall be so identified; convictions will be identified.

CJS/SAT-2
6/79

SUBSTANCE ABUSE TREATMENT REPORT TO CRIMINAL JUSTICE SYSTEM

1. This is a: Initial_____ Progress_____ Termination_____ Special_____ Report.
2. Client's name _____ S.S. No. _____
3. Frequency of appointments: Weekly_____ Bi-Monthly_____ Monthly_____
4. Last four dates attended _____, _____, _____, _____,
5. Last appointments missed _____, _____, _____, _____,
6. Participation: Good_____ Fair_____ Poor_____
7. Overall assessment of treatment effectiveness and client progress:
8. Recommendations:
9. Medication:
10. Urinalysis. _____ Requested _____ Not Requested _____ Unable to Provide
11. Urinalysis Report:

DATE COL-LECTED	SCHED-ULED		QUANTITY			DRUG AB. ADMITTED			COL-LECTED BY	TESTED FOR			RESULTS POSITIVE FOR				
	Yes	No	Ade-quate	In-suffi-cient	Stall	Yes	No	Drug		Opiates Codeine	Barb.	Amph.	Opiates Codeine	Barb.	Amph.	None	Other (Specify)
1																	
2																	
3																	
4																	
5																	
6																	

12. A BSA-6 has been completed on this client ☐ Yes ☐ No ☐ Not Applicable

"This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose."

_____ _____
Counselor (Date)

APPENDIX IV

PERSONAL INFORMATION FORM

ALCOHOL STAGES INDEX

PERSONAL INFORMATION

NAME	SOCIAL SECURITY NUMBER	DATE

Line

1 I have been married ___ times.

2 My current marital status is (never married) (married) (widowed) (divorced) (separated).

3 My food and shelter are usually provided by (self) (relative) (friend) (someone else).

4 I am presently living with _____.

5 I have ___ children living with me.

6 I have lived at my present address for _____.
(how long)

7 I was referred to this clinic by _____.

8 In my lifetime, I have been arrested ___ times for DWI, ___ times for other drinking,
9 and ___ times for drugs other than alcohol. Other than alcohol or drug related charges,
10 I have been arrested for _____.

11 In the past two years, I have been arrested a total of ___ times.

12 I completed the ___ grade in school. I (am) (am not) presently going to school or
13 attending a skill development course.

14 I am presently (employed) (unemployed). I have been unemployed for the past ___ months.
15 I (have) (have not) sought employment in the last 30 days. I work ___ hours a week at
16 _____ working as a _____.
(place employed) (what you do)

17 My pay, before deductions, is $ _____ per (hour) (day) (week) (month) (year).

18 I missed ___ days work last month because of alcohol or drugs. I (am) (am not) happy
19 with the job I have now. Other kinds of jobs I have had are _____
20 _____.

21 I (never) (sometimes) (often) (always) feel that there is no one in the world who
22 really understands me or cares about me.

23 Something that really matters to me now is _____.

24 In my lifetime, I have been treated or detoxed for alcohol/drugs ___ times and have
25 had ___ blackouts and have had hallucinations ___ times.

26 In the last month, I have been treated or detoxed for alcohol/drugs ___ times and have
27 had ___ blackouts and have had hallucinations ___ times.

When things go badly, I _____

_____.

I have attempted suicide ___ times by _____.
(how)

Following are medical problems I have had: _____

_____.

At present, I am taking the following medicines by prescription: _____

_____.

I am allergic to the following drugs: _____.

I (do) (do not) have medical insurance. Insurance is with _____.

_____ is my main drug. I (do) (do not) feel that the use of
(alcohol or other drug)
this drug causes me a problem. I usually use _____ per day when I drink or
(how much)
use drugs. In the last month that I used alcohol/drugs, I used this alcohol/drug
___ days. I take it by (mouth) (smoking) (sniffing) (in the muscles) (in the vei
I first started using this alcohol/drug in the year _____. I last used _____.
(when)

_____ is my second choice. I (do) (do not) feel that the use of
(alcohol or other drug)
this drug causes me a problem. I usually use _____ per day when I drink or
(how much)
use drugs. In the last month that I used alcohol/drugs, I used this alcohol/drug
___ days. I take it by (mouth) (smoking) (sniffing) (in the muscles) (in the veins).
I first started using this alcohol/drug in the year _____. I last used _____.
(when)

_____ is my third choice. I (do) (do not) feel that the use of
(alcohol or other drug)
this drug causes me a problem. I usually use _____ per day when I drink or
(how much)
use drugs. In the last month that I used alcohol/drugs, I used this alcohol/drug
___ days. I take it by (mouth) (smoking) (sniffing) (in the muscles) (in the veins).
I first started using this alcohol/drug in the year _____. I last used _____.
(when)

SIGNATURE OF CLIENT	CLIENT NUMBER

ALCOHOL STAGES INDEX

YES	NO	FOR THE PAST 12 MONTHS, has any of the following happened to you as a result of using ALCOHOL or OTHER DRUGS?
___	___	1. Employer fired or threatened to fire you.
___	___	2. Spouse left or threatened to leave you.
___	___	3. Family complained you spent too much money on alcohol or other drugs.
___	___	4. Picked up by the police.
___	___	5. Doctor told you that you were hurting your health.
___	___	6. You were sick because of alcohol or other drugs.
___	___	7. Could not pay bills because too much money was spent on drugs.
___	___	8. Quit or changed jobs.
___	___	9. Had an accident or injury.
___	___	10. Failed to do things you should have done.

WOULD YOU SAY THESE THINGS ABOUT YOUR USE OF ALCOHOL OR OTHER DRUGS?

___	___	1. It helps me forget I am not the kind of person I really want to be.
___	___	2. It helps me get along better with other people.
___	___	3. It helps me feel satisfied with myself.
___	___	4. It gives me more confidence in myself.
___	___	5. It helps me overcome shyness.
___	___	6. It makes me less self-conscious.

CHECK THE YES SPACE FOR "OCCASIONALLY" OR "FREQUENTLY" AND THE NO SPACE FOR "NEVER."

___	___	1. I stay under the influence of alcohol or other drugs for several days at a time.
___	___	2. I worry about not being able to get a drink or other drugs when I need it.
___	___	3. I sneak drinks or use other drugs when no one is looking.
___	___	4. Once I start drinking or using other drugs, it is difficult to stop before I become completely intoxicated or under the influence of drugs.
___	___	5. I get intoxicated or under the influence of drugs on work days.
___	___	6. I take a drink or use drugs the first thing when I get up in the morning.
___	___	7. I awaken the next day not being able to remember some of the things I had done while I had been drinking or using other drugs.
___	___	8. I take a few quick ones before going to a party to make sure I have enough.
___	___	9. I neglect regular meals when I am drinking or using other drugs.
___	___	1. I end up drinking more or using more drugs than I had planned to.
___	___	2. Once I start drinking or using other drugs, it is difficult for me to stop before I become intoxicated or under the influence of drugs.

APPENDIX V

AUTHORIZATION AND CONTRACT

FOR DWI/CJ SUBSTANCE

ABUSE PROGRAM

DWI/CJ A/C-1 VII

AUTHORIZATION AND CONTRACT FOR
DWI/CJ SUBSTANCE ABUSE PROGRAM

I HAVE CHOSEN TO COMPLETE TREATMENT IN THIS PROGRAM INSTEAD OF SERVING TIME IN JAIL. TO ASSURE MY FULL PARTICIPATION IN THIS DRUG/ALCOHOL FREE PROGRAM, I AGREE FULLY TO THE FOLLOWING REGULATIONS:

1. Excluding any absences, my enrollment at this clinic will begin on _____ and end on _____.

2. If it is necessary for me to miss any of my regularly scheduled appointments, I will notify my counselor in advance and will provide any documentation for my absence he requires. Upon the second unexcused absence, I will be dismissed unsatisfactorily from this program, and immediately referred back to court.

3. I agree not to miss any appointments scheduled with the clinic doctor. I understand that, if I miss two doctor's appointments during the course of treatment, I will be dismissed from the program. I agree to submit to any laboratory tests ordered by the clinic doctor and will complete these tests within one week from the date the doctor orders them.

4. I understand that a program requirement is for me to remain alcohol and drug free. I understand that Antabuse is a prescription medication which is used to help people refrain from using alcoholic beverages. I understand that if the doctor determines that it is medically safe for me to take Antabuse that it will be prescribed for me as part of my program. I understand that the doctor will explain fully the effects of using alcohol while I am taking Antabuse.

5. I understand that urine drug screens are intended to help me remain free of any mood altering drugs other than alcohol. I agree to submit urine samples when asked by my counselor. I understand that any urine sample which has not been produced by clinic closing time or which is not of sufficient quantity (30 cc) will be considered dirty. I understand that two dirty urines will result in my dismissal from the program and referral back to court.

6. Regardless of the reasons which brought me to this clinic, I agree to submit urine samples and/or to take toximeter (breath) tests and/or to submit to blood tests upon request to verify that I am not drinking alcohol or taking drugs. If I am found to be drinking alcohol or using drugs, I agree to come to the clinic three (3) times a week where a counselor will supervise my chewing and swallowing Antabuse tablets and/or where a counselor will supervise my production of urine samples.

7. If I am unable to stop drinking alcohol long enough to begin taking Antabuse, I will be referred to an inpatient program, which may involve detoxification for not more than thirty-three (33) days and upon my discharge, I will resume contact with the clinic three (3) days per week.

(over)

8. If I am unable to become drug free, I will be referred to inpatient care with the same arrangements listed in item 7.

9. If I am unable to take Antabuse for medical reasons and I am unable to stop drinking alcohol, I will be referred to inpatient care with the same arrangements listed in item 7.

10. If I am more than ten (10) minutes late for a group meeting without an excusable reason, I will not be permitted to attend that meeting and it will be considered an unexcused absence. I will be required to make up all of my missed appointments (excused or unexcused) at a later date.

11. I agree to provide verification of my attendance at open AA or NA meetings at least once a week.

IF I VIOLATE ANY PART OF THIS AGREEMENT, WITHOUT EXCEPTION A LETTER WILL BE WRITTEN TO MY JUDGE OR PROBATION OFFICER IMMEDIATELY DISMISSING ME FROM THIS PROGRAM.

WITNESS: _____ SIGNED: _____

WITNESS: _____ DATE: _____

END